

Craiglockhart After School Club Day Care of Children

Craiglockhart Primary School
90 Ashley Terrace
Edinburgh
EH11 1RG

Telephone: 01313 379 214

Type of inspection:
Unannounced

Completed on:
17 November 2025

Service provided by:
Craiglockhart After School Club

Service provider number:
SP2003002895

Service no:
CS2003011990

About the service

Craiglockhart After School Club is situated within Craiglockhart Primary School. The service has access to a number of rooms across the school building. The service also has access to the school playground. Local amenities such as parks, shops and public transport are nearby.

The service is registered to provide a care service to a maximum of 112 children at any one time of primary school age.

About the inspection

This was an unannounced inspection which took place on 13 November 2025 between 14:30 and 17:30 and an announced inspection on 14 November 2025 between 12:00 and 17:00. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration 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
- received electronic feedback from 27 parents
- spoke with staff and senior management
- observed practice and daily life
- reviewed documents.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within Leadership and Nurturing care and support.

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

- Self-evaluation should be progressed to ensure that action plans are developed and impact on positive outcomes for children.
- Children benefitted from positive relationships with staff.
- Children have opportunities to experience a range of activities.
- Personal plans have been developed to support outcomes for children.

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

Leadership	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

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

Leadership 3 - Satisfactory / Adequate

Quality Indicator: Leadership and management of staff and resources

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

During the inspection, the manager was absent due to illness and unable to take part in the inspection process. The coordinators stepped into the leadership role and effectively guided the team, promoting consistency and maintaining a clear sense of collective responsibility. This ensured continuity of care and contributed to a calm, well-organised environment for children during the manager's absence.

Parents had opportunities to influence the running of the after school club through the parent led committee. All families were invited to attend the annual general meeting (AGM) and committee meetings throughout the year, which helped to support shared decision making. Parents told us, "staff are open for suggestions and parents are invited to the AGM etc". They also said that they could offer feedback to staff at any point, which reflected positive relationships and an open culture.

An information pack was provided for families before their children started, which included key policies as well as the vision, values and aims. Questionnaires had been sent to parents to ask for feedback on these, although responses were limited. One parent commented that they appreciated being, "given opportunities throughout the year to give feedback". We discussed with the coordinator alternative ways to gain feedback, including involving children in collecting views. The coordinator agreed to take this forward.

Parents were also asked for feedback after the holiday clubs. While the number of responses was small, families were positive about their children's experiences. An audit of this feedback had been completed, however, no next steps had been identified or shared with families. We advised the coordinators to ensure that improvement actions are recorded and communicated to strengthen meaningful participation.

Children's views were beginning to be sought. Primary seven pupils had been asked for feedback on the fortnightly swimming group, which was a positive start. We discussed different approaches, such as a children's committee, to embed children's voice more consistently in planning. Parents confirmed that children were listened to with one parent saying, "whenever my child has had an idea they have been listened to and some of them have featured in holiday schedules".

Self-evaluation for improvement had begun and management had identified some areas requiring development. However, there was no action plan in place. Due to the manager's absence from the club during the inspection, we were unable to fully discuss and assess how improvements were being led and monitored. An area for improvement at the last inspection had not yet been met and is carried forward into this inspection report (see area for improvement one under 'What the service has done to meet any outstanding areas for improvement').

Safer recruitment procedures were followed, although there were some inconsistencies in how information was recorded. We signposted the co-ordinator to 'Safer recruitment through better recruitment' (Scottish Social Services Council 2023) to support more uniformed recording.

The club operated over a large physical area. To ensure children's safety, two staff from the leadership team were responsible for knowing where children were at all times. Parents acknowledged the effectiveness of these procedures, telling us, "we appreciate the clear procedures they have in place for monitoring kids" and "staff all seem very aware of safety". However, this responsibility meant that a senior member of staff was frequently absent from the play spaces. New and inexperienced staff would benefit from more consistent mentoring and modelling from senior staff throughout the session. There should be a review on how to balance safety routines with the need for strong, on the floor leadership to support staff practice and ensure positive outcomes for children.

Children play and learn 4 - Good

Quality Indicator: Playing, learning and developing

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children benefitted from a range of play experiences that supported their confidence building, helped them learn about themselves and enabled the development of important social skills. Children spoke positively about their time at the club, one child shared, "I like going to CASC and spending time with my friends. I feel happy there".

The club made effective use of several areas within the school, including the main hall, gym hall, art room, a small classroom and the playground. This meant that children could make meaningful choices about where and how they played. These varied spaces supported children to access activities that motivated and engaged them, such as ball games, pool, Playstation, art activities, board games and physical play. One child told us, "I like doing Hama beads in the art room because there are so many different things to do". Another said, "I like the activities they do for us and the days out during holiday club, especially when we all go on the train", indicating that staff provided engaging experiences.

Children were given the time and space to make decisions and share their ideas. Staff responded sensitively and positively to children's requests, supporting them to develop and lead their own play, for example when children wanted to make their own books. This supported creativity, problem-solving and ownership of their play experiences. Children consistently told us that they felt supported, with one commenting, "The people who work here are kind and they help you when you need it".

Staff encouraged meaningful interactions between children, recognising the role peers had in enriching play experiences. This contributed to children developing friendships, cooperation skills and confidence. One child said, "I like playing with my friends from different classes".

We discussed with a member of the leadership team ways to further involve children in shaping the play opportunities available, ensuring their interests continue to influence experiences. This could contribute to more formalised planning of activities.

Children are supported to achieve 4 - Good

Quality Indicator: Nurturing care and support

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Most staff knew children well and had formed warm, positive relationships with them. Staff joined in children's play, helping them feel valued and supported. For example, staff joined in playing snakes and ladders and accepting invites into the home area for 'dinner'. One child told us "I like the staff, they are kind". Parents agreed with this, describing staff as, "incredibly kind, warm and helpful", and saying that "all staff are friendly and take an interest in my child as an individual".

Children were confident and relaxed in their environment, benefiting from staff who were consistently responsive to their needs. The pace of the session supported children's wellbeing by allowing them the freedom to move naturally between play spaces. Parents highlighted that staff knew their children well, with one parent saying, "All the staff are friendly and helpful. They know my child well".

Personal plans were in place for children, using the Getting it Right for Every Child (GIRFEC) framework to plan for children's overall wellbeing. A new format for personal plans had been introduced this academic year, which included asking parents to identify three areas they would like to achieve while at the club. Parents told us that they valued this, sharing, "We regularly review the goals and my child is involved in what her would like to spend time on at the club".

Plans were in place to update personal plans every six months, and we discussed ways in which children could be more involved in these reviews.

Plans were in place for children who required additional support and staff spoke confidently about the ways they supported individual children. We discussed how recording the strategies staff already used would help to ensure consistency and support new staff. A member of the leadership team agreed to action this.

Medication was securely stored, however information on how and when to administer medication and the steps to take if a child did not respond to medication or refused it, lacked clarity. Some dosage details did not match the instructions on the medication. We advised that the dosage on the medication must always be followed unless a doctor provides written guidance that states otherwise (see area for improvement one).

Snacks were not always planned in line with current nutritional guidance, Healthy eating in schools (Scottish Government 2020). Children had limited involvement in planning, preparing or serving snacks. We signposted the management team to current guidelines and discussed how increasing children's involvement could promote independence and enhance their overall experiences (see area for improvement two).

Parents spoke highly of communication, noting that they could raise any issues easily, with one parent saying, "Annual updates happen, but we can also talk when collecting or if there isn't time, it's no problem to raise anything via other methods for example email". This reflected the positive, trusting relationships that staff had built with families.

Areas for improvement

1. To ensure children's health and wellbeing needs are consistently and safely met, the service should improve medication reporting and administration procedures. This should include:

- ensuring written instructions clearly outline how and when medication should be given
- clear guidance for staff on what action to take if a child does not respond to medication or refuses it

- ensuring all dosage information matches the instructions on the medication label, unless supported by a written prescription from a medical professional.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To enhance children's health and promote independence, the snack provision should be in line with current nutritional guidance. This should include:

- ensuring food choices reflect healthy dietary standards
- involving children more meaningfully in the planning, preparing and serving of snack
- supporting children to develop life skills such as independence and making choices.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

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 quality assurance processes are developed and implemented. These should be evidenced based, identify areas for improvements and have clear plans to develop the service and improve outcomes for children.

This is to ensure that care and support is consistent with 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 area for improvement was made on 17 July 2023.

Action taken since then

Self-evaluation for improvement had begun and the club had identified some areas requiring development. However, there was no action plan in place detailing any planned action. This is reported on under the Leadership heading.

This area for improvement has not been met and is carried forward into this report.

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

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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