

Wardie After School Club Day Care of Children

Wardie Primary School
Granton Road
Edinburgh
EH5 3NJ

Telephone: 01315 525 538

Type of inspection:
Unannounced

Completed on:
26 January 2026

Service provided by:
Wardie After School Club

Service provider number:
SP2003002909

Service no:
CS2003012007

About the service

Wardie After School Club runs from the dining hall in Wardie Primary School in the Trinity area of Edinburgh. The club also has access to the school gym hall, library, playground and playing fields. The club is walking distance to local shops, parks and good transport links to the rest of the city. The service is registered to provide a care service to a maximum of 50 children at any one time of primary school age. Within this number the service is registered to care for a small number of pre-school children during the school holiday periods just before they start school as part of their transition to school aged childcare.

About the inspection

This was an unannounced inspection which took place on Friday 16 January, Monday 19 January and Tuesday 20 January 2026 between 12:30 and 18:00. 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 using the service
- gathered feedback from 13 of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- assessed core assurances, including the physical environment.

At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvements are necessary throughout the report.

We gave feedback to representatives of the management committee and the manager of the service on 26 January 2026.

During this inspection we 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

- The service must take action to ensure that all staff have been safely recruited in line with national best practice guidance to keep children safe.
- The service should take action to address the outstanding areas for improvement made at the last inspection to support them to deliver high quality care, play and learning to the children.
- Children had positive relationships with the staff caring for them and this helped them to feel respected.
- Children had fun playing with their friends, enjoying a variety of in and outdoor experiences.
- Snack times were busy and sociable where children ate a variety of healthy foods.

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

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

Leadership 2 - Weak

Quality indicator: Leadership and management of staff and resources

We made an evaluation of weak for this quality indicator, as there were some strengths, but these were compromised by important weaknesses.

Aims and objectives for the service were shared with families in the online app when they registered their child. The aims were developed with the parent led management committee and were linked to children's rights. The service should continue to find ways to include more families, the staff team and the children in developing the aims and objectives to help them to reflect the current children and families in the service.

Approaches to self-evaluation and quality assurance were at an early stage and were not yet supporting improvement. Approaches were not planned or organised to ensure that any improvements were effective or sustained. Areas for improvement from the last inspection remain outstanding. Developing structured improvement plans would ensure these are addressed to support improvement in the service. The area for improvement made at the last inspection on quality assurance has not been met (see area for improvement 6 in 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Children and families feedback and contributions were not having a consistent impact of developing the service. Some children told us they participate in meetings with staff that resulted in some new resources or activities. Further work is needed to ensure that children and families feedback is meaningful and that decision making is shared with them.

Staff meetings were informal with limited input from the wider staff team. For example, agendas were not used and records of discussions were not reviewed. As a result, progress and actions were not monitored and service priorities were missed. Some staff highlighted that they were not consulted with about changes and that their suggestions were not considered. The service should strengthen their approaches to staff meetings, and how to meaningfully engage with the team to support the development of the service and children's experiences.

Staff were identifying concerns about children appropriately and lead agencies had been consulted. Records were not kept consistently and should be developed in line with national and local area protection guidance to ensure that concerns can be tracked to promote children's safety.

Overall, the areas for improvement around quality assurance and developing skills and knowledge of regulatory responsibilities have not been met since the last inspection. These along with other unmet areas for improvement and improvements identified during this inspection should now be used to create an improvement plan for the service. This will support the provider to ensure that actions are taken to drive improvement in the service (see areas for improvement 6 and 7 in 'What the service has done to meet any areas for improvement we made at or since the last inspection').

The management and recording of recruitment procedures did not adhere to current guidance, for example, important aspects including dates and outcomes of employment checks and the process of recruitment. As a result, the welfare and safety of children may have been comprised. We are making a requirement to ensure that this is completed to ensure children's safety (see requirement 1).

New staff told us that they had been signposted to the organisation's policies and procedures for their induction. Staff had not been given appropriate time and support to develop their knowledge of the children in their care or the expected practice in the service to help to keep children safe. Developing a robust induction programme will support the service to assess new recruits' skills and knowledge and help to develop their confidence and ability to provide high quality care to the children. Systems to monitor staff practice and support them to develop have not been established. This meant that staff lacked feedback on their performance and the support to develop their knowledge and practice. The area for improvement made at the last inspection is not met and is continued (see area for improvement 8 in 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Requirements

1. By 27 March 2026, 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 state that:

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

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 were busy and engaged in play in and outdoors throughout their time at the club. Children chose to freely move between in and outdoor spaces allowing them to lead their own learning and develop play in ways which suited them. The service had started to develop spaces for children to have quiet time using

rugs, blankets and ear defenders. The service should consider how to ensure this is accessible to all children throughout the session. The resources used in the quiet space should also be cleaned regularly to ensure that the space is always clean and inviting for children.

Children told us about the activities they enjoyed in the club and in the playground. The activities provided in the playground offered children opportunities to be physically active, develop social skills and problem solve. However, children's access to nature and green spaces were limited. Strategies should be developed to allow children to have more access to natural environments to support them to develop their knowledge and respect for nature.

Some activities offered were adult led, with fixed outcomes. For example, some arts and crafts activities only had one end result, therefore limiting children's opportunity to be creative. Staff told us that some aspects of play were discussed at team meetings. However, this was not influencing approaches to self-evaluation. As a result, discussions were not enhancing experiences for children. Further self-evaluation and audits should be developed to ensure that planned activities offer choice, encourage curiosity, sustain interest and build new skills.

The area for improvement made at the last inspection is not addressed and is continued in this report (see area for improvement 4 in 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Children enjoyed positive relationships with staff. Some staff were invited into children's play and helped children to have fun and develop their ideas. It was often too noisy in the main play space for staff to have meaningful interactions with the children. More should be done to increase opportunities for this, for example, using soft furnishings and having other spaces open.

There were missed opportunities to observe and fully support children's play and wellbeing when staff were busy with daily tasks including updating the digital application. The service should consider how to manage daily tasks to ensure staff can provide the correct support to children.

Children are supported to achieve **3 - Satisfactory / Adequate**

Quality indicator: Nurturing care and support

We evaluated this key question as adequate/satisfactory, where strengths just outweighed weaknesses.

Children were mostly happy and confident in the space accessing a variety of play opportunities. Children told us they have friends at the club and liked playing there. Children mostly experienced interactions which were respectful and supported them to feel safe. On occasion staff missed opportunities to help children build a positive self-image, for example, using labels like boring or rude to describe children. The service should consider how all communication impacts on wellbeing and strive to support all interactions to be respectful, positive and support wellbeing.

Most children were welcomed into the club by staff who knew them. This was not always consistent and should be developed. Busy start and end of day routines meant that sometimes there were missed opportunities to meet children's need for attachment and connection. However, children told us staff looked after them when they told them that they felt sad.

Children told us that they had club rules which they had to follow like 'no hitting'. Children told us there

were consequences for breaking rules but these were not applied consistently. The service should consider this to support all children to feel safe and valued. Consideration could also be given to rephrasing some rules to make these about positive responses which children could work towards rather than focussing on negative communications.

Children were familiar with mealtime routines, including washing hands and what snacks were available to them. Children told us that snacks were mostly healthy and water was available to them throughout the session keeping them hydrated. The service should continue to develop the snacks and alternatives on offer in line with healthy eating guidance to support children to enjoy a nutritious diet. At times staff sat at the tables and chatted with children helping to make snack a sociable experience. This was not always possible due to the background noise in the room. More opportunities to support children to be independent could be developed, for example, preparing and serving snacks. Most children were familiar with handwashing routines, staff should continue to support all children with this role modelling best practice.

Medication was not consistently recorded in line with national guidance. This meant that some children lacked permission to administer their medication in the service. For one child staff told us the child carried their own medication, however, records did not detail how this would be managed. Healthcare plans had not been reviewed with families in line with guidance. Where children had lifesaving medication, stepped approaches were not detailed to ensure staff knew what to do if it did not work. It was not easy for staff to find the information about medication for children as some was on the app and some in the folders with medications. Staff took action to address these concerns during the inspection. However, the lack of a consistent oversight of the medications to ensure that children were safe in the service meant that the area for improvement from the last inspection has not been met (see area for improvement 3 in 'What the service has done to meet any areas for improvement we made at or since the last inspection').

The service was in the process of moving children's personal plans onto an online app. Children had some 'All about me information' recorded in individual folders. It was not clear how this was being used to support children in the service. The service had not reviewed children's personal information in line with legislative responsibilities, meaning that the information could be out of date. The service had not developed a way of recording significant information for children, for example, where there were health needs, but they did not require medication. Not all children had statutory information recorded. This meant that the area for improvement from the last inspection had not been met and is continued in this report (see area for improvement 2 in 'What the service has done to meet any areas for improvement we made at or since the last inspection'). We shared 'Guide for providers on personal planning early learning and childcare, (Care Inspectorate, 2021) to support the provider to develop these to ensure children's care and support needs can be met well in the service. Informal opportunities to discuss children's care and support were available at pick up times, however, this was not consistent. The service was at the early stage of sharing information on their app about children's experiences. This should be further developed to share information about children's individual experiences, achievements and the support offered.

Families who were on the services management committee were well informed about the service and involved in planning for its development. Other families were informed in newsletters about what was happening and given some opportunities to give feedback. This could be built on to ensure that all families are involved in evaluating and developing the service (see area for improvement 6 in 'What the service has done to meet any areas for improvement we made at or since the last inspection').

At times during the inspection, staff were unclear how many children were inside or outside. After discussions on the first day staff used whiteboards to keep track of children's whereabouts, however, this was not done consistently. The service shared that they were developing the use of their app and walkie talkies to improve this. At times parents rang the buzzer and waved at the window to alert staff to their

presence. At other times the security of the building was compromised with the entry door being left open and parents accessing the building unannounced. This was a risk to children as members of the public could come into the building unannounced. The service must review their practice, so they always know where children are. They must also review the security of the building including collection procedures to ensure that children are always accounted for and safe (see area for improvement 1).

Children's comfort was compromised at times during the inspection as the temperature was cold in the hall. There was not access to a thermometer to record the temperature. This had been reported to the school and small storage heaters were used to provide additional warmth. However, this provided inadequate heat for the size of the room.

Areas for improvement

1.

Security measures should be reviewed to ensure that children are safe in the service. This should include, but is not limited to developing risk assessments and practice which will ensure that:

- members of the public cannot access the service unannounced
- children cannot leave the service unsupervised
- staff know where children are at all times.

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 5.19); and

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

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's wellbeing the provider should review how snack is provided to ensure that this is a relaxed social experience in line with current best practice guidance. This should include but is not limited to:

- consideration of the noise in the surrounding area to make them relaxed, pleasant experiences,
- use of plates and cutlery,
- management of infection control practice,
- children having the opportunity to learn about preparing food, and
- having the opportunity to sit and chat with staff during mealtimes.

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

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

'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible' (HSCS 1.38).

This area for improvement was made on 4 October 2024.

Action taken since then

Children were familiar with handwashing routines and staff followed good hygiene practice when supporting children at snack. Children used plates and cutlery at the tables. Children had opportunities to sit and chat with staff during snack and mealtimes on Monday to Thursday. There are still opportunities to increase children's involvement in preparing snack and in reducing noise in the environment to make the snacks more relaxing and sociable.

This area for improvement is met.

Previous area for improvement 2

To support children's wellbeing and development the provider should review children's personal plans to ensure that these are developed in line with current best practice guidance to help all children progress and achieve. This should include but is not limited to:

- ensuring that all children have their individual needs identified
- ensuring that strategies to support them are detailed to help them achieve
- consideration of how to support individuals to engage in play and build relationships
- involving children and their families in developing personal plans
- reviewing personal plans with families whenever there is a significant change and at least every six months.

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); and

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 4 October 2024.

Action taken since then

The service was in the process of moving children's personal details and planning on to an online app. All children had completed 'All about me information'. It was not clear how this was being used to support children. From the plans sampled, only one child had strategies of support in place. These had not been reviewed in line with guidance. The personal plans were being reviewed annually. This is not in line with legislative requirements. Significant information had not been recorded for children. For example, where children had healthcare needs but no medication, this had not been recorded in their personal plan.

This area for improvement has not been met.

Previous area for improvement 3

To support children's health and wellbeing the provider should review how medication is provided in the service to ensure children's safety. The records for permission and administering of medication should be reviewed in line with current best practice guidance. This should include but is not limited to:

- developing permission to administration records to show the reasons why medication should be given, for example, signs and symptoms to look out for
- developing records of when medication has been given to show the reason why it was given and the date it was administered.

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

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

'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 4 October 2024.

Action taken since then

Medication plans had not been reviewed with families in line with guidance. For some children there was no record of permission to administer their medication. For some children there was no record of why their medication was not present. Where children had lifesaving medication, plans need to be reviewed to include stepped approaches. For children who have allergies plans should be reviewed to ensure that clear actions are in place for staff to follow, whether they have medication in the service or not.

This area for improvement is not met.

Previous area for improvement 4

To support children's wellbeing and development the provider should review the play opportunities provided. This should include but is not limited to:

- providing access to natural environments
- developing the variety of play opportunities provided outside to build children's skills and confidence
- monitoring and developing the variety of play types offered to children to ensure that they are enriching their experiences in line with individual personal plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 1.31); and

'As a child, I play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

This area for improvement was made on 4 October 2024.

Action taken since then

Children were busy and enjoying their time at the service. They enjoyed play in and outdoors. The service had developed the resources available for children in the outdoors which was supporting them to be active and develop social skills. Children had very limited access to natural spaces during the winter. The service had not yet developed any formal monitoring of play types and play was not yet linked to individual plans or skills development.

This area for improvement is not met.

Previous area for improvement 5

To support children's wellbeing the provider should review the coat and bag storage area to ensure that this area is properly maintained. This should include but is not limited to:

- ensuring flooring is not damaged, removing any tripping hazard and ensuring that the floor can be cleaned effectively
- coat pegs are not broken and damaged, giving children somewhere safe to hang their coats and bags.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 4 October 2024.

Action taken since then

The school had taken action to replace the broken coat pegs and the service used large tubs to give children space to store their belongings off the floor. The floor had been repaired with silver tape and was now peeling and lifting. This means that it cannot be cleaned effectively and it is a tripping hazard.

This area for improvement is not fully met.

Previous area for improvement 6

To consistently deliver high quality care, play and learning for children and families, the provider should implement effective quality assurance and self-evaluation activities that lead to continuous improvement. This should include, but is not limited to:

- monitoring systems
- self-evaluation
- support and supervision, and
- improvement planning.

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 4 October 2024.

Action taken since then

Monitoring and evaluation systems had not been established to support the service to develop since the last inspection. This meant that the majority of areas for improvement from the last inspection had not been addressed and are restated in this report. Support and supervision systems had not been established to support staff to develop. There had been some improvements since the last inspection, for example, the quality of snacks and mealtime experiences. However, changes were not planned or evaluated to ensure that they were effective in improving the service.

This area for improvement is not met.

Previous area for improvement 7

To consistently deliver high quality care, play and learning for children and families, the provider and manager should develop their understanding their regulatory responsibilities in providing a care service in line with legislation. This should include, but is not limited to:

- notifications which they are required to make to the Care Inspectorate
- responsibilities for safer recruitment, and
- employment of staff including registration with the Scottish Social Services Council (SSSC).

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); and

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 4 October 2024.

Action taken since then

Further action is needed to ensure that the current provider has been assessed as fit by the Care Inspectorate. The provider should ensure that they have suitable access to all the systems to update the information on the current management committee. There were no suitable records to demonstrate how the service had safely recruited new staff to ensure children's safety. Some accidents in the service had not been notified to us when children had required medical attention. Personal plans had not been reviewed in line with legislative responsibilities. Medication records were not fully completed and reviewed in line with best practice guidance. The provider must develop their understanding about the records they must keep and notifications they must make in line with their regulatory responsibilities to help to keep children safe in their service.

This area for improvement is not met.

Previous area for improvement 8

To promote consistently positive experiences for all children, the provider should develop induction and monitoring processes for all staff to demonstrate their competency and support them to develop new skills.

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

'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity' (HSCS 4.17); and

'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 4 October 2024.

Action taken since then

There is no formal induction in place for new staff. New staff told us that policies and procedures had been shared with them. New staff would benefit from a structured induction to support them to develop the skills needed for their roles. All staff would benefit from monitoring, feedback and support in developing their practice in a structured way to help drive improvement in the quality of care provided and support staff's ongoing professional practice development.

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	2 - Weak
Leadership and management of staff and resources	2 - Weak
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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