

Newtongrange After School Club Day Care of Children

c/o Newtongrange Primary School
Sixth Street
Newtongrange
Dalkeith
EH22 4LB

Telephone: 01315 619 330

Type of inspection:
Unannounced

Completed on:
22 August 2025

Service provided by:
Newtongrange Afterschool clubscio

Service provider number:
SP2012011908

Service no:
CS2012310959

About the service

Newtongrange After School Club is registered with the Care Inspectorate to provide a care service to a maximum of 55 primary school age children at any one time.

The service operates from Newtongrange Primary School in Midlothian. The school is situated in a quiet residential area of the village. The service is provided from the dining area and a small additional room with kitchen facilities. Children have space for their belongings and have access to the playground.

About the inspection

This was an unannounced inspection which took place on 18 August 2025 from 14:45 to 17:35. We returned on 19 August 2025 between 14:30 and 17:35. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning.

This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services. In making our evaluations of the service we:

- spoke with children using the service and some of their family members
- received feedback from 28 families via an online questionnaire
- spoke with staff, management and the board members
- observed staff practice and daily life
- reviewed documents relating to children's care and management of the service.

Key messages

- Children benefitted from being cared for by a staff team who were nurturing, kind and caring.
- Improvements made to personal planning and medication procedures contributed to meeting the needs of children.
- Effective child protection processes and procedures were in place. This contributed to keeping children safe and protected.
- Children benefitted from a staff team who promoted fun and children's right to play.
- Leadership had strengthened, this contributed to positive improvements across the serve.
- Recruitment procedures should be reviewed to ensure all staff are recruited in line with policy and procedures.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

4 - Good

We evaluated different parts of this Key Question as good and very good.

Quality Indicator 1.1: Nurturing care and support

We evaluated this quality indicator as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Children experienced kind, warm and respectful nurturing care and support from a committed staff team who knew them well. One family commented, "The relationships staff have with the kids is so important and is the key strength of the service now". Nurturing and sensitive interactions helped foster a sense of safety and belonging. This contributed to children feeling valued and emotionally secure. Staff listened to children and responded appropriately to their needs, wishes and choices. This promoted a child-centred environment. Family feedback to our questionnaires was positive. One family told us, "The staff are nurturing and very kind to the kids, they know them well". Additionally, the service had developed a good relationship with the school, the head teacher told us, "There is a stronger partnership between school and the service. This includes the sharing of any appropriate information and open communications about any changes that may impact either service". As a result, consistent, caring approaches positively impacted children's overall wellbeing and development.

Snack provided children with a meaningful social experience, which they clearly enjoyed. Improvements had been made to snack time, almost all families agreed their children could choose from a range of healthy food that reflected their individual needs. One family told us, "Snack options are shared with parents, these are varied, with children able to pick their own choices. Plenty of fruit and vegetables always on offer". The sociable routine helped children build relationships with each other and staff. While staff prepared snacks, children had contributed to menu planning. Further development of snack routines, including children's involvement in preparation and a review of timing, would support independence and the development of life skills.

Personal plans were in place and were mainly effective in supporting children's overall wellbeing. Improvements had been made and a previous requirement for personal planning had been met. (See 'What the service has done to meet requirements made at or since the last inspection' Requirement 1) One family told us, "We've updated plans since [The manager] started and I know I can inform staff of any changes required". Another family commented, "We have regular conversations about the plan and strategies that are effective. They really understand my child and their needs". Children's individual plans had improved. Almost all plans had been reviewed with families in line with best practice. This helped to identify children's needs and guide support. Moving forward the service should ensure strategies are in place for children who need them. These should be clearly documented, consistently implemented and regularly reviewed. Further development of personal planning would enable staff to provide a more responsive and tailored support to ensure positive outcomes for all children. **(See Area for improvement 1)**

Children's health was promoted as staff were familiar with children's health care plans. Improvements had been made and a previous requirement to develop a medication procedure which supports children's health needs had been met. (See 'What the service has done to meet requirements made at or since the last inspection' Requirement 2). Medication consent forms were in place these included signs and symptoms and emergency plans should medication be ineffective. This equipped staff with the information to respond effectively to children's health care needs. Almost all health care plans had been reviewed within the past three months, one plan had not been, and another contained an error regarding the use of a spacer device. To maintain best practice, health care plans should be robustly reviewed every three months or termly. (See section 'How good is our leadership?' Area for improvement 1)

Safeguarding and whistle-blowing policies and procedures had been developed. These were robust and effective. Improvements had been made and a previous requirement to ensure full provision for the safeguarding and protecting of children had been met. (See 'What the service has done to meet requirements made at or since the last inspection' Requirement 3). The service had implemented clear guidance on child protection and whistle-blowing, including how concerns should be reported. Staff had undertaken child protection. All staff, including the provider (board), demonstrated a strong understanding of their responsibilities in relation to keeping children safe and protected. This reflected a well embedded safeguarding culture across the service and contributed significantly to ensuring children's safety and wellbeing. One family commented, "My child feels safe and really enjoys going to the club, being there with the kids and staff".

Quality Indicator 1.3: Play and learning

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this quality indicator as very good.

Children benefitted from a staff team who promoted fun and children's right to play. They had worked hard to provide quality play experiences by promoting choice and responding to children's ideas and interests. One family commented, "There is a great range of activities now and they listen to what the children like to do". The head teacher of the school told us, "There has been significant improvements in the environment, the level of engagement between the staff team and the children and the range of play opportunities and experiences". Staff had begun to reflect on individual achievements. Both indoor and outdoor environments featured well-considered open-ended materials and creative approaches that actively engaged children's imagination and enriched their play and development. For example, an older group of children constructed a car using loose parts such as, crates, a steering wheel and tyres. This imaginative play evolved into a caravan, where children created a sleeping area using soft mats and covers. The group also used large dominoes as mobile phones, further extending their role play. As a result, children were highly engaged, having fun and developing a broad range of physical, social and communication skills. These experiences reflected the service's commitment to providing stimulating and child-led learning opportunities that support holistic development. One child commented, "I like to play with my friends, play with the cars and make tracks for them. I like the crafts to make boats and tools".

Children benefitted from a balanced mix of planned and responsive experiences that supported their individual interests and developmental needs. Children documented their ideas and suggestions in the 'big book'. Staff used these to plan activities and experiences across the week. Regular weekly meetings enabled the team to reflect on children's play and development, ensuring a thoughtful approach. As a result, children were and were happy and confident. We encouraged the service to evaluate activities with children more consistently. Strengthening this would support continuous improvement, ensuring that activities remain engaging and purposeful. One family commented, "The kids are actively involved in picking activities, which is great". Another family told us, "So many options to choose from now! Children are always engaged and have huge happy smiles now".

Staff demonstrated a good understanding of children's play, engaging in meaningful interactions that extended experiences and supported social development. By positioning themselves at the children's level and following their lead, staff promoted choice-making, physical development and peer relationships. Outdoor activities such as, parachute play and group skipping encouraged teamwork and cooperation, reflected a nurturing and responsive approach that supported children's overall development. All children's feedback was positive, their comments included, "I get to play cool fun games with the staff they help us". One child told us, "I like coming to after school club now, my mum let me choose to stay at home on Tuesdays or come here, I chose to come here, It's so much fun". Another child told us, "I like playing with my friends and the staff".

Children benefitted for a range of outdoor play experiences to support their health, wellbeing and development. One child told us, "Now we can choose when we want to go outside, I like the being outside and Friday trips". Children had daily use of the playgrounds and often used the local play park. The summer holiday club included trips within the community and further away. These experiences supported children to feel confident and included in their local and wider community. Children's feedback was positive about the improvements made to outdoor play. One child told us, "We go on trips now and go to the park and we get to play football". Almost all families strongly agreed their children had opportunities to play outdoors, they were positive about the experiences their children had been involved in. One family commented, "Since starting after school club last my son has taken a keen interest in football which he didn't like before, he is now part of the local football team with the new friends he has made there and is playing amazing". Another family told us, "The summer club programme was great. My children enjoyed, trips to local parks, the community garden, library, shops and even some trips further afield".

Areas for improvement

1. To enable all children to benefit from care and support that meets their individual needs, the provider should ensure planned support is in place for children who need it. Support strategies should be clearly documented, consistently implemented and regularly reviewed. Improving how personal plans are used will promote children's wellbeing, safety, choices and individual needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 2.2: Children experience high quality facilities

Children were cared for in a clean, bright and welcoming environment that promoted comfort and wellbeing. Improvements had been made to the environment, with enhanced spaces and soft furnishings supporting rest and relaxation. For example, a group of children were sitting on the rug chatting, reading to the teddies and playing with the fidget toys. While another group were playing cards with staff in the smaller room. These spaces supported children make independent choices to connect and relax in a quiet calm space following a busy day at school. As a result, children experienced an environment that was right for them and created a sense of belonging. One family commented, "My child loves the downtime areas and the teddy collection". Another family told us, "They have a relaxing chill out zone with bean bags and books. They can go the quieter room for card games, bracelet making, Hama beads and loom bands which my child enjoys if the main hall is loud and they need quiet time".

Children benefitted from the range of new play spaces and resources. Staff had worked hard to develop these with children. Indoor and outdoor spaces were inviting with a good range of quality resources, furniture and equipment. Children told us they like playing with the crates, ropes, hoola hoops, drawing with the chalk and playing football. Staff were vigilant and spread around the playroom to support children. One family told us, "My child loves going it's become a really safe fun environment for them". Another family commented, "Lots of new furniture and toys, I can see they have made some really positive changes to the club". The indoor environment was a developmentally appropriate space. There were some real life resources, loose parts and open-ended resources which offered children opportunity to problem solve and be creative. Children could access the resources independently. This ensured a safe, supportive and stimulating environment.

Children were kept safe through a range of safety measures. Risk assessments, daily checks and a secure door entry system, monitored by staff, ensured children's safety and wellbeing. To strengthen children's involvement in keeping safe we encouraged the service to consider how children could be more involved in risk assessing. For instance, helping with safety checks while setting up outdoor play. Staff used walkie talkies to communicate children's movement between spaces and ensure there was enough staff in these spaces to provide effective supervision. One parent told us they were pleased to see the main outside gate was closed when they went to pick their child up. As a result, the children experienced a safe and secure environment.

The service was clean and well maintained. Children were protected as staff took necessary precautions to prevent the spread of infection. Effective systems for reporting both routine and ongoing maintenance concerns were in place. Toys, resources and furniture indoors were in a good state of repair. Staff told us, "We regularly check toys and equipment for damage both indoor and outdoor". Food preparation areas were clean and clutter free. Children's toilet facilities were regularly checked during the day to make sure they were hygienic. Children and staff washed their hands at key points throughout the day. As a result, children were kept safe and good procedures in place prevented the spread of infection.

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 3.1: Quality assurance and improvement are led well

The service had worked with the Care Inspectorate over four months to ensure the service was improving. All requirements following the last inspection had been met. (See 'What the service has done to meet requirements made at or since the last inspection' Requirement 3 and 4)

The service's vision, values and aims centred around kindness, respect and compassion in a safe and stimulating indoor and outdoor environment. The service's values were reflected in practice. This helped children and families understand what to expect from the service and reinforced a consistent, values-led approach in caring for children. Children, families and staff told us about the safe and nurturing environment that had been developed. A member of staff commented, "We have made sure kids feel comfortable and have a safe place to express themselves freely". One family told us, "The staff and particularly management have been essential to a full culture shift in the club". Another family commented, "The staff and manager should be commended for turning the service around and creating something truly special in its place they are nurturing and very supportive".

Children and families had been meaningfully involved in improving the service. Changes had been communicated to children and families throughout the service's improvement journey. The manager and staff actively sought their views through daily conversations, questionnaires, and digital platforms. Children's wishes and choices were documented in displays and 'big books' and the service worked to fulfil them. A bake sale and community donations supported resource replenishment and wider involvement. All families either agreed or strongly agreed they were involved improving the service, with one commenting, "We are much more involved than we were previously". As a result, positive relationships fostered a safe and trusting environment where everyone's involvement had led to meaningful change.

The service had made significant progress since the last inspection. A new chair of the board, board members, manager and staff had been successfully recruited to support improvement. These changes contributed to a more focused and effective approach to service development. As a result, all previous requirements had been met. One family commented, "I can see they have made some really positive changes to the club; it has been a very happy experience compared to past years". Another family commented, "I think the club still has some work to do to grow and adjust to changes in management, but I think it's going in the right direction." The manager and staff team demonstrated a shared understanding of the priorities and their roles in addressing previous requirements and areas for improvement. While progress had been made, the impact of these improvements on children's outcomes had not yet been fully evaluated or embedded in practice. The service should continue to use the views of staff, children and families to shape future improvements and create a new development plan, to be used as a working document to drive continuous improvement. We signposted the service to Quality improvement framework for the early learning and childcare sectors, school aged childcare quality indicators.

The service had taken positive steps to improve its approach to quality assurance, including the introduction of a calendar to identify key areas and timelines for review. This included the environment, personal planning and children's health needs. However, the overall approach was not consistently effective or embedded in practice. As a result, children's care, health and wellbeing were not always fully supported. Strengthening auditing and review processes would help establish a more robust system and ensure the service consistently delivers high-quality care and support. **(See Area for improvement 1)**

A range of policies and procedures had been developed, including child protection, medication, complaints and board responsibilities. These supported children's safety and wellbeing.

Areas for improvement

1. To support children's wellbeing and promote the continued development and improvement of the service, the provider, manager and staff team should ensure robust self-evaluation and quality assurance is taking place. This should be well organised, so it is achievable, reviewed and monitored over time. This is so that improvement is focused in the places that will have direct impact on improving outcomes for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as good, where strengths only just outweighed weaknesses.

Quality Indicator 4.3: Staff deployment

Staffing levels and overall deployment across the service had been effective in supporting positive outcomes for children. There were enough staff to enable children to access a range of indoor and outdoor spaces and within daily routines. Families and staff agreed there is always enough staff to meet their child's needs. Staff worked well together creating a happy and caring atmosphere. One family told us, "The staff are wonderful, they are very supportive and are visibly engaged with the children". Another family commented, "All the staff are friendly and clearly have a good rapport with the children". Staff flexibility and good communication ensured effective supervision. While nurturing interactions contributed to children feeling safe and secure.

Children benefitted as staff were enthusiastic about their role. One staff member commented, "It's wonderful to see the children flourish, gain friendships, confidence and learning new things over time". The staff team had a range of knowledge and experience. Most had completed core training, for example, food hygiene, child protection and first aid. Some staff had recently enrolled in college courses to further their learning. Additional training was planned and had been approved by the board. Staff training records were in place and up to date. Moving forward, the manager and staff team should reflect on how any training attended has influenced their practice. This reflective approach would support ongoing professional development and contribute to continuous improvement in outcomes for children. **(See Area for improvement 1)**

All staff should be appropriately and safely recruited. Although the service recognised the importance of recruiting a skilled workforce and almost all staff had been recruited in a way which had been informed by all aspects of safer recruitment practices. One member of staff who had volunteered and recently become an apprentice had begun employment before all necessary checks had been received. The provider should follow safer recruitment procedures as set out in their policy and in line with safer recruitment legislation. Immediate action was taken and confirmation of checks was received prior to feedback. **(See Area for improvement 2)**

Inductions were effective in supporting new staff into the service. This provided them with ongoing opportunities to share their experiences and identify any support they might need. Staff told us, "The manager supports induction, and new members are encouraged to shadow the other staff to see how the club operates". Existing staff had one to one 'check-ins' and appraisals had been planned. The wellbeing of staff was carefully considered which promoted a culture of care and respect where staff felt valued. Some comments included, "we are happier", "more relaxed", "a lovely atmosphere now", "we all work together". As a result, they felt part of a team and were well supported. This had a positive impact on the outcomes for children and families. One member of staff told us, "The management are amazing. The children are really happy. It's a really fun place to work. We are building better and stronger and looking forward to see what we have achieved this time next year".

Areas for improvement

1. Management should monitor staff practice to evaluate how training had influenced practice, understanding and positive outcomes for children. Staff should then reflect on their learning and embed it in their practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

2. To maintain the safety and welfare of children, the provider should improve the recruitment procedures to ensure that all staff employed in the club have been recruited in line with safe recruitment practices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 30 January 2025, the provider must develop a system for personal planning which meets the health, welfare and support needs of children.

To do this the provider must at a minimum:

a) ensure that sufficient information to meet the health, care and support needs of individual children is gathered and used to meet individual needs

b) develop a system to record and implement support strategies in place for individual children who need them.

This is in order to comply with Regulations 4.(1)(a) and 5.(1)(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 16 December 2024.

Action taken on previous requirement

A system was in place for personal planning which met the health, wellbeing and support needs for children. Each child had an individual personal plan. Plans included consent, contact information and some information relating to children's health and wellbeing needs. A system had been developed to record and implement strategies for children who need them. Moving forward the service should strengthen their approach to monitoring and reviewing personal plans and strategies of support to ensure they are up to date and provide a consistent approach to meeting children's needs. (See Area for improvement 1 in the main body of the report)

Met - within timescales

Requirement 2

By 30 January 2025, the provider must develop a medication procedure which supports children's health needs.

To do this the provider must at a minimum:

a) develop, implement and share with staff and parents a medication procedure which takes account of good practice guidance

b) evaluate staff understanding of the medication procedures.

This is in order to comply with Regulation 4 (1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 16 December 2024.

Action taken on previous requirement

A medication procedure had been developed to support children's healthcare needs. The policy and procedure was clear, accurate and in line with best practice guidance. This had been shared with staff and families and was implemented as part of practice when managing children's health care needs. Staff had a clear understanding of children's health care needs.

Met - within timescales

Requirement 3

By 28 February 2025, the provider must make full provision for the safeguarding and protection of children.

To do this the provider must at a minimum:

- a) develop policies and procedures on safeguarding, child protection, whistle blowing and reporting to be shared with staff, the board and parents.
- b) evaluate and ensure the staff and provider's (boards) understanding of their responsibilities with regard to implemented protection and whistle blowing policies and procedures.

This is in order to comply with Regulation 4 (1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This requirement was made on 16 December 2024.

Action taken on previous requirement

A clear policy and procedures for safeguarding children, managing a child protection concern and whistle blowing policies was in place. These had been shared with the board, staff and families. Staff and the board understand their responsibilities of implementing these procedures to ensure children were kept safe and protected. (See the main body of the report Key question 1)

Met - within timescales

Requirement 4

By 28 February 2025, the provider must achieve and maintain positive outcomes for children through the provision of a service which promotes quality and safety.

To do this the provider must, at a minimum:

- a) develop a process to evaluate the service using good practice guidance and involving the views of staff, parents and children
- b) use self-evaluation to develop an improvement plan
- c) promote quality assurance through auditing and review processes.

This is in order to comply with Regulation 4 (1)(a) and Regulation 3 Principles of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 16 December 2024.

Action taken on previous requirement

Progress had been made. The service had worked hard to evaluate the service using the views of children and their families through a significant period of change. They should continue to use these and best practice guidance to inform future improvement plans.

Quality assurance and self evaluation was taking place, although this was not always effective and should be improved. We discussed with the manager ways to capture progress and provide a more formalised way of capturing self-evaluation and using this as a working document to reflect on the progress the club has made. For example, actions required, what the service has done and the impact on outcomes for children. This will help all staff, children and families to recognise progress and achievements made and contribute to identifying further improvements needed. This should be well organised, so it is manageable and achievable. This reviewed and monitored over time. (See Area for improvement 1 in the main body of the report)

Met - outwith timescales

Requirement 5

By 31 January 2025, the provider must ensure that children and families receive a well-managed service with clear leadership accountability.

To do this the provider must, at a minimum:

- a) develop roles, responsibilities and expectations for the board
- b) be familiar with their regulatory responsibility in terms of running a registered service and promoting positive outcomes for children.

This is in order to comply with Regulation 4 (1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 16 December 2024.

Action taken on previous requirement

The service had successfully recruited more board members and an experienced chairperson was in place. A handbook had been developed to ensure roles and responsibilities are clear for the board members. As a result, the service was managed well and had clear leadership accountability.

The chairperson was confident and experienced in their capacity of running a regulated service. They worked with Care Inspectorate over four months and had been proactive in supporting the new manager in their role. Significant progress had been made to ensure the overall service was well led, this contributed to positive outcomes for children.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support children to be meaningfully and actively involved in leading their play. The setting should increase the range of resources available for children to use indoors and outdoors. Account should be taken of the age range of children and include the use of real life and loose part resources to support problem solving and imagination. (See 'Quality Indicator 1.3: Play and learning' in the main body of the report)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'As a child, I can direct my own play and activities in a way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

This area for improvement was made on 16 December 2024.

Action taken since then

Children were meaningfully and actively involved in leading their play. A wide range of resources and loose parts were available both indoors and outdoors. These included a variety of games, arts and crafts, loose parts and open-ended materials to support imagination, problem solving and curiosity. (See 'Quality Indicator 1.3: Play and learning' in the main body of the report)

This area for improvement has been met.

Previous area for improvement 2

To support children's choice and reflect how activities and play impact on skills and learning outcomes. The setting should develop methods for planning play activities which include, children's ideas and interests. Activities should be evaluated to recorded skills, achievements and extensions to activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.32).

This area for improvement was made on 16 December 2024.

Action taken since then

Progress had been made. Children's ideas and interests were sought and documented these informed planning for play activities, resources and experiences. For instance, planning trips and days out over the summer, other ideas included a movie day, the park, football, arts and crafts and board games. To strengthen children's play and learning we discussed with the manager developing a system that supports children and staff to reflect and evaluate children's individual experiences as well as ways to celebrate their achievements and how this could be shared with families.

This area for improvement has been met.

Previous area for improvement 3

To ensure that children have access to an environment which meets their needs. Staff should fully evaluate the play environment to ensure that it is fully set up before children arrive in the setting and that areas of the space are zoned to provide quiet spaces and appropriate areas for different play types.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

This area for improvement was made on 16 December 2024.

Action taken since then

A variety of spaces and inviting resources had been set up before children arrived in the club. Calm quiet spaces were available for children to rest, read or have a quiet chat together. The small room was used effectively by children and other areas promoted a variety of play types. (See Key Question 2 'How good is our setting?' in the main body of the report)

This area for improvement has been met.

Previous area for improvement 4

To ensure that children are safe and secure in the setting. Staff should revisit the risk assessments to ensure that they are aware of mitigations in place and consistently followed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'My environment is safe and secure' (HSCS 5.19).

This area for improvement was made on 16 December 2024.

Action taken since then

Written risk assessments had been developed and staff were familiar with safety measures in place to keep children safe. Staff regularly discussed safety, which had been documented in meeting minutes. For example, staff referred to the SIMOA campaign and we observed staff ensuring gates were closed. (See Key Question 2 'How good is our setting?' in the main body of the report)

This area for improvement has been met.

Previous area for improvement 5

The provider should support staff to ensure that they take responsibility for their deployment across the setting. This is to support high levels of interaction and promote children's wellbeing and safety.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 16 December 2024.

Action taken since then

Staff took responsibility for their deployment across the service. This supported high levels of interaction and promoted children's wellbeing and safety. (See Key Question 1 'Nurturing care and support' and Key Question 4 'Staff deployment' in the main body of the report)

This area for improvement has been met.

Previous area for improvement 6

Children should be cared for by skilled and motivated staff. The provider should carry out staff appraisals to identify professional strengths and areas for development. Training should be provided for staff on a range of topics to broaden professional understanding. This training should be assessed to ensure it is pulled through to practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 16 December 2024.

Action taken since then

The manager's performance review with the board showed clear progress and strong leadership. They were well positioned to continue driving improvements forward. The provider is supportive of them undertaking further college studies. This will contribute to them meeting Scottish Social Services Council (SSSC) requirements and enhance their skills. Regular reviews and meetings provided the manager support and guidance when needed.

The manager supported induction processes for new staff and provided regular one to one check ins. Plans were in place for staff's formal appraisal following robust induction processes. This area for improvement has been met, a new area for improvement is in place to reflect the progress made. (See Key Question 4 'Staff deployment' Area for improvement 1, in the main body of the report)

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	5 - Very Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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