Burgh After School Care Club
Day Care of Children

Burgh Primary School
Kilwinning Street
Musselburgh
EH21 7EE

Telephone: 07999144197

Type of inspection:
Unannounced

Completed on:
5 May 2026

Service provided by:
Burgh After School Care Club

Service provider number:
SP2003003117

Service no:
CS2003013341

About the service

Burgh After School Care Club is registered to provide a care service to a maximum of 60 children of primary school age of whom no more than 40 shall be over 8 years and of whom no more than 50 shall attend the breakfast club. The service is located in the town of Musselburgh, East Lothian.

The service operates from the dining hall within Burgh Primary School. The service has direct access to a small play area, and can also access the school playground. The service is close to local town amenities, parks, and transport links.

About the inspection

This was an unannounced inspection which took place on 27 and 28 April 2026 between 14:45 and 18:30. This 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:
- Spoke and spent time with children using the service. We also spoke with five family members.
- Spoke with 6 staff and the management team.
- Observed practice and daily life.
- Reviewed documents.

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, no improvements were identified relating to core assurances.

Key messages

- Children were happy and confident in the service, benefiting from warm and familiar relationships with a stable staff team.
- Children enjoyed leading their own play and were engaged and motivated; however, learning was not consistently extended or deepened by staff, resulting in an adequate quality of play and learning.
- Leadership and management were weak, as the lack of a shared vision, effective self evaluation and robust quality assurance systems limited consistency and improvement in outcomes for children.
- Nurturing care was warm and welcoming, but significant weaknesses in personal planning, wellbeing support and professional practice limited the service's ability to meet children's individual needs and promote positive outcomes.
- Partnerships with families were friendly and inclusive, but stronger professional systems and clearer communication were needed to better support children's wellbeing and safety.

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	2 - Weak

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

Leadership 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Staff demonstrated kind and respectful interaction with children, and a stable staff team supported children to feel settled and secure. However, this strength had limited impact on outcomes for children due to wider weaknesses in how the service was led and improved.

Leadership arrangements were not yet fully effective in ensuring positive outcomes for children. Although the manager had been in post for some time, a shared vision, values and aims had not been developed with children, families and staff. These were not visible in practice and did not guide daily decision-making. As a result, staff were unclear about expectations, and practice was inconsistent across sessions. This meant children's experiences of play, learning and care were variable and not well supported by a clear, shared direction (see area for improvement 1).

Self-evaluation and quality assurance processes were at an early stage of development and were not yet having a positive impact on outcomes for children. Leaders did not take a sufficiently systematic or evidence-based approach to evaluating the quality of children's experiences. Opportunities to gather and use evidence from observations, feedback from children and families, and other sources were not well developed or used effectively to inform improvement. As a result, self-evaluation had not led to the development of a clear and robust service improvement plan which identified strengths, priorities and specific actions for improvement (see requirement 1).

Although some approaches, such as monthly planning and floor books, had been introduced, these were not fully implemented or used effectively to evaluate the impact of provision on children's play and experiences. Quality assurance processes did not reliably identify strengths or areas for development, and did not support a culture of continuous improvement. As a result, the service was unable to clearly identify priorities, plan effectively for improvement, or monitor progress over time (see area for improvement 2).

Weaknesses in breakfast and after-school sessions children's experiences had not been identified or addressed by the service. For example, during the breakfast session, staff engagement was limited and the session was not organised in a way that consistently promoted social interaction, meaningful engagement or positive mealtime experiences. During after-school care, children often led their own play; however, staff did not consistently use opportunities to extend learning, enrich play and support children's development. For example, a child engaged in sustained imaginative play using dolls houses, but staff did not interact to build on or deepen the experience. These weaknesses had not been recognised through the service's self-evaluation or quality assurance processes. This demonstrated that monitoring arrangements were not effective in identifying areas for improvement or driving positive outcomes for children.

The manager described ongoing changes to the service's digital management systems. As these systems are further implemented and embedded into practice, ongoing review will be important to ensure they effectively support continuous improvement and enhance experiences and outcomes for children.

Staffing levels were appropriate during the inspection visit, and all staff were registered with the Scottish Social Services Council (SSSC). Staff files sampled contained key employment information, including start dates. We found some examples of recruitment documentation being maintained; however, records were not

consistently complete across all files. For example, not all interviews had been recorded and some newly recruited staff files did not contain clear evidence that references had been obtained. In addition, arrangements to support safer recruitment and workforce management required further strengthening. Disclosure Scotland (PVG) checks had not been routinely reviewed or updated, which limited leaders' ability to demonstrate ongoing assurance regarding staff suitability to work with children. While we found no evidence of direct impact on children, these weaknesses created a potential risk to children's safety and wellbeing (see area for improvement 3).

Staff support and professional learning were limited. Formal appraisals had not been completed since 2022, and opportunities for professional learning and team reflection were infrequent. Team meetings had not been held regularly, and there was little evidence of a structured approach to developing staff skills and knowledge. This limited the team's capacity to provide enriching, responsive, and well-coordinated experiences that supported children's overall development and outcomes.

Requirements

1. By 30 September 2026, the provider must develop and implement an improvement plan to clearly identify strengths, areas for development and actions needed to improve outcomes for people using the service.

To do this, the provider must, at a minimum:
a) review the service to identify what is working well and what needs to improve
b) create a clear plan with actions, timescales and who is responsible
c) regularly check progress and update the plan to show improvements made
d) involve people using the service, staff and others in developing and reviewing the plan.

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:
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. To improve outcomes for children, the provider should strengthen leadership of staff practice to ensure staff have the appropriate skills, knowledge and training to deliver high-quality care, support and play experiences.

This should include, but is not limited to:
a) ensuring staff access relevant training, including playwork-informed practice, and apply this consistently in their interactions with children
b) monitoring and evaluating the impact of training on staff practice and children's experiences.

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

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

2. To improve outcomes for children, the provider should develop approaches to self-evaluation and service quality improvement to ensure these are systematic, evidence-based and lead to sustained improvements in children's experiences.

This should include, but is not limited to:
a) developing a more robust and consistent approach to self-evaluation that involves children, families and staff
b) ensuring quality assurance processes effectively identify strengths and areas for improvement in practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7); and
'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

3. To keep children safe and promote their wellbeing, the provider should develop robust recruitment practices to ensure all staff are appropriately recruited, skilled and suitable to work with children.
This should include, but is not limited to:

a) implementing robust recruitment procedures that fully reflect safer recruitment guidance, including thorough checks of employment history, references and Disclosure Scotland scheme status
b) monitoring quality assurance of recruitment processes to ensure these are consistently applied.

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 — 3 - Satisfactory / Adequate

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Children were generally happy, confident and relaxed within the service. They had opportunities to initiate and lead their own play both indoors and outdoors. During the session, children engaged in a range of activities including den building, drawing, imaginative play and construction. Some children demonstrated sustained interest and concentration, for example when using Hama beads or creating imaginative scenes. These experiences supported children's enjoyment and independence.

Staff were warm and caring in their approach, and children benefited from positive relationships. However, the quality of care and support was not consistent, particularly in how effectively staff responded to children's individual needs. This was evident when settling in children who were new to the service. While staff members offered comfort, they were uncertain about how best to support children. This example showed that, while staff were caring, they lacked confidence and skills to respond effectively and promote positive outcomes independently.

The quality of play experiences was inconsistent and not always sufficiently developed. While children led their own play, staff did not routinely extend or enrich these experiences. For example, during imaginative play with dolls' houses and small world resources, children demonstrated creativity and interest; however, staff interaction was limited, and opportunities to build on children's ideas were missed. As a result, experiences were often enjoyable but lacked depth and progression.

The environment provided access to a range of resources, although it was not always organised or stimulating enough to fully engage all children. During the inspection visit, a small number of children chose to spend a prolonged period using computers or watching television. We recognised that the computer activity reflected the interests of the children involved and included a vehicle design programme which encouraged creativity and problem-solving. Adult involvement in these experiences was limited, reducing opportunities to extend learning, encourage wider participation and build on children's interests. As a result, opportunities to deepen learning and promote more meaningful engagement were missed for some children.

Approaches to planning were basic and not yet fully effective. While children's interests were sometimes reflected, this was not consistently used to shape or improve experiences. Floor books provided some opportunity for children to revisit what they had done; however, these were not regularly updated, limiting children's involvement and sense of ownership.

Children are supported to achieve 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Staff knew most children and their families well. Children experienced a friendly and welcoming environment, and staff were generally warm and approachable. However, nurturing care was not embedded in practice. This was evident during mealtimes, including breakfast, which did not provide sufficient opportunities to promote connection and wellbeing.

Staff engagement was limited, and children did not consistently experience calm, sociable interactions with adults. As a result, opportunities to build relationships, support communication and create a nurturing environment were missed.

Children enjoyed regular access to meals, snacks and drinks throughout the day. We found that food and nutritional provision did not yet fully reflect current best practice guidance. For example, children were routinely offered cereals and drinks that were high in sugar, limiting opportunities to promote healthier, balanced choices and support positive lifelong eating habits. As a result, the service was not fully promoting children's health and wellbeing through its approach to food and nutrition. Improvements were needed to ensure children were offered meals, snacks and drinks that better reflected current nutritional guidance and best practice (see area for improvement 1).

We expressed concern that personal planning arrangements were not in place, and staff did not have access to clear or shared information about children's individual needs, preferences or routines. As a result, staff were not able to consistently respond to children's needs, and care was often reactive rather than planned. For example, staff were unable to demonstrate a clear understanding of how to support children with additional needs, including those with English as an additional language. This created a potential risk that children's needs would not be fully met, particularly during times when they required additional support (see requirement 1).

Systems to support children's safety and wellbeing were not sufficiently robust. Arrangements for tracking children's attendance and whereabouts whilst in the service were not followed. Staff were not always confident in identifying where children were at key points, including during collection times. We were concerned that this created a potential risk to children's safety (see requirement 2).

Partnerships with families were friendly but lacked professional depth and consistency. While parents were welcomed into the setting, opportunities to gather and use meaningful information about children's wellbeing were underdeveloped. As a result, children did not always benefit from a consistent, joined-up approach between home and the service, which further limited the service's ability to meet individual needs effectively.

Requirements

1. By 3 Aug 2026, the provider must ensure that personal plans are in place for all children and are fully implemented to meet their individual needs, support their wellbeing and promote positive outcomes.

To do this, the provider must, at a minimum:
a) ensure each child has an up-to-date personal plan that clearly reflects their needs, wishes, interests and stage of development
b) involve children and, where appropriate, their families in the development and review of personal plans
c) ensure plans are regularly reviewed and updated to reflect any changes in children's needs and experiences.

This is to comply with Regulation 5(1) 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 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).

2. By 27 July 2026, the provider must ensure that effective systems and staff practice are in place to consistently account for all children at all times, both indoors and outdoors, to promote their safety and wellbeing.

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
'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

Areas for improvement

1. To support children's health and wellbeing and promote positive lifelong eating habits, the provider should improve the quality of food and drinks offered to children so that these reflect current best practice.

This should include, but is not limited to, reducing foods and drinks high in sugar and offering healthier, balanced choices in line with nutritional 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	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	2 - Weak
Nurturing care and support	2 - Weak

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.scot

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.