

Schools' Out! Day Care of Children

Netherlee Scout Hall
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Telephone: 07940417762

Type of inspection:
Unannounced

Completed on:
19 March 2026

Service provided by:
Schools' Out!

Service provider number:
SP2003000797

Service no:
CS2003003906

About the service

Schools' Out is registered to provide a care service to a maximum of 70 children attending primary school. The service operates Monday to Friday during term time, between 15:15 and 18:00.

The after school service is located in Netherlee Scout Hall with the breakfast club based within Netherlee Primary School in the Clarkston area of Glasgow. Children have access to one large hall, two smaller rooms, and an outdoor area. It is situated close to local transport links, shops and amenities. At the time of inspection, there was 38 children attending.

About the inspection

This was an unannounced inspection which took place on 17 March 2026 between 14:00 and 18:00. The inspection was carried out by three 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 and their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- assessed core assurances, including the physical environment.

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.

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

- Children's transition from school was supported well and enabled them to settle quickly and calmly.
- Warm, nurturing interactions from staff promoted children's wellbeing.
- Children showed confidence, independence, and positive friendships that supported their development.
- Children benefited from free flow access to the outdoor play space.
- Personal plans needed to be further developed to ensure they support staff to meet children's needs.
- Quality assurance processes and improvement priorities required further development to drive high-quality experiences and outcomes.

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
Children thrive and develop in quality spaces	4 - Good
Children play and learn	4 - Good
Children are supported to achieve	3 - Satisfactory / Adequate

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

Leadership 3 - Satisfactory / Adequate

Quality indicator: Leadership and management of staff and resources

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

The service had clear aims for children to participate in freely chosen play, recreational activities and social interaction which was fun and challenging. This was reflected in daily practice. Children were making choices in their play, both indoors and outdoors and were interacting well with staff and a range of peers. We discussed the benefits of reviewing the vision, values, and aims to ensure they reflect the experiences and contributions of the children and families currently using the service. This would support the delivery of high quality, child centred care.

At the last inspection we made an area for improvement in relation to quality assurance systems. At this inspection we saw some examples of self-evaluation leading to positive outcomes for children. However this was not yet consistent or well structured. Messages from the last inspection informed the focus for improvement and we saw progress in several areas. The indoor environment was cleaner, fresher, and better maintained, which supported children's comfort and wellbeing. Children enjoyed more sociable snack times, healthier food choices, and improved access to outdoor play, all of which supported their health and wellbeing. Relocating the breakfast club into the school building had strengthened communication with school staff, resulting in more effective support for children. Overall we could see that the manager had reflected on previous inspection findings and used this to drive meaningful improvements.

To continue to improve the service, accurate and dated records would support the managers ability to monitor effectively. Staff engaged in daily informal reflective discussions with the manager. These conversations supported the sharing of concerns, and planning of responsive experiences based on children's interests. However there was no formal record of this information. We discussed the benefits of improving documentation, including a quality assurance calendar linked to monitoring and service priorities. This would support more effective planning and lead to well informed changes that enhance children's experiences. We have repeated this area for improvement and will follow up with progress at the next inspection. (see area for improvement 1)

We reviewed a sample of recruitment files and found that staff had been recruited safely. This supported robust safeguarding and helped keep children safe. A simple induction process was in place, and staff reported feeling supported during their transition into the service. We suggested using the Early Learning and Childcare: National Induction Resource alongside existing procedures. This would help establish a clear and consistent plan for all staff. We also discussed the benefits of introducing appraisals for staff and carrying out a training audit to support planning and track progress. This would ensure that ongoing professional development is aligned with the needs of the children and the wider service. For further information refer to "Outstanding areas for improvements."

Areas for improvement

1. The provider should use a framework and develop systems for quality assurance that supports the staff team to assess, evaluate and improve the service. This should involve children and families.

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 thrive and develop in quality spaces 4 - Good

Quality indicator: Children experience high quality spaces

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 cared for in a setting that was bright, clean and well maintained. The hall had recently been painted and new flooring laid. There was plenty of natural light and fresh air from open doors. Children had pegs to hang their jackets and bags and plenty of space to meet their needs, including quiet areas to rest and relax. As a result children experienced a welcoming environment that supported their wellbeing and sense of value.

Children had the freedom to shape and change their environment. On arrival a selection of resources were set up such as garages and cars, prams, games and crafts. Children were supported to make choices in their play by accessing the store cupboard where, with staff supervision, they could choose resources they wanted. Children building a den collected additional cushions. When they wanted a shop they went back for more resources. As a result children created play spaces that reflected their ideas and supported their creativity.

Children's health and wellbeing was supported through free-flow access to outdoor play. This enabled them to make choices based on their interests and preferences. Staff positioned themselves where they could monitor the children and communicated with each other to ensure children were accounted for. We discussed with the manager the potential of using walkie talkies to strengthen the supervision of children moving between indoors and out. This would maintain children's safety.

Children had the opportunity to assess and manage risk. The outdoor area provided opportunities to explore nature by mixing potions, climbing trees and swing. Staff prompted children to assess their own risk. For example, judging how slippery the slope was, how high to climb, and how hard to push the swing. This supported children to build their confidence, resilience and problem solving skills.

Infection prevention and control (IPC) procedures were in place and followed well. The building, play areas, and resources were clean, and staff regularly wiped surfaces. Staff and children followed good hygiene practice, washing hands when coming in and before snack. We suggested the use of table covers for some of the older tables to prevent bacteria and allergens spreading. Overall we were satisfied that children experienced a safe and hygienic environment.

Children play and learn 4 - Good

Quality indicator: Play learning and developing

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 confidently led their own play and learning through a variety of experiences. Activities such as den building, playing marble run, glass painting and relaxing in the movie room engaged children's interests. Staff monitored children's play and connected with them when needed, without interrupting their ideas. This approach upheld children's right to play and supported them to take ownership of their experiences. Children told us "we get freedom and choice to play, you don't have to ask for everything" and "there are lots of fun things you can do here, you can learn to knit, make suncatchers and tons of other things."

Access to the outdoor area provided children with opportunities to explore, be active and express themselves creatively. Children were observed playing ball games, climbing trees and digging in the mud. These experiences supported their wellbeing and promoted their physical development. Parents told us, "my child loves being outdoors building bug hotels or playing games outside" and "my child is involved in den building, climbing, bug hunts, hide and seek, pretend camp fires and chalk drawing".

Children had opportunities to develop their thinking and problem solving skills. During den building, staff prompted children to consider how they could secure the blanket to enclose their den. In the garden, children thought about how to keep themselves safe when climbing the tree, and during craft activities they considered how to avoid smudging their paint. As a result, children extended their thinking and consolidated their learning.

Children had opportunities to play on consoles supporting their information, communication and technology skills. The use of consoles was time limited. Children were using timers as a reminder and encouragement to move onto other experiences available within the service. This supported children and staff to avoid excessive screen time to support children's physical and mental wellbeing.

Informal planning approaches were child centred and responsive to children's interests. Staff knew children's interests through their own observations, talking with families and team discussions. This enabled them to plan experiences and resources that met children's interests and stage of development. However these strengths were not captured in written planning. We discussed how documenting this knowledge more systematically would strengthen the quality of planning, ensure continuity across the staff team and enhance communication with parents.

Children are supported to achieve **3 - Satisfactory / Adequate**

Quality indicator: Nurturing care and support

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Children were cared for by staff who had developed friendly, trusting and fun relationships with them. During the walk to the service they engaged children in relaxed conversations about their day. Other children chatted enthusiastically about what they planned to play with on arrival. We also observed friendly interactions with members of the wider community, including the janitor and crossing patrol. These positive relationships demonstrated that children felt confident and safe.

Children settled quickly and confidently into the play environment. Some sought cuddles and all were comfortable to approach staff. Staff were attentive to children's needs, they listened and responded meaningfully. One child commented, "It's the staff who make it fun here." This contributed to respectful relationships and supported children to feel emotionally secure.

Children enjoyed a well organised, unhurried and sociable snack time. A healthy selection of snacks were provided on arrival for children to choose independently. This meant children's individual dietary needs and preferences were catered for. Staff sat alongside children and engaged in relaxed, social conversations. As a result snack was an enjoyable and social experience for children.

Children's right to have their voice heard was respected in the service. Older children created a wall display in a side room and were disappointed that it had to be removed. Staff responded by relocating the display onto a board so it could stay visible and accessible to the children. This promoted children's voice and contributed to them feeling valued and respected.

At the last inspection we made an area for improvement in relation to personal plans. The service should make further improvements to personal plans to ensure children's individual needs are met. We found they had been created for each child and contained core information. However they did not contain information about children's needs and interests and were not reviewed regularly by staff. We discussed with management that personal plans should be working documents which are developed with children and families. This would ensure continuity and progression in children's care and support. As a result we have repeated this area for improvement and will follow up with progress at the next inspection (see area for improvement 1). For further information refer to "Outstanding areas for improvements".

At the last inspection we made an area for improvement to ensure medication was stored and administered following best practice guidance. While there was currently no medication stored by the service, forms should be refreshed to fully reflect current guidance. We have repeated this area for improvement and combined it with area for improvement 1 (see area for improvement 1). For further information refer to "Outstanding areas for improvements".

Families were warmly welcomed when collecting their child. Positive relationships were fostered through daily verbal communication. Families told us they valued these conversations and felt staff were approachable, kind and knew their children well. As a result, families had trust and confidence in the staff team.

Areas for improvement

1. To support children's health, welfare and safety needs the manager and staff should ensure individualised personal plans are reflective of children's current health and welfare needs and meaningful strategies are identified and recorded to support children. Plans should be updated at least every six months, or before if required, in partnership with children and families.

This is to ensure 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 me because it sets out how my needs will be met, as well as my wishes and choices". (HSCS 1.15)

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 provider should use a framework and develop systems for quality assurance that supports the staff team to assess, evaluate and improve the service. This should involve children and families.

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 area for improvement was made on 27 January 2025.

Action taken since then

There was evidence that the action plan following the previous inspection had led to positive changes in the service. The relocation of the breakfast club had increased attendance. The building was better maintained, creating a more welcoming and comfortable environment for children.

The service needed to strengthen its self-evaluation processes. The absence of accurate and dated records limited the manager's ability to monitor progress effectively. Developing a quality assurance calendar linked to routine monitoring and service priorities, including timelines for actions, audits, and staff appraisal, would support more consistent oversight and lead to better-informed improvements in children's experiences.

This area for improvement had not been met. Please refer to "Leadership" section for further information.

Previous area for improvement 2

The provider should ensure that they have enough qualified and competent staff employed within the service to ensure the safety and wellbeing of children. Staff should be registered with appropriate regulatory bodies within required timescales.

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 professional and organisational codes" (HSCS 3.14) and "My care and support is consistent and stable because people work together well" (HSCS 3.19).

This area for improvement was made on 27 January 2025.

Action taken since then

Two additional staff had been recruited following safe recruitment procedures and another was currently being assessed. This meant there was enough competent and qualified staff to ensure the children were safe.

All staff were registered with the appropriate regulatory body.

This area for improvement has been met.

Previous area for improvement 3

The provider should ensure that the venue is in a good state of repair, clean and free from clutter to ensure that children have access to high quality facilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22)

This area for improvement was made on 27 January 2025.

Action taken since then

We could see the kitchen had been decluttered and was clean. The main hall had been painted and new flooring had been laid. The toilets were clean and the locks were repaired. In general the rooms were tidy and the venue was clean bright and in a good state of repair.

This area for improvement has been met.

Previous area for improvement 4

Personal plans should be in place and be reflective of the individual children. They should be used as a tool to plan for meeting individual children's needs.

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 me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15)

This area for improvement was made on 27 January 2025.

Action taken since then

Personal plans had been created for each child and recorded core information on each child. Some plans contained some information on strategies to support children's individual needs. However many did not contain information about children's needs and interests and were not reviewed regularly by staff. To ensure continuity and progression in children's care and support personal plans should be further developed in collaboration with children and families.

This area for improvement had not been met. Please refer to "Children are supported to achieve" section for further information.

Previous area for improvement 5

The provider and manager should ensure that they follow best practice guidance in relation to storing and administering medication.

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 professional and organisational codes" (HSCS 3.14) and "If I need help with medication, I am able to have as much control as possible" (HSCS 2.23).

This area for improvement was made on 27 January 2025.

Action taken since then

Medicine forms needed to be reviewed in order to support safe administration. Forms missed key details such as strength of the medicine, recording symptoms and confirming that parents have already given one dose. We signposted the manager to the "Management of medication in daycare of children and childminding services" on our Hub. bThis would ensure the management of medication was safe.

This area for improvement had not been met. bPlease refer to "Children are supported to achieve" section for further information.

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
Children thrive and develop in quality spaces	4 - Good
Children experience high quality spaces	4 - Good
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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