

Sciennes After School Care Scheme SCIO Day Care of Children

Sciennes Primary School
10 Sciennes Road
Edinburgh
EH9 1LG

Telephone: 01316 624 810

Type of inspection:
Unannounced

Completed on:
24 November 2025

Service provided by:
Sciennes After School Care Scheme a
Scottish Charitable Incorporated
Organisation

Service provider number:
SP2019013270

Service no:
CS2019373209

About the service

Sciennes After School Care Scheme (SASCS) is registered to provide a day care of children service to a maximum of 85 school aged children at any one time.

The service is provided from Sciennes Primary School in the Marchmont area of Edinburgh. It is close to the city centre, parks, and community resources.

The service uses the two dining areas in the school, there is a dedicated office and storage space, and the school playground is used for outdoor play.

About the inspection

This was an unannounced inspection which took place on Thursday 20 November and Friday 21 November 2025. 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, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children in the setting
- reviewed online questionnaires completed by three parents and spoke with three parents on-site
- spoke with management and staff
- observed staff practice and daily experiences for children
- reviewed documents.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure that children are safe, the physical environment is well maintained, and that a service is operating legally. At the time of this inspection, no improvements were identified relating to core assurances.

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

- Children were warmly welcomed into the service by friendly and approachable staff.
- Children were able to make independent choices about how and where they played. This supported their needs, and encouraged positive wellbeing.
- Quality assurance approaches were impacting positively on outcomes for children, and should continue to be embedded.
- Staff worked well together, and supported each other through effective communication, while sharing roles and responsibilities.
- Children experienced a caring and respectful environment where staff promoted kindness, sharing, and co-operation.

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	4 - Good
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 4 – Good

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

Quality indicator: Leadership and management of staff and resources

The vision, values, and aims for the service were shared with families, and reflected the service aim to provide high quality care for children. These were promoted by staff through their practice and experiences offered. For example, children and families were warmly welcomed into the service. Parents comments highlighted that staff were "friendly, welcoming, and kind". The service could further develop how they collaborate with staff, children, and their families to develop their vision and values, and ensure that it is meaningful for them, and reflects their views.

The management and staff team were open and approachable throughout the inspection. They engaged positively with the process, and showed a genuine commitment to improving experiences and outcomes. Their openness to suggestions and shared vision supported ongoing improvement for children and families.

Quality assurance processes, including self-evaluation, and improvement planning supported the service's continuous development. The service improvement plan outlined priority areas based on the findings from the previous inspection, with a focus on quality assurance, and supporting staff practice. Moving forward we suggested the streamlining of the improvement plan, to help give a clearer focus for children and parental involvement. A monitoring calendar detailed key quality assurance and self-evaluation activities, such as reviews of personal plans, staff practice, and training. Additionally, the service had implemented a medication audit tracker to monitor actions taken or required, to meet children's care and wellbeing needs.

Feedback from children and families played a central role in shaping service development. For example, the area for signing children out was now more accessible, and prevented 'desk blockage' which parents had previously highlighted as being challenging. This reinforced that their views were valued and informed service delivery. Children contributed their ideas and influenced snack menus, daily experiences, and play activities through group discussions and floor books.

Engagement with families through consultations provided the management team with opportunities to reflect on practice, and enhance the quality of interactions. Opportunities for gathering feedback included questionnaires, informal discussions, and digital platforms.

Parents commented, "We are asked for opinions and ideas regularly through the family app, and during face-to-face interactions". This highlighted the service's commitment to inclusive participation.

Families could be confident in the staff team, as they were recruited through safe and robust procedures. The management team told us they had recently updated their induction process to include mandatory training carried out digitally, prior to staff starting in their roles. Staff reported feeling well-supported through induction and effective mentoring, resulting in a competent and confident workforce. Shared values of the staff team fostered a positive, nurturing environment for children and families. This approach helped staff feel confident to meet children's individual needs.

Children play and learn 4 - Good

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

Quality indicator: Playing, learning and developing

Children were happy, and had fun engaged in activities that supported them to build friendships, and learn how to work with others. For example, during group games they used negotiation skills and shared resources. Further activities included art and crafts, Lego, small world toys, and a 'challenge a boat that floats' activity. Additional experiences were introduced based on observations and children's suggestions, enabling them to lead their own play and enhance learning.

Children told us they enjoyed the club, and the variety of activities available including football, drawing, and the reading corner. Overall, resources and experiences promoted children's creativity and curiosity, however, the service should continue to develop more natural and open-ended play materials. This would extend learning, and enhance creativity and imagination.

Staff demonstrated enthusiasm in their interactions with children, ensuring their play experiences and ideas were valued. Children were supported to follow their interests, with staff responding effectively to their requests. These practices could be enhanced further through more purposeful questioning, to deepen learning and broaden experiences. Children's achievements were celebrated, and their artwork was displayed to engage families.

Children had daily access to physical activity, and could choose to play outdoors in the school playground. Activities motivated children, and they spent extended periods of time exploring and engaging. For example, games, football, basketball, and Meccano building.

Planning was led by children's interests, which promoted independence and choice. There was a balance of responsive and intentional planning, and promoted a child-centred approach, with children's voices embedded in the process. For example, weekly activities and snack menus were led by children, and they were encouraged to share their views through evaluation. This promoted a sense that children mattered. Ideas books were readily accessible for children to record in, with recent contributions including parachute games, crochet, and 'do a weather themed science experiment'.

Parents told us that they felt welcomed into the service and had the opportunity to discuss their child's care, play, and learning. Parents comments included, "The staff are wonderful, and go above and beyond to help children feel at ease and have fun," and "There's always lots of great indoor and outdoor activities".

Children are supported to achieve 4 - Good

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

Quality indicator: Nurturing care and support

Children experienced warm, nurturing interactions with staff who knew them well. They received attentive care, enjoyed their time at the club, and developed strong friendships, fostering respect and belonging. Parents commented positively, highlighting staff were friendly and warm, and ensured their children's safety.

Staff were welcoming and responsive to children when they collected them from school. They ensured they were accounted for and safe, using radio contact as children moved through the school setting, into the dining hall. Good relationships had been built with school staff, which supported a smooth transition for children. Staff chatted with children about their day's events making them feel valued and respected.

Personal planning effectively gathered information to support children's care, including registration details, medical needs, and dietary requirements. Children could complete an 'All About Me' form, enabling staff to tailor services to individual preferences and interests. For example, favourite foods or activities were incorporated into planned experiences. Personal plans were developed collaboratively with families and updated regularly, ensuring staff had access to current information, and children's needs were consistently met.

Children's medical needs were supported by the safe storage of medication, and information about the action to be taken by staff was documented. Administration forms were in place to record when medicine was given to children, and permission forms were completed by parents and signed by staff. Staff had a good understanding of children's health needs.

Children experienced snack times that were sociable, relaxed, and unhurried. They enjoyed sitting with friends to eat and chat about their day. Children's independence was promoted as they collected their plates and self-served their food. This gave them a sense of responsibility and ownership. Children were actively involved in shaping the snack menu, and menus were displayed for children. We asked the service to display alternative menus, to ensure all children's individual needs and dietary requirements were catered for. This would promote inclusive communication for children with dietary needs or preferences.

Families were warmly welcomed by staff, which fostered strong partnerships and a positive and comfortable environment. Staff took time to update parents on their child's day, and shared any other relevant information. This provided consistent opportunities for meaningful communication and relationship-building. Parents told us "It's honestly a fantastic service, filled with warmth and compassion," and "The staff are great, really communicative, friendly and supportive".

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 assist managers in the assessment and improvement of the setting, they should significantly increase the amount of time they spend in the play spaces. This is to provide role modelling of practice, assist with observations of staff practice, and the development of relationships with children and parents.

This is to ensure that care and support is consistent with the 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).

This area for improvement was made on 17 February 2025.

Action taken since then

The management team were more present in the play spaces, and had identified ways to support staff practice through observations and supervision sessions. At present observations were informal to help build staff confidence in the process. A further more formal process would be introduced to identify and reflect with staff on areas of development, to support continuous improvement of the service.

This area of improvement has been met.

Previous area for improvement 2

To meet children's care and learning needs, management should audit and monitor areas where gaps were identified at this inspection. This should include, but not be limited to: audits of management of medication, in line with guidance monitoring of children's personal plans.

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 area for improvement was made on 17 February 2025.

Action taken since then

The management team had developed their quality assurance systems since the previous inspection. They had introduced auditing processes for medication, personal plans, staff practice, and accidents. Recording systems were clear and effective in identifying any gaps or patterns. Reviews had been built into the systems, for example, three monthly for storage and administration of medication

This area of improvement has been met.

Previous area for improvement 3

To support continuous improvement of the service, the board of trustees should formalise procedures to facilitate an annual appraisal for the registered manager.

The board should also hold regular meetings with the management team to support the life and work of the service. Notes of meetings, and actions planned should contribute to further improvements being made, to enhance 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 experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This area for improvement was made on 17 February 2025.

Action taken since then

The service has developed systems for the management team and committee to meet every six weeks. These included operational updates from the management team.

Formalised procedures had been developed to facilitate an annual appraisal for the registered manager.

This area of 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

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good
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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