

Summerston After School Care Day Care of Children

St. Blanes Primary School
23 Arrochar Drive
Glasgow
G23 5QB

Type of inspection:
Unannounced

Completed on:
27 February 2026

Service provided by:
Summerston Childcare Limited

Service provider number:
SP2004005191

Service no:
CS2003005922

About the service

Summerston After School Care provides an after school service in the Summerston area in the north of Glasgow. The service is registered to provide a care service to a maximum of 24 primary school aged children during term time, and 32 primary school aged children during the holiday periods. At the time of the inspection 21 children were in attendance on both days.

The service operates from St Blane's Primary School. The service is close to local shops, parks and public transport links.

About the inspection

This was an unannounced inspection which took place on Wednesday 25 and Thursday 26 February 2026. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection, we reviewed information about the service. This included registration information, information submitted by the service, previous inspection findings and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- Reviewed feedback from 7 families.
- Observed staff interactions, practice and daily life.
- Spoke with children using the service.
- Spoke with management and staff.
- 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 the following aspects:

- Staff deployment.
- Safety of 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.

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.

Key messages

- Self-evaluation and quality assurance processes should be further developed to improve positive outcomes for children.
- Children's wellbeing was supported by daily opportunity for outdoor play.
- Improvements could be made to the layout of the playroom to further support individual children's interests.
- Children were supported to lead their own play and engaged in their chosen experiences.
- Children were confident, happy and having fun.
- Staff knew children well and responded to their needs in a kind and considerate way.
- Snack time should be improved to create a relaxed, positive and social experience in a safe, supportive space.

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	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 approachable, friendly, and engaged well throughout the inspection process. They demonstrated a clear commitment to improving the service and were receptive to feedback to ensure positive outcomes for children and families.

The service shared its values, vision and aims with families through the parents' handbook when children joined. These were evident in daily practice and supported consistent experiences for children. Staff welcomed children into a caring environment and showed genuine interest in their wellbeing. One parent told us, "My child doesn't want to go home; it's lovely," which reflected the positive, nurturing environment. This helped children feel safe, valued and confident in their play. Staff nurtured children and supported their choices, which promoted independence, enjoyment and their right to play. Although the values, vision and aims remained relevant, the service had not reviewed them for some time. We discussed with the manager that involving children and families in reviewing them would ensure the service met their needs, supported positive outcomes and built an ethos of continuous improvement.

Self evaluation was at an early stage, and the manager had begun building it into the life of the service. They were becoming familiar with the quality improvement framework and planned to involve staff in this work. Families had shared ideas to shape the holiday programme, which supported improvements for children. We discussed that involving families, staff and children in self evaluation, for example by gathering views on resources and sharing feedback, would strengthen meaningful change and help shape the service to benefit children.

The manager carried out auditing and monitoring informally. They reviewed medication, accidents, incidents and personal plans, which supported children's safety. Formalising these processes would enable clearer evaluation and more consistent improvements. This would have ensured children experienced safe, responsive care in line with best practice, such as reviewing medication every three months and acting on patterns in accidents and incidents. We discussed with the manager that a more robust approach to quality assurance procedures would strengthen practice and ensure children experience a well managed, safe environment.

Staff were recruited safely, and processes ensured they were suitable to work with children. Recruitment files were stored across different parts of the service. We discussed that storing these files in one place and using a checklist with key dates would strengthen the recruitment process and support continued safety for children.

New staff spoke positively about their induction and the support they received from their mentor. The service used the National Induction Resource to guide and support them. This approach built staff confidence and created a welcoming, supportive working environment. As a result, staff felt valued by the whole team, which helped them provide consistent, nurturing experiences for children.

Children thrive and develop in quality spaces 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: Children experience high quality spaces.

Children were welcomed and cared for in a warm, bright environment. Staff carried out daily checks indoors and outdoors to ensure children accessed well maintained play spaces that supported positive experiences. These routines promoted children's health, safety and overall wellbeing. Positive relationships with the school further enhanced children's experiences, as they accessed the playground, gym hall and their designated playroom.

Children had access to a playroom that offered a range of experiences suited to the ages and interests of most children. They used puzzles, table top games, arts and crafts materials, books, cars and a toy kitchen. Although resources were accessible, the playroom contained many tables, and some children were seen looking for floor space to use materials. Some older children also looked for a quiet area to rest, relax and focus on experiences suited to their needs and interests. We discussed with the manager that involving children in the design and layout of the playroom would have helped ensure the space meets their needs and shows their ideas matter creating an environment that supports choice, comfort and independence.

Children benefited from a service that recognised the importance of daily outdoor play and how it supported their wellbeing. Children had free flow access to the school playground, which offered experiences that promoted physical, social and communication skills. They played football, used bikes and scooters, enjoyed a tree swing and had space to create their own games. This regular outdoor play supported children's confidence, resilience and enjoyment and offered safe opportunities for appropriate risky play. Parents also shared positive feedback, telling us, "My child enjoys both outdoor and indoor play," and "I am confident my child is safe." Although the playground was enclosed, we discussed with the manager securing one of the gates used by parents to collect children. This would further enhance the safety of the outdoor space.

Risk assessments were in place and covered the variety of play spaces children accessed. These supported children's health and wellbeing indoors, outdoors and during outings. Although risk assessments were in place, we discussed with the manager the importance of updating them to reflect any changes in the environment. Keeping these current would ensure children continue to experience safe, well managed play spaces.

The manager and staff were well informed of their responsibilities in protecting children's personal information in line with best practice guidance and legal requirements. They understood how to store, and share information safely, which helped maintain children's privacy and dignity.

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 development.

Children were happy, settled and engaged throughout the inspection. They made choices about their play indoors and outdoors. They had time to explore resources and confidently approached staff when they wished to add materials or move to different play spaces.

For example, during a science activity, one child suggested changes by adding new resources. Staff listened and responded to their ideas. This ensured children felt valued, supported and confident in directing their own play.

A wide variety of experiences were available for children to explore that supported different play types, including Lego, marble runs, science experiments, bingo and creating handbags from arts and craft materials. These experiences supported children's imagination, creativity and problem solving. As a result, children felt confident, engaged and able to direct their own play in a stimulating environment.

Staff understood the important role children played in enriching each other's play and supporting social development. Children were encouraged to have fun as they played with peers, and staff showed confidence in knowing when to interact and when to step back. This helped children play at a pace that suited them. For example, when a group created their own game in the gym hall, staff encouraged them to share the rules and supported younger children when needed. This approach promoted cooperation, confidence and positive relationships. One parent shared "My child has been going to ASC for 4 years; they go the extra mile to make it fun."

Planning was child centred and based on children's ideas and interests. Children were encouraged to contribute to a planning sheet throughout the week to shape experiences for the following week. Staff used these ideas to create a weekly plan of intentional experiences. Although activities were set up before children arrived, staff responded to requests for other resources children wished to use. For example, children asked for arts and craft materials to make miniature people, and staff acted on this promptly. This showed that children's voices influenced their play and helped create experiences that reflected what mattered to them. Although children were at the centre of planning, the manager shared that they often needed reminding to add ideas to the planning sheet. We discussed that exploring other ways to record children's ideas could enhance the process. For example, using a big book would have allowed children of all literacy levels to contribute more easily. This would support wider participation and ensure that all children's voices influence planning.

Play and learning was shared with families through daily discussions at pick up times and through an online platform where children's successes were celebrated with photographs. Photographs were also added to an album that children used to reflect on and revisit their play, learning and achievements. This supported strong home links and helped children recognise and value their progress.

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.

Staff were kind, warm and welcoming in their interactions with children. They greeted each child personally and listened when children shared how their school day had been or what their plans were after collection. For example, children spoke about going to clubs later in the day. Children were relaxed and happy, and positive relationships between staff and children were clear. One parent told us, "They have built a great bond with my son." This supported children's confidence and helped them feel valued and secure.

The children were cared for by staff who knew them well and had a strong understanding of each child. One parent shared, "The personalised care and attention; my son loves going and they treat him like family."

Children were confident discussing their needs, preferences and interests, as well as aspects of their lives beyond the service. This supported trusting relationships and helped children feel understood and heard.

Staff understood the importance of positive peer relationships and encouraged children to be kind and caring in their interactions. This was evident in the friendships developed between children from different schools. The children played together, supported one another and included others in their games. This approach helped children build confidence, develop social skills and form positive, supportive relationships.

Children had access to a healthy snack, including breadsticks, yogurt and fruit, which supported healthy eating. However, the overall snack experience needed improvement. Snack did not have a designated space, and children walked around eating indoors and outdoors. This limited opportunities to build life skills, reduced the social value of snack time and ensure safety when eating. We discussed with the manager the importance of staff sitting with children to support safety and create a relaxed, unrushed social experience. We also discussed that a more organised snack routine would improve hand hygiene and reduce the risk of infection. The manager agreed and began making changes on the second day of the inspection, showing a clear commitment to improving outcomes for children. An area for improvement has been identified in relation to this (see Area for Improvement).

Personal plans were in place for all children and included essential information such as GP details, emergency contacts and medical needs. New personal plans had recently been created in partnership with families, who shared important information linked to the wellbeing indicators: safe, healthy, active, nurtured, achieving, responsible, respected and included. One parent told us, "I am involved in every detail of my child's care," which reflected the strong relationships in place. Staff used this information, along with their observations, to create personal learning plans for each child. These plans included strategies to support children, targets linked to literacy, numeracy and wellbeing, and individual risk assessments where needed. We shared that, moving forward, children should be involved in creating and reviewing their personal plans to ensure their ideas and voices were heard and valued. This would strengthen ownership and support children to understand and influence their own progress.

Medication was stored and administered safely and included the information required by best practice guidance. Amendments had been made to administration forms to record when a child refused medication. This further supported children's health and wellbeing. We reminded the manager to ensure parental signatures were recorded for all entries in the medication records to maintain safe, consistent practice.

Families were warmly welcomed into the setting, and interactions at pick up times showed that positive relationships had been developed. These interactions were relaxed and respectful. Families also communicated frequently through a messaging service to share changes to pick ups or other information, which strengthened the trusting relationships in place. This supported consistent care and strengthened family connections. Parents commented, "There is regular communication through the group chat," and "Always happy to see me and make an effort with my son."

Areas for improvement

1. To support children's health, safety, and wellbeing, the manager and staff should ensure children experience a sociable and positive snack time.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible" (HSCS 1.35).

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 manager should review and improve current systems used for administration purposes, specifically:

The registration/enrolment documents for each child should be held centrally and staff should know the child's health and medical conditions detailed, accident's and incidents must be reported to parents who sign as confirmation of notification.

NCS Early education and Childcare up to the age of 16, standard 3 Health and Well-being.

This area for improvement was made on 21 July 2017.

Action taken since then

Since the last inspection, systems had been in place to ensure children's information was held centrally. Staff had been aware of children's medical needs, and all accidents and incidents had been recorded, reported to parents, and signed off.

Therefore, we are satisfied that this area for improvement has been met.

Previous area for improvement 2

The provider should review the systems for administration of medication to ensure that completed parental permission forms are held for each child where there is a recognised medical condition. Parents should detail 'signs and symptoms' of a possible reaction or attack to ensure staff can recognise this at the earliest stage.

This area for improvement was made on 21 July 2017.

Action taken since then

Improvements to the administration of medication records had been made since the last inspection. Record forms had been completed to include parental permission forms, signs and symptoms, as well as information on whether a child refused medication.

Therefore, we are satisfied that this area for improvement has been met.

Previous area for improvement 3

The provider must ensure each child has a personal plan that identifies how staff will meet the child's health and welfare needs. This plan must be reviewed in consultation with parents and where appropriate the child and reviewed at least every six months.

This area for improvement was made on 21 July 2017.

Action taken since then

Since the last inspection, staff had improved children's personal plans. They had created detailed plans with parents, which strengthened shared understanding. Each plan had identified children's health and welfare needs and showed how staff would meet them. This supported consistent care and helped children feel secure. Plans had included personal targets, support strategies, and risk assessments when needed, which promoted children's safety. Moving forward, further improvements could be made to involve children in creating and reviewing personal plans.

Therefore, we are satisfied that 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 thrive and develop in quality spaces	4 - Good
Children experience high quality spaces	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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.