Flora Stevenson After School Club
Day Care of Children

Flora Stevenson Primary School
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Telephone: 01313328045

Type of inspection:
Unannounced

Completed on:
1 May 2026

Service provided by:
Flora Stevenson After School Club

Service provider number:
SP2003002910

Service no:
CS2003012008

About the service

Flora Stevenson After School Club is registered to provide a care service during term time, to a maximum of 80 children at any one time who currently attend primary school. During school holidays the service may be provided to a maximum of 48 primary school aged children at any one time of whom no more than five are in the transition between nursery and primary one.

The service operates from Flora Stevenson Primary School in the north-west of Edinburgh. This is a bright and spacious environment based in the school dining hall with direct access to the playground. Children have access to toilets and planned experiences in the gym hall and library.

About the inspection

This was an unannounced inspection which took place on Monday 27 April 2026 between 14:30 and 18:00. We returned to the service on Tuesday 28 August 2026 between 14:00 and 17:55. 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, complaints 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 five parents onsite
- considered written feedback from 22 parents via an online questionnaire
- considered written feedback from five staff via an online questionnaire
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children had a fun and playful environment which reflected the mission statement of the service and the staff commitment to these values.
- An improvement plan was beginning to have some positive impact on children's experiences.
- The consistency of staffing allowed positive relationships to build and contributed to children's emotional security.
- Staff skills and knowledge needed support and development with regular times to plan and reflect on practice together.
- Outdoor play was valued by the service and had a positive impact on children's experiences and wellbeing.
- Progress with a smooth and social snack experience was developing. Further safety considerations were needed to consistently minimise risks for children.
- Children's safety could be strengthened by a dynamic approach to working with risk assessments.

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 thrive and develop in quality spaces	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

Quality Indicator - Leadership and management of staff and resources

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

The service mission statement underpinned their approach to working with children and families: "To support families and enable children to enjoy their time with us." Staff demonstrated their commitment to making the service as fun and as playful for children as possible. Children's interests in play were supported by staff awareness of the mission statement. For example, staff responded to children's requests in the moment to provide resources they wished to play with. Staff told us some aspects of training, such as child protection training, influenced their understanding of the key values of working with children and helped them to make children's time as enjoyable as possible. Leaders were working to embed service aims more consistently through planning, monitoring and evaluation activities to improve outcomes for children.

Leaders recognised the potential for developing their mission statement and aims which could prioritise children's safety and the quality of their experiences further. As a large service, defining service priorities and communicating these with the staff team and parent community could give further opportunities to develop quality practice.

An improvement plan was beginning to have positive impact on children's experiences. Leaders had progressed some aspects effectively, such as medication storage procedures. Other elements on the improvement plan were yet to impact children's experiences. For example, information on personal plans could be used more directly to plan for children's experiences and to support their play interests.

Quality assurance activities were at an early stage of development and not yet leading to sustained improvements. Developing quality assurance activities to ensure that improvements are being embedded and sustained would support planned improvements. Quality assurance was an area of improvement from the previous inspection and will remain to support the service to continue to prioritise and embed quality assurance activities (see section 'what the service has done to meet any areas for improvement we made at or since the last inspection').

Children benefited from the partnership working between the service and their families. Parents' views were positive about the club, the care offered, and their child's experience. Parents had daily opportunities to speak with staff, supporting continuity of care of the children. A parent told us: "Myself and other parents always feel well informed of how their day has been." We encouraged leaders to develop other approaches to gathering parental feedback to inform service improvement.

Quality Indicator - Staff skill, knowledge, values and deployment

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

Children's emotional security was supported by the continuity of staff each day, contributing to positive relationships.

Staff were clear about their duties each session and moved around play spaces to supervise children. Regular communication across the team ensured staff deployment across outdoor spaces and the dining hall was sufficient to supervise children safely across spaces.

A clear induction programme supported new staff to understand their new role at the service. Staff told us the induction process was supportive, and that they were introduced to new tasks at their pace. For example, they could watch a colleague sign in children safely before taking on the task. During the inspection process, leaders reintroduced a schedule of appraisal meetings more widely across the team. This could contribute to the continuous professional development of the whole staff team going forward.

Staff skills and knowledge across the team required development. A daily briefing was in place before each setting to communicate key messages to the staff team. However, staff had no other dedicated time as a team for longer term planning and reflective discussion. We had to support the staff team with some knowledge of best practice guidance, for example children needed to sit and eat with adult supervision to reduce choking risks. Leaders agreed that regular opportunities to develop best practice guidance in the service and whole team reflective practice would support service development. (See Area for Improvement 1)

Key members of the committee were following safer recruitment guidance to maintain a safe, well led service. Ensuring safe staffing arrangements promotes management accountability, and adherence to the Health and Social Care Standards (HSCS), (Scottish Government, 2017).

Areas for improvement

1.
To promote children's wellbeing and positive outcomes the provider should support the staff team to plan together and engage in reflective practice. This should include reviewing a range of best practice documents to embed in the service context, share good practice and plan for children's experiences.

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

Children thrive and develop in quality spaces — 3 - Satisfactory / Adequate

Quality Indicator - Children experience high quality spaces

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

Children were welcomed by a physical environment that was familiar to them and was bright and airy. They had space for their belongings and choice of indoor or outdoor play in the playground. Additional spaces such as the gym hall and the library were available at times. The quality of resources on the whole were suitable however some items which would benefit from being cleaned or replaced, such as play rugs, strengthening the message that children's comfort mattered.

Children had some influence over the environment through their requests for resources in the moment. Children told us they wish to influence other aspects of the service which could be done through further consultation and planning with children. Further developing children's involvement would support their influence of spaces and experiences in the service. At times we saw children's play was interrupted and sometimes stopped to receive information or take part in a routine, for example getting ready for snack. Considering the Playwork Principles (Skills Active, 2005) could support the service to keep children's play experience as priority.

Processes and risk assessments were in place to minimise risk to children and support staff to account for children at all times. For example, high viz vests outdoors and signing children in and out of the playground supported children to stay safe. The service recognised the challenges of working within an open playground shared with families and non-attending children at the end of the school day. Further dynamic use of risk assessments could support the communication of issues and developments needed in keeping children safe. Risks and considerations should continue to be explored to maximise children's safety and comfort.

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 motivated in their play and engaged socially with each other. A child said: "I like being with friends and I like the grown-ups who look after us." We saw children request and receive support from staff to help with their ideas. For example, children would ask for staff to give them balls and items to build dens in the outdoor space.

Younger children sharing books with staff in small, cosy groups had their love of books fostered. However, the bookshelf did not inspire children and older children reported a lack of books for their age and stage of reading. Overall, the play environment required development to inspire children, with a set-up to help them understand possible play opportunities. We suggested planning for gender neutral play across the environment, and incorporating loose parts and natural materials to enhance play spaces. Additionally, consideration to different ages and developmental stages could support children's play choices further.

Children's wellbeing was supported by the service commitment to outdoor play. Children and parents described outdoor play opportunities as a strength of the service. A child told us: "I like it especially when staff play sports with us." We saw that outdoor play was inventive, creative and fun. Children had the time to immerse themselves in their ideas such as den building, role playing and sports. At times staff joined outdoor play unobtrusively, supporting children to consider creative options and problem solve. In the earlier part of the session, children who did not use the service also played in the outdoor space, giving variety in friendship groups and social interaction.

At times children's play was enhanced by staff knowledge of their interests and play preferences. We saw a younger child at the art table who had been supported to build a cardboard robot over several days. The staff member leading this area spoke of the project as a transition support for the child who was increasing their number of days at the service. Continuing to meet children's play needs in a more structured way would enhance planned experiences for children.

Some planning for children's skills development led to positive experiences for children. Children spoke enthusiastically of the cross-stitch club and others were observed taking part in a short, planned "tech time" experience. Staff spoke of these experiences being underpinned by a child-led approach, which also fitted well with the strengths and professional knowledge of the team. The service recognised opportunities for further planned experiences to support children's skills development. A distributed leadership approach for staff members to lead experiences with children could also support staff capacity building.

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's wellbeing was supported by nurturing and compassionate care from staff. Secure relationships had been formed so children were confident seeking staff out for reassurance, comfort and support. A parent described the staff team: "They apply the same level of care and dedication to every child. I know that everyone feels valued individually." Procedures were in place to support intimate care of children when required, with two staff supporting to keep children safe.

Children appeared secure in familiar routines such as snack time, arrivals and departures. This meant well managed transitions support children to feel relaxed and confident. At times we saw that routines and play were interrupted, such as tidy up before snack or information shared with the whole group of children. This had the potential to undermine the quality of children's play experiences and interactions. We signposted the service to 'The Playwork Principles' - these are the framework for supporting children's self-directed play (Skills Active, 2005) to consider how the flow of play could be prioritised.

Staff knew children well and were able to speak about supporting specific needs for some children. Strategies to support some children's needs were planned for in detail with children, demonstrating partnership working that benefited children's experiences. Basic personal planning for all children was up-to-date and current. However personal planning was not yet being used to plan for all children. In discussion with leaders there was acknowledgement that improvement planning in this area could be paced more quickly for greater impact for children. An area for improvement was in place since the previous inspection, and will remain to support this work (see area for improvement in the section 'what the service has done to meet any areas for improvement we made at or since the last inspection').

Medication storage, planning and administration had been strengthened to ensure they were consistent with children's health plans and needs and to keep children safe. Therefore, a previous area for improvement has been met and we discussed with the service that medication quality assurance activities should maintain this progress (see area for improvement in the section 'what the service has done to meet any areas for improvement we made at or since the last inspection').
Additionally, children's safety was enhanced as accidents, incidents and child protection concerns were appropriately managed. Staff were supported through child protection training and close working with leaders on this aspect of children's care.

Improvements had been made with the snack provision to give children a smoother experience overall. The flow of children washing hands prior to snack and being served took less time. Children's allergy and dietary needs were securely managed at snack time.

During the inspection we pointed out the need for hand washing after snack to promote children's wellbeing, which the service promptly attended to. The service was beginning to promote children's independence during this routine by appointing two snack helpers as part of the serving team. We encouraged the service to consider ways to develop children's independence skills through self-serving of food.

Children were seen walking about the service eating on arrival from school, and also getting up still eating after snack. We supported the staff team by identifying the potential choking hazard and the need for adequate seated adult supervision during eating times. An area for improvement was made during the last inspection. While progress has been made in the quality of the snack experience, the area for improvement related to snack experiences will be rewritten to reflect the current level of practice and to promote children's safety and independence skills. (See Area for Improvement 1).

Areas for improvement

1. To support children's wellbeing and develop life skills, the provider should ensure mealtime routines are improved so children have a safe, social and relaxed experience.
This should include but not be limited to;

a) improving the routine to offer opportunities for children to self-serve and develop life skills
b) providing greater opportunities for children to be involved in the planning and preparation of snacks
c) ensuring staff safely supervise children while eating to reduce the risk of choking.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.' (HSCS 2.21); and 'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.' (HSCS 2.25).

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 ensure children's medication and health care needs are safely and effectively managed, the provider should strengthen practices and procedures to consistently align with current good practice guidance.

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 '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).

This is to ensure practice, procedures and staff knowledge is consistent with the Care Inspectorate document, 'Management of medication in daycare of children and childminding services.' (Care Inspectorate, Edited: July 2025).

This area for improvement was made on 25 August 2025.

Action taken since then

Required medication was present for children and there was a system to ensure children who self-carried medication had this with them. Overall, medication and health care records reflected children's needs, symptoms and the actions staff should take. Medication and health care reviews with families are in place within the three months required. Continued medication reviews will be monitored under the area for improvement related to quality assurance (see are for improvement in the section 'what the service has done to meet any areas for improvement we made at or since the last inspection').

This Area for Improvement has been Met.

Previous area for improvement 2

To support children's wellbeing and development, the provider should develop and strengthen personal planning approaches. This is to ensure personal plans reflect children's needs, set out how their individual needs will be met and reflect good practice guidance including in relation to reviews and updates.

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).

This area for improvement was made on 25 August 2025.

Action taken since then

Further improvements to personal planning was at the design stage with staged introduction of key aspects. The service had an action plan for taking forward personal planning, including introducing a keyworker system, renewing All About Me forms, and introducing an observation form to monitor children's needs, interests and progress.

As at the follow-up inspection, some children had detailed care plans with strategies of support which staff were knowledgeable about and use. Other children who had no health or additional needs had registration forms and All About Me forms, resulting in gaps about how they would be supported.

This Area for Improvement is Not yet Met and will continue.

Previous area for improvement 3

To support children's wellbeing and develop life skills, the provider should ensure mealtime routines are improved so children have a relaxed, social and engaging experience.

This should include but not be limited to;
a) improving the routine to minimise how long children have to wait during handwashing and the serving of food
b) providing greater opportunities for children to be involved in the planning and preparation of snacks

c) ensuring staff consider the social experience of snack and provide opportunities for children to engage in conversations during mealtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.' (HSCS 2.21); and 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.' (HSCS 1.35).

This area for improvement was made on 25 August 2025.

Action taken since then

There was a smoother system for children to wash hands and to be served snack. Handwashing after snack was not happening, however this was introduced during the inspection. Water was available at all times and the staff were clear about the new dietary, allergy and cultural choices list shared at briefing and available during serving snack.

Two child snack helpers each day had introduced life skills at snack time. The service were considering developing a rolling snack which could free up time and space for required handwashing, and all children self-serving and for children to have a relaxed social experience in smaller groups.

We saw children coming into the service eating, not sitting and staff awareness of choking and supervision limited with potential for harm to those with allergies. Children also got up still eating after snack.

Children told us that they did not always have something they liked and were not consulted. Consulting with children longer term for snack choices could support cultural choice and open up discussions about healthy eating.

The Area for Improvement is Not Met. It will continue and has been re-written to focus on current level of practice (see area for improvement in the section 'nurturing care and support').

Previous area for improvement 4

To ensure gaps in practice and procedures are improved and to enhance outcomes for children, the provider should ensure that effective quality assurance processes are developed and embedded to ensure the service stay up-to-date with current practice and make improvements to key areas of practice. This should include but not be limited to:

a) ensuring current best practice guidance and national frameworks are used to guide practice, assess the quality of the service and inform improvements
b) embedding planned monitoring processes to ensure gaps in practice, processes and procedures are identified and addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 25 August 2025.

Action taken since then

Quality assurance arrangements were at an early stage of development and were not yet leading to sustained improvement.

While there was an action plan in place, gaps from November 2025 follow up inspection had actions remaining. Quality assurance was not yet embedding improvements. For example elements of the snack experience were not yet embedded, such as the consistent use of plates and children sitting to eat (both at snack time and at other times).

This Area for Improvement is Not yet Met and will continue.

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
Staff skills, knowledge, values and deployment	3 - Satisfactory / Adequate

Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	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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