

The Playbarn Ltd Day Care of Children

Lodge Maudslie Club 36 Strawfrank Road Carstairs Junction Lanark ML11 8RD

Telephone: 01555 870 525

Type of inspection:

Unannounced

Completed on:

8 October 2025

Service provided by:

The Playbarn Ltd

Service no:

CS2012306190

Service provider number:

SP2012011774



About the service

The Playbarn Ltd is registered to provide a care service to a maximum of 40 children, currently attending primary school and secondary school year one and two, of whom no more than five are attending secondary school. Five children registered to start school in August, can attend the service during the summer prior to starting school. The service is located in a rural location in Lanark, South Lanarkshire.

Children are cared for in a single storey building, across two dedicated playrooms, a kitchen and toilets. They also have access to an enclosed garden. The service is near to primary schools, shops and transport links.

About the inspection

This was an unannounced inspection which took place on 6 and 7 October 2025, between the times of 07:15 and 19:00. We gave feedback to the provider on 8 October 2025. 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
- · Received feedback from 12 families
- Spoke with staff and the provider
- · Observed practice and daily life
- · 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

- The setting had a vision, values and aims in place. They shared their plans to refresh this with the views of staff, children and families. This would help ensure all felt involved in the service.
- The provider had carried out self-evaluation processes, highlighting the strengths and areas for improvement. This helped them prioritise and identify actions needed.
- Improvements were needed to the overall cleanliness of the environment. This would help support infection prevention and control whilst also ensuring children feel they matter.
- Children could explore with a variety of toys and materials, helping to lead their own play and express their ideas.
- Children experienced interactions that were warm and kind. This helped children feel safe and secure.
- Snack options should be reviewed, to ensure these promote a healthy approach and reflect current best practice.

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	4 - Good
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

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

Leadership 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: Leadership and management of staff and resources.

The setting had a vision, values and aims that promoted a safe, secure and stimulating environment for children to attend. They shared their plans to update these to ensure these included the views and aspirations of staff, children and families. This would help to ensure that all felt involved and included within the service.

The service had developed self-evaluation processes which helped identify strengths within the service and improvements needed. These were linked to best practice guidance and frameworks. Information was gathered from children and families, to help gather their views on shaping improvements within the setting. This helped to ensure some children and parents felt included and valued. One parent told us "I have been part of collaborative discussions on how the service can grow and develop". However, other parents disagreed and one parent commented "I haven't ever been asked how to develop the service". We discussed with the provider reviewing the information shared with parents on gathering their views, to support improvements within the setting to ensure they were informed.

A number of quality assurance processes were in place. Such as, vehicle safety information and their insurance documents, reviews of personal plans and staff meetings. This helped support the delivery of service. However, we discussed with the provider on ensuring there was improvements to the environment, to ensure children experienced a clean, inviting and welcoming space. Whilst self-evaluation had identified improvements were needed to the premises, these had not yet been actioned. We have reported on this under "Children experience high quality spaces".

Staff had been safely recruited into the setting, helping to ensure the right people were caring for children. All staff were registered with the appropriate regulatory body. For example, Scottish Social Services Council (SSSC). The SSSC is the regulator that promotes a skilled workforce in care settings.

Staff were provided and supported with an induction programme that helped them become familiar with the setting and their role. Some training had been carried out by staff, such as, child protection and food hygiene. Whilst the provider had a checklist of training staff completed, we discussed developing a reflective record of training. This would help to provide opportunities for staff to reflect on learning and the impact on their practice. The provider agreed to review this.

Children thrive and develop in quality spaces 3 - Satisfactory / Adequate

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

Quality indicator: Children experience high quality spaces.

Children experienced a setting that had a secure entrance, with areas to hang their coats and bags, helping to promote a sense of belonging.

They could move freely between two play rooms, helping to support their choices and wishes. Spaces offered children areas to relax and be on their own or with others, helping to support their emotional development.

Children had opportunities to explore a wide variety of toys and materials, supporting their choices and wishes. For example, arts and crafts, board games and musical instruments. Consideration could be given to the layout of the 'activity room' to allow for children to be seen more easily. For example, high dividers around the role play area meant that it was more difficult to supervise or notice when children would benefit from support. In addition, reducing the amount of stored materials could be given to avoid a cluttered feel and to promote a more and inviting, stimulating environment. The provider agreed to review this.

Some infection prevention and control measures were in place, such as, cleaning of surfaces with play spaces, regular checks on temperature of fridges and suitable processes for washing crockery after meals. However, we identified some spaces needed improved, to ensure these provided a clean and well maintained environment for children. For example, the cleanliness of the kitchen area and unnecessary items stored within toilets. In addition, they should ensure there is a supply of paper towels to support effective hand washing. This would contribute to reducing the potential spread of infection.

In addition, we found the outdoor spaces had not been well maintained. Toys and materials had not been stored appropriate and grassy areas had become overgrown. Monitoring of spaces should be carried out, to ensure these are welcoming for staff, children and families. Before the end of the inspection, the provider had begun to take action on this. Moving forward, the provider should involve staff to help ensure improvements are sustained. Therefore, we have made an area for improvement (see area for improvement 1).

Areas for improvement

1. To help ensure children experience a clean and well maintained service, infection prevention and control measures should be improved. This should include, but not limited to, regular cleaning of spaces and ensuring there are enough resources to support effective handwashing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

Children play and learn 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: Playing learning and developing.

Children had fun with toys and materials, where they had opportunities to lead their play and express their own ideas. Children enjoyed spending time playing with their peers. For example, playing outdoors and drawing. One child told us "the Playbarn is fun". Parents agreed children had access to a variety of materials and told us "the children are always kept busy. There looks to be lots of toys/activities for the children".

Inspection report

To support children's play, the service used the 'Playwork Prinicples' when planning experiences. The 'Playwork Principles' form a framework which is reflective of current best practice in relation to play. Staff provided opportunities for children to independently explore toys and materials, contributing to developing new concepts and ideas. Whilst children were engaged, they may have benefited from more staff interactions. At times, staff were task focused, which meant there were missed opportunities to enhance children's experiences. The provider agreed they were supporting staff to develop a deeper understanding of guidance and practice.

Staff carried out observations of areas, recording children's play experiences, planning approaches used and the role of adult. These were then evaluated to reflect on any next steps to support children's interests. This provided opportunities for taking forward children's ideas, interests and views. For example, children were observed to be exploring items they had requested. This helped their voices were heard and valued.

Opportunities for children to experience play outside was supported through the use of the enclosed garden. Children explored loose parts and physical equipment. This helped support children's overall wellbeing. Parents agreed their children had opportunities for outdoor play and commented "a good variety or outdoor activities are provided. Anything from garden games to woodland activities" and "football, outdoor play, swings, whittling with sticks and smores". A child told us they like "that we get to go outside a lot, I like jumping off the climbing frame".

Children are supported to achieve 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: Nurturing care and support.

Children were settled and happy to be in the setting. They were confident in the care of adults and experienced interactions that were kind and caring. Parents told us "the adults are great" and "all staff members are approachable and caring. It's clear to see that they are passionate and all want what is best for the playbarn".

Staff knew children well and confidently shared their individual needs. Personal plans were in place for each child and these contained information to help ensure their needs were recorded. This included medical information and families contact details. However, there were inconsistencies within personal plans and there was not always clear information about children's likes, dislikes and interests. However, the service had recognised that personal plans needed to be reviewed, to ensure information was consistent and highlighted children's important information. To support this, parental and child views had been gathered to support improvements and this was an ongoing development.

Children enjoyed snack times and these offered opportunities for them to sit together and chat about their day. They enjoyed a variety of food options that included crackers, fruits and cereals. Their independence was supported through them being able to select their own food based on their preferences. Further consideration could be given to enhancing children's life skills, through involving them in the preparation of foods and pouring their own drinks. Some parents commented positively on snack times and told us "my child tells me about a wide variety of snacks, including some new foods which [they] have enjoyed" and "my [child] always mentions what [they] has for snack, it's always a healthy choice".

However, others felt healthier options could be provided and commented "snacks are mostly crisps" and "I actually don't know and maybe there are healthy snacks, all I know is the kids get crisps".

We discussed with the provider on ensuring food options reflected a healthy approach and signposted them to best practice guidance 'Setting the table' which can be found on the Care Inspectorate Hub.

Communication with families took place through a private social media page, email and face to face discussions. This provided opportunities to share information with families. Some families agreed communication was good, whilst others felt this could be improved. They told us they would like more "communication about my child, perhaps some sort of feedback bi-annually on behaviour and engagement" and "a wee update once a term".

When children were being collected at home time, families were welcomed into the hallway to collect their children. Staff called children's names across the room, which increased the overall noise level. The provider recognised this needed to be reviewed and were keen to invite parents into the playroom and had begun developing plans for this. We signposted them to the guidance document 'Me, my family and my childcare setting' to help support this.

We reviewed medication systems in the setting and paperwork reflected current best practice. There were individual boxes available to store children's medicine. We found that whilst paperwork was completed appropriately, there was some out of date medicine for children who no longer attend and some medicine was not in the child's individual box. This meant storage was disorganised and had the potential for delays to administering medication. The provider addressed this before the end of the inspection and had developed auditing systems, to ensure these were organised in a safer way.

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

The provider/manager and staff should improve how medication is managed in the service. Written records should include:

- · Details of any changes to named medication and dosage to be administered
- Details recorded about signs, symptoms and actions to be taken
- Details recorded of dispensed and expiry dates
- Manufacturer's information leaflets to be included with all medications.

The provider/manager should request from parents the availability of plastic spacers, compatible with the inhaler for children with asthma. We signposted the manager to good practice guidance: 'Management of medication in daycare of children and childminding services'. This would help to ensure that children's health and wellbeing was promoted through the safe management of medication.

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National Care Standards Early Education and Childcare up to the age of 16: Standard 3: Health and Wellbeing.

This area for improvement was made on 9 January 2018.

Action taken since then

We reviewed medication systems and found these to be reflective of current best practice. Forms had included important information to support the administration of medicine. Therefore, this area for improvement is met.

Previous area for improvement 2

To support children's safety and wellbeing, the provider/ manager should develop a risk assessment for gymnastic activities. Records should demonstrate the actions carried out, highlight hazards and the safety measures applied.

National Care Standards Early Education and Childcare up to the age of 16: Standard 2: A safe environment.

This area for improvement was made on 9 January 2018.

Action taken since then

Risk assessment created named risk-benefit assessment for gymnastics included, the physical and developmental benefits of the activity with potential hazards. It recognised the value of gymnastics while identifying key risks such as falls and collisions. Appropriate safety measures recorded, including regular equipment checks, staff supervision and first aid. The risk assessment showed an approach to ensuring children's safety while supporting their physical development through structured, supervised gymnastics activities. Therefore, this area for improvement is met.

Previous area for improvement 3

To maintain a warm environment for children, the provider/ manager should implement a system to monitor and record the temperature of the accommodation throughout its operating times. This would ensure steps are taken to address any issues that may be identified. Temperature checks daily.

National Care Standards Early Education and Childcare up to the age of 16: Standard 2: A safe environment.

This area for improvement was made on 9 January 2018.

Action taken since then

Children were warm and comfortable within play spaces. Daily checks were carried out to ensure this was maintained. Therefore, 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.com.

Detailed evaluations

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Playing, learning and developing	4 - Good

Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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