

KLAS Care C.I.C Day Care of Children

St. Anthony's Primary School
Hallhill Road
Johnstone
PA5 0SD

Telephone: 07564 821 416

Type of inspection:
Unannounced

Completed on:
27 March 2026

Service provided by:
KLAS Care C.I.C.

Service provider number:
SP2014012399

Service no:
CS2016350002

About the service

KLAS Care C.I.C is an after school care service which is provided by KLAS Care CIC. The service operates from St Anthony's Primary School in the Johnstone area of Renfrewshire and is registered to provide care to a maximum of 50 primary school children at any one time.

During the operating times the service will have the exclusive use of one classroom and the Gym within St. Anthony's Primary School.

The service may be provided during school holidays to a maximum of 16 primary school children from Riverbrae School, 2 Middleton Road Linwood Paisley PA3 3DP.

About the inspection

This was an unannounced inspection which took place on 26 and 27 March 2026. We gave inspection feedback to the manager on 27 March.

The inspection was carried out by one inspector 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 since the last inspection.

In making our evaluations of the service we:

- spoke with some of the children
- spoke with the 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, improvements were identified relating to core assurances. We have reported where improvement is necessary within "Leadership of Management and Resources."

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.

Key messages

- Staff created a welcoming, nurturing environment for children and families, where children were engaged and having fun. This demonstrated staff knowledge of children's interests.
- Systems for the safe storage, recording and administration of medication should be improved to ensure children's health and wellbeing needs are met.
- Staff would benefit from training focused on children's health care needs to ensure children's health and wellbeing needs are met.
- Quality assurance systems were in place. With some improvements, these could become more effective in driving continuous improvement and enhancing outcomes for children.
- Personal plans were in place for all children containing key information that supported their health, safety and wellbeing needs. The service should consider ways to further streamline these to reduce duplication and keep information clear and purposeful.
- Recruitment procedures must be implemented to ensure satisfactory checks are in place for staff prior to employment, in order to ensure children are protected.

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	2 - Weak
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 2 - Weak

Quality indicator: Leadership and management of staff and resources.

We made an evaluation of weak for this quality indicator, as there were some strengths but these were compromised by important weaknesses.

The service had vision, values, and aims in place. These focused on creating an environment where children and families felt welcomed and supported. It detailed the service's values of dignity, respect, inclusion, responsive care and support. Positive interactions were observed that reflected these principles in action. To support continued improvement, leaders should review the vision, values, and aims when transitioning to the new premises. Children, families, and staff should be involved to ensure these remain meaningful and relevant.

The service developed an improvement plan that focused on play, learning and development, improving parent engagement, and enhancing the quality of interactions. The team recognised that this was at an early stage and further work had to be done to fully embed these processes. The service should continue to develop and embed its improvement plan to ensure it meaningfully improves practice to support positive outcomes for children.

There was some evidence that quality assurance processes had begun. This included monitoring of accidents and incidents using a Google calendar and quality assurance tracker. While this showed an intention to improve, approaches were not yet sufficiently robust, structured, or consistently documented. Significant gaps remained in key areas of monitoring. There was no clear evidence of regular oversight of personal plans, play experiences, or environmental audits. As a result the service did not provide assurance that children benefitted from safe, hazard-free spaces (see area for improvement 1).

Medication management required improvement to ensure children's safety and wellbeing. Monitoring systems were not yet robust, with issues including missing or unrecorded expiry dates of medication. Care planning also needed development; although the service had begun creating new plans, several children with medical needs lacked clear, individualised procedures. This increased the risk that children would not receive the correct care or medication when required (see requirement 1).

Concerns were noted regarding staff knowledge and confidence in administering emergency medications. The management team must ensure staff receive appropriate training to manage children's health conditions (see requirement 2).

Self-evaluation processes were not yet well embedded. Leaders and staff did not consistently understand their role in using evaluation to drive continuous improvement. The team should work together to understand how evidence from observations, audits, and policy reviews can support improvement. Regular opportunities for staff, children and families to provide feedback should be included. This would support more effective improvement plans and enable children and families to access a service that meets their needs, wishes and choices.

All staff held registration with the Scottish Social Services Council (SSSC), which meant qualified professionals cared for children. Annual staff appraisals and supervisions were in place. Staff reported that they felt well supported both professionally and personally, indicating a positive approach to staff wellbeing and development within the service. However, leaders did not fully complete recruitment procedures. In some cases, managers allowed new staff to start work before completing all required checks, including receiving Protection of Vulnerable Groups (PVG) clearance from Disclosure Scotland. This practice created a risk to children's safety and welfare (see requirement 3).

Requirements

1. By 30th August 2026, the provider must ensure that medication processes and procedures in the setting are safe and effective to ensure children's health and wellbeing are supported. To do this, they must, at a minimum ensure:

- (a) consent and administering records are completed accurately for all medication including expiry dates;
- (b) medication which has expired is replaced timely or returned to the parent;
- (c) children's health care plans are completed, and accurately record signs and symptoms of when a child requires medication or further medical support;
- (d) a robust system is in place to ensure that medication is being effectively monitored, audited, and stored safely.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that my care and support is in line with Health and Social Care Standards (HSCS) which states that "My care and support meets my needs and is right for me" (HSCS 1.19) and "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24).

2. By 30th August 2026, the provider must ensure that staff receive the appropriate training to ensure children's health care needs are met and support children's health care needs. To do this, they must, at a minimum ensure:

- (a) staff are trained to recognise and respond to children's specific medical conditions and symptoms;
- (b) staff can safely administer medication according to individual healthcare plans;
- (c) staff understand and follow correct recording, storage, and monitoring procedures for medication;
- (d) staff are confident in implementing individual strategies to support children's health and wellbeing.

This is in order to comply with regulation 8 (1) (a)) of the Health, and Care (Staffing)(Scotland) Act 2019.

This is to ensure staffing is consistent with the Health and Social Care Standards which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14) and "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24).

3. By 30th August 2026, to ensure children are safe, the provider must ensure that staff have been safely recruited. To do this, they must, at a minimum, ensure staff have been safely recruited following current guidance.

This is to comply with Regulation 9(1) (2) (a) (Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to comply with Regulation 13(1) (Provision of vulnerable groups listing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure staffing is consistent with the Health and Social Care Standards (HSCS) which state: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.25).

Areas for improvement

1. To ensure children experience consistently high quality care and learning, the provider should continue to develop and implement clear and organised quality assurance processes.

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

Quality indicator: Children play and learn.

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.

Children were happy, confident, and engaged in the experiences provided. Staff fostered a positive environment where children laughed and enjoyed themselves. They took the lead in their own play, moving freely between areas. We saw children having fun and interacting positively with their peers and staff joining in with children's play.

The hall was organised into designated areas, for example floor play with mats, table-top activities, and cosy spaces with rugs, cushions, and blankets to support rest and relaxation. There was also ample space for children to run and take part in active games. This layout supported children's wellbeing, encouraged physical activity and promoted social interaction.

The setting offered a range of experiences and resources that supported children's creativity, curiosity, and imagination. Children engaged in arts and craft activities such as creating wands, painting and drawing. They explored loose parts like sticks, which linked to their interest in developing a "campsite." Pretending to be "witches" using their homemade wands encouraged creativity and fun. A range of games and group activities, such as 'Red Light, Green Light' promoted cooperation, turn-taking and fun.

Play and learning was enhanced with regular outdoor play, facilitated by staff using radios to ensure safety, supervision and children's choice. Children accessed the school playground and enjoyed active play. One child told us "I like the monkey bars". This supported the development of physical skills and contributed to their overall wellbeing.

Planning was purposeful and responsive, with a weekly planner based on children's interests to support engagement. Staff involved children through mind maps, using their ideas to shape activities such as junk modelling and building towers, demonstrating that children's voices were valued. Weekly themes, including science and nature, provided structure and continuity in learning. As a result, children were more engaged, motivated, and actively involved in their play and learning. The service should continue to develop planning approaches in line with the service improvement plan to further enhance outcomes for children.

Children's play and learning experiences were being shared with families through a digital platform, including photos and observations. This was at an early stage, and the service is encouraged to continue developing it to further strengthen family engagement and communication.

Children are supported to achieve 4 - Good

Quality indicator: Nurturing care and support.

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.

Staff created a welcoming and nurturing environment, warmly greeting children in the morning and checking on their wellbeing at collection time from school. Families were welcomed into the service when collecting their children, creating a warm and inviting environment that supported the sharing of information with staff.

Staff knew children well and could confidently discuss their individual personalities, needs, and support strategies. The service was in the process of developing formal additional support plans, which were already in place for some children. Continuing to implement and regularly review these plans will help ensure that all children receive consistent, tailored support to meet their individual needs and promote positive outcomes.

Personal plans were in place for all children and included information on children's individual needs, with background details, actions, and next steps linked to SHANARRI indicators. "All About Me" records supported children's involvement, alongside informal information shared by families and recorded on communication logs within children's online personal plan folders. Staff worked well with parents to develop and review plans. This ensured children's needs were understood and met, supporting their wellbeing and development.

We suggested the service streamline documentation to reduce duplication and keep information clear and purposeful, enabling staff to identify key needs and actions quickly. Personal plans should be added to the monitoring calendar to ensure they are regularly reviewed and updated to meet children's individual needs. This will support consistent care and improve outcomes for children.

The service implemented settling-in procedures for new children, including short sessions to help them become familiar with the environment, routines, and staff. A key worker system supported individual needs, promoted consistency in care, and helped build secure, trusting relationships. This approach supported positive transitions and children's emotional wellbeing.

Snack and breakfast times were sociable and unhurried, with children offered choice and a healthy range of options, for example wraps with fillings, fruit, cereals, toast, and yoghurt. Children were encouraged to be independent by making their own toast, serving their own cereal, and selecting what they wanted to eat. A voting system supported children to share their preferences for snacks, demonstrating that their views were valued. It was suggested that a visual aid be introduced to ensure all children can participate.

Staff sat with children, encouraging them to remain seated, promoting safety, and supporting social skills through conversation. Fresh water was available throughout the session, with children independently accessing and pouring their own drinks. An allergy overview sheet supported the safe management of dietary needs. It was recommended that fruit be consistently available at all snack times, including Friday afternoons, which the service agreed to implement. This will support children to access a balanced diet and promote their health and wellbeing.

Children who felt unwell received close monitoring and support. Staff provided a cosy area with blankets for rest, regularly checked temperatures, and communicated with parents at collection time. This approach promoted children's comfort and wellbeing while maintaining effective communication with families.

Verbal communication with families was effective and supported positive relationships, with discussions recorded in individual records and email used as needed. The service planned to further enhance engagement through regular newsletters and the ongoing development of a digital platform to ensure families were kept well informed.

A child protection policy was in place to guide staff practice. Staff had received training and understood their roles and responsibilities. This ensured children were safeguarded and protected.

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	2 - Weak
Leadership and management of staff and resources	2 - Weak
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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