

Tranent Out of School Club (Windygoul) Day Care of Children

Windygoul School
Brotherstone's Way South
Tranent
EH33 2QF

Telephone: 07943 513 672

Type of inspection:
Unannounced

Completed on:
10 March 2026

Service provided by:
Tranent Out of School Club, an
Association

Service provider number:
SP2003003178

Service no:
CS2007156996

About the service

Tranent Out of School Club (Windygoul) is registered as a daycare of children service. It is registered to provide a care service to a maximum of 60 children from primary school age to the 1st year of high school. Children aged 4 who will start school after the summer holidays may be cared for.

The service is based in Windygoul Primary School in Tranent, East Lothian. The service have access to the dining room, kitchen, toilets and outdoor play areas within the school grounds.

About the inspection

This was an unannounced inspection which took place on 06 March 2026. 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.

- spoke with children using the service
- gathered feedback from 14 of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- assessed core assurances, including the physical environment

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. We have reported where improvements are necessary throughout the report.

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

- Children were happy, confident and benefited from relaxed routines that supported their wellbeing.
- Personal plans should be reviewed and developed to guide staff more effectively in meeting children's individual needs
- Quality assurance processes should be strengthened to ensure they are clear, robust, and used consistently to drive sustained improvement
- Medication systems must be reviewed to ensure they remain safe and effective. This should include the safe storage and completion of appropriate paperwork.
- Meal times were calm and sociable, although independence and choice could be further developed

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	3 - Satisfactory / Adequate

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

Leadership 3 - Satisfactory / Adequate

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

Quality Indicator: Leadership and management of staff and resources

Elements of the mission and values were seen throughout the service. Children experienced opportunities to focus on self directed, risk assessed play and had fun. The leadership team stated that the vision, values and aims were in the process of being reviewed. Involving families in this process would give a sense of purpose and make the vision meaningful to the out of school club.

The manager had previously used self evaluation to develop an improvement plan. They had begun to identify priorities by reviewing the 'Quality Improvement Framework for the early learning and childcare sector'. The manager needs to identify clear strengths, areas for development and ensure these directly inform an improvement plan. The plan should show clear links between consultation activity, identified priorities and evidence the actions taken.

Staff spoke with families at collection time and floor books demonstrated how children's views informed developments, although these had not been updated consistently. Families all agreed that they were involved in a meaningful way to help develop the service. This included regular communication with staff and being active members of the committee. Moving forward, the service should ensure consultations with children and families were further strengthened to ensure their voices were at the centre of planning and decision making.

Quality assurance processes required further development to ensure they were robust, systematic, consistently implemented and align with best practice guidance. During our inspection, we identified several areas that were in the need of robust auditing. This included the management of medication, personal plans and meaningful engagement with children and families. This would improve oversight, and lead to better outcomes for people using the service (**area for improvement one**).

Children's safety was maintained through effective registration procedures. Communication within the team was effective, and systems were in place to collect children from areas within school. Regular head counts meant staff knew the number of children in the setting. This ensured they were accounted for and safe.

Risk assessments were in place and supported safe practice during transitions, club movements and outings. This contributed to children's wellbeing by helping maintain safe, predictable environments and routines. We have asked the manager to review risk assessments and staff deployment during outings to ensure children were appropriately supervised which would help them remain safe during these experiences. One parent commented about the safety of the side gate. The service should continue to monitor this to ensure children's safety.

Staffing was stable, and the team worked well together. Families stated that there was always "consistent staff" and they felt staff knew their children well comments included "staff are approachable, available and engaging". Another stated "staff were caring and always have a smile. My children love them". Recruitment practices were safe and well documented, with all required checks completed. Induction processes were effective and supported new staff in their roles. Staff identified training needs through one to one meetings

and a range of online training opportunities were available to them. To support ongoing professional development, the manager should audit staff training records to ensure all training was completed in a timely manner.

Regular staff meetings provided time to review children's experiences, discuss planning and share professional learning. This helped build shared understanding and strengthen team practice. Discussing the development plan during these meetings would support ongoing self-evaluation and contribute to more consistent, reflective practice and improve outcomes for children.

Areas for improvement

1.

To promote consistent high quality practice the service should ensure that quality assurance and self evaluation processes are further developed. This should include the monitoring of medication, personal plans, staff practice, interactions, spaces and children's experiences. These should be meaningful, evaluated and highlight the impact on outcomes for children and families

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).

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 areas for improvement.

Quality indicator: Playing, learning and developing

Children were confident, having fun and mostly engaged in a range of play experiences. This included small world play, construction, arts and crafts and imaginative resources. They had opportunities to lead their own play, which supported wellbeing and engagement. Families commented "there is always a variety of activities on offer" and "it is reassuring to know that while I'm at work my child is having fun, doing different activities, such as arts and crafts, dressing up, imaginative play". Further consultation with children was required, as some did not engage with the planned activities and occasionally became disruptive. At times, some staff were occupied with routine tasks and did not consistently support or extend children's play. This limited opportunities to sustain involvement and promote positive behaviour. Reviewing the range of open-ended and loose part materials would further enhance creativity, problem solving and imaginative play. Overall, children were confident, enjoyed their time in the setting and most were engaged in play opportunities.

Children were enthusiastic about outdoor play and expressed excitement about visiting the park. Access to the outdoor playground was restricted while park visits took place, which limited children's choice. Staff consulted children when organising groups, but some children had indicated they wanted more time outdoors. This was a missed opportunity to listen to children's views and respond to their interests. Outdoor play contributed positively to children's physical and emotional wellbeing. The service should review daily outdoor routines to ensure more equitable access and promote children's choice.

Towards the end of the session, resources were tidied away, this left the environment looking bare. Staff

should ensure the environment remains a welcoming and well resourced space to support children's engagement and overall experience.

Positive interactions with children were evident throughout this inspection. However, there were times when staff did not always respond to the needs of the children. For example, during our visit some children experienced little engagement from staff for a period of time. Staff should develop responsive interactions and conversational exchanges with children. This would further support children's play, learning and emotional development and further strengthen the positive relationships already evident in the setting.

Staff consulted children monthly about interests and preferred resources for indoor and outdoor play. Weekly plans were made accessible to families and children. While staff evaluated planning, children were not consistently involved in the process. Child evaluation sheets were available but had not been used for some time and although some of the children's views were recorded in the floor book, this was not embedded practice. Observations of children's play and recording their views would ensure children's voices informed planning more effectively and promote richer, more responsive play experiences.

The service recognised and celebrated children's achievements. Staff selected a 'star of the club' award to highlight significant successes and these achievements were shared on a display board and recorded within children's personal files. This supported children's confidence and promoted a positive ethos.

Children are supported to achieve 3 - Satisfactory / Adequate

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

Quality indicator: Nurturing care and support

Children experienced warm and caring interactions from staff, and most offered reassurance when children needed comfort. Families stated that "Staff are very attentive to the children" and highlighted the "caring nature of the staff." To strengthen practice further, the manager should develop a system for monitoring staff interactions. This would support children to feel valued, secure and respected.

Spaces were available for children to rest and relax, either alone or with friends. Children were observed reading, chatting and taking part in quieter activities. This helped recognise children as individuals and supported their emotional wellbeing.

Medication procedures should be improved to support children's health and wellbeing. Paperwork and medication records had not been reviewed and several inconsistencies were noted. Permission forms were not always fully completed, reviewed or signed. Best practice states that medication records should be reviewed every three months and improvements were needed to ensure medication was stored safely. An audit of all medication held within the setting, including regular checks of expiry dates, should have been developed. This would ensure children were safe **(area for improvement 1)**.

The service had gathered core information about children and "All About Me" forms had been completed. This information was used to influence play activities or resources. Families all agreed that personal plans were reviewed. The service should strengthen and review personal plans to include and reflect each child's current needs, interests and preferences. We have asked the service to include strategies for children who required additional support. These strategies should reflect best practice and provide supportive, needs led approaches. Individual risk assessments, policies and procedures should ensure that children's safety,

wellbeing and developmental needs were consistently met (**area for improvement 2**).

Lunchtime was a calm and social experience, with children chatting with friends. At times, staff were attuned to children's verbal and non verbal cues, which supported children's communication, engagement and emotional security. However, there were also missed opportunities to support children, as staff were focused on tasks and did not always engage in meaningful interactions.

Children would benefit from increased independence during snack time, which should include involvement in preparation, self serving and setup. Consultation with children about food choices was positive and supported decision making and children had contributed to the menu choices. Most families agreed that the snack was healthy and contained fruit, however some stated that there was a lot of carbohydrates and sugar. The manager should review the current snack menu to ensure it follows best practice guidance (**area for improvement 3**).

Children washed their hands on entering the club and before eating. While resources were generally well maintained, some soft furnishings, the storage cupboard and the step up to the hand washing sink required cleaning and should be addressed immediately. The disabled toilet used by children presented a hazard, with broken laminate exposing chipboard and an unpleasant odour. This environment was not a respectful or suitable space for children. The service reported that these issues had been raised with the school. The dining room also required cleaning. These concerns should be discussed further with the school's senior leadership team to ensure prompt action.

Staff had friendly relationships with families and sometimes approached them during handover. The service used a suggestions box to gather feedback; however, when asked, children did not know its purpose. Newsletters and a parent led committee helped to support communication and involvement. However, there was little evidence to show how this feedback had changed or influenced the service. The service should provide meaningful opportunities for family engagement, which would support continuous improvement and ensure families felt valued.

Areas for improvement

1. To ensure children are kept safe and healthy. The service should improve the storage and record keeping around medication. This would ensure they provide accurate, up to date and comprehensive information about each child's individual needs.

This should include, but is not limited to:

- ensuring medication is stored in line with good practice guidance
- ensuring medication records are fully completed, reviewed and signed by parents or carers.
- compiling an audit of medication stored on the premises.

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).

2.

Personal plans should be further developed to ensure children's health and wellbeing needs are fully understood and consistently met. Plans must contain accurate, up-to-date and comprehensive information

that reflects each child's individual needs.

Improvements should include, but are not limited to:

- clearly identifying each child's health, wellbeing and support needs.
- outlining clear, needs-led strategies for staff that reflect current best practice.
- ensuring individual risk assessments are recorded, reviewed regularly and used to support children's safety, wellbeing and development.
- reviewing policies and procedures to reflect best practice guidance and ensuring staff are aware of and follow these when supporting children.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'My care and support meets my needs and is right for me' (HSCS 1.19)

3. To ensure children's health and wellbeing needs are met, the snack menu should be reviewed and followed, this would ensure children are provided with food that meets best practice guidance.

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

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	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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