

Pollokshaws After School Service Day Care of Children

Eastwood Parish Church
5 Mansewood Road
Glasgow
G43 1TW

Type of inspection:
Unannounced

Completed on:
9 April 2026

Service provided by:
Pollokshaws After School Care

Service provider number:
SP2003001383

Service no:
CS2003006198

About the service

Pollokshaws After School Service is currently operating from Eastwood Parish Church. The service moved to these premises in February 2026. The service is registered to provide an out of school care service to a maximum of 32 children from primary school age to first year of secondary school.

On the first day of our inspection 17 children were attending the holiday club. On the second day, 15 children were attending the after school care service.

Children using the service have access to a large hall, stage area, toilets, kitchen, and an outdoor area. The service is close to other nurseries, schools, green spaces and shops.

About the inspection

This was an unannounced inspection which took place on 7 and 9 April 2026 between 09:00 and 17:00. 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 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 attending the service
- spoke with staff and the management team
- observed practice and daily life
- reviewed documents
- received electronic feedback from seven families.

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

- Children were happy and had lots of fun with staff.
- The manager and staff had clear plans for the future development and improvement of the service.
- Children were encouraged to make friends and develop positive relationships with each other and staff.
- The service should continue to develop and use personal plans to support children's health, wellbeing and safety.
- The service should continue to explore how the outdoor environment could be used more regularly.
- The service should continue to review and build on resources available for children.

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	3 - Satisfactory / Adequate
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

Quality indicator: Leadership and management of staff and resources

We evaluated this quality indicator as good, with clear strengths that positively supported children's experiences and some aspects that could be further improved.

An improved culture of self evaluation was evident. Weekly staff meetings were used effectively to reflect on practice, review children's experiences and identify improvements. Staff regularly discussed how the previous week had gone, which supported ongoing monitoring of outcomes for children. Engagement with Quality Improvement Framework challenge questions, particularly in relation to keeping children safe and protected, strengthened staff knowledge and confidence around safeguarding and demonstrated a commitment to learning and improvement. The improved approach to reflection and self evaluation had improved outcomes and experiences for children.

The service had clear and relevant improvement plans in place. A quality improvement plan and a recovery action plan following relocation focused appropriately on children's experiences, safeguarding, staff development and re establishing high quality play opportunities. These plans demonstrated effective leadership, clear priorities and an understanding of improvement as a continuous process.

Recruitment and induction arrangements were a strength of the service and supported positive outcomes for children. Safer recruitment procedures were followed consistently, and recruitment records were well organised and comprehensive. Files showed clear evidence of application forms, job descriptions, structured interviews, formal offers of appointment, positive references from relevant previous employers, and Protection of Vulnerable Groups (PVG) checks completed before staff started work. These arrangements provided assurance that staff were suitable, experienced and had the skills required to support children safely and effectively.

Induction processes were well planned and supportive. The manager made good use of national induction resources to help new staff understand their roles, expectations and responsibilities from the outset. New staff had completed and discussed induction worksheets together at a staff meeting. This supported consistency and a shared understanding of the service's values and practice. Weekly staff meetings further strengthened induction by giving staff opportunities to ask questions, reflect on experiences and build confidence as part of the team. As a result, children benefited from staff who were well informed, supported and aligned with the service's vision and safeguarding responsibilities.

Children thrive and develop in quality spaces 3 - Satisfactory / Adequate

Quality indicator: Children experience high quality spaces

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

This evaluation took account of the exceptional circumstances experienced by the service, including relocation to alternative premises following a fire and a prolonged period of closure. The inspection took place on the first full day of care operating from the new building. The service was still developing its understanding of how the environment supported children's experiences across a full day.

Children had access to a large hall, a stage area and toilet facilities on the same level. The size of the hall supported active play and large group activities. Children engaged enthusiastically in energetic games and physical play. The main playroom and toilet areas were observed to be clean and well maintained. Cleaning arrangements, managed by the building owners, were effective and supported a safe and hygienic environment for children.

The environment did not yet fully support a balance of experiences for all children. Due to the size and acoustics of the hall, noise levels were high at times. While children enjoyed the active play on offer, there were limited opportunities for quieter or more relaxing activities. There were no clearly defined cosy or calm spaces where children could rest, regulate or choose lower stimulus play. This meant the environment was less responsive to children who may have benefited from quieter experiences, particularly over the course of a full day. Staff and the manager recognised this and acknowledged that further adaptation of the space was required as they became more familiar with how children used the environment. (See area for improvement 1)

Access to outdoor play was limited. While outdoor opportunities were available, these had to be carefully controlled due to identified risks within the outdoor area. As a result, children did not have consistent or spontaneous access to outdoor play throughout the day. This limited the extent to which children could benefit from regular fresh air and outdoor physical activity, although steps were taken to provide this when it was safe to do so. (See area for improvement 2)

Risk management arrangements were appropriate. The manager and staff had identified potential risks associated with the outdoor environment, including damaged fencing, large open spaces and public access. These risks were managed through proportionate control measures such as temporary fencing, staggered outdoor access and clear staff deployment. Detailed risk assessments were in place and outlined boundaries, supervision arrangements and safety procedures. Children were supported to understand expectations, which helped promote shared responsibility for safety.

Responsive leadership was demonstrated when the manager closed the car park after lunch to enable children to play outdoors safely. This improved children's access to outdoor play, reduced noise levels indoors and had a positive impact on children's overall experience during the afternoon.

Maintenance arrangements were effective. A maintenance log showed that issues identified since moving into the premises had been reported and addressed promptly in partnership with the building owners. This helped ensure children remained safe and comfortable.

Accident records were completed and routinely reviewed to identify patterns and preventative actions. However, accident forms were not consistently signed by staff involved in responding to incidents. This reduced clarity and accountability and should be improved to strengthen assurance within accident management processes.

Overall, children experienced a safe and engaging environment, particularly for active play. However, further development is required to ensure the environment consistently supports a wider range of children's needs, including access to quieter spaces and improved opportunities for outdoor play as the service continues to settle into the premises.

Areas for improvement

1. To improve outcomes for children, the provider should further develop the environment to better support children's wellbeing, comfort and choice. In particular, the service should create accessible cosy and quiet spaces where children can relax, regulate and choose lower-stimulus play.

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

"I am supported to experience play that meets my needs and interests." (HSCS 1.25)

2. The provider should improve access to outdoor play to support children's physical health, emotional wellbeing and opportunities to manage energy levels. They should continue to develop arrangements that support regular, meaningful access to outdoor play, ensuring this is a consistent part of the daily experience.

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

"As a child, I play outdoors every day and regularly explore a natural environment." (HSCS 1.32)

Children play and learn 4 - Good

Quality indicator: Playing, 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.

During the visit, the session observed was calm, well organised and thoughtfully structured. Children were settled and confident on arrival, quickly immersing themselves in play and demonstrating engagement throughout the morning. The environment supported children to feel secure and relaxed, enabling them to explore, experiment and learn through play.

Children were consistently offered opportunities to choose and be independent. Children selected resources independently, initiated their own play, and demonstrated clear enjoyment in directing their experiences. Staff responded promptly and effectively to children's interests, for example by providing additional role play resources upon request, which supported imaginative play. These responsive approaches contributed positively to children's emotional wellbeing, confidence and sense of ownership of their play.

Relationships and interactions were a strong feature of practice. Staff demonstrated warm, respectful and nurturing relationships with children, characterised by calm communication, genuine interest and shared enjoyment. Staff positioned themselves at children's level, joining play sensitively and responding to cues appropriately. Interactions were used effectively to extend learning, with staff introducing challenge, encouraging recall of previous experiences and supporting children to think, reflect and problem solve. Children responded positively to this approach, showing confidence, familiarity and enthusiasm during interactions.

Staff enthusiasm and positive reinforcement further enhanced children's play and learning. Children's efforts were recognised and valued, promoting emotional security and a sense of achievement. Clear explanations and thoughtful questioning supported inclusion and ensured children understood expectations during structured activities. This enabled them to participate fully and benefit from both physical and social learning opportunities.

Planning was clearly child centred and responsive, reflecting children's interests, ideas and needs. Staff listened attentively to children and adapted the environment to support their play, including enabling energetic physical play while demonstrating appropriate awareness of safety and risk. Child initiated activities were encouraged and developed collaboratively, supporting creativity, cooperation, physical development and social skills such as turn taking and listening.

A range of play opportunities were available which offered a good balance of creative, imaginative, physical, cognitive and digital experiences. Digital resources were used appropriately and purposefully, with staff maintaining effective oversight to ensure safe and age appropriate use. Children demonstrated sustained interest in these resources, indicating that technology was meaningfully integrated into the session. To further improve outcomes for children the setting should continue to build on resources and materials already available.

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.

Children experienced nurturing, warm and responsive care. On arrival, children were welcomed positively into the setting, which was particularly important as this was the first day of the holiday club.

Children were settled, happy and keen to attend. Some children sought physical reassurance from staff, who responded in an appropriate, sensitive and caring manner. These interactions demonstrated strong, trusting relationships and supported children's emotional wellbeing.

Staff knew the children well and responded effectively to a wide age range, adapting activities, expectations and support to meet different needs and stages of development. Children benefited from gentle, respectful communication, with staff taking time to listen and engage in meaningful conversations. This helped children feel secure, valued and confident within the setting.

Children experienced calm, well managed mealtimes that supported positive social experiences. Staff promoted good hygiene routines, offered choice and ensured supervision was both safe and unobtrusive. Children enjoyed spending time with peers, contributing to a relaxed and inclusive atmosphere that supported their wellbeing.

While nurturing care was a strength, personal planning arrangements were less well developed and limited the service's ability to consistently demonstrate how individual needs were identified, planned for and reviewed. Children's voices were evident in some personal plans through "all about me" sections completed by children. However, this information was not consistently built upon with clear outcomes, agreed actions or evidence of review. Personal plans were often undated, not regularly updated and key sections relating to additional needs or support strategies were left blank.

Medical and care information, including allergies, was not always detailed or consistently recorded. Parent and staff involvement in reviewing and signing plans was inconsistent, and links between enrolment information and personal plans were unclear. As a result, there was an increased risk that important information may not be shared consistently across the staff team, particularly in the event of staff absence or change.

Enrolment documentation also varied in quality, with missing start dates, limited emergency contact information and siblings recorded on shared forms rather than through individual records. These weaknesses reduced the effectiveness of personal planning and information sharing in supporting continuity of care. (See area for improvement 1)

Relationships with families were generally positive and based on trust. Staff communicated appropriately with parents at arrival and collection, including sharing information about children's daily needs and routines. Families had shared sensitive and personal information with the service, indicating confidence in staff and the care provided.

Staff had completed child protection training and safeguarding was routinely discussed within team meetings. Staff demonstrated a clear understanding of their responsibilities and were confident in describing procedures for responding to concerns. The child protection policy supported consistent practice and provided clear guidance for staff. This helped to support and keep children safe.

Areas for improvement

1. The provider should ensure personal planning processes are strengthened so that each child has an individual, fully completed and regularly reviewed personal plan that clearly identifies needs, support strategies and outcomes, and reflects meaningful involvement from parents and children.

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 requirements we made at or since the last inspection

Requirements

Requirement 1

By the 31 October 2025 the provider must ensure each child has a personal plan that supports delivery of their care and development.

To do this the provider must, at a minimum ensure that personal plans:

- a) Are developed in consultation with the children and their parents/carers.
- b) Clearly set out how children's health, welfare, and safety needs will be met.
- d) Be individualised, taking into account children's preferences, strengths, routines, and support networks.
- e) Be a live document, regularly reviewed and updated at least every six months, or sooner if there are significant changes to children's needs or circumstances.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), which requires providers to make proper provision for the health, welfare and safety of service users.

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 requirement was made on 22 September 2025.

Action taken on previous requirement

We acknowledged that, while most children had been involved in completing aspects of their personal plans, these plans did not consistently set out how children's health, welfare and safety needs would be met. Personal plans tended to focus on children's preferences, strengths and routines but were not consistently used as live working documents to guide practice and support continuity of care. As some parts of this requirement have not been met we have made an area for improvement to address the outstanding issues.

Met - outwith timescales

Requirement 2

By the 31 October 2025 the provider must ensure that children's personal information is stored and processed safely to protect their identity.

To do this the provider must, at a minimum:

- a) Maintain confidentiality by storing personal plans in a secure location accessible only to authorised staff.
- b) Implement clear policies and procedures for handling and storing personal data, including restrictions on removing sensitive information from the premises.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), which requires providers to make proper provision for the health, welfare and safety of service users.

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)

This requirement was made on 22 September 2025.

Action taken on previous requirement

Clear policies and storage arrangements were in place to ensure personal plans and information was stored securely and only accessed by authorised staff.

Met - outwith timescales

Requirement 3

By 31 October 2025 the provider and manager must improve outcomes for children and their families by introducing and implementing robust quality assurance processes.

To do this, the provider must, at a minimum ensure:

- a) Self-evaluation identifies strengths of the service and areas for improvement.
- b) An improvement plan which identifies clear priorities, actions and timescales to lead continuous improvement is in place.

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

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 requirement was made on 22 September 2025.

Action taken on previous requirement

Improvements had been made to how the service reflected, considered and planned improvements. A clear improvement plan was used to assess strengths of the service and areas for improvement.

Met - outwith timescales

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

To keep children safe and protected from harm, the manager should ensure staff access child protection training and apply their training in practice.

This should include, but is not limited to, being aware of potential risks and understanding their responsibilities to protect children from harm.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

This area for improvement was made on 22 September 2025.

Action taken since then

All staff had engaged in child protection training and were confident in the service's policies and procedures. We have therefore concluded that this area for improvement had been met.

Previous area for improvement 2

To ensure that children engage in high quality play, the manager should make sure that children have access to a wide variety of play materials.

This should include, but is not limited to, providing toys and materials that spark children's curiosity and add challenge to play.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices." (HSCS 5.21)

This area for improvement was made on 22 September 2025.

Action taken since then

Children were very engaged with the resources activities that were available to them. We could see that other resources had been purchased and were stored in cupboards in small hall. The service should continue to develop resources to support safe outdoor play and also to support quieter play in areas where children could relax. We have therefore concluded that this area for improvement had been met.

Previous area for improvement 3

To support children's health and wellbeing the manager should ensure that accidents involving children are clearly recorded and reviewed to prevent any repetition.

This should include, but is not limited to, providing detail of the nature of the accident, recording when it is shared with families and reviewing the number, location and cause of accidents to prevent repetition.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe." (HSCS 5.17)

This area for improvement was made on 22 September 2025.

Action taken since then

Audits of accidents had been carried out. The manager carried out trend analysis to minimise the likelihood of accident reoccurring. We could see that accidents were recorded and signed by parents and staff. We have therefore concluded that this area for improvement had been met.

Previous area for improvement 4

To support children's health, wellbeing and safety the provider should ensure care is provided from a well maintained, safe environment.

This should include, but not be limited to, ensuring risks are minimised through dynamic risk assessment and effective maintenance of the property.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe" (HSCS 5.17) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.24)

This area for improvement was made on 22 September 2025.

Action taken since then

Robust risk assessments and effective maintenance arrangements supported the health and safety of children using the service. We have therefore concluded that this area for improvement had been met.

Previous area for improvement 5

To ensure that children are safe and receive consistently high quality care, the manager should ensure that staff are well deployed.

This should include, but not be limited to, creating clear contingency plans that support staff absence and school holiday cover.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My needs are met by the right number of people." (HSCS 3.15)

This area for improvement was made on 22 September 2025.

Action taken since then

We observed staff to be safely deployed to ensure children were safely supervised. A contingency plan to support staff absence had been developed and shared with staff and families. We have therefore concluded that this area for improvement had 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	3 - Satisfactory / Adequate
Children experience high quality spaces	3 - Satisfactory / Adequate
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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