

Bishopton After Care Service

Day Care of Children

Bishopton Primary School
Old Greenock Road
Bishopton
PA7 5BE

Telephone: 07921 787 889

Type of inspection:
Unannounced

Completed on:
28 October 2025

Service provided by:
WACA Scotland Limited

Service provider number:
SP2014012411

Service no:
CS2014334183

About the service

Bishopton Aftercare Service provides before and after school care within Bishopton Primary School within the area of Renfrewshire. The service is operated by WACA Scotland Limited. Care is provided for a maximum of 40 school-aged children from 4 years to 16 years. During the operating times the service has sole use of the Dining Room and some use of the Gym Hall.

About the inspection

This was an unannounced inspection which took place on Monday 27 October 2025 between 08:00 and 09:00. We continued the inspection on Tuesday 28 October 2025, between 13:30 and 18:00. We gave inspection feedback to the management team on Wednesday 29 October 2025.

There were 35 children present on day one of the inspection and 38 children present on day two of the inspection.

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 registration information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with some of the children, reviewed survey responses from 21 parents and one staff
- spoke with the provider, manager and staff
- observed practice and staff interactions with children
- reviewed documents.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, no improvements were identified relating to core assurances.

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

- Staff were nurturing and caring in their interactions.
- The leadership team engaged well during the inspection process and demonstrated a commitment to improvement.
- The manager was passionate about supporting children's wellbeing.
- The Provider should improve the quality assurance systems for medication and develop robust medical care plans.
- Children were having fun and enjoyed the experiences on offer.
- Children's voices were valued and used to inform planning and activities.

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	5 - Very Good

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

Leadership 4 - Good

Quality indicator: Leadership and management of staff and resources.

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.

The provider and manager had shared values and a vision for the service which focused on high quality play, valuing feedback and providing a safe environment. These values were reflected in practice, for example the inspection process was welcomed, views were regularly sought from parents, children and staff through a variety of methods such as questionnaires, stay and play sessions, staff meetings, and informal daily chats. One parent commented "They engage with the children ask what they want to do "and another parent shared "we are asked for feedback regularly". This ensured families, staff and children felt heard and valued.

Quality assurance processes were in place, including audits of personal plans, accident reviews, and regular team meetings were used to reflect on practice and identify improvements. For example, staff explored ways to enhance play and learning through consultation with children. We advised the provider to further strengthen systems for auditing of medication and developing robust medical care plans. (see area for improvement 1)

Improvement planning supported the service's ongoing development. The newly appointed manager showed a strong commitment to supporting children's wellbeing and implemented meaningful improvements, such as reviewing the environment to create spaces for rest and relaxation, implementing strategies to support emotional regulation, and adding sensory resources. These changes demonstrated a proactive approach to continuous improvement and a clear focus on meeting individual needs and improving outcomes for children.

The service had recently recruited new staff, and families could feel confident in the team as safer recruitment procedures were followed. Staff reported feeling well-supported through a structured induction programme. Both the provider and manager played an active role in developing staff skills and knowledge through mentoring and were committed to all staff gaining a recognised qualification, which contributed to a confident and capable workforce. To further strengthen these practices, we signposted the service to the Scottish Social Services Council (SSSC) national induction resource.

The management team were committed to continuous improvement. The service was a member of the Scottish Out of School Care Network (SOSCN) and regularly accessed best practice guidance, which was discussed with staff during regular meetings to support ongoing development. The manager led daily informal briefings to share key information and reflect on sessions, including observations and children's interests. This approach promoted consistent practice, informed planning, and ensured children's experiences were responsive and engaging.

Areas for improvement

1. To support positive outcomes for children, the service should implement effective auditing and monitoring processes for medication and develop robust medical care plans.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

Children play and learn 5 - Very Good

Quality indicator: Playing, learning and developing.

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**.

Children were happy, engaged, and eager to participate in activities. We observed them drawing, building models with stickle bricks, and dancing to music, which supported creativity and self-expression. Staff actively engaged through conversation, joining play, and showing genuine interest in children's creations. This approach supported children's confidence, encouraged communication skills, and fostered positive relationships, creating an environment where children felt valued and respected.

The setting demonstrated a strong commitment to child-led play, ensuring children were active participants in shaping their experiences. Planning processes were clearly embedded and documented using "big books". Activity calendars, mind maps, and discussions were used to capture children's interests and inform planning. One parent told us "Lots of variety offered and also bespoke to my child's interests" and another shared "They get a wide range of activities from drawing, arts and crafts, toys outside and inside play".

A wide range of engaging opportunities, including board games, creative experiences using loose parts such as leaves and sticks, baking and bracelet making. This supported children's creativity and problem-solving and ensured children experienced exciting and rich play opportunities. Children told us "Staff ask us what resources we want" and "I like helping to make the snack, playing with my friends and the crafts".

Children benefited from daily access to the playground and a large, grassed area. They were having fun accessing climbing equipment, playing football and basketball. This supported the development of physical skills, active play, and peer interaction. Children actively sought out staff to play games such as tig, reflecting positive relationships and trust between children and staff.

Children experienced a well-planned, engaging environment that supported play, learning, and wellbeing. The space included cosy areas, tabletop activities, imaginative play zones, and floor play, allowing children to move freely and lead their own learning. Children were visibly engaged and having fun, with experiences reflecting their interests and rights. For example, some painted and created models using craft materials, others organised a dance show, while some enjoyed socialising in the book corner during snack time.

Children are supported to achieve 5 - Very Good

Quality indicator: Nurturing care and Support.

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**.

The setting offered a welcoming atmosphere where staff greeted children warmly, creating a positive start to the day. The morning routine was relaxed and child-led, promoting independence and choice. Breakfast provision was well-organised, with cereals and toast available, encouraging social interaction and self-help skills. One parent commented "My child looks forward to making a choice at breakfast club".

Outdoor play was actively promoted before school, recognising its benefits for physical and emotional wellbeing. These practices ensured children were well-nourished, confident, and ready to engage in learning and play.

Children were cared for by a kind, caring and dedicated staff team, who were focussed on their needs and knew children as individuals. Staff used a range of communication strategies suited to children's individual needs and supported health care needs with dignity and respect. Parents valued the care their children received and commented positively about this. Some comments included, "Absolutely amazing staff, very caring and compassionate "and "extremely happy with the kind, caring & compassionate care they offer".

Staff created warm, inclusive interactions by engaging at children's level and responding promptly with comfort, praise, and encouragement. Strategies such as offering blankets for relaxation and using stickers for tidying up promoted emotional security, independence, and responsibility. Children's wellbeing was prioritised and was a focus for improvement with proactive actions taken such as creating cosy spaces for rest, introducing a "breathing sloth" to support emotional regulation, and providing sensory boxes to aid self-regulation.

All children had personal plans in place, detailing their health, welfare, and safety needs. Children were actively involved in completing sheets to share their preferences, likes, and dislikes. This supported children to feel valued and promoted their voice in decision-making. The service used the wellbeing indicators from Getting It Right for Every Child (GIRFEC) to record whether children felt Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included. This supported staff to understand each child's individual needs and ensure care was individual for each child.

Children enjoyed a healthy snack with choices such as oatcakes, wraps with ham and cheese, and a selection of cucumber, carrot sticks, and fruit. Independence was encouraged as children could make their own wraps and self-select items, supporting life skills and confidence. One parent shared "My child enjoys the snacks and likes that they help" and another commented "Healthy snacks are always provided". We discussed with the manager that children were waiting for an extended period and suggested reviewing the snack routine to reduce delays and ensure all children remain engaged.

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 managers should ensure that children's personal plans are maintained and updated to reflect children's current interests and personal preferences. The plans should be formally reviewed with parents every 6 months, or when needed, in line with current legislation.

This area for improvement was made on 1 September 2017.

Action taken since then

All children had personal plans in place which reflected their current interests, needs and personal preferences. The plans were reviewed and shared with parents. The management team regularly monitored these to ensure all children had plans in place.

This area for improvement has been met.

Previous area for improvement 2

The management team should formalise systems and processes to monitor and evaluation the service.

This area for improvement was made on 1 September 2017.

Action taken since then

Formal monitoring was in place for personal plans, accident and incidents audits and policy reviews. Questionnaires were issued to parents and staff to gather views and used to improve the service.

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	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	5 - Very Good
Nurturing care and support	5 - Very Good

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