School's Out Melrose
Day Care of Children

4 Huntly Avenue
Melrose Primary School Annexe
Melrose
TD6 9SD

Telephone: 07575857585

Type of inspection:
Unannounced

Completed on:
27 July 2026

Service provided by:
Perceptive Action C.I.C.

Service provider number:
SP2014012332

Service no:
CS2024000284

About the service

School's Out Melrose is a service for school aged children. It is registered with the Care Inspectorate to provide a care service to a maximum of 38 children at any one time. Of those: no more than 38 are aged 4 years to those attending primary school and no more than 5 are aged 4 years to those not yet attending primary school.

The service operates from premises within Melrose Primary School. The service have access to a hall, which the school also use during the term time. Children use the school playground for outdoor play and have regular access to local parks and playing fields.

About the inspection

This was an unannounced inspection which took place on 22 July 2026 between 9:00 and 16:45. 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, registration information, information submitted by the service and gathered intelligence.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. We comment on some areas of improvement needed to the environment which are linked to core assurances and the quality improvement framework.

In making our evaluations of the service we:

- spoke with several children using the service
- spoke with four staff and management
- observed staff practice and children's experiences across the day
- reviewed documents
- assessed core assurances, including the physical environment.

Key messages

• Children were confident and told us they liked coming to the holiday club.

• Improvement could be further supported through the continued development of self-evaluation processes.

• Children were cared for in a warm and welcoming environment.

• The range of play experiences could be more organised and cater for all age groups.

• Personal planning to support children's outcomes needed to be more cohesive and support strategies clearly outlined and evaluated.

• Children's views and rights were at the heart of the service. Children told us they were regularly asked to give ideas and opinions.

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	4 - Good
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

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

Quality indicator - Leadership and management of staff and resources

The organisation had developed a vision, values and aims for the setting which had been shared with children. These focused on their rights and some of the aspirations that the organisation had for children they cared for. To further embed the vision, values and aims in staff practice the manager should re-visit these with all staff working through term time and holiday periods. This would help staff to develop consistent practice to meet the shared vision for children.

The process of self-evaluation was being developed by the organisation. The challenge questions in the 'Quality improvement framework for early learning and childcare sectors: school aged childcare.' had been used to help staff reflect on what was being provided. The self-evaluation system now needed to be adapted to ensure that there was evidence of the quality of experiences and outcomes for children. To support benchmarking, the service could use a wider range of good practice guidance and documents. This would help the setting develop an improvement plan specific to their service.

There were systems in place for the manager to audit procedures and processes were being followed and completed in the setting. However, this was a tick box exercise and there were gaps in the current system. For example, the quality of personal planning was not audited. **(See area for improvement 1.)**

The recruitment of staff was carried out centrally by the organisation. We audited recruitment files for new staff and information provided digitally. This evidenced a safe recruitment process where checks were carried out to ensure suitability of staff to work with children.

There was an induction programme in place and staff told us that they felt the process gave them the knowledge that they needed to carry out their roles. Overall, induction was well monitored with probationary periods being extended to further assess staff suitability and support staff performance. We talked to the manager about providing enhanced induction for staff who may need further more targeted support. For example, more detailed induction may be necessary to enable staff to meet the needs of children during holiday clubs as these provided full day care for children.

There were procedures to ensure that the setting was appropriately staffed at all times to support children's safety and wellbeing. However, we discussed with the manager and director the need to clearly define expectations, roles and responsibilities of staff. This would support the manager to deploy staff knowing that they would carry out tasks and support children's choices and wellbeing. For example, there were enough staff present on the day of our visit, but the varied skills and experience of staff resulted in them not being given some responsibilities. This impacted on the choice of where to play for children and the quality of some play experiences.

Areas for improvement

1.
To ensure that the quality of experiences and outcomes for children and families can be accurately assessed. The service should further develop the system for self-evaluation and auditing to ensure it is evidence based and enables sustained improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

Children thrive and develop in quality spaces 4 - Good

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.

Quality indicator - Children experience high quality spaces

The service was provided in a hall within Melrose Primary School. The service did not have sole use of the premises as during term time it was used by the school. Staff had tried to ensure that the space was welcoming for children and could be identified as their club space. School equipment had been screened off and where possible examples of children's art work and information for children and parents about the club and their activities displayed.

There were areas where children could relax and read and space for children who needed to have some quieter time. When the setting operates over the full day during holiday periods, consideration should be given to ensuring that there are these areas outdoors and good provision for shade during the hot and sunny weather.

Children told us that they had a range of play resources that they could freely access. The children's committee consulted with all children to identify further play equipment that children wanted. Overall, the range of resources were good but further consideration could be given to age appropriate resources for older children and for the pre-school children in the setting.

To support children's safety and wellbeing, risk assessments and processes to keep children safe had been developed. To further enhance safety processes, risk assessments, which were kept digitally, needed to be present in the club, known and followed by staff. This would enable them to be updated when needed and develop a consistent understanding and approach to risk and supervision from staff.

Children were reminded to be respectful of each other and not be too boisterous. There was some provision for risky play on outdoor equipment and opportunities when children used the nearby park or on outings. Staff could give further consideration on providing risky play throughout the provision for older children. For example, regular activities such as woodworking or science, technology, engineering, and mathematics (STEM) activities as well as physical play.

Overall the premises was well maintained by club staff to ensure it was clean and well organised.

Equipment and resources were clean and safe for children to use. We asked staff to ensure that infection prevention and control practices, such as handwashing were supervised to ensure it was effective.

Staff understood the value of outdoor physical play for children and the outdoor area was accessed directly from the main play space. Children told us that they could normally choose to play indoors or outdoors. However, on the day of our visit this was not facilitated. We discussed with the manager the need to ensure that staff deployment enabled choice, especially during holiday club where children were present for longer periods.

Children and families right to privacy and confidentiality was supported by good processes to keep information secure. Registration information was kept on a digital system and written information was kept locked on the premises. Staff had carried out sessions to support their understanding of GDPR and confidentiality which helped staff to understand their responsibilities regarding information management.

Children play and learn — 3 - Satisfactory / Adequate

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

Quality indicator - Playing, learning and developing.

On the day of our visit there were activities and resources for children to use. However, the skill and experience of staff did not always evidence a strong understanding or practice which enabled the delivery of high-quality play experiences. Staff lacked the skills to direct or re-direct children during their play. Staff did sit with children to support aspects of play but interactions during play did not extend or support learning of skills or problem solving and focussed on monitoring what children were doing. This resulted in a lack of engagement in play by many children.

We spoke to children about the range of activities and some of the play experiences. All children said they liked coming to the setting. Some children commented that they really enjoyed the planned outings and some of the planned themes. A few said it could be a bit boring but they could play with their friends, which was important to them.

We reviewed the floor book, which provided pictorial evidence of some play experiences across the year. However, the quality of the play experiences was not exciting or well planned on the day of our visit. The main hall space provided a nice place for children to play. Art resources and games were in the cupboard and children could access these independently. However, staff should further consider play provision across all age groups. For example, there were no sensory experiences for the youngest children. The range and amount of loose parts had been identified as needed improvement but had not yet been addressed. There was no woodwork or making resources such as boxes and junk. Limited books and no magazines. **(See area for improvement 1.)**

Children's views and opinions formed the basis of the planning for play. The children's committee consulted with their peers to get ideas and suggestions for activities. They were also responsible for asking children what they thought of the play experiences provided. A diary was used to record some of the play experiences and there was evidence of play being discussed at team meetings. On the day of our visit activities had been planned in advance. However, the organisation of these activities were not of high-quality. For example, a circus skills activity was on the days plan but staff had not planned what would take place during the activity. They had not asked what skills children wanted to learn, there were a lack of props

and no clear plan of how to facilitate the session. Similarly in the afternoon the wrong resources had been delivered for the activity, which then needed changed. The lack of organisation and planning impacted on children's enjoyment and engagement in the activities. To further develop the planning for play, staff needed to develop a system where they too could record activities and evaluate them from a professional outcome focussed base. **(See area for improvement 2.)**

Good use was made of the local community resources and children regularly accessed the nearby park, tennis courts, river and areas in the local community. Children told us that they had great fun on the regular and varied trips and outings throughout the holiday club. The manager had begun to forge some links to the local garden group to support planting and growing experiences.

Areas for improvement

1.
To enable children to be actively involved in leading their play, staff should provide a wider and improved range of activities and play resources. This should include play opportunities which interest and challenge the age range of children present.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, 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 stimulates my natural curiosity, learning and creativity.' (HSCS 2.27)

2. To ensure that staff are organised prior to delivering play experiences and able to assess and evaluate quality of activities and outcomes for children. Managers and staff should further develop the system for planning and evaluating play activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential in education and employment, if this is right for me.' (HSCS 3.13)

Children are supported to achieve — 3 - Satisfactory / Adequate

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

Quality indicator - Nurturing care and support.

Overall, children were supported by kind and responsive staff who provided an environment where children could seek reassurance, support and emotional security. Children in the setting were confident in their surroundings and keen to tell us about their experiences during the holiday club. Children we spoke to said that they like the staff group. Comments included 'I like staff. They are fun and we have a laugh.' 'They help us and if you have a problem they help work it out.' Across the day nurturing interactions varied depending on staff skill and experience. The manager of the service was aware of this and mentoring and support for less experienced staff was in place.

Some aspects of child observation and supervision needed to be improved. For example, some non-verbal cues were missed for children who were not fully integrated into the group or were not engaged in the activities. Supervision of the group was not consistent with some children playing in unsupervised areas of

the premises. The manager was planning to revisit boundaries with children and staff to ensure consistency and safety.

Over the period of the holiday club children brought their own lunches. A range of healthy snacks were provided by the setting and snack time was a sociable event which children said they enjoyed. Transition to lunch time could have been better organised to ensure that staff were ready to supervise handwashing, the room was organised and prepared for lunchtime. Supervision of children while they were eating was suitable with children being reminded to stay seated. Work could be carried out with families regarding suitable foods for packed lunches. This would help the setting further promote healthy eating and healthy lifestyles. Additional drinks had been provided for children as it was a hot day. Children told us they knew where to access additional water and staff provided water outdoors to increase children's hydration.

There was a system for gathering information from families and children to develop what we refer to as a personal plan. This ensured that services hold the information necessary to meet the care and support needs of children in their care. Further development of this system was needed to support the effectiveness of personal planning. Staff needed to ensure that information provided on the registration form was shared with staff and explored with parents/carers. For example, a parent had indicated that their child had a diagnosis but this had not been explored with the parents to ensure that staff had the information to meet the child's needs. There were several documents which made up the personal plan but there was a lack of connection between the documents to make them effective. There were some Enhanced Support Plans but these had not been reviewed to assess if they were having a positive impact or needed adapted to provide a different level of support. **(See area for improvement 1.)**

Each child had a journal. The purpose of these was to have a system where children could share information and staff could get to know them better. This system needed some further review and evaluation to ensure that it was purposeful and consistent.

There were procedures in place for the recording of children's medical needs and the administration of medication. Long term medications were reviewed with parents through the online registration forms. We asked the manager to ensure that where children bring their medications with them to the setting that a duplicate medical plan for that child is held in the service. This would help ensure staff were fully aware of the medical needs, signs, symptoms and procedures involved where children take their own medications.

The relationship with parents was positive and interactions between staff and parents were observed to be professional and friendly on the day of our visit. There had been opportunities for parents to provide feedback on staff performance as part of their appraisal process. There were regular newsletters to inform parents of plans and events. We encouraged the setting to continue to provide parents with opportunities to be engaged in the life and work of the setting.

Areas for improvement

1.
To support children's overall wellbeing. The current system for personal planning should be reviewed to ensure that:

- Information necessary to meet children's care and support needs is gathered, discussed with parents and where appropriate, shared with staff.
- Where necessary support plans are developed, assessed and reviewed.
- That pastoral notes and chronologies are consistently maintained to provide an overview of communication and information about children and families.

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 1.15)

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 thrive and develop in quality spaces	4 - Good
Children experience high quality spaces	4 - Good

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

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.gov.scot

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.