

Girdle Toll Out of School Care (Annick) Day Care of Children

Annick Primary School
Benslie Rise
Girdle Toll
Irvine
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Telephone: 07790 604 796

Type of inspection:
Unannounced

Completed on:
25 February 2026

Service provided by:
Girdle Toll Out Of School Care

Service provider number:
SP2003000879

Service no:
CS2003004330

About the service

Girdle Toll Out of School Care (Annick) provides before and after school care. The service operates from Annick Primary School, in Irvine, North Ayrshire. During operating times, the service has exclusive use of the gym hall. Children have access to the school toilets and playground.

The service is registered to provide a care service to a maximum of 40 primary school aged children at any one time. At the time of our inspection, eight children were in attendance.

About the inspection

This was an unannounced inspection which took place on 24 and 25 February 2026 between 15:00 and 17:45. 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, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- spent time with eight children using the service
- received 22 completed questionnaires from families and two from staff
- spoke with staff
- observed practice and daily life
- 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 and Children are supported to achieve.

Key messages

- Children's views were listened to and valued.
- Self-evaluation, improvement planning, and quality assurance processes should be developed and embedded to improve children's outcomes and support continuous service improvement.
- The service should be able to confidently demonstrate that staff are recruited in a way that promotes children's safety.
- Children needed access to a wider range of toys and materials to support their choice and stage of development.
- Children were happy, settled, and relaxed in the setting.
- Staff were kind, warm, and had built positive relationships with children.
- Children's personal plans should be further developed to ensure they support staff to meet children's needs.

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 play and learn	3 - Satisfactory / Adequate
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 key question as satisfactory/adequate, where strengths only just outweighed weaknesses.

The service created a positive and open environment, where staff communicated honestly and welcomed feedback to help improve experiences for children. This approach helped set the foundation for constructive discussions throughout our visit.

Children's views were valued by staff. Children's meetings were held to gather feedback on snacks, activities, daily experiences, and ideas for improvement. Children requested new chessboards, and activities such as biscuit decorating. These requests had been actioned, which helped children feel listened to and involved. Although many children had positively contributed their views, some who attended the service less did not have the same opportunities. We suggested developing ways all children's views could be incorporated to maximise inclusion.

There was a lack of effective management oversight and reflective practice, which meant quality assurance systems were not consistently in place or used well. As a result, monitoring arrangements were not sufficiently robust to maintain consistent standards across the service.

For example, some medication records did not contain enough information to fully support children's individual needs. In addition, accident and incident records were inconsistently maintained, with some forms missing and others not signed by parents when required. We discussed how improved oversight, reflective practice, and regular auditing of key systems would support safer and more consistent care. An area for improvement was made to develop more effective quality assurance arrangements and ensure systems reliably support safe and appropriate care (see area for improvement 1).

To further support improvement, we discussed the need to strengthen self-evaluation practice across the service. For example, we identified that an evaluation of children's play experiences was required to help staff understand what was working well and where improvements were needed. We highlighted that regular self-evaluation would support more responsive planning and help improve outcomes for children. We signposted the team to 'A Quality Improvement Framework for the Early Learning and Childcare Sectors: School Age Childcare' to support this work. Involving all staff in self evaluation would help build shared understanding and support continuous improvement.

Whilst there was no formalised improvement plan in place, the service had informally identified areas where improvement was needed. These areas included, monitoring, planning, reviewing paperwork and consulting with children and families. We agreed that the improvements planned were necessary to improve outcomes for children. We suggested incorporating these into a formal improvement plan to help staff measure progress and impact on children and families. This would support them to ensure improvements are achievable, measurable and meaningful.

Staff told us they felt well supported by an approachable management team. They felt their wellbeing was taken seriously and that they were encouraged to take forward new ideas for the service. Staff were enthusiastic about improving the service and committed to being part of the ongoing development journey. As a result staff felt happy, valued and motivated which created a positive environment for children.

We asked to view staff recruitment files to gain assurances that children were protected through safe recruitment practices. The manager was unable to locate them and we were advised that they were obtained centrally by the provider. We extended the timescale for viewing recruitment files, but they were not provided to us before the inspection concluded. We have therefore made an area for improvement to address this (see area for improvement 2).

Areas for improvement

1. To support positive outcomes for children, the service should implement effective quality assurance and monitoring processes. This should include, but is not limited to:

- audits of medication
- audits of accidents and incidents
- monitoring of children's care plans
- monitoring of children's experiences.

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).

2. To ensure that children are protected from harm, the provider should retain accessible recruitment records that demonstrate the employees suitability for the role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

Children play and learn 3 - Satisfactory / Adequate

Quality Indicator: Playing, learning and developing

We evaluated this key question as satisfactory / adequate, where strengths only just outweighed weaknesses.

Children experienced child led play and were happy and relaxed throughout our visit. They moved freely between the toys and activities available and confidently asked staff for additional resources when they wanted them. This supported children to feel settled and comfortable in the setting. However, the range of toys and play experiences available did not provide enough variety or challenge for the children attending. As a result, opportunities to extend children's play and maintain their interest were limited. We made an area for improvement to support the service to provide a wider range of developmentally appropriate toys and experiences, giving children greater choice and more stimulating play opportunities (see area for improvement).

We acknowledged the limited time available to prepare the play space before children arrived due to access arrangements. However we suggested the service considers how to offer some reliable core experiences, such as an arts and crafts trolley, books, and a comfortable space to relax which would help ensure children consistently experienced a richer play environment. The service had already identified the need for a designated 'chillout' area and had plans in place to develop this. These actions would help improve children's daily play experiences and overall enjoyment.

To further support ongoing improvement, we suggested the provider support staff to develop their play practice through reflection on their role within the 'Playwork' principles. This would help strengthen staff understanding of child led play and support enhanced experiences, leading to improved outcomes for children. At the previous inspection of the service, we made an area for improvement in relation to staff developing their knowledge and skills. This area for improvement has been continued at this inspection.

Children could access the outdoors through the school playground, however this was not used during our visit. We encouraged the service to consider how they could make better use of the outdoor area. Improved access to outdoor play would offer children greater variety, physical activity, and choice in how they spent their time.

Staff demonstrated positive and trusting relationships with children, and their interactions were kind and respectful. Children were supported to take turns and play fairly when taking part in board games. Staff also offered help when children were completing their reading homework. This interest in reading could have been strengthened further by providing a selection of books for children to enjoy in their own time. Strengthening these opportunities would support children to feel respected, encouraged, and confident in their play and learning.

The approach to planning for children's play experiences was inconsistent. A floor book was used to record photographs of past activities and events; however, it did not always reflect children's views, ideas, or interests. As a result, planning did not consistently demonstrate how children were involved in decisions about their play. We discussed the importance of ensuring planning reflects children's voices by clearly showing their choices and interests. Developing this approach would support children to be more actively involved in shaping their play experiences. This would help them feel included and support them to develop a wide range of skills relevant to their needs and interests.

Areas for improvement

1. To support high quality play and learning, the provider should ensure there are developmentally appropriate toys and resources for children that provide variety, and ensure staff develop their understanding of setting up play environments.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

Children are supported to achieve 3 - Satisfactory / Adequate

Quality Indicator: Nurturing care and support

We evaluated this key question as satisfactory / adequate, where strengths only just outweighed weaknesses.

The service created a gentle and calm environment for children. Staff were warm, kind, and responsive. They spoke directly to children and showed genuine interest in their questions and requests. Parents told us, "the carers are friendly and pay attention to my children's need" and there were "friendly caring staff". This nurturing approach helped children feel secure, respected, and comfortable in the setting.

Consent forms were in place for any medication children required. However, these had not been reviewed regularly with families. This meant that some information was missing or outdated. We asked the service to review long standing medication on a termly basis and to ensure that information about children's medical needs was clear and up to date. Regular audits of medication procedures would support this. Taking these steps would help ensure children's health needs were well understood and that their safety was consistently protected.

Snack time was calm, relaxed, and unhurried. Children were given time to enjoy their food, and staff sat with them to support conversations and social interaction. Children were asked what wrap fillings they wanted, helping them feel involved and included. However, there were missed opportunities for children to have greater independence, such as supporting children to prepare their own snack. Encouraging this would help children build confidence and develop practical self help skills.

Children were encouraged to use hand sanitiser on their hands before eating. We spoke with staff about the benefits of reducing any potential spread of infection through handwashing using running water and soap. The children's bathrooms were located nearby the playroom. Staff agreed to develop this routine with children to help them build healthy skills for life.

Personal plans were in place for most children. However, these needed to be completed more consistently to ensure each plan clearly detailed how the child would be supported. Some plans did not show evidence of six monthly reviews. We asked staff to ensure every child had a personal plan that reflected their needs and any required support strategies; and that reviews took place at least every six months or sooner if needed. We have made an area for improvement to support this (see area for improvement). Having consistent and up to date personal plans would ensure children received support that is well planned, individualised, and responsive to changes in their needs.

Areas for improvement

1. To support children's wellbeing, the provider should ensure personal plans are used effectively to meet children's needs. This should include but is not limited to, ensuring all children have a personal plan in place, and that these are reviewed every six months or sooner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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

In order to meet the SSSC post registration and training and learning (PRTL) requirements staff should reflect on how their learning has impacted on their day to day practice in providing positive outcomes for the children attending the service.

Health and Social Care Standards, Outcome 3 - Statement 3.14: 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.

This area for improvement was made on 13 March 2019.

Action taken since then

Staff were not actively reflecting on their learning. Staff should begin to reflect on their learning, and use this to develop their day to day practice.

This area for improvement has not been met and will remain in place.

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

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Leadership and management of staff and resources	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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