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:
31 August 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 which took place on Monday 24 and Tuesday 25 August 2026 between 14:30 and 18:15. 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 and gathered feedback from their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents onsite and forwarded electronically.

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 the relevant quality indicator.

Key messages

- Children had fun playing with friends in and outdoors.
- Children and their families had positive relationships with the staff team.
- Security measures must be reviewed to ensure children's safety at the service.
- Further action is needed to address the areas for improvement identified at this and previous regulatory visits to support improvements in the service.

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	3 - Satisfactory / Adequate
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.

The service had a constitution which shared the aims and objectives of the service. The families who served on the committee leading the service were involved in developing the vision, values and aims alongside the staff team. Involving families beyond the committee and children more would support them to reflect current needs.

Staff could not always account for children's whereabouts throughout the session. For example, children would let staff know they were leaving the outdoors but staff indoors were not informed to expect them. We highlighted this and the playroom door being wedged open allowing people to access the indoor space unannounced during the first day of inspection. No risk assessments had been developed to support practice around this to keep children safe. For example, identifying risks in the outdoor space would support staff deployment to ensure safe supervision. The area for improvement made at a previous inspection had not been addressed and will be restated as a requirement to promote children's safety (see requirement 1).

The committee had developed quality assurance overviews which supported them to track progress on improvements at regular meetings. For example, the medication audits, did not consider national guidance and hadn't identified the issues raised during this inspection. Sharing the planned improvements with the staff team could empower them to lead on the development of practice. Audits of practice could help the service identify actions to improve the quality of provision across all areas of the service. The area for improvement made at a previous inspection around quality assurance has not been met and is continued in this report (see area for improvement 6 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Induction was at an early stage. Staff told us they felt supported to carry out their roles because they had opportunities to read service policies, shadow other staff and speak about children. The lack of evaluation of skills and competency at induction and through ongoing support, meant that there was limited scope to develop capacity within the team. This should be further developed to provide children with high quality experiences. The area for improvement made at a previous inspection is not met and is continued in this report (see area for improvement 8 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Staff shared that they reflected on practice at team and one to one meetings. Further development of this approach could support staff understanding and ownership of service development. The staff team had reflected on their roles recording the tasks associated with each area of responsibility, building their confidence. However, more could be done to build capacity to dynamically assess roles throughout the session to ensure that staff are being used most effectively to provide high-quality experiences for children. For example, tidying up tasks being completed once fewer children are present at the club.

Recruitment practices had been developed to ensure that safer recruitment checks were in place before staff started working at the service. This had been effective for the staff member who was recruited since the last inspection. The requirement made at a previous inspection around safer recruitment is met.

It was difficult to establish from records of children's attendance and staff attendance information if correct ratios had been met. Clarity was needed about the registration condition requiring a 1:8 ratio when children attend for more than 4 hours per day. The manager stated that they will ensure that this is in place consistently moving forward. A serious incident posing a potential risk to children was identified in meeting minutes. Families also reported service disruption due to staff absences. On some occasions, parents were asked to collect children before the club started to maintain ratios. Incidents such as these should be notified to the Care Inspectorate in line with 'Early learning and childcare services: Guidance on records you must keep and notifications you must make' (Care inspectorate, 2025). The area for improvement made at a previous inspection is not met and will be reworded and continued in this report (see area for improvement 1).

Requirements

1. By 30 November 2026 security measures must 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 comply with regulation 4(1)(a) 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 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).

Areas for improvement

1. To consistently deliver high-quality care, play and learning for children and families, the provider and manager should develop their understanding of 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
- being familiar with and operating in line with their conditions of registration.

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).

Children play and learn — 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

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

Children were generally busy and enjoyed playing with their friends. They were routinely consulted about resources and activities they would like, for example trips in the holiday club. However, action is needed to build an inspiring environment linked to children's interests to support them to build on current skills.

Some children enjoyed creative opportunities in the club. Some opportunities were adult led and prescriptive, others were open ended opportunities that allowed children to explore and be creative. More work is needed to ensure that creative experiences like this are consistently provided.

Information shared with families was aspirational about the play they planned to offer. More work is needed to reflect this play consistently in the service. Staff understanding of play was underdeveloped. Although staff understood that play should be child-led, they missed opportunities to extend play and enhance children's experiences and development. Families told us that staff are friendly, always available to chat at pick up and that communication is great. Many families shared positives about the children's experiences. One family commented that "There are so many opportunities for my (children) - they love dungeons and dragons, which allows them to be creative." Another said "They have so many different activities throughout the term". While another family highlighted that "A bigger range of activities would be great".

Children told us that staff were kind and friendly and they could find someone to help them when they needed. There were some missed opportunities to consistently promote children's wellbeing through interactions. For example, not speaking with a child who was disengaged towards the end of the session to support them to be involved in play. We saw some general discussions about children's experiences and creations they had made. However, more could be done to support staff to be open to children's ideas and have discussions with children which supported problem solving. For example, children were told to stop playing with sticks in the wooded area with no discussion. This lack of curiosity about how children were playing shut down what might have been a safe and fun activity. This was not consistent with the service's aims to support child-led play.

The service was at an early stage of developing observations to ensure that these were consistently meaningful and supportive of individual development. More regular and purposeful observations of children and their play would support staff to build knowledge of their current skills and how to develop them. This could support staff to identify opportunities to develop children's independence, for example, learning how to put aprons on by themselves. Staff told us they had discussed ways to support individual children in their play, for example if they were shy. More could be done to link this to individual plans and the strategies of support developed for them, to support staff to evaluate their effectiveness.

The children were given free flow access to the outdoors after snack was finished. Children enjoyed running about and playing football. Some children enjoyed playing in the bushes and climbing trees. The outdoor area was limited in opportunities and staff practice was not consistently supporting children to benefit from exploring the natural environment. The indoor space had very limited resources available to inspire children to play. More should be done to enrich the play spaces. This would support different types of play and increase children's choice. The area for improvement made at a previous inspection has not been met and is reworded below to take account of children's access to natural spaces (see area for improvement 1).

Areas for improvement

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

- developing the variety of play opportunities provided 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
- enriching the space spaces to provide an inspiring environment.

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).

Children are supported to achieve — 3 - Satisfactory / Adequate

Quality indicator: Nurturing care and support

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

Children had positive relationships with the staff team who were generally warm and friendly in their interactions. We saw staff respond to some cues from children for example children being tired or hurt. Staff awareness of responding to broader cues would support them to further enrich their interactions to support children's self-regulation, empathy and confidence. Staff welcomed children into the space meaning that transitions into the service were pleasant. Some parents told us about the positive settling experiences for new P1s starting at the after school club.

Privacy and dignity were well respected by staff, for example, using hand signs to support children to access the toilet. Children had opportunities to play with their peers and on their own. The quiet space could be further developed to make it a more inviting space for children to self-regulate or relax.

The behaviour management policy would benefit from further development to ensure that practice consistently supports children's wellbeing. Consideration should be given to how behaviour is a form of communication. Trauma-informed strategies should be developed to help children feel safe and build positive life skills.

Staff were aware of children's allergies and dietary requirements. Snack was a busy time where staff were focussed on the task of feeding the children in a short period of time. Some children were walking around eating, and at times staff had their back to the eating area. There were missed opportunities to involve children in the preparation, serving and tidying up of snack. Consideration should be given to promoting good infection control practice, for example, using tongs. Strategies should be developed to ensure that hydration opportunities are promoted when using the outside space. Consideration should now be given to reassess how to support children to access a calm, sociable, safe and healthy snack, promoting their independence in line with national guidance (see area for improvement 1).

It was not clear if medication records had been reviewed in line with national guidance. For some children, strategies of support and stepped approaches should be further developed. This would help staff respond confidently in an emergency. Medication record storage should ensure that guidance is easily available for staff to support children effectively. When medications are out of date or no longer required these should be replaced or removed from the service. The area for improvement made at a previous inspection is not met and is continued in this report (see area for improvement 3 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

All children had personal plans, and staff were aware of them. The manager shared that some families were unable to complete the reviews online and these were completed on paper. More could be done to plan for children's development and involve families in this. For example, exploring how to reduce barriers to family involvement. The service had not documented plans or strategies to support some children. For example, information about children's interests, likes, fears and comforts were not used consistently. Opportunities were missed to plan support for children and review if these were working effectively. The area for improvement made at a previous inspection is not met and is continued in this report (see area for improvement 2 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Routines in the club were generally adult-led, there was scope to further develop this to make it more child-centred. For example, considering how snack is managed to allow children to eat when they are ready rather than within a short timeframe.

Areas 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 national guidance. This should include but is not limited to:

- consideration of how snack is managed to make it a relaxed, pleasant sociable experience
- supervising snack to ensure that it is safe
- consideration of healthy eating guidance to plan menus across the week
- promoting good infection prevention and control practice
- children having the opportunity to prepare food and tidy up afterwards.

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).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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).

This requirement was made on 26 January 2026.

Action taken on previous requirement

The service had reviewed their processes in line with national guidance. A recruitment tracker helped ensure a recently recruited staff member was recruited safely. This helped to keep children safe. All staff were appropriately registered with the Scottish Social Services Council. The service had developed their practice to check that staff were maintaining their professional registration.

Met - within timescales

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

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).

This area for improvement was made on 26 January 2026.

Action taken since then

During the inspection the door to the playroom was left open. This meant that members of the public could access the space unannounced. Children moved from the outdoor space to indoors without any staff being alerted to expect them. This happened when children moved from indoors to outside. Staff were not confident about where children were throughout the visits. At times staff were not deployed to ensure that children could be supervised effectively. Risk assessments had not been developed to take account of the risks. Practice was not effective at ensuring the safety of children. The lack of effective action to ensure children's safety means we have made this area of improvement a requirement (see requirement 1 under the Leadership heading).

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

Team meeting notes had individual children's needs discussed and this was not reflected in their personal plans. All about me information was gathered from children however, this was not reflected in children's plans and was not used to plan for children. We did not find strategies of support developed for most children, apart from some settling information. There was no evidence that strategies that were developed were evaluated for effectiveness. The service were at an early stage of developing observations and had started to document these in their digital app. These were generally observations about experiences and did not specify identified skills or development for most children. Some children had no observations in their journal. The manager shared a few samples of observation where children had built peer relationships and developed leaderships skills. We found evidence that the service had started developing children's plans. However, not all plans had been reviewed in line with guidance. Individual needs and support strategies had not always been identified, detailed or evaluated for effectiveness Consideration should also be given to how to involve children in developing them.

This area for improvement is not 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 11 October 2024.

Action taken since then

The service had an out of date medication for a child stored in the medication store this was returned to a family during the inspection.

Storage of medication needed strengthening to ensure that all the information staff needed was available with medication to support them to meet children's healthcare needs effectively.

Stepped approaches should be developed to ensure that these are accessible to staff and supportive of meeting children's emergency healthcare needs.

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

The service were at an early stage of recording the play that they were providing. This was not yet helping them to develop the play and enrich the opportunities.

Staff were not familiar with play types and auditing what they offered to ensure that it was providing children with variety and skills development. There was no consideration of national guidance to support play development. There was now access to the natural environment through access to a field area. However, there was limited development of the outdoor space and resources offered.

This area for improvement is not met and a reworded version will be detailed under Quality Indicator: Playing, Learning and Developing, to take account of the access to the natural environment.

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

Since the last inspection the local authority had replaced the floor covering in the hall area making it a safe and pleasant space to access.

This area for improvement is 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

We saw that children were consulted about snacks, experiences they wanted to have and resources they wanted for the club. It was difficult to see how this had been used and we shared simple ways records could be developed to share with children how their views had been used.

The manager shared a meeting which had taken place at the start of term to support the team to know what was expected of them in their roles. They shared a document which told each staff member what the role they were deployed to each day included. This was a task based list which helped to keep the club running smoothly. Staff told us they found this helpful.

There were no audits of practice shared during the inspection to show how the service know they were operating in line with national guidance. The manager told us that some areas had been audited. For example, medication records, however these were not yet effective in ensuring practice was in line with guidance. Further audits of practice could be developed to ensure the quality of provision. For example, practice could be audited to support children to have positive, safe, sociable, mealtimes.

At meetings staff reflect on practice and this was supporting them to identify some developments. The service had not developed self-evaluation practice to support them to understand how they were supporting children to have the most positive experiences. For example, staff were not familiar with the 'Quality improvement framework for the early learning and childcare sectors: school aged childcare' which would support them to develop this. We also shared links to the 'Early Learning and Childcare Improvement Programme' pages to support understanding of quality assurance, self-evaluation and improvement planning.

The committee shared an improvement monitoring plan, which highlighted progress on improvements since the last inspection. Monthly audits were discussed in the plan however these have not been shared with us. We can see the impact of the improvements on recruitment practice with the requirement having been met. Progress identified previously on mealtimes practice has however not been sustained and the practice to address security issues had not been maintained. More work is needed to ensure progress on all areas of improvement and to involve the staff team in this.

Staff support and supervision was at an early stage, currently providing opportunities for staff to identify challenges and training they needed. Further development is needed to ensure that these consistently support staff to develop further.

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

We have not had any notifications since the last inspection. During the inspection we identified two incidents which should have been notified to us. The leaders in the service were not familiar with their conditions of registration and this meant they could have operated out with them. Records in the service were not easy to review to establish if this had happened. The service should continue to develop their knowledge around notifications and their regulatory responsibilities including operating within their conditions of registration. This would ensure children access a service that is safe and well-led.

This area for improvement is not met and is reworded as area for improvement 1 under the heading 'Leadership'.

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

The service were at an early stage of developing their one to ones and appraisals for staff. We shared ways these could be developed during the inspection which the manager took on board. Consideration should be given to assessing skills and competencies to support staff development.

Further developing the quality assurance will support leaders to give meaningful feedback to staff on their practice and development.

New staff told us they felt supported during their induction period. They had policies and procedures shared with them and shadowing opportunities which supported them to feel confident in their role. Induction could be further developed to assess competencies and identify practice and skills development. Consideration should be given to making use of the National Induction Resource to support the service in developing this.

This area for improvement is not met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.scot.

Detailed evaluations

Leadership	2 - Weak
Leadership and management of staff and resources	2 - Weak

Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate

Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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