Central Leith After School Provision at Leith Primary
Day Care of Children

Leith Primary School
St. Andrews Place
Edinburgh
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Telephone: 07967 674 627

Type of inspection:
Unannounced

Completed on:
12 May 2026

Service provided by:
Central Leith After School Provision

Service provider number:
SP2003003095

Service no:
CS2003044511

About the service

Central Leith After School Provision at Leith Primary (known as CLASP) was registered with the Care Inspectorate on 1 April 2011. The service are registered to care for a maximum of 70 children of primary school age at any one time. The service have exclusive use of the dining room at all times. When more than 46 children are attending, either the gym hall or room seven will also be available for the children's exclusive use.

CLASP is provided by Central Leith After School Provision Management Committee. The service operates from facilities within Leith Primary School. Children benefit from regular outdoor play opportunities because the service makes full use of Leith Primary School playground and the nearby Leith Links Park. The provision provides a service to children who attend Leith and Star of the Sea Primary Schools.

About the inspection

This was an unannounced inspection which took place on Friday 8 May and Monday 11 May between 11:00 and 18:00. 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, including members of the committee
- 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. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary under the relevant quality indicators.

Key messages

- Children were having fun playing with their friends in and outdoors.
- Children and families had positive relationships with staff.
- The service shared information with families through an online platform helping them to know about their child's time at the service.
- The parent-led committee were involved in planning and developing the service helping this to meet family's needs.
- The service was in a period of transition, recruiting a new manager, following this they should take action to address the outstanding areas for development from previous regulatory visits to improve the quality of care provided.

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	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 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 vision, values and aims were developed by the staff team and parent-led committee. These were reviewed regularly and shared with children and their families through displays in the service and on their website. The service should continue to develop their strategies for reviewing these. This would help to ensure that all children and families and staff are meaningfully consulted about these documents and the quality of the service. The values of the service were clear and displayed to support staff practice. Leaders should continue to develop their approaches to support all practice to be consistent with the values.

Some quality audits were taking place in the service. However, these need to be more extensive and better aligned with practice guidance to support service development. For example, termly medication audits had not identified issues with individual medications, and accident audits did not share actions resulting from identified patterns. Further audits could be developed to promote consistency in practice, for example, supporting staff with consistency in recording information in the service's online platform.

Current support and supervision systems promoted staff accountability as they were required to reflect on their duties. This supported staff to be reflective practitioners, and some had identified learning and development needs which would support improvement in the service. These meetings could be further developed to give staff meaningful feedback on their practice using leader's observations, feedback and quality audits. Any required practice improvements should be recorded and revisited regularly to ensure progress and improve children's experiences. Where staff have accessed new learning, leaders should facilitate staff sharing this to promote team development and leadership skills, for example at team meetings.

Some parents were members of the committee which led the service. These parents were fully involved in giving feedback on and developing the service. The committee had an improvement plan in place which was monitored regularly for progress, helping to drive improvements in the service. One of the committee shared that communication with other parents was now a priority for the committee. Their plan was to reduce barriers to inclusion for all families. This would support all families to be more meaningfully involved in the service. The majority of families who gave us feedback told us that they were happy overall with the quality of the service and that they felt involved in developing it. One commented, "CLASP regularly asks for feedback. There was a children's panel, and the parent-led committee always wants more members and views and ideas."

The service's improvement plan had been developed by the previous manager. It was very large and the staff team were not familiar with it. This should be redeveloped to make it easier for staff to lead on aspects of development, helping to improve children's experiences and support staff learning and leaderships skills. Reflecting on 'National Frameworks' and guidance for the sector will support the team to identify clear improvements to children's overall experiences and outcomes. Developing clear and measurable outcomes for the plan will support staff to evaluate and ensure progress.

Overall, self-evaluation and quality assurance should be further developed and embedded to develop the quality of the service and improve outcomes for children. The area for improvement made at a previous inspection had not been addressed and is continued, (see area for improvement 4 under, 'What the service has done to meet any areas for improvement we made at or since the last inspection.')

We reviewed the files for staff who had been recruited since the last inspection. These showed that the service had followed national safer recruitment guidance helping to keep children safe in the service. This addressed an area for improvement made at the last inspection.

The new staff were supported by deputy managers to learn about the service and their role. Files showed that they used the Scottish Government 'Early learning and childcare: national induction resource' to develop staff confidence in their roles. Having qualified and skilled staff leading the face to face work and role modelling expected practice will support less experienced staff to further develop their skills and confidence.

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 engaged in play with peers or by themselves during their time at the club. Some staff were skilled at noticing children who were not engaged and checked in with them. However, this was not consistent across the team which meant some children had times where they were looking for support or attention which was missed by the staff team.

Children enjoyed some of the large group experiences like making flapjacks and slime. There were missed opportunities to support children to develop new skills during these opportunities. Some of the arts and crafts activities were very adult-led and focused on producing a fixed outcome. For example, staff pre-cut out shapes for the children to use for some activities, this meant they missed opportunities for children to be creative. However, we saw some children developing their own creative ideas from the new arts and crafts trolley, this should be further developed to support children's creative development.

At times children's play was disrupted by adult-led routines and tasks. For example, clapping to get everyone to listen to the instructions for a small number of children, or being brought in from the garden for a meal when they had just gone outside. Staff should consider ways to promote sustained engagement in play to support children's wellbeing. Transition times between the main room and activities in other areas were often long, meaning children were waiting for extended periods. Staff should review their practice to support this to be more productive time for children. Outdoor play was limited on the first day of inspection. The service responded to this on day two providing more access to outdoor play. Outside we saw better interactions between staff and children, as noise levels were lower and everyone could hear each other more clearly. Some children we spoke with highlighted the noise levels in the playroom. One child commented, "I'd like it to be quieter on days when we are inside." Reflection on ways to reduce the noise in the environment, and facilitate more skilful interactions from staff would further support children's wellbeing and engagement in play.

Deployment of staff should consider staff skills to ensure that leaders and qualified staff are available to model best practice and lead others to develop their skills. The area for development made at the last inspection to support children to have consistently high-quality experiences across the day, had not been fully addressed and is continued. (See area for improvement 5 under, 'What the service has done to meet any areas for improvement we made at or since the last inspection.')

There were play experiences and resources set out by staff, from which children could make choices. This included small world resources, like animals and vehicles, board games and the art trolley. Children played by themselves and in small groups. More could be done to make the environment engaging for children to support them to lead their own play and learning. The service should develop their child-centred planning, using their knowledge of the children to develop an environment which provides curiosity and challenge for children and development of their current interests.

Some children told us they had fun at the club. Others told us they were often bored or did not enjoy much at the club. Some told us they enjoyed very limited opportunities and those were not always on offer. For example, some children told us they liked the visits to the local park, however, this was not offered during our visits. One family told us, "We really like it when the children are taken to Leith Links play park and wish this could happen more often when the weather is good." Children were provided with opportunities to help shape the service through the suggestion box and children's committee. Further developing their role in evaluating, the service should support staff to tailor play experiences to their current interests. Holiday club planning appeared to be more directly led by children's suggestions and interests, supporting them to feel listened to in the service.

There were systems in place to gather information and plan play. However, these were not being used consistently or effectively. Further development of easier to use systems, to link play to individual children, their current interests, and supporting them to develop will help children to enjoy their time at the service. Consider for example, how the activities being set out will provide interest and challenge for the children reflecting their current interests. The area for improvement made at a previous inspection has not been fully addressed and is continued, (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.')

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.

During our observations there were some missed opportunities to engage with children. However, the interactions which did take place for some children were generally positive and supportive of their wellbeing. More work is needed to ensure that children will consistently receive support from staff which will always support their wellbeing. For example, always noticing children's cues for attention, listening attentively to children's requests and responses and following up on them. Having qualified and skilled staff leading the face to face work and role modelling expected practice will support this to develop further. As shared earlier in the report, reducing the noise in the environment would also support this. A family who responded to our questionnaire highlighted that less information could be shared in the app, specifically, the amount of times children have washed their hands, as they believe that, "having the staff log this, distracts the staff from attentive care."

For some children, strategies of support had not been considered and for others these were documented in a personal support plan. The strategies which were recorded were not always clear and we saw that these were not effective in helping children to engage in play or peer relationships successfully. Some staff were confident in offering children comfort and reassurance. Consideration should be given to ways to provide consistent support which provides emotional containment. For example, through staff training in supporting children's wellbeing and additional support needs and reflecting on practice to ensure that it promotes children's rights. The information gathered to develop children's individual personal plans should consider meaningful information to support staff with this. For example, how children like to be supported when they are upset or hurt.

Personal plans were in place for all children, information was recorded in files and on the digital platform. Personal healthcare plans were in place for children who had a diagnosis or required medication to be administered in the service. Audits of medications had not identified issues with individual children's medicines. For example, an unopened inhaler provided for a child with asthma which had been prescribed for their parent. Strategies of support were not recorded for all children. Where strategies had been recorded, these were not always clear or supporting staff to meet children's needs effectively. The service should develop these for all children to provide consistent, effective support which promotes children's wellbeing. Pastoral notes were recorded to detail significant information and changes for children. These should always be written in line with the service's values to promote effective information sharing with families.

The majority of families told us that they felt involved in their child's care and reviewing and developing their personal plan. Plans were reviewed with families by email in line with guidance. However, it was not clear what had been shared at personal plan reviews. The area for improvement made at the last inspection has not been fully addressed and overall, further work is needed to promote children's wellbeing through personal planning, (see area for improvement one under, 'What the service has done to meet any areas for improvement we made at or since the last inspection.')

Children accessed water throughout the session helping them to stay hydrated. Mealtimes were very busy and noisy. Some children walked around while eating. Some children told us they didn't enjoy many of the snacks. One child commented, "The adults are really nice, sometimes we get healthy snacks and sometimes it's unhealthy snacks, which makes it good." One family commented that, "The dining should be separate from the playroom." During lunch and snack times some children ate foods from home or their friends' bags which were not in line with nutritional guidelines. More could be done to make mealtimes calm, sociable, safe experiences. For example, developing children's role in planning, preparing and serving snacks to develop new skills and ensure the menu reflects their preferences in line with nutritional guidelines. The service should also consider developing staff roles in mealtimes to ensure that they can socialise with children and effectively supervise them to keep mealtimes safe. The area for improvement made at a previous inspection has not been addressed and is continued, (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.')

The families that we spoke to told us that, "(staff) do a great job." The majority of families who responded to our questionnaires said that they felt welcomed into the service and that they had a positive relationship with the staff team.

The service was run by a parent-led committee which helped families to be meaningfully involved in evaluating and developing the service. For families who are not on the committee staff asked them for suggestions, for example, for ideas for outings during the holiday periods. There were also regular updates in the service's digital platform helping to keep families informed about service activities and their child's experiences.

Some families did not engage with this, meaning they would rely on information sharing at collection times which varied in quality. The committee shared that they planned to focus on communication to support family's inclusion in the service, this will help to increase equity of access, involvement and information sharing.

The staff we spoke with were all confident about the risk factors they should look out for to keep children safe, and where to access guidance and support for any wellbeing or protection concerns. One staff member commented that their child protection training had supported them in, "keeping children at the centre of decision making and prioritising their wellbeing." Leaders were clear about when to refer concerns to lead agencies and notify the regulator, helping to keep children safe.

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 promote children's overall wellbeing, personal planning should be further developed to ensure that all children are kept safe and supported to achieve their full potential.

This should include, but is not limited to:

- reviewing personal plans and health care plans with families in line with current legislation and best practice guidance
- developing how strategies are gathered and used to support all children
- reviewing medication and healthcare plans to ensure that these are kept consistently and fully explain what to do in an emergency
- developing systems to ensure that all wellbeing concerns are tracked to ensure actions are taken and progress is made in protecting children from harm.

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 my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.14), and "I am protected from harm, neglect, abuse, bully and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20).

This area for improvement was made on 25 April 2025.

Action taken since then

Personal plans had been developed for all children and were reviewed with families in line with guidance. However, it was not clear what was shared at review meetings. Strategies of support had been developed for some children. These were not always effective at supporting children's wellbeing and development in the service. Strategies of support had not yet been developed for all children. Where reviews of healthcare plans had been completed, these were not always effective in identifying issues which could present a risk to children, for example, a medication being supplied which was prescribed for another person. Wellbeing concerns were better recorded helping to keep children safe. Overall, more work is needed to develop personal planning to promote children's overall wellbeing.

This area for improvement is not met and is continued.

Previous area for improvement 2

To ensure children have a positive and safe eating experience, the provider should review and improve the mealtime experiences. This should include but not be limited to:

- ensuring that snack is a calm social experience
- children's independence is promoted
- further developing the infection prevention and control measures, to bring these in line with national guidance 'Health protection in children and young people settings, including education' (Public Health Scotland 2025).

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 "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 25 April 2025.

Action taken since then

Snack and mealtimes were not yet calm and sociable. Background noise was substantial and children often walked around while eating. Staff supervision could be further developed to ensure children's safety at mealtimes. Children were reminded to wash their hands before meals, further support is needed to ensure that they wash their hands after eating and being outside to prevent the spread of infection. More could be done to promote children's involvement in planning, preparing and serving nutritious foods at mealtimes. This area for improvement is not met and is continued.

Previous area for improvement 3

To ensure that all children have high-quality play opportunities which support them to have fun, learn and develop, the provider should ensure that the play opportunities inspire curiosity and challenge for all of the children. This should include, but is not limited to ensuring that:

- children have access to quieter spaces to play throughout their day
- resources are presented attractively to invite children to play
- consideration is given to the use of resources with no fixed outcome to support children's creativity

- staff plan for an evaluate activities and experiences to ensure that these provide challenge and interest for the children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable to my age and stage, which stimulate my natural curiosity, learning and creativity." (HSCS 2.27).

This area for improvement was made on 25 April 2025.

Action taken since then

There was limited access to quiet spaces at the club. More work is needed to ensure that resources are presented attractively to invite children in to play. An arts and craft trolley had been developed which some children used to develop their own creative ideas. Further development of resources with no fixed outcome would support children's creativity in the service. More could be done to plan experiences which provide challenge and interest for the children.

This area for improvement is not met and is continued.

Previous area for improvement 4

To further develop the quality of the service and enhance outcomes for children, the provider should ensure that quality assurance processes, improvement planning and self-evaluation are further developed and embedded. The processes should:

- reflect on current best practice guidance and national frameworks
- consult with and share outcomes with children and their families
- identify strengths and areas for improvements
- develop clear improvement plans with measurable outcomes
- have planned monitoring to ensure progress to support positive outcomes for children and families.

This is to ensure that care and support is consistent with 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 25 April 2025.

Action taken since then

Where audits were happening, these did not always identify gaps issues in line with guidance to keep children safe. Monitoring could be further developed to ensure that it identifies where practice should be improved to ensure better outcomes for children in line with national guidance. Consultation could be further developed to ensure that all children and families are meaningfully involved in assessing and developing the service. Improvement plans should be further developed to ensure that staff can be meaningfully involved in taking developments forward and that improvements are measurable to support evaluation of progress.

This area for improvement is not met and is continued.

Previous area for improvement 5

To support children to have consistently high-quality experiences across the day, the provider should review the staffing levels and deployment. This should include but is not limited to deployment which supports:

- independence, social experiences, safety and choice at snack
- children's choices about where to play
- staff to be proactive about support strategies for individuals
- engagement with children throughout their time at the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "People have time to support and care for me and to speak with me" (HSCS 3.16), and "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible."

This area for improvement was made on 25 April 2025.

Action taken since then

Staff deployment at snack was not yet effective in supporting children to have safe mealtimes with sociable experiences. Children sometimes had to wait for extended period to play in an area they preferred, and at times play was disrupted to bring them back to the main area for adult-led routines like mealtimes. Staff were using walkie talkies well to keep children safe when accessing different spaces individually and made good use of their digital platform to record and share where children were currently playing with families. Support strategies for all children had not yet been developed and some were not clear enough to support staff to provide consistent care and support. The quality of engagement with children was not yet consistent across the staff team.

This area for improvement is not met and is continued.

Previous area for improvement 6

For children to benefit from being cared for by suitable staff, with the right skills and values, the service should continue to develop their recruitment policy. The policy should follow safer recruitment guidelines as stated in the national guidance 'Safer Recruitment Though Better Recruitment.' The service should ensure that all staff go through all stages of a robust recruitment process, regardless of position. This would include staff being promoted within the service.

All staff must be registered with the Scottish Social Services Council (SSSC) within required timescale. The service should keep an audit of when staff SSSC registration is due for renewal and timescales for staff to complete necessary qualifications to meet conditions of their registration.

This is to ensure that children are safe and protected and the quality of staffing 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). Made 2 sept 2012.

This area for improvement was made on 2 September 2021.

Action taken since then

The staff files we reviewed showed that staff had been recruited in line with current best practice guidance, helping to keep children safe.

All staff who were required to be registered with the Scottish Social Services Council (SSSC) had been. One member of staff was registered as a support worker who should have been registered as a practitioner, however, this was being corrected during the inspection. Two new staff were not yet registered, however, they still had time to apply within designated timescales.

This area for improvement is 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	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate

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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