

Flora Stevenson After School Club Day Care of Children

Flora Stevenson Primary School
175 Comely Bank Road
Edinburgh
EH4 1BG

Telephone: 01313328045

Type of inspection:
Unannounced

Completed on:
25 August 2025

Service provided by:
Flora Stevenson After School Club

Service provider number:
SP2003002910

Service no:
CS2003012008

About the service

Flora Stevenson After School Club is registered to provide a care service during term time, to a maximum of 80 children at any one time who currently attend primary school. During school holidays the service may be provided to a maximum of 48 primary school aged children at any one time of whom no more than five are in the transition between nursery and primary one.

The service operates from Flora Stevenson Primary School and is situated in the dining hall. This is a bright and spacious environment with direct access to the playground. Children have access to toilets just outside the dining hall and in the school building.

About the inspection

This was an unannounced inspection which took place on Tuesday 19 August 2025 between 14:55 and 18:05. We returned to the service on Wednesday 20 August 2025 between 08:00 and 09:10 and 14:35 and 18:00. We made a further visit on Thursday 21 August 2025 between 14:10 and 16:40.

The inspection was carried out by one inspector from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke with children using the service and two parents onsite
- received written feedback from 19 parents via an online questionnaire
- spoke with staff, management and a representative from the committee
- observed practice and children's experiences
- reviewed documents.

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.

Key messages

Positive and warm interactions from staff supported children's overall wellbeing.

Children had fun and learned new skills through a range of interesting play experiences.

Children's health and wellbeing was compromised due to the ineffective management of medication and health care planning.

Improvements were needed to the management and supervision of outdoor play spaces.

Significant gaps within quality assurance processes resulted in the service not following good practice guidance within a number of areas, including in relation to recruitment and the professional registration of staff.

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?	2 - Weak
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
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?**2 - Weak**

We evaluated different parts of this key question as weak and good, with an overall evaluation of weak, whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 1.1: Nurturing care and support

Positive interactions from staff were a strength within the service. Children experienced nurturing care and support from staff who showed them genuine warmth. Staff were sensitive to new children settling in. They provided a warm welcome and gentle guidance as children built up their confidence in the service. This supported children to feel valued, included and secure. One parent commented, "Children have always felt welcomed and very much cared for in the service."

Personal planning approaches for some children with specific needs were effective. These plans outlined how children's care should be provided. During the inspection, staff implemented identified strategies, supporting some children to experience consistent, positive care. Most parents felt involved in personal planning for their children. One said, "At the start of every year, I complete a registration form giving details of interests and any support they need. Continued informal conversations with staff ensure that they know (the children) so well." However, improvements were needed to ensure information held within personal plans was used to plan safe and effective care. Personal plans and support plans were not effectively reviewed with all parents or in line with legislative guidance. The provider should ensure the service use current good practice guidance to consistently inform safe and effective personal planning approaches. (See Area for improvement 1)

Children's health and wellbeing was at risk due to a lack of understanding about the safe management and administration of medication. Required medication was not always available in the setting and there was a lack of effective risk management for children who may need to carry their own medication. Recorded information was often inaccurate and not reflective of the required medication arrangements. Health care plans and consents did not follow good practice as they were not individualised to children or the specific medications they needed. For some children, staff knowledge of their health care needs and the steps they would take to support these needs was insufficient. Inaccurate recording and a lack of information sharing with some staff meant they were not always well informed about children's medical needs. As a result, the meeting of children's health and medication needs was compromised. During the inspection, the service took some steps to address these concerns. This included ensuring that children's required medication was on site and available for children to use. To ensure children's safety and wellbeing, ongoing action was needed to improve the management of children's medication and health care needs. (See Requirement 1)

Overall, mealtimes were safe as children sat while eating. However, improvements were needed to ensure mealtimes were social, relaxed and unhurried. Staff were often focused on tasks meaning they did not routinely sit with children. As a result, there were missed opportunities for staff to support conversations and connections. Children had limited opportunities to be independent as staff prepared and served most of the food and drinks. The snack routine involved children waiting for extended periods as they queued to wash their hands and waited in line to collect their food. Improvements were needed to ensure mealtimes were relaxed, social experiences that promoted children's overall wellbeing. (See Area for improvement 2)

Quality Indicator 1.3: Play and learning

Overall, children were engaged and enjoying the experiences on offer. Most of the time they made independent choices about how and where they played. This meant they could choose activities of interest to them.

The range of play experiences supported children to develop skills and confidence in various areas, including cooperation, creativity and active skills. Core resources such as, construction, small world, role play, arts and crafts, books, comics, puzzles and outdoor equipment provided children with choice and challenge. One parent told us, "Activities are varied and meet the preferences of the children in the club." Loose parts play in the outdoor space encouraged children's creativity and critical thinking skills. To further enhance opportunities for children to be curious and creative, a wider range of open ended, loose parts materials should be available inside. Many of the resources and toys indoors were single purpose plastic items. While these were well used and enjoyed, extending the range of materials, toys and experiences could enhance children's play and support greater levels of challenge.

A range of planned and spontaneous experiences supported children to remain engaged and have fun. Groups such as, an art club and cross stitch class supported children to develop new skills and promoted creativity. Children told us that they were proud of their new skills and enjoyed these experiences. Staff were also proud of children's achievements and recognised children as creative and curious. This practice by staff celebrated children's play and learning achievements. One parent described the experiences as, "Diverse offerings and staff led activities - including a chance for independent free play. There is a good mix of physical activity and creative/ imaginative pursuits".

All staff recognised play as an important part of the afterschool experience. Some staff engaged well with children's play, helping them to create and extend their ideas. For example, some staff made suggestions or asked questions that supported children's thinking skills. Some staff joined in activities such as, dance routines showing children that having fun was important to them. However, at times, other staff provided a more supervisory role and missed opportunities to sensitively engage in and support children's play. The service should ensure all staff develop the skills needed to offer challenging and motivating play interactions.

Links with the local community were developing, providing children with further play and learning opportunities. For example, the service visited a local care home at Christmas and during the holiday period children took part in local trips and outings. These opportunities enabled children to have fun and gave them important life experiences in their own community.

Requirements

1.

By 16 October 2025, the provider must ensure children are safe through the effective management of their medication and health care needs.

To do this the provider must, at a minimum:

- a) Ensure all required medication is available for children when they are present in the service.
- b) Ensure medication and health care planning records are accurate and reflective of children's individual needs and medications, including outlining the appropriate actions staff should take to manage children's symptoms.

c) Ensure all staff understand children's health and medication needs and know how to respond quickly and safely.

d) Ensure practice aligns with current guidance, 'Management of medication in daycare of children and childminding services' (Care Inspectorate, Edited in July 2025).

This is to comply with regulation 4 (1) (a) and regulation 5 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 Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24); and

'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).

Areas for improvement

1. To support children's wellbeing and development, the provider should develop and strengthen personal planning approaches. This is to ensure personal plans reflect children's needs, set out how their individual needs will be met and reflect good practice guidance including in relation to reviews and updates.

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).

2. To support children's wellbeing and develop life skills, the provider should ensure mealtime routines are improved so children have a relaxed, social and engaging experience.

This should include but not be limited to;

a) improving the routine to minimise how long children have to wait during handwashing and the serving of food

b) providing greater opportunities for children to be involved in the planning and preparation of snacks

c) ensuring staff consider the social experience of snack and provide opportunities for children to engage in conversations during mealtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21); and

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 2.2: Children experience high quality facilities

Overall, staff provided children with developmentally appropriate spaces that met their varying needs. Children had space to store their belongings, which was respectful and organised. Children's achievements and interests were reflected within the environment as artwork was displayed alongside photos of previous experiences. While small chairs, cushions and rugs provided seating for children, to support greater opportunities for children to rest and relax more comfortable areas could be created. A few parents felt more spaces for relaxation and activities such as, reading would be beneficial. One parent said, "It would be great if there were more cosy areas for the children to relax like a soft rug or a sofa/armchair."

Improvements were needed to the management of outdoor spaces to enhance children's safety and wellbeing. Overall, the atmosphere inside was calm and purposeful. Children moved around freely as they made choices and engaged in experiences. However, the large outside area was more difficult to manage as it became busy. This presented some challenges for staff in relation to supervising children. Systems to support staff to keep children safe were not always effective. For example, not all children wore vests to identify they were with the service. At times, the service limited the number of children who could play outside to manage the space. However, this meant not all children could choose to be outdoors, especially as the service became busier with the arrival of older children. While the boundary of the playground was secure, some areas of the lower fencing should be more closely monitored to ensure children cannot leave the space unnoticed by staff. The service should consider how they can improve the management of the outdoor space to ensure outdoor play is as safe as possible for all children. (See Area for improvement 1)

Overall, the environment was clean and well-maintained. Staff used daily checks to ensure areas were in a suitable state of repair and set up to support children's play. Maintenance arrangements were in place and staff were alert to any maintenance needs as they occurred. This helped to support a safe environment.

Children were supported to undertake good handwashing practices prior to eating and following personal care. However, good practice states children should also wash their hands after eating and at other relevant points in the session. The service should consider enhancing hand hygiene routines to ensure infection control measures protect children by aligning with good practice guidance.

Children had to wait for extended periods to wash their hands as the service did not make use of the additional handwashing facilities included in their let. The service agreed to review the use of spaces to ensure children had access to the facilities and space they needed based on the conditions of registration.

Areas for improvement

1. To support children's safety and enhance play experiences, the provider should improve the management of the outdoor play space.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.17).

How good is our leadership?**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 3.1: Quality assurance and improvement are led well

Children's health, safety and wellbeing needs were compromised due to ineffective quality assurance processes. The service was not following good practice guidance to keep children safe and promote consistently positive outcomes. This led to gaps in the quality and understanding in relation to key areas of practice. As a result, children were at risk of not receiving consistently safe care and support. The provider should ensure there is appropriate management and leadership oversight to enable children to benefit from a service that is well led and managed. (See Area for improvement 1)

Safer recruitment practices were not followed. The service did not have a robust understanding of good practice guidance in relation to recruitment. For example, while they sought fit person checks, they did not always seek references. This had the potential to impact on children's safety. There was not an effective system in place to ensure staff gained and maintained professional registrations, which is a legislative requirement for the social care workforce and employers. Some staff had worked in the service for extended periods without an appropriate registration. Improvements were needed to ensure recruitment and professional registrations were effectively managed to promote children's safety and wellbeing. (See Requirement 1)

The service was in the early stages of developing an approach to improvement planning, with opportunities for this to be informed by staff and children. This included, gathering feedback from children about meal choices and the planned development of a children's committee. Feedback from the Care Inspectorate in relation to an upheld complaint had prompted the service to review their approaches to supporting children and families. This evidenced the service's willingness to use feedback to inform improvements. Moving forward, the service should ensure any planning identifies clear aims and actions to support them to make meaningful improvements. The service should ensure the pace of change reflects the needs of children, families and staff. This is to ensure children and families experience a service that promotes continuous improvement.

There was a warm and welcoming ethos within the service. Staff practice in relation to children's play and interactions, supported the service to implement their mission of 'children enjoying their time at the club'. Parents spoke positively about the connection they and their children experienced with the staff and management team. One parent said, "The members of staff create a friendly ethos, which is very supportive of families and children." This showed children and families benefitted from opportunities to build trusting relationships within the service.

Requirements

1. By 31 October 2025, the provider must ensure children are protected through the safe and effective management of staff recruitment and professional registrations.

To do this the provider must, at a minimum:

a) Ensure recruitment procedures are aligned with good practice guidance, 'Safer Recruitment Through Better Recruitment' (Care Inspectorate and Scottish Social Services Council (SSSC), September 2023).

- b) Revisit current staff information and ensure all staff have been recruited in line with safe recruitment processes, including, requesting accurate and appropriate references relating to a person's suitability to work in a specified role.
- c) Ensure all staff appropriately gain and maintain their professional registration with a relevant professional body.
- d) Develop and implement effective quality assurance processes to support and monitor the professional registrations of staff.

This is to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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).

Areas for improvement

1. To ensure gaps in practice and procedures are improved and to enhance outcomes for children, the provider should ensure that effective quality assurance processes are developed and embedded to ensure the service stay up to date with current practice and make improvements to key areas of practice.

This should include but not be limited to:

- a) ensuring current best practice guidance and national frameworks are used to guide practice, assess the quality of the service and inform improvements
- b) embedding planned monitoring processes to ensure gaps in practice, processes and procedures are identified and addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 adequate, where strengths only just outweighed weaknesses. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 4.3: Staff deployment

Staff were positive, supportive and friendly, which helped to create a warm atmosphere. The core staff team had been there for some time creating a sense of familiarity for children and families.

Routines throughout the day such as, regular head counts and accurately updating registers meant that children were accounted for when arriving at and leaving the service. There were enough staff to meet adult to child ratios. However, the service should ensure that all staff are available to be with children as soon as they arrive. For example, when staff are needed to cover absences these arrangements should be reflective of the numbers and times of children arriving. This is to ensure support is consistent.

At times, staff communicated well, enabling them to adjust their deployment to the individual needs of some children. For example, staff made themselves available if a child needed enhanced support or comfort. This helped support children's emotional wellbeing. However, due to the large outdoor area and the varying needs and movements of children, staff deployment was not always effective. This meant that staff did not always provide high levels of engagement within the outdoor space. At times, some areas were not monitored by staff. During the inspection a few incidents occurred, which had the potential to impact on children's safety. For example, children tried to climb over fences to collect missing footballs, with staff not always alert to this. To ensure staff can fully meet children's safety and engagement needs, the service should improve staff deployment and decision making within the outdoor space. (See Area for improvement 1)

There was a balance of qualified staff present to support children and offer guidance to less experienced staff. New staff felt welcomed and supported by the management team and colleagues. Induction and quality assurance processes should be further developed to ensure they enable all staff to develop a greater understanding of their role. Induction and support processes should provide opportunities for staff to reflect on their skills, knowledge and confidence. For example, the service should implement systems that ensure staff are given relevant information and support as they start within the role. This would include supporting them to gain and maintain their professional registrations and cover relevant training to support high quality outcomes for all children.

Areas for improvement

1. To ensure staff can fully meet children's safety and engagement needs, the service should improve staff deployment and decision making within the outdoor space.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My environment is secure and safe' (HSCS 5.17); and

'My needs are met by the right number of people' (HSCS 3.15).

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

The provider should ensure that robust systems are in place for recording and documenting information. This is not limited to but should include the impact of support strategies and any changes to supports in place and information discussed and shared with families.

This is in order to comply with: Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me'.

This area for improvement was made on 23 August 2024.

Action taken since then

While personal planning approaches were developing, there were not robust systems to record communications with families. For example, there was not a log of communication or a chronology of contact within children's personal plans. Personal plans including those with support strategies were not routinely reviewed with parents meaning there remained missed opportunities to record and document information. Parents shared that informal discussions took place and were overall positive about the communications they had with staff about their child.

Therefore, we have met this area for improvement and will reflect the outstanding issues within area for improvement 1 in Key Question 1, 'How good is our care, play and learning?'.

Previous area for improvement 2

The provider should ensure that all staff are aware of and follow the procedures set out in the bullying policy. Written records/meetings with families to address concerns regarding incidents should happen in a timely manner. This is to ensure families and the service can work together to support positive outcomes for children.

This is in order to comply with: Health and Social Care Standard 3.14: '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'.

This area for improvement was made on 23 August 2024.

Action taken since then

Staff were aware of the service's bullying procedures and some of the steps they would take to support children and families. The procedures had not been updated for some time. We advised the service to review the procedures to ensure they aligned with current theory and good practice in relation to supporting all children's wellbeing. There were no written records to review in relation to bullying concerns. We have made an area for improvement in relation to personal plans, which should be used to inform the recording of written records with families.

Therefore, we have met this area for improvement and will reflect the outstanding issues within area for improvement 1 in Key Question 1, 'How good is our care, play and learning?'.

Previous area for improvement 3

The provider should ensure that systems are in place to ensure that all meetings, including review meetings, take place within the agreed timeframes. Alongside this, the provider should ensure that there are measures in place to identify any missed meetings and what actions will be taken to address this.

This is in order to comply with: Health and Social Care Standard 4.11: 'I experience high quality care and support based on relevant evidence, guidance and best practice'.

This area for improvement was made on 23 August 2024.

Action taken since then

There were no records to view which pertained to meetings with parents or review meetings. The manager and staff told us that there had been no meetings organised. Therefore, we were unable to assess if this area for improvement had been met.

We have continued this area for improvement and will review it again at a follow up inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.