

Liberton After School Club Day Care of Children

c/o Liberton Primary School
229 Gilmerton Road
Edinburgh
EH16 5UD

Telephone: 07939 602 880

Type of inspection:
Unannounced

Completed on:
20 June 2025

Service provided by:
Liberton After School Club

Service provider number:
SP2003002846

Service no:
CS2003011880

About the service

Liberton After School Club (LASC) is a day care of children service. The service was registered on 1 April 2011. Registration conditions are to provide a care service to a maximum of 94 primary school aged children up to entry to S1 at any one time. Of those 94 children, 34 will be cared for at Inch House Community Service, 225 Gilmerton Road, Edinburgh, EH16 5UF.

The service operates from two buildings within close walking distance of each other. One building, referred to as the 'hub' is situated within the grounds of Liberton Primary School. This building had the use of two rooms and toilet facilities. Some of the toilet facilities were located within Liberton Primary School. The children in this building had direct access to an outdoor playground and small enclosed planting area. The second site, known as the 'house', is within Inch House Community Centre. Children within this space had access to two rooms on the ground floor and a toilet area located on the first floor. They also had direct access to an enclosed garden area and to a wider community outdoor space including a large park. Local amenities were close by, including parks and transport links.

About the inspection

This was an unannounced inspection which took place on 17 and 18 June 2025 between the hours of 13:30 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.

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.

In making our evaluations of the service we:

- spoke with children using the service
- reviewed 29 electronic questionnaires received from families
- spoke with families
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children benefitted from varied spaces that promoted choice, independence and creativity.
- Children had access to fresh air and physical activity on a daily basis.
- Staff were good at building positive relationships with children and families.
- Children's personal plans were updated with parents which ensured that staff had relevant information to meet children's needs.
- The service must continue to strengthen safety and supervision measures to ensure all children are accounted for at all times and risks are minimised.
- Management had demonstrated a clear commitment to improvement through the development of systems and processes to evaluate and develop the service, which included work to meet the requirements from the previous inspection.

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?	4 - Good
How good is our setting?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 1.1 Nurturing care and support

Children experienced warm, nurturing care which supported their wellbeing and development. Staff interactions were consistently kind, respectful and compassionate. Positive role modelling supported children to develop respectful relationships and communication. Staff promoted choice and independence effectively, encouraging children to make decisions about their play and daily routines. These practices were observed across both settings.

In the house, snack times were relaxed and sociable. Children contributed to menu planning and had opportunities to engage in baking activities, which they enjoyed and found meaningful. Improvements had been made since the previous inspection, which promoted a more sociable dining experience.

On the first day of inspection, snack in the Hub was served in a buffet style. This resulted in increased noise levels and reduced quality of experience for some children. On the second day, snack was served at tables, allowing children to self-serve and eat at their own pace. This change led to a more positive and inclusive experience. Moving forward, a consistent approach should be implemented to ensure snack times are always engaging and sociable. The manager said that this is usually the case, but did not happen on the first day as the inspectors were present.

All children had updated personal plans developed in partnership with families, ensuring staff had relevant, current information to support individual needs. Parents confirmed this telling us, "We review plans annually, and any needs that arise through the year can be discussed with staff." and "We created a care plan at the start of our daughter's attendance, and this is reviewed with us." For children with additional support needs, strategies had been identified in some cases. A parent confirmed this telling us, "the service works well with me and the school to ensure that my child is fully supported." However, this was not consistent for all children. To strengthen inclusive practice, clear strategies should be in place for all children requiring additional support and their effectiveness should be regularly reviewed. The manager informed us that they were considering the introduction of a digital platform as a way to further improve communication with families and ensure personal plans remained up-to-date and accessible. In recognition of improvements made, a requirement made at the last inspection has now been met. An area for improvement has now been made to support the service to further embed improvements. (See Area for Improvement 1).

Children benefitted from staff who worked proactively with families and school staff. Parents shared positive feedback and said that staff were aware of and responsive and supportive to changes in family circumstances. A parent told us, "We review our needs and have been fully supported to help with transitions and events. LASC is a wonderful nurturing environment." Families felt supported, particularly during periods of difficulty, such as bereavement or when their child was experiencing difficulties in friendship groups.

Medication procedures had improved and were more aligned with current guidance. The service had reviewed children's health information with families to ensure accuracy. This supported staff to respond confidently to health needs, including allergies and medical conditions.

Staff had received relevant training in the administration of emergency medication and understood the procedures in place. Feedback from parents and health professionals had informed individualised medication plans. To further strengthen practice, we suggested that the time of the last dose for short-term medication is recorded, and a stepped flowchart is developed for individual medication plans. This would provide clear guidance on dosage, frequency and emergency actions. (See Area for Improvement 1).

Quality indicator 1.3 Play and learning

Children were involved in shaping their play experiences. A system of child ambassadors had been introduced, giving children a platform to express their ideas and preferences. The ambassadors suggestions were displayed in the club, reflecting the value placed on children's voices. To strengthen this further, staff should consider supporting ambassadors with structured prompts or questions to ensure all children's views are consistently captured. This information could then be used to inform weekly planning. We discussed with staff the use of floorbooks to record children's input and feedback.

Staff were encouraged to bring their own interests and strengths to the club, enriching the range of experiences on offer. This included sports, creativity, leadership development and nature-based learning, which helped to create an engaging learning environment.

Children in the house were observed making independent choices about where and how they played. Staff were responsive and attentive, adapting activities in response to children's requests. Children and parents spoke positively about the activities on offer at the service. Parents told us, "LASC have a list of activities that are planned each day. They make good use of the outdoor spaces at the school and local play park. They have craft activities, gardening, woodwork, as well as quieter activities, such as reading, playing board games or watching movies, to accommodate all needs and energy levels." While the current weekly planning was limited, children had some choice within it. We suggested that they consider offering activities over a week to give all children a chance to experience them, e.g. if they didn't attend each day, or wished to continue or revisit an activity. This would ensure continuity and enable children to return to or build upon their learning.

Art activities were available in both settings. Some planned activities in the hub were more structured, limiting children's creative freedom. In contrast, other sessions allowed for open-ended exploration and individual expression. Children shared that opportunities for self-directed art were limited, often restricted to drawing. Increasing access to open-ended creative materials would better support children's ability to lead their own creative experiences.

Children's ideas were acted upon and efforts were made to ensure children could revisit missed activities. For example, when children expressed an interest in improving the book area in the hub, staff worked with them to create a more inviting and comfortable space. This responsive approach demonstrated that children's views influenced the environment and daily experiences.

Outdoor play and loose parts play had been a focus for staff development. As a result, staff were more confident in supporting children's play outdoors, enabling greater autonomy and choice. Children described learning new skills, such as knot-tying and climbing and were observed encouraging and supporting one another. They used outdoor materials in imaginative ways, including using hammocks for physical and creative expression. Children also discussed how to keep themselves and others safe during these activities, showing growing confidence and awareness.

Management reflected that while staff-led activities could offer high-quality experiences, gathering children's feedback at the end of each session could further enhance planning and child-led activity.

Areas for improvement

1. To support children's wellbeing the provider should ensure that the service continue to develop children's personal plans. This should include, but is not limited to, a clear stepped approach to the administration of medication and the recording of strategies of support for individual children and the impact of 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 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).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 2.2 Children experience high quality facilities

The physical environment across both settings was welcoming and supported children's play and wellbeing. Some areas of the service were tired and would benefit from refurbishment; however, it was acknowledged that aspects of the premises are out with the direct control of the service.

At the house, children had access to a variety of indoor and outdoor spaces which supported choice and independence. They could access resources from a designated storage area and choose to play in the house, park, on the football pitch, or in a more natural outdoor space equipped with hammocks and ropes. Children demonstrated confidence in using this area and shared how they had learned to climb safely using ropes. They were observed engaging in imaginative and creative play, such as interpretive dance in the hammocks, and supporting one another in safe risk-taking.

At the house, consideration should be given to relocating the register to the snack room to enhance safety. Attention should also be paid to the secure storage of documentation, such as medication folders, to ensure confidentiality and compliance with best practice.

At the Hub, improvements had been made to the layout of resources, particularly in the quiet room, where materials were more accessible. A variety of books were available in the snack room, supporting a calm and literate-rich environment. Further development was needed to ensure all areas are well-organised and resources attractively presented to encourage engagement and self-directed play.

At the Hub, the outdoor areas had seen positive changes, such as the relocation of the mud kitchen and planned relocation of the water wall. On the second day of inspection, the mud kitchen was well-resourced with water and utensils, which led to high levels of sustained engagement and purposeful play. This contrasted with the previous day, where the absence of materials limited its use. This served as an example of the importance of consistently well-resourced environments in enabling meaningful learning experiences.

The environment at the house and the Hub provided children with varied and interesting spaces that promoted choice, independence, and creativity.

The positive and proactive attitude of the staff team was evident through the improvements which had been made since the last inspection. With continued support and time, staff are well placed to further develop the quality of the physical environment, ensuring children are meaningfully involved in shaping their spaces.

Despite progress since the previous inspection, arrangements for supervision and security were not yet robust enough to ensure children's safety at all times. The layout of the house and use of public outdoor areas created challenges in maintaining clear sightlines and knowing children's whereabouts. Although systems such as red tabards, area lists and walkie-talkies had been introduced, staff were not always able to account for all children promptly. On occasion, it took several minutes to confirm where specific children were, particularly when using the park area shared with the public. This posed a potential risk to children's safety.

At the hub, similar challenges were observed. Children were encouraged to move laminated name tags to indicate whether they were inside or outside, but this was inconsistently implemented. Staff reported difficulty in tracking children's movements, especially during transitions. The situation improved when children moved to the MUGA, which provided a more secure outdoor environment. Staff had also received new walkie-talkies with improved range, enhancing communication between areas. Nonetheless, there remained a need for more consistent implementation of safety procedures and improved supervision during free-flow play.

The service had made progress toward meeting the requirement from the previous inspection related to child safety and supervision. However, current measures were not yet sufficient to fully meet all aspects of this requirement. This requirement has been amended and carried forward into this report (See Requirement 1).

Requirements

1. By 26 September 2025, the provider must improve the safety procedures within the settings and in the outdoor areas, including the local park.

To do this, the provider must, at a minimum, introduce and embed robust safety procedures to ensure that staff know where children are at all times. These procedures must be fully embedded in daily practice to reduce the risk of children being unaccounted for, to support their safety, wellbeing and protection from harm.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 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 5.17).

How good is our leadership?

4 – Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 3.1 Quality assurance and improvements are led well

Since the previous inspection, management had demonstrated a clear commitment to improvement through the development of systems and processes to evaluate and develop the service, which included work to meet the requirements from the previous inspection. A focused approach to quality assurance and improvement planning had been established, with an emphasis on continuous development. The use of the PDSA (Plan, Do, Study, Act) cycle supported reflective practice and kept improvement at the forefront of the service. While the service used a quality assurance calendar, it would be beneficial to ensure this is fully embedded to guide ongoing evaluation and action planning.

The manager and depute had strengthened their own capacity by engaging in professional learning. Both managers had completed a five-part management course through Lothian Association of Youth Clubs (LAYC). This offered opportunities to build skills in areas such as finance, business planning, registration and personal planning, while also facilitating networking with managers from other out of school settings. This contributed to collaborative learning opportunities to enhance skills and share their good practice.

Staff were being supported to develop leadership skills and share their individual strengths. For example, staff had provided experiences in gardening, baking, den-building and creative play, all based on their own interests and abilities. These initiatives provided enriched experiences for children and helped promote a positive team ethos. Staff spoke positively about the opportunity to take on new roles and were encouraged to develop confidence. Recent examples included staff applying for funding for a gardening club, developing child-led projects such as the ambassador programme and supporting new initiatives such as tabletop roleplay games and cosy play zones, all in response to children's interests.

There was evidence that feedback from families had been sought, including a short survey carried out in January 2025 focusing on communication. While the small number of responses received were very positive, the service should reflect on ways to increase response rates and ensure feedback is acted upon. Sharing the outcomes with families using a "you said, we did" approach would demonstrate that feedback was valued and used to drive improvements. A parent told us, "My child is asked their opinions on options for the club. Parents' opinions have been sought through polls in the newsletter and annual meetings, as well as in informal conversations." Families valued the open communication from staff and management and appreciated the opportunities to contribute through newsletters, polls, informal conversations and attendance at the annual general meeting (AGM). A parent confirmed this, telling us, "LASC are very good at communicating with parents through email and often request parents support with developing the service. They also hold an AGM which all parents and carers are invited to."

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 4.3 Staff deployment

The service was appropriately staffed, which contributed to children being supported throughout the day. Staff communicated well with each other, enabling them to meet children's needs and respond to their interests.

There had been recent changes to the staff team. Staff told us they felt encouraged and supported by management to bring forward ideas and lead on areas of interest, contributing to a positive and motivated staff team.

Two staff members had recently completed their qualifications in childcare. They were well supported during their training by colleagues and management. This had increased their confidence and capacity to lead play experiences. For example, one staff member was working collaboratively to develop the garden area with children. This reflected the service's commitment to continuous improvement and meeting the expectations of the Health and Care (Staffing) (Scotland) Act 2019, which focuses on staff training and development to support quality outcomes for children.

Staff we spoke to told us they felt well supported by the management team. This included receiving personal support during difficult times, demonstrating a caring and responsive workplace culture.

Staff appraisals had recently taken place and staff were asked to reflect on their practice in line with core competencies. These meetings supported staff to identify their strengths and areas for development and clear next steps were recorded. This process demonstrated staffs' ongoing commitment to enhancing their own practice to improve outcomes for children.

Safer recruitment procedures were followed in line with national guidance. New staff were introduced to the service through discussions with management and a general overview of policies and procedures. Staff told us "When I joined I was supported through various aspects of training. If I didn't know something I asked for help and was given information" and "Every new member of staff is always supported, if they are new they always have an induction to the setting and is buddied up with an experienced staff member."

Children benefitted from being cared for by a confident and motivated staff team who worked well together to ensure children's needs were met. Children told us "Staff are kind, caring and helpful", "I like playing football and 'Guess who' with the staff" and "Staff are good, X showed us how to tie knots." Staff were supported to develop their skills and take on leadership roles, which contributed to the ongoing improvement of the service and improved outcomes for children.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 24 March 2025, the provider must improve the safety procedures within the settings and in the outdoor areas, including the local park.

To do this, the provider must, at a minimum:

1. introduce and embed robust safety procedures to ensure that staff know where children are at all times
2. develop risk assessments to identify potential hazards and safety measures should be reviewed and improved to minimise risks to children's safety for all areas.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 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 5.17).

This requirement was made on 28 January 2025.

Action taken on previous requirement

Work had been undertaken to improve the safety procedures.

1. At Inch House, staff had lists of where children were, red tabards were worn by children when in the outside area, plus the use of walkie talkies aided communication between staff. This contributed to keeping children safe but was still not robust enough. The physical layout of the building at the House, combined with the use of the various outdoor areas made it difficult for staff to see where children were at all times. In the hub, similar measures were in place and likewise these were not robust enough. Children were asked to move their laminated names to the area that they were moving to. However, not all children remembered to do this which meant it was not always effective. Staff could not confidently say how many children were in the outside area. The newly purchased walkie talkies were more efficient with greater range, which improved communication between staff about where children were.

At the last inspection we advised making a more secured boundary at the outdoor classroom area beside the hub. This could be considered to enhance safety.

2. The service had developed risk assessments to identify potential hazards and safety measures were reviewed and improved to minimise risks to children's safety for all areas.

This requirement has been met and a new requirement has been made under Quality indicator 2.2 Children experience high quality facilities.

Met - within timescales

Requirement 2

By 1 May 2025, the provider must implement self-evaluation processes which clearly informs the improvement plan. The improvement plan should prioritise and impact on areas identified as requiring improvement during this inspection.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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).

This requirement was made on 28 January 2025.

Action taken on previous requirement

An action plan had been developed to prioritise the requirements from the last inspection. A lot of work had been invested in the action plan to meet the areas which required improvement from the last inspection. There was now a greater understanding of what was required and why. Plan. Do, Study, Act (PDSA) had also been used to review the impact of changes made. This impacted positively on outcomes for children.

Met - within timescales

Requirement 3

By 1 May 2025, the provider must support children to ensure their personal plans clearly reflect their needs and ways in which the service is supporting them.

To do this, the provider must, at a minimum:

1. ensure that children's medical information is up-to-date, clearly documented and effectively managed in line with the Care Inspectorate's publication 'Management of medication in a day care of children and childminding services' (2024)
2. make sure support strategies are clearly documented for all children who would benefit from them, particularly children with additional support needs
3. introduce and embed a template for recording concerns about children's safety and wellbeing
4. document the settings decision making in response to concerns around children's safety and wellbeing, along with the action taken to support children moving forward
5. ensure policies, procedures and personal planning documentation reflects a nurturing approach and demonstrates staff's knowledge and skills in understanding children's behaviour.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 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).

This requirement was made on 5 May 2023.

Action taken on previous requirement

Since the last inspection all children's personal plans had been updated with parents.

1. Medical information had been reviewed, and a process was in place to ensure that all medication was in date.
2. Support strategies were recorded for children, any changes were recorded in the Personal plan update, but this was more of a chronology. Some children had recently had a diagnosis and we discussed how the strategies recorded in this should be used by the club and how they could record this to ensure that it was clear to all staff.
3. There was a Child Protection policy and procedure in place, as well as a form for staff to complete should they have a concern about a child. The policy should be reviewed so clear as to whom staff should report a concern about a child to.
4. There had been no concerns about a child since the last inspection. A procedure was in place and this was discussed at team meetings.
5. Personal planning documentation reflected a nurturing approach and demonstrated staff's knowledge and skills in understanding children's behaviour and what they did to support them.

Met - within timescales

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

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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