

Southside Daycare Day Care of Children

Block 3
Unit 15
Museum Business Park, 140 Woodhead Road
Glasgow
G53 7NN

Telephone: 01418 814 888

Type of inspection:
Unannounced

Completed on:
21 October 2025

Service provided by:
Pollok Enterprise Trust

Service provider number:
SP2007009130

Service no:
CS2007154351

About the service

Southside Daycare provides early learning and childcare to a maximum of 72 children, of whom 15 children are aged under two years, 21 children aged two years to three years, and 20 children aged three years to those not yet attending primary school.

The service is provided by Pollok Enterprise Trust and is in partnership with Glasgow City Council to provide early learning and childcare. It operates from purpose adapted units within a business park in the Darnley area of Glasgow. The business park is close to local shops, amenities, and access to public transport. Children have access to three large play spaces and an enclosed rear garden.

About the inspection

This was an unannounced follow up inspection which took place on 20 and 21 October 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

The inspection focused on the requirements and areas for improvement made during the previous inspection which took place on 1 and 3 April 2025. We evaluated how the service had addressed these to improve outcomes for children and have re-evaluated the quality indicator: Leadership and management of staff and resources.

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;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- Children were confident within the setting and were having fun.
- Staff knew children well and were nurturing in their approaches.
- Staff deployment should be improved to ensure all children's needs are met.
- Infection prevention and control practices had been improved to keep children safe and protected from the spread of infection.
- Management roles and responsibilities were clear and contributed to safe and positive care for children.
- Quality assurance, self-evaluation, and improvement planning should be further improved to support better outcomes for children.
- Planning processes for play and learning should be further improved.
- Personal plans must be improved to 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	3 - Satisfactory / Adequate
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Further details on the particular areas inspected are provided at the end of this report.

Leadership 3 - Satisfactory / Adequate

We have re-evaluated this quality indicator as we have evidence that weak is now adequate/satisfactory, where strengths just outweighed the weaknesses.

Management roles and responsibilities were clearly defined and shared with staff, which supported a consistent approach. Managers worked alongside staff in playrooms, helping to support change and improve practice. A contingency plan was in place to ensure continuity in leadership. This plan outlined how leadership responsibilities would be maintained in the event of absence or change. It also included provisions for staff development through training and leadership opportunities to support future capacity. The appointment of a maintenance person led to improvements in the environment, including fresh decoration and prompt repairs, making the setting more welcoming and supporting children's safety. These actions and clear roles helped everyone work together to benefit children.

Staff were recruited safely. The provider carried out pre-employment checks to support children's safety. We suggested streamlining recruitment records to better evidence a fair and safe process. We also recommended updating the induction programme in line with the Scottish Government's 'Early learning and childcare: national induction resource'. The manager agreed the use of the resource would be supportive to staff skills, knowledge and development. We concluded, children were supported by safely recruited staff.

At the last inspection, we made a requirement for the service to improve self-evaluation, quality assurance, and improvement planning. Some progress had been made. Processes for self-evaluation had started but were still at an early stage. More work was needed to embed meaningful consultation with children and strengthen engagement and feedback to families. An action plan supported the manager to carry out quality assurance, but gaps remained in personal plans and the quality of observations. Additionally, we discussed the importance on following up on agreed actions from quality assurance tasks. We concluded that although some improvement had been made, the pace of improvement was slow, which risked limiting continuous improvement. Therefore, we have identified a new area for improvement to ensure the outstanding aspects of the previous requirement are met.

Staff had begun accessing professional development opportunities. For example, they had taken part in training to support children's curiosity within their play and learning. As a result, there were early signs of positive impact in the use of resources and the organisation of learning environments. Policies and procedures were being reviewed to support safe, high-quality care. Overall, these actions had started to improve practice, but further work was needed to embed changes and demonstrate sustained impact.

Areas for improvement

1. To improve outcomes for children, the provider should ensure that self-evaluation and quality assurance impact on improved experiences for children. This should include, but not be limited to, gathering and responding to people's views, responding to agreed actions, and auditing 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).

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

Requirements

Requirement 1

By 31 July 2025, the provider must ensure that children's care needs are met through personal planning.

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

- a) ensure that each child has a personal plan in place within 28 days of starting the service
- b) ensure personal plans contain information about children's needs and how they will be met
- c) ensure personal plans are reviewed minimum every six months, or when information changes in partnership with parents and carers.

This is to comply with Regulation 5(1)(2) (Personal plans) of 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:

'My personal plan (sometimes referred to as a care plan) is right for 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 11 April 2025.

Action taken on previous requirement

All children had a personal plan informed by "All About Me" or wellbeing record. While families were involved in reviews, these could have been more meaningful. Staff missed opportunities to discuss children's progress in detail, update records to reflect changes, and agree on achievements and next steps together.

Many plans lacked updates and no longer reflected children's current needs. Key strategies to support children were unclear or missing. Staff knew children well, but this was not reflected within the plans. Although staff were reminded to update plans during team meetings, no monitoring had taken place, leading to inconsistencies.

This meant children's needs were not consistently planned for due to gaps in updating and monitoring personal plans. This had potential to limit staff's ability to respond effectively to children's needs, and record accurate individual progress and development.

This requirement had not been met and we have agreed an extension until 28 February 2026.

Not met

Requirement 2

By 31 July 2025, the provider must ensure that the service is safely led and managed. To do this, the provider must, at a minimum:

- a) ensure that leadership and management roles and responsibilities are clear
- b) ensure staff and management are deployed in a way that meets children's needs
- c) develop contingency plans to support staff and management absences
- d) ensure children are cared for safely within a well maintained environment.

This is in order to comply with section 7(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 use a service and organisation that are well led and managed' (HSCS 4.23); and

'My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 11 April 2025.

Action taken on previous requirement

Management roles and responsibilities were clearly defined and shared with staff, supporting a consistent approach and helping everyone work together to benefit children.

Managers and staff were deployed effectively to meet children's needs. Staff told us that managers regularly checked in and worked alongside them in playrooms, helping to support change and improve practice. During most of our observations, staff were deployed appropriately to meet children's needs. We observed the manager checking in with staff and organising staffing across each playroom. We shared with management that staff could further improve communication to receive support from each other at key times, such as lunchtime and the start of the day. Overall, deployment supported children's experiences, but better communication at busy times would further strengthen practice.

A contingency plan was in place to ensure leadership continuity. The plan detailed managers responsibilities, and how the service would be managed and led in the absence of the manager. It also outlined how the management team would be strengthened through training and leadership opportunities, supporting ongoing service development. This helped the service operate safely to meet children's needs.

The appointment of a maintenance person led to improvements in the environment. Fresh decoration and prompt repairs made the setting more welcoming and supported children's safety.

Clear leadership, collaborative working, and environmental improvements contributed to a more consistent well led service that met children's needs.

Met - within timescales

Requirement 3

By 31 July 2025, the provider must ensure children are supported by staff who have been safely recruited.

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

- a) ensure all essential pre-employment checks are carried out prior to staff commencing employment in the

service.

This is in order to comply with Regulation 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8 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 am confident that people who support and care for me have been appropriately and safely recruited'. (HSCS 4.24).

This requirement was made on 11 April 2025.

Action taken on previous requirement

We sampled three staff files and found that all individuals had been safely recruited. Each file contained evidence that all essential pre-employment checks had been completed prior to staff starting in the service. This helped keep children safe.

Met - within timescales

Requirement 4

By 31 September 2025, the provider must ensure robust quality assurance, self-evaluation and improvement planning take place, and impact on improved experiences for children and families.

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

- a) carry out self-evaluation in consultation with children, staff and families.
- b) implement robust quality assurance processes.
- c) ensure staff are supported with professional development opportunities that support improved outcomes for children.
- c) ensure policies and procedures that support the safe delivery of high quality care for children are reviewed, or developed.

This is to comply with Regulation 4(1)(d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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 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 11 April 2025.

Action taken on previous requirement

Staff had begun early-stage self-evaluation through team meetings, and families were consulted through a parent group and feedback on the new systems. The manager also engaged positively with the Care Inspectorate improvement team to plan improvements to the service. As a result, they had improved communication and sharing of children's play and learning opportunities with families. Further work was needed to embed meaningful consultation with children and strengthen feedback to families, helping people feel valued and empowered to share their views.

Quality assurance was supported by an action plan, but gaps remained in personal plans, the consistency of observations, and following up on agreed actions. In some key areas, such as personal plans, the pace of change was too slow and could limit continuous improvement.

Staff were beginning to access professional development, with early signs of positive impact seen in the use of resources and more purposeful learning environments. The service had also started reviewing and developing policies to support safe, high-quality care, and this work was ongoing.

Progress had begun across all areas, and some improved outcomes for children and families were evident. However, actions were at an early stage, and continued focus was needed to embed improvements and ensure consistently positive outcomes for children.

Therefore, this requirement has been met, and we have identified a new area for improvement under the section: Leadership and management of staff and resources.

Met - within timescales

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 health, safety and wellbeing, the manager and staff should ensure children experience sociable and positive mealtimes.

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

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible'. (HSCS 1.35).

This area for improvement was made on 11 April 2025.

Action taken since then

Children experienced a calm and unhurried lunch time. Meals provided were nutritious and dietary needs were well met. Staff supported children's safety and social development by supervising them as they ate, and often sat beside them to encourage interaction. Children and staff followed effective handwashing routines and cleanliness was promoted throughout the mealtime. Some children were encouraged to self-serve drinks, supporting their independence, although there were missed opportunities to extend this further. At times, staff became task-focused while serving meals and completing duties, which reduced opportunities for deeper engagement with children. This was discussed with the manager, who agreed to address it through staff meetings, ongoing monitoring, and professional dialogue.

Overall, the lunch experience was positive and sociable.

This area for improvement has been met.

Previous area for improvement 2

To support children's wellbeing, learning and development, improvements should be made to the planning for play and learning processes. This should include but not be limited to ensuring children's achievements and progress are shared with families.

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' (HSCS 1.27); and

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials' (HSCS 1.31).

This area for improvement was made on 11 April 2025.

Action taken since then

Some improvements had been made to planning processes. Most staff were planning for children's play and learning based on observations of their interests. Planning could be strengthened by being more responsive to changing interests and incorporating children's voices. There were inconsistencies in recording evaluations, and some plans were not updated to reflect current approaches. A stronger focus on outcomes and links to children's interests would improve planning.

Recording of children's play and learning had also improved. Staff had recently moved to a digital platform and were sharing observations and photographs with families. Observations now included links to curriculum guidance, and some staff were planning next steps to support progression. However, recording was inconsistent, with some observations clearly showing learning and others only describing activities.

Further monitoring and support are needed to ensure planning is child-centred, evidence-based, and accurately completed to plan meaningful experiences that support progress in learning.

This area for improvement has not been met.

Previous area for improvement 3

To support children's health, wellbeing and safety, the provider should ensure children are cared for in a safe and hygienic environment. This should include but not be limited to ensuring clear infection and prevention procedures are in place and followed by all staff.

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 organisational codes'. (HSCS 3.14); and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.24).

This area for improvement was made on 11 April 2025.

Action taken since then

The appointment of a maintenance person led to improvements in the environment. Fresh decoration and prompt repairs made the setting more welcoming and supported children's safety. Staff consistently followed good handwashing and cleaning of surfaces before meals. Facilities were clean and well maintained, supporting infection prevention and control. The manager shared plans to increase the preparation space at mealtimes to further reduce cross-contamination. While staff managed this well, we agreed more space would strengthen infection and prevention control measures. Laundry was managed effectively, and children's personal belongings were stored appropriately, reducing the risk of cross-contamination. Clear infection and prevention procedures were in place and followed by all staff, contributing to children's health, wellbeing, and safety. This demonstrates that the provider and staff have met the area for improvement.

This area for improvement has been 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	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate

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