

BPC Karemore Out of School Club Day Care of Children

Baljaffray Primary School
Grampian Way
Bearsden
GLASGOW
G61 4RA

Type of inspection:
Unannounced

Completed on:
11 February 2026

Service provided by:
Karemore Limited

Service provider number:
SP2003000747

Service no:
CS2003003727

About the service

BPC Karemore Out of School Club is registered to provide a care service to a maximum of 45 primary school age children at any one time. The service operates from Baljaffray Primary School. At the time of our inspection there were up to 40 children present.

The accommodation consists of one dedicated playroom, with access to a gym hall and open plan indoor area. The playroom has direct access to an outdoor play area within the school playground. The service is close to schools, transport routes, shops and community services.

About the inspection

This was an unannounced inspection which took place on 9, 10 and 11 February 2026 between the hours of 08:15 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.

In making our evaluations of the service we:

- Spoke with children using the service
- Gathered feedback from 25 families through online questionnaires
- Spoke with staff and management
- Observed practice and daily life
- Assessed core assurances, including the physical environment
- 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 a service is operating legally. At the time of this inspection, no improvements were identified relating to the core assurances.

As part of this inspection, we also 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; and
- Children's engagement with the experiences provided in their service.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- The provider and manager demonstrated a genuine commitment to achieving positive outcomes for children.
- Staff development was prioritised, with staff speaking positively about training and induction to support high quality, responsive care for children.
- The voices of children, families and staff voices were valued; the next step is demonstrating impact and sharing outcomes meaningfully.
- Children made meaningful choices and had clear ownership of their play.
- Parents spoke highly of the service, highlighting strong relationships and positive impact on children's confidence and wellbeing.

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	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

Leadership and management of staff and resources.

The service's vision was reflected in daily practice, with both the provider and manager demonstrating a commitment to positive outcomes for children. Elements of the stated belief system, particularly regarding children's rights, were evident throughout the setting. Children experienced a warm, nurturing environment where trusting relationships with staff were visible. This was especially apparent on the second day of inspection, when secure attachments and positive interactions between staff and children were most prominent. The vision would benefit from further review to ensure it continues to align with the evolving needs of children and families.

There was a strong emphasis on ongoing staff development, and staff spoke positively about the opportunities and support available. Engagement with the inspection was open and reflective, demonstrating the team's strong capacity for change. Improvements had already begun during the inspection, highlighting the service's responsiveness and willingness to work collaboratively with the Care Inspectorate. The views of children, families, and staff were valued, with a clear commitment to ensuring these perspectives shaped the direction of the service.

Self evaluation processes were at an early stage, with initial use of the Quality Improvement Framework for Early Learning and Childcare. The importance of embedding self evaluation as a continuous, systematic practice was discussed. Developing this further will help the service consistently identify strengths and areas for improvement, ensuring these insights directly inform the improvement plan. The current plan would benefit from being streamlined, with clearer links between consultation, identified priorities, and actions taken. Ensuring consultation with children, parents, and staff is purposeful and demonstrates clear impact will further strengthen improvement planning.

Quality assurance systems were in place, including policy review and alignment with best practice guidance. Continued development of these processes will ensure policies reflect emerging guidance and updates are effectively communicated to staff. Medication systems had improved, with regular audits of expiry dates and stored medication; however, further development was required. This includes routine review of care plans and medication records, updating the medication policy, ensuring documentation aligns with current guidance, and reviewing storage arrangements, to ensure staff have immediate access to medication. Care plans should be stored alongside children's medication. (see area for improvement 1)

Staff engaged in daily informal reflective discussions with the manager before and after each session. These conversations supported the sharing of concerns, reflection on practice, and planning of responsive experiences based on children's interests. Regular staff meetings provided dedicated time to review children's experiences, discuss training needs, highlight professional learning opportunities, and support ongoing self-evaluation. Staff had recently begun exploring the new quality improvement framework, using challenge questions to guide reflection and identify next steps. This collaborative approach supported the positive development of the service evaluation. Staff had recently begun exploring the new quality improvement framework, using challenge questions to guide reflection and identify next steps. This collaborative approach supported the positive development of the service.

Leadership created conditions where staff felt informed, supported, and involved in decision making. Staff described feeling well supported by management and confident in sharing their ideas.

This positive leadership approach contributed to strong morale and improved children's experiences. Staff demonstrated passion for their roles and a commitment to delivering high quality care.

The views of children and families were gathered in various ways, and it was clear their input was valued. The next step is to ensure the service consistently demonstrates the influence and impact of this feedback, and communicates this meaningfully in manageable, sustainable ways.

Induction processes were ongoing, and staff reported feeling supported during their transition into the service. Use of the national induction resource alongside internal processes would strengthen this further. Staff accessed a range of professional development across the year, including mandatory and additional training. All staff were registered with the Scottish Social Services Council and adhered to professional codes. Reflective records of professional learning were maintained, showing how training informed practice.

Areas for improvement

1. To ensure children experience consistently high-quality care and learning, the provider should continue to develop and implement systematic and robust quality assurance processes. This should include regular and effective monitoring of practice and frequent reviewing of policies and procedures against the most up to date best practice guidance.

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).

Children play and learn 4 - Good

Playing, learning and developing

Children demonstrated confidence, happiness, and sustained engagement throughout the inspection. They settled quickly on arrival, understood the routines well, and moved freely and comfortably across the various areas of the service. Children were observed playing actively and independently, interacting with peers and alongside staff, showing curiosity, creativity, and enthusiasm. Families who spoke with us expressed strong confidence in staff and were satisfied with the wide range of experiences offered.

Children made meaningful choices in how they spent their time, particularly on the second day of the inspection. They confidently selected from activities including gymnastics on mats, construction with Lego, superhero role play, and reading stories. Staff supported this child led approach with warm, respectful interactions, offering gentle safety reminders while allowing children the freedom to explore and take ownership of their play.

A positive balance between adult initiated and child led play was evident. Children were highly engaged in drawing and creative tasks, and staff extended these experiences by offering a wider range of materials such as pens, paper, and scissors. Several children spent sustained periods creating posters, designing characters, and developing their own ideas. Staff also initiated and supported group games, including hockey and a game of 'minefield'. Staff provided appropriate encouragement and guidance, while ensuring children had space to lead, negotiate, and take turns naturally.

The environment offered a range of stimulating resources, including open-ended materials and natural opportunities for imaginative, creative, and active play.

While the after-school club operated smoothly with calm, well managed routines, the introduction of accessible cosy areas would further enhance the space by offering a quiet, comfortable place for children to rest after the school day. Children additionally engaged in weekly mindfulness activities, such as using the "ummm bag", which supported emotional regulation and relaxation.

Staff described the service's approach to outdoor play and management of the large outdoor area, including ensuring appropriate supervision and involving children in outdoor risk assessments. However, children did not access outdoor play during the inspection. Routines should be reviewed to support free flow access between indoor and outdoor environments, ensuring children's right to regular outdoor play is consistently upheld.

Children benefitted from a variety of play experiences that supported their physical, social, and emotional development. Children reported enjoying the activities available and described how they contributed to planning certain experiences. To enhance continuity of learning, staff should consider how planning records capture children's ongoing learning, enabling them to revisit experiences and supporting the identification of next steps.

Planning processes were beginning to develop. An activity folder supported reflection on ideas for play experiences. While the voices of children and families were clearly valued, this was not yet consistently reflected in planning documentation. The children's committee gathered monthly suggestions on resources and snack ideas, which were implemented in practice. To strengthen planning, the service should consider introducing a floor book or similar method to make children's contributions more visible and ensure their ideas directly shape planned experiences. (see area for improvement 1)

Staff interactions were caring, respectful, and nurturing. On the second day of the inspection, staff appeared more relaxed and confident, which resulted in improved quality of interactions, including more conversation, laughter, and natural engagement. Staff demonstrated genuine interest in children's individual experiences and preferences. The manager showed strong knowledge of the children, offering meaningful compliments and engaging them in enjoyable conversations linked to their interests.

Staff actively celebrated children's achievements both within and beyond the service. Staff used the eight wellbeing indicators? "Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included (SHANARRI) to support children in reflecting on how they were being kept safe, healthy, achieving, and supported. Children earned stickers when meeting personal goals, such as demonstrating good handwashing or engaging in risk assessment activities, and completed sheets were shared with families. Staff also recognised achievements outside the service, such as gymnastics progress and participation in the Duke of Edinburgh Award.

Areas for improvement

1. To ensure children experience high quality learning and development, the provider and manager should ensure that observation and assessment of children's individual learning supports and identifies progress.

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 my education and employment if this is right for me'. (HSCS 1.27)

Children are supported to achieve 4 - Good

Nurturing care and support.

Children's emotional wellbeing was supported by staff who were responsive and increasingly intuitive to their needs. Children were confident within the environment and had formed positive friendships that contributed to their social and emotional development.

Staff responded sensitively to children's interactions and invitations to engage, helping them feel safe, secure, and valued. This contributed to the trusting relationships observed throughout the inspection. One parent commented, "My child feels like staff know them well as an individual. Their interests and friendships are valued and nurtured". Another shared that the service had "played a role in helping my child overcome anxiety around school", highlighting the impact of supportive relationships on children's wellbeing.

Care routines were flexible and adapted to children's needs, supporting a smooth and responsive experience. Snack time was sociable, with children chatting with friends; however, staff were sometimes focused on tasks, leading to missed opportunities for meaningful interactions. Children would benefit from increased independence during snack, such as helping with preparation, serving themselves, and taking part in setup. Improvements were observed on the second day, including enhanced table layout, staff sitting with children, and increased child choice. Water was available, and consistent provision of plain water was advised. Children also contributed to food choices through supermarket ordering, supporting decision-making and ownership.

Transitions within the setting were smoother on the second day, with an environment that was more appealing and offered increased choice. This supported children to move confidently and independently. Personal plans reflected children's needs, preferences, and interests, supporting staff to provide responsive care. Children contributed to their plans through 'All About Me' forms, reinforcing their voice and identity. However, some plans had not been reviewed regularly. To ensure accuracy and consistency, updates should be undertaken at least every six months, with prompts to families included in newsletters and documentation kept accessible to staff.

Information about children's medication and health needs was stored online and used to support wellbeing and safety. However, medication records had not been reviewed for a considerable period, and inconsistencies were noted. Permission forms were not always fully completed, reviewed, or signed. Best practice requires records to be reviewed every three months, and documentation strengthened to ensure safety. The service recognised these issues and made immediate improvements, including enhanced storage arrangements and assigning a leadership role to oversee medication. Aligning online records, permission forms, and review procedures with guidance will further strengthen practice. (see area for improvement 1)

Relationships with families were warm, respectful, and meaningful. Staff were approachable during handover, and parents expressed strong satisfaction with the care provided. While the manager used a 'question of the month' to gather feedback, there was limited evidence showing how this influenced change. Using feedback meaningfully is essential to supporting continuous improvement and maintaining families' confidence.

Despite this, all families who provided feedback strongly agreed they were happy with the care their child received. They valued communication with staff and felt included in the life of the service, which supported smooth transitions and strong partnerships.

Areas for improvement

1. To support children's wellbeing and keep them safe the service should review their administration of medication policy and procedures, to ensure they are following the most recent best practice guidance.

This is to ensure that 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)

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	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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