

## Kingspark After School Care Day Care of Children

Kingspark Primary School  
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Kingspark  
Glasgow  
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**Type of inspection:**  
Unannounced

**Completed on:**  
8 October 2025

**Service provided by:**  
Kingspark After School Care

**Service provider number:**  
SP2004006934

**Service no:**  
CS2003042196

## About the service

Kingspark After School Care is registered to provide a care service to a maximum of 42 children attending primary school and up to the age of 16. The service operates Monday to Friday during term time, between the times of 15:00 and 18:00.

The service is located in Kingspark Primary School in the Kingspark area of Glasgow. Children using the service have access to the dining hall, a hallway and a large outdoor playground area. It is situated close to local shops, amenities and public transport links. At the time of inspection, there was 32 children attending.

## About the inspection

This was an unannounced inspection which took place on 7 and 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- spoke with children using the service and their families
- spoke with staff and management
- assessed core assurances, including the physical environment
- observed practice and daily life
- reviewed documents.

During this inspection we 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. A team manager was also present at the inspection as part of the Care Inspectorate's quality assurance processes.

## Key messages

- The manager and staff were enthusiastic, friendly and welcoming to children.
- Children's transition from school was supported well and enabled children to settle quickly and calmly.
- Throughout the session children were deeply engaged in their play.
- All children benefitted from free flow access to a large secure outdoor playground.
- Quality assurance processes needed to be developed to include consultation with staff and families to secure continuous improvement.
- Personal plans could be furthered strengthened to ensure they support staff to meet children's needs.

## 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 play and learn	5 - Very 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 manager was enthusiastic, friendly and welcoming to staff and children and was involved in everyday activities. This helped to develop a motivated staff team. Staff told us, "management are very approachable and supportive" and "management focus highly on wellbeing and ensure that all children and staff feel happy and safe." During the inspection they were receptive to feedback and willing to make improvements to ensure positive outcomes for children and families.

The service was responding appropriately to recent changes in staff and children by reviewing its vision, values, and aims. We agreed that the manager should work together with children and families to create a clear vision statement. This would support the delivery of high quality, child centred care.

Some elements of self-evaluation impacted positively on the quality of children's experiences. Children's meetings gave them the opportunity to ask for resources and talk about what mattered to them in the service. Their feedback was displayed attractively on the wall, showing that their voices had been listened to and respected. This approach upheld children's rights and ensured their views were a meaningful starting point for improvement. Families and staff were involved in informal conversations, however there was little evidence of structured consultation. As a result, the service missed valuable opportunities to gather broader perspectives that could inform planning and drive improvement. We discussed with the manager about strengthening consultation with staff and families. This would support more effective planning and lead to consistently positive outcomes for children (see area for improvement 1).

The service demonstrated a knowledge of safe recruitment and staff development, but lacked consistent recording and monitoring processes. References and Disclosure Scotland checks were completed, however missing dates made it difficult to track the process from start to finish. Maintaining clear records would support the manager to ensure staff are recruited safely and appropriately. This would contribute to keeping children safe.

At induction staff were introduced to children and talked through support needs and routines. However the induction process was informal and undocumented. To strengthen approaches to induction we directed the manager to the Scottish Government "Early learning and childcare: national induction resource" to help create a clear plan. This could support staff to reflect and develop their skills and knowledge, leading to improved outcomes for children.

Appraisals supported elements of staff development. It gave staff an opportunity to talk through their strengths and training needs with the manager. These conversations had impacted on attendance at some training, including trauma informed practice and play based learning. We could see how this has impacted positively on the quality of children's play in particular. Staff appraisals were not dated, making it difficult for the manager to track that staff development needs were met in a timely manner. We found that some staff had raised the need for some learning, but these had not yet been addressed. We discussed the benefits of introducing a training audit and improving documentation to support planning and track progress. This would ensure staff development meets the needs of the children and the service.

## Areas for improvement

1. To ensure that children experience consistently positive outcomes, the manager should develop approaches to self-evaluation.

This should include but is not limited to, collaborating with staff, children and families to secure continuous improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 3.14).

## Children play and learn 5 - Very Good

We found major strengths in this aspect of the setting's work and identified very few areas for improvement; therefore, we evaluated this quality indicator as very good.

### Quality indicator: Playing learning and developing

Throughout the session children were deeply engaged in their play. Resources were displayed attractively which encouraged children to explore. Toys such as construction sets, small world materials and a pretend home area engaged children's interests. The small world area was particularly popular and we saw children were being imaginative within their play. Children used pretend voices as they created their own stories with peers. The home area contained lots of interesting objects, such as old telephones, jewellery boxes, metal jugs and tea sets. This supported children to be curious and extend their thinking. For example, one child said, "I'm having a tea party." Another explored sound as they knocked small metal objects and wood together. We concluded that play was fun and supported children to make choices and be curious.

All children benefitted from free flow access to outdoors where they could participate in imaginative, physical and risky play. One parent commented "Outdoor area is usually open and staff do make the area available even when it is cold. I think this is important. Children can get wrapped up and go outside, staff appear to prioritise this." Another said "Lots of outdoor opportunities, there's the new trim trail, and the children are always playing out, the occasional trip out too." This approach to outdoor play supported children's health, wellbeing and development.

Staff knew the children well through their own observations, talking with families and at team meetings. They knew the children's preferences and likes, and this supported them to plan resources that matched children's interests and stage of development. They were confident to support children when crafting and had fun with them doing this. One staff member pretended to make hair with coloured paper strips which generated lots of laughter from children and discussion about Halloween. Staff were receptive to children's ideas and facilitated play choices. Children told us "we can ask for what we want, we can get games out." This meant children felt they mattered. On occasion, staff missed opportunities to build on children's interests through conversation and questioning. We discussed that staff should continue to participate in training. This would support the service to enhance children's experiences.

## 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 experienced a nurturing and calm start when they arrived at the service. Staff greeted each child warmly by name and were positioned around the room to offer reassurance and support. The environment was carefully prepared with dimmed lighting, fairy lights, and lamps, creating a soothing atmosphere. As a result, children were happy, confident, and familiar with the routine. This supported children to feel secure.

Staff were sensitive to children's needs. They were aware of what approaches or comforts children required and were able to implement any additional supports needed. For example supporting children on a one to one basis and being aware of what comforts children needed. They gave children time and space to process situations which enabled them to play. This supported children to feel valued, safe and included.

The snack area was attractively set up with table covers, glasses, and china plates. Children were able to help themselves to a variety of healthy snacks throughout the afternoon at a relaxed pace. This created a homely atmosphere, encouraged independence, and gave children the chance to chat with their friends. However, some opportunities to extend children's conversations were missed. At times staff were focused on tasks and did not consistently sit with the children. We also observed children taking snack outside and this meant they were not seated while eating. Staff acknowledged this and agreed children would be safer having snack sitting down and supervised. This was a positive step towards enhancing children's safety and improving their social experience during snack.

Medication was stored safely out of reach of children, but easily accessible for staff. Although staff were aware in practice of children's medical needs, some medicine forms needed to be reviewed in order to support safe administration. Some forms missed key details such as recording symptoms and confirming that parents have already given one dose. We signposted the manager to the "Management of medication in daycare of children and childminding services" on our Hub. This would ensure the management of medication was safe.

Personal planning focused on children's overall wellbeing. Key information was regularly updated to reflect children's changing wellbeing needs. Some updates did not include dates. We advised the manager to include these to enable staff to identify how to meet children's needs at particular points in time. Some children required more information in their plan about complex needs. Where children required extra support, we encouraged the manager to record how this would be offered. Identifying key support strategies would help staff to deliver responsive and consistent care to children. We also shared the possibility of involving children more in contributing to their personal plans in a way that met their needs. This would help older children to feel valued and included in planning their care and support. We were satisfied that the manager would take this forward.

Positive relationships with families was important to the setting. Many families had used the service for several years and fully trusted staff to care for their children. Parents were welcomed into the setting and almost all were seen to engage in conversation with the staff when collecting their children. This helped families to feel included. Parents told us "Always a super friendly welcome when we arrive and the team always involve us parents in discussing our children's care." and "They always make sure to debrief my husband or myself on collection on how my child's day has been." This supported positive relationships and attachments.

## 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

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good
Children play and learn	5 - Very Good
Playing, learning and developing	5 - Very Good
Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good



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