

# Jedburgh Out of School Club Day Care of Children

Jedburgh Grammar Campus  
Priors Road  
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TD8 6HH

Telephone: 07500 038 446

**Type of inspection:**  
Unannounced

**Completed on:**  
16 June 2025

**Service provided by:**  
Jedburgh Out of School Club a  
Scottish Charitable Incorporated  
Organisation

**Service provider number:**  
SP2014012248

**Service no:**  
CS2014323656

## About the service

Jedburgh Out of School Club is registered with the Care Inspectorate to provide a care service to a maximum of 44 children at any one time aged from three years up to and including S1.

The club operates a breakfast, after school and holiday club.

The club has use of a dining hall within the Jedburgh Grammar Campus. Opportunities for outdoor play are provided in the school playground and nearby wooded area.

## About the inspection

This was an unannounced inspection which took place on 10 and 16 June 2025. The 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with several children using the service
- reviewed 11 comments made by parents using our digital feedback form
- spoke with three staff, the acting manager and chairperson of the provider committee
- observed staff practice and experiences for children
- reviewed documents.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met.
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

## Key messages

- Children benefitted from kind and caring relationships with staff.
- Personal planning needed to be developed and used consistently to support children.
- The planning and provision of play experiences needed to be further improved.
- Staff and children needed to develop risk assessment procedures to develop a consistent approach to enhancing safety and security.
- The provider must develop a plan for the suitable management of the service and leadership of staff.
- The provider must ensure that staff are skilled and take part in continuous professional development to enable them to provide high-quality outcomes for children.

## 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

How good is our care, play and learning?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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

## How good is our care, play and learning?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

### Quality indicator 1.1 - Nurturing care and support

Children benefitted from warm, kind and positive interactions with staff. Some staff picked up on children's non-verbal cues, which indicated how children were feeling. Children told us they liked the people looking after them, and we observed that children felt secure around adults as they went to them to ask questions or seek comfort. Parents confirmed that they thought staff had good relationships with their children and supported them during their time in the service.

A system had been developed to ensure that each child had a personal plan. A personal plan should include all the information that the setting collected about children, which helps them to meet care and support needs. Personal plans had now been developed for each child, meaning basic information was gathered. However, members of the current staff team were not aware of some of the information contained in the personal plans or the support strategies which had been developed for some children. This resulted in inconsistent approaches to meeting children's support needs. There were some children who would have benefitted from having plans in place to support them during their time in the service as this would have promoted better support and consistency of care. We have restated an area for improvement made at the last inspection (**see area for improvement 1**).

Children had some opportunities to choose foods for snacks and overall these met good practice guidance for school aged children. Children enjoyed snack time which provided them with a calm and social experience where they chatted to each other and to staff. Staff encouraged children to drink water throughout the session to ensure that children remained well hydrated. There needed to be a consistent approach to monitoring children who did not sit to eat. This would minimise the potential risk of choking accidents.

Improvements had been made to the child protection and safeguarding procedures. Training for staff had been provided and the service child protection and safeguarding procedures had been strengthened. Staff still needed to develop confidence and understanding in this area, which included ensuring that children were treated with respect by all adults and their peers. Continued work could be carried out regarding behaviour expectations and activities to help support emotional self-regulation.

### Quality indicator 1.3 - Play and learning

There had been some improvements to the play opportunities. The floor book evidenced some of the activities which had been provided. Staff should further develop the use of the floor book to ensure that they can further strengthen children's participation in the development and choice of activities.

The planning of play and learning was informal. Staff asked children what they wanted to do and provided resources, if these were available. Some activities were planned and these focused around local or calendar events. There was little evidence of how play opportunities were planned or the outcomes for children that were achieved through play. We have restated an area for improvement made at the last inspection (**see area for improvement 2**).

Staff lacked an in-depth understanding of play for school aged children and therefore some of the play provision needed to be significantly developed to ensure they provided interest, challenge and excitement for this age group. Some areas such as the art table were well used by children. However, there were many children who were not engaged with the resources or play opportunities which were on offer to them. We have restated an area for improvement made at the last inspection (**see area for improvement 3**).

There was a large outdoor area for children to use. This had a covered section which provided shade in hot weather and could be used if it was raining. We talked to staff about the need to offer outdoor play for as long as possible during the session. There had been some improvements to the range of outdoor resources and children enjoyed the opportunities for hammering at the woodwork table and making models. Whilst children ran around and used a football, outdoor play provision was still at a basic level and lacked open ended resources for building, making dens and problem solving. We have signposted staff to a range of available resources from Play Scotland to help them develop this type of play.

### Areas for improvement

1. To support children's overall wellbeing. The system for personal planning should be developed, maintained and include monitored support strategies for children who need them.

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)

**This area for improvement was made on 20 June 2024.**

2. Staff should develop a system to plan for children's play activities. This should be based on children's interests and evidence achievements and skill developments.

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)

**This area for improvement was made on 20 June 2024.**

3. To enable children to be actively involved in leading their play, staff needed to 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)

**This area for improvement was made on 20 June 2024.**

## How good is our setting?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality indicator 2.2 - Children experience high quality facilities

The club operated from a dining hall within the school. The space was used by the school for a range of activities. Regularly staff could not get entry to the space in time to ensure that it was set up for children arriving. To ensure that children's right to play in a well organised and welcoming space we have asked that, where staff have been unable to finish setting up the play environment, there is a plan for how children are welcomed to the club while the staff complete the setup of activities.

Children had play resources to use. However, improvements to the range and quality of these resources was still needed. On our second visit there was more use of loose parts, which promoted imagination and problem solving. The use of these resources for outdoor play needed to be increased. Across the indoor environment some additional thought was needed to the layout of resources to ensure that areas provided interesting opportunities and play provocations. This links to improved opportunities for play and learning **(see area for improvement 3 in quality indicator 1.3 - play and learning)**.

Children's health and wellbeing was supported through cleaning and infection control procedures. Staff had carried out training for safe storage and handling of food. Children enjoyed opportunities to help with the making of snack. However, staff should be vigilant about food hygiene procedures at this time.

We talked to staff about how they kept children safe when using outdoor areas or the indoor premises. They could tell us clearly how children's safety was managed. However, there were no current risk assessments to identify risks and the mitigating actions needed. Children needed to be included in this process to enable them to develop their responsibility for keeping themselves and others safe. We have re-stated an area for improvement made at the last inspection **(see area for improvement 1)**.

### Areas for improvement

1. To ensure that children are provided with a safe, secure and well-maintained environment, staff should update risk assessments for the service. These should include demonstrating how risky play can be supported in the club.

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)

**This area for improvement was made on 20 June 2024.**

**How good is our leadership?****2 - Weak**

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

**Quality indicator 3.1 – Quality assurance and improvement are led well**

At the time of inspection there was no named manager of the club. This had been the position for some time and had been negotiated as an interim arrangement with the Care Inspectorate. However, the lack of progress to make sustained improvements to the quality of experiences and outcomes for children over the past two inspection years, evidenced that a qualified, skilled and experienced manager was needed to lead the service. Therefore the provider committee must develop a plan for the recruitment of a suitable person to lead and manage the staff team and improve outcomes for children (**see requirement 1**).

Some basic auditing of documents such as personal plans had taken place and the chair of the committee had tried to ensure that the club operated safely on a day to day basis. However, no progress had been made to develop a simple process for self-evaluation within the service. Although an action plan had been developed, as a result of our last inspection, none of the staff group were familiar with it or able to describe any of the progress which had been made. The development of quality assurance processes would enable the service to deliver high quality care and support for children and families. We have re-stated an area for improvement in this report (**see area for improvement 1**).

Parents told us that they felt well informed about what was going on in the service. They said that staff provided them with feedback on their child's time at the service and the social media pages provided a good insight into activities. All staff took responsibility for providing parents with feedback, which helped to build good relationships and communication with parents.

Children were given some basic opportunities to make choices such as snack or requests for some resources. Staff still needed to develop a way to evidence how children were involved in decision making in the service. More complete recordings of discussions with children would enable staff to evidence how children influence the quality of the service.

All members of the committee still needed to develop a firm understanding of legislative responsibilities, which were part of being a registered service. The progress to understand these responsibilities had been impacted upon by difficulties in recruiting parents onto the committee. Although we had provided the committee with documents and signposted them to information there was still a lack of understanding from them about their responsibility as providers of a registered service. We have restated an area for improvement in this report (**see area for improvement 2**).

We comment in this report about the need to improve several areas of the service. At the time of the inspection the service was registered to care for children from three years to S1. The lack of skilled and experienced staff impacted on the quality of care children under school aged received in the service. The provider has submitted a voluntary application to change the age range of children who can be cared for in the service, to school aged children only.

## Requirements

1. By 31 July 2025, to ensure positive outcomes and that children's care and support needs are met. The provider must make arrangements for the suitable management of the service.

To do this they must at a minimum provide a written plan to the Care Inspectorate detailing how the provider will ensure that effective management and leadership arrangements will be put in place.

This is in order to comply with Regulations 4(1)(a) 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 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).

## Areas for improvement

1. To improve upon outcomes for children, quality assurance and self-evaluation procedures should be developed further to assess and improve the quality of the provision in line with best practice.

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

**This area for improvement was made on 11 April 2023.**

2. Children should benefit from a club which is well run. To achieve this, the committee and manager should be familiar with their legislative responsibilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

**This area for improvement was made on 11 April 2023.**

## How good is our staff team?

**2 - Weak**

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

### Quality indicator 4.3 - Staff deployment

There were enough staff present in the club to ensure an adequate level of supervision. Staff were busy and engaged with children and responding to needs and requests. Parents commented positively on the staff team. "The staff are all friendly and caring and they get the chance to socialise in a fun environment." "Caring and nature with humour included a family feel." "Staff are fabulous. They are helpful and supportive."



The staff team consisted of a mix of qualified and unqualified practitioners. However, due to staff absence, on the first day of our visit staff present did not hold a childcare qualification. They did have some experience in childcare through their work in the club, the school or from family experience. They were motivated to provide children with positive experiences and had an understanding of how to interact and support children. However contingency plans were needed to ensure that there was a qualified member of staff present during each session.

Staff had carried out core training such as child protection and food hygiene. However, there was a need to significantly upskill staff to ensure that they were familiar with and actively using some of the national good practice guidance for school aged childcare. Staff were unfamiliar with the play principles, loose parts play or current practice around supporting relationships and positive behaviour. At previous inspections we signposted the lead practitioner and the chairperson to resources which would enhance staff knowledge. These had not been used effectively to support professional development (**see requirement 1**).

Staff appraisals had taken place to help assess how staff were getting on in their role. The appraisal process did not include an assessment of staff practice or opportunity to share professional expectations. There were very limited opportunities for staff to receive mentoring and support for their role from experienced qualified staff or to take part in reflective practice discussions at team meetings (**see area for improvement 1**).

## Requirements

1.  
By 30 August 2025, to promote the safety and wellbeing of children, the provider must ensure that staff take part in training and development opportunities to enable them to be competent in their roles.

To do this the provider must at a minimum:

- a) undertake a training needs analysis to identify what training and development is required for each role
- b) implement quality assurance systems to evaluate the effectiveness of training and development opportunities to gauge increased competency of staff.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

## Areas for improvement

1.  
To support the development of staff skills and monitoring of professional practice. There should be an effective staff appraisal process and regular opportunities for team meetings to reflect and develop their practice.

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).

## 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 support children's overall wellbeing. The system for personal planning should be developed, maintained and include monitored support strategies for children who need them.

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)

**This area for improvement was made on 20 June 2024.**

#### Action taken since then

Some improvements had been made to the gathering of information for personal plans. However there were gaps in some information and children who would have benefitted from support strategies did not have them.

**This area for improvement has been re-stated in this report.**

#### Previous area for improvement 2

To ensure that children are safe and protected. The provider should revisit the child protection policy and procedure and ensure that staff understand who the child protection coordinator for the service is, the process for reporting and recording of information.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities. (HSCS 3.20)

**This area for improvement was made on 20 June 2024.**

#### Action taken since then

Improvements had been made to the child protection procedures and staff had received training or information as part of their induction.

Opportunities for staff to continue the development of confidence in this area should be provided through continuous professional development opportunities.

**This area for improvement was met.**

#### Previous area for improvement 3

To enable children to be actively involved in leading their play, staff needed to 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)

**This area for improvement was made on 20 June 2024.**

## Action taken since then

The range and quality of play experiences needed to continue to improve to ensure it met children's interests.

**This area for improvement has been re-stated in this report.**

## Previous area for improvement 4

Staff should develop a system to plan for children's play activities. This should be based on children's interests and evidence achievements and skill developments.

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)

**This area for improvement was made on 20 June 2024.**

## Action taken since then

No system for planning children's play activities had been developed.

**This area for improvement has been re-stated in this report.**

## Previous area for improvement 5

To ensure that children are provided with a safe, secure and well-maintained environment, staff should update risk assessments for the service. These should include demonstrating how risky play can be supported in the club.

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)

**This area for improvement was made on 20 June 2024.**

## Action taken since then

Risk assessment procedures were not in place.

**This area for improvement has been re-stated in this report.**

## Previous area for improvement 6

To improve upon outcomes for children, quality assurance and self-evaluation procedures should be developed further to assess and improve the quality of the provision in line with best practice.

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

This area for improvement was made on 11 April 2023.

**This area for improvement was made on 20 June 2024.**

## Action taken since then

There was a lack of understanding from the provider and staff regarding self-evaluation and quality assurance. Although an action plan had been developed as a result of our last inspection staff were not aware of it or what the priorities for improvement were.

This area for improvement has been re-stated in this report.

## Previous area for improvement 7

Children should benefit from a club which is well run. To achieve this, the committee and manager should be familiar with their legislative responsibilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This area for improvement was made on 11 April 2023.

**This area for improvement was made on 20 June 2024.**

## Action taken since then

We acknowledge that the provider committee were voluntary and needed to recruit more members to spread the commitment and work load. However, there had been opportunities to receive support to understand the role of the committee and running a registered service which had not been taken. The committee still needed a firmer understanding of their responsibilities as an employer and service provider.

**This area for improvement has been re-stated in this report.**

## Previous area for improvement 8

Children should benefit from high-quality outcomes. To do this the provider should ensure that staff have an increased professional knowledge of childcare practice. This should include child protection, how to develop personal planning and play provision for school aged children.

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)

**This area for improvement was made on 20 June 2024.**

## Action taken since then

We have made a requirement in this report regarding increasing the skill and professional development of the staff team.

**Requirement 1 in Quality indicator 4.3 - Staff deployment replaces this area for improvement regarding training.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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