

# Greenhills Out Of School Care Day Care of Children

St. Vincents Primary School  
5 Crosshouse Road  
Greenhills, East Kilbride  
Glasgow  
G75 9DG

Telephone: 01355 241 511

**Type of inspection:**  
Unannounced

**Completed on:**  
22 January 2025

**Service provided by:**  
Greenhills Out Of School Care

**Service provider number:**  
SP2003001525

**Service no:**  
CS2003006703

## About the service

Greenhills Out Of School Care is registered to provide a care service to a maximum of 56 children. The age range is from children attending primary school to 12 years of age. The care service operates Monday to Friday between 7.30am to 9am and 3pm to 5.45pm during term time and from 8am to 5.45pm during school holiday periods.

The out of school care operates from premises in the Greenhills area of East Kilbride in South Lanarkshire, where children have exclusive use of the premises. Children are cared for across two playrooms, a small computer room and a kitchen area. Children also had access to outdoor play spaces. There were 56 children registered at the service.

## About the inspection

This was an unannounced inspection which took place on 21 and 22 January 2025, between 14:30 and 18:00. 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, 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
- received feedback from 3 of their family members.
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

**Key messages**

- Children were happy, settled and comfortable in the setting.
- Staff supported children with kind and caring interactions, which supported their wellbeing.
- Children could be better supported to learn and develop through access to a wider variety of play materials.
- Personal plans gathered important information about children's needs. These should be further developed to help meet children's needs.
- Snack routines should be improved to help create a more relaxed and sociable experience for children.
- Improvements were needed to ventilation within some areas of the premises.
- Refurbishment of the setting was needed to support children's comfort, play and development needs.
- Staff joined in with children's play, which helped build positive relationships.
- Staff communicated well with each other helping create a positive environment 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

|  |              |
|--|--------------|
| How good is our care, play and learning? | 3 - Adequate |
| How good is our setting?                 | 3 - Adequate |
| How good is our leadership?              | 3 - Adequate |
| How good is our staff team?              | 3 - Adequate |

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

## How good is our care, play and learning?

## 3 - Adequate

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

### Quality indicator 1.1: Nurturing care and support.

Children were settled and happy at the service, helping them feel safe and secure. Staff supported children with kind and caring interactions, which supported their wellbeing. One parent told us they liked "the attentiveness of the staff and the creative and educational nature of the activities."

Children had formed positive relationships with each other and they enjoyed playing and spending time with their friends. This supported their social development and wellbeing. One child told us, "I like being able to meet up with all my friends from different schools and have lots of different things to do."

Staff knew children well and important information was gathered in personal plans to help meet their needs. For example, medical information and likes and dislikes. Children completed an 'all about me' which gave them an opportunity to share their interests. We discussed with the manager that personal plans could be developed further to help ensure they contained clear information about children's needs and how they were being supported. Parents had mixed views about plans in place and some felt more involved than others. The manager agreed to review these.

Snack was prepared for children arriving at the service, which helped ensure they were not hungry. However, the snack experience was busy and children appeared to rush their snack so they could go and play. During this time staff became busy with tasks and tidying up dishes. Mealtimes should be improved to make this a more relaxed and sociable experience. We discussed having more flexibility with routines to allow children a choice of when they wish to eat (see area for improvement 1).

Drinks were available for children throughout the session, helping ensure they stayed hydrated. Snack menus were rotated over two weeks. Children were offered sandwiches, crackers, pancakes and biscuits. We discussed where further improvements could be made to the snack menu to ensure children had more varied and nutritious snack options.

Procedures for managing medication needs should be improved to ensure staff have the right information to administer medicines safely. We found that there were gaps in paperwork that could compromise children's wellbeing. For example, missing consent forms, no clear records of signs and symptoms and no audits of medication needs by managers or staff. We signposted the manager to best practice guidance to support with this (see requirement 1).

Staff had participated in child protection training. They were aware of their roles and responsibilities in relation to responding and reporting concerns to the relevant agency if needed. This contributed towards keeping children safe.

### Quality indicator 1.3: Play and learning.

Children chose from a variety of planned activities within areas available to them. For example, art activity, tabletop games, outdoors and computer area. Favourites included the drawing table and computer area. One child told us they liked the extension area and played with rainbow high dolls there.

Whilst children chose between activities, flexibility was needed to daily routines to support children's choice and play opportunities. For example, whilst some children enjoyed making Chinese Lanterns at the art area, there was no option to further support their creativity by allowing them to lead their own play and ideas. We discussed with the manager that play materials should be more accessible to promote choices and creativity. This should include more open-ended material that can be used in a variety of different ways.

Children benefitted from staff joining in with games. This helped create fun and contributed to building positive relationships and social skills. For example, playing board games and sports outdoors.

Children's literacy skills were promoted through the access to a wide range of fiction and non-fiction books in the library. Children were further supported with a range of sensory resources that supported their wellbeing. For example, wooden rollers, slime tubes and fidget toys.

Approaches to planning took account of some children's interest and linked with seasons and community events. However, most activities were adult-led and this meant that children had limited choice for selecting play material and experiences. Planning should be improved to ensure a more child-led approach, respecting children's choices and wishes. A wider range of toys and materials should be available for children to choose from and lead their own play. This would help to promote challenge, engagement and fun. Managers were receptive to our suggestions and made small changes before the end of the inspection. Children were excited to access more play materials in the floor space. They said, 'look it's all out today'. (See area for improvement 2).

## Requirements

1. By Friday 28 February 2025, the provider must ensure all children's medication and health needs are reviewed and planned for.

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

- a) all health needs are recorded in the child's personal plan, including clear signs and symptoms when they require medication
- b) all children who require medication must have a consent form in place
- c) all staff understand children's health and medication needs and know how to respond quickly and safely; and
- d) review medication consent at least every three months or at the start of a new term to check that medication is still required, is in date and that the dose has not changed.

This is to comply with regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## Areas for improvement

1. To promote children's wellbeing, the provider should improve mealtimes, to help ensure children experience a relaxed and sociable experience.

This should include, but not be limited to, ensuring children are involved in preparing meals to support their independence and have flexibility of when they wish to eat and drink.

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

2. To support children's play and development, the provider should improve the environment to promote choices, challenge and creativity.

This should include, but not be limited to, ensuring children can access well-organised play spaces, open-ended materials and reviewing daily routines.

This is to ensure care and support is consistent with the Health and Social care Standards (HSCS) which states that: 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31) and 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 2.23).

## How good is our setting?

### 3 - Adequate

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

#### Quality indicator 2.2: Children experience high quality facilities.

Children were cared for across two playrooms and had access to a cloakroom and kitchen area. They had sole use of the premises and spaces available met their physical needs and comfort. Children had dedicated areas to store their bags, jackets and a change of shoes. This helped promote a sense of belonging.

The manager kept maintenance logs of repairs identified and when work was completed. However, due to the age and type of the building we identified further maintenance issues that needed addressed. For example, the kitchen area, handrails in the accessible toilet, and external panels on the exterior of the building. Kitchen units were tired and worn, which resulted in them warping and swelling. This meant they were difficult to clean, which increased the potential risk of spread of infection. We discussed with the manager that they should develop arrangements in place for monitoring, maintenance and repairs within the setting. This should include taking immediate action where necessary and developing long term plans for maintaining suitable, safe premises (see requirement 1).

We noted a smell of dampness and mould growth visible on some of the walls and ceiling in the kitchen. We asked the service to seek advice from environmental health about improving the ventilation. The manager actioned this before the end of the inspection. They should now take steps to ensure the service is suitably ventilated and mould is treated (see requirement 2).

Children moved between play spaces confidently and chose to play alone or alongside others, which helped support their wellbeing. They particularly enjoyed the cosy library area. Whilst this was a popular area, staff had decided there was only space for four children. We discussed with the manager to consider how to maximise the use of space. For example, increasing the variety of cosy spaces across the setting to offer more choice to children. This would help create a more homely and inviting environment.

Children accessed some toys and materials that met their age and stage of development. For example, tabletop games, construction, dolls house and farm animals. However, many toys and materials were not accessible as they were stored under curtains. The storage of play materials should be improved to widen the variety available each day. This would help support children's independence, choices and wishes.

Children's physical wellbeing was promoted through daily access to outdoors. A few children enjoyed playing tennis and basketball. Due to the time of year only one part of the outdoor space was being used and the service had plans to develop other areas. Staff should consider offering more choice outdoors and introducing loose parts and open-ended materials to support curiosity and creativity. Two parents told us, "there is a playground and the children have use of toys and games and bring your bike days. I feel the outdoor experiences are limited due to space but could be expanded on out with the out of school care and "my child can play with friends, weather dependant and take part in ball games, riding bike/wheels days."

There were a variety of measures in place to help keep children safe. This included, a secure entrance, good supervision and relevant risk assessments. Staff had considered risks within the car park area and blocked off an area to make a safe walkway for children when they were leaving the service.

## Requirements

1. By 30 April 2025, the provider must ensure children receive care in a clean, safe and well-maintained environment.

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

- a) ensure furnishings and fixtures are well-maintained
- b) ensure play spaces are clean and tidy
- c) ensure internal and external repairs are actioned
- d) develop systems for monitoring, maintenance and repairs.

This is to comply with Regulations 4(1)(a) and (b)(welfare of users) and 10(2)(b)(Fitness of premises) 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 experience and environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24 ) and 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23).

2. By 28 February 2025, the provider must ensure that children receive care in a well-ventilated space. To do this, the provider must, as a minimum ensure:

- a) playrooms are suitably ventilated
- b) remove mould where visible on walls or ceilings
- c) investigate and address the source of dampness.

This is to comply with Regulation 10 (2) (c) (Fitness of Premises) 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

states that 'my environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes'. (HSCS 5.19)

## Areas for improvement

1. To support children's play and wellbeing the provider should ensure that the environment is reflective of children's needs. This should include, but is not limited to, ensuring playrooms are well furnished and children have access to a wide variety of toys and materials.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27) and 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23).

## How good is our leadership?

**3 - Adequate**

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

### Quality indicator 3.1: Quality assurance and improvement are led well.

The manager and staff had created an environment where children and families were warmly welcomed in the service. This helped build positive connections and trusting relationships. Staff valued opportunities for informal discussions with parents at the end of the day. We discussed with the manager to consider how to develop family engagement further. This would help them reflect on the needs of the service to bring about positive changes. One family told us, "I get on well with all the staff and they will engage if there is anything they have concerns about."

There were a variety of methods in place to share information with families. This included an online app, phone calls, notice boards and daily conversations. Overall, families were happy with the care provided. A couple of families suggested that they would like more activities during the summer program and more experiences inside and out. One parent told us, "the staff are all very helpful and listen and take on board any questions you have as a parent."

Regular opportunities for staff to come together for informal discussions and team meetings helped ensure they were they were informed of changes, which supported them in their role. This contributed towards staff wellbeing. Staff told us they felt supported by managers. This helped create a positive working environment, which contributed to a happy place for children to play and develop.

The service had improvement plans in place which identified the need to develop outdoor play spaces, planning and personal plans. Whilst we agree this would support positive outcomes for children, the plans needed further developed to ensure they were more robust in identifying actions needed and to ensure play is at the heart of all improvement planning. The manager was aware of the new self-evaluation document and plans to use this to support change. They were in the early stages of involving staff with self-evaluation. Developing more formal approaches to self-evaluation, would help staff reflect on what is working well, what needs to change and be meaningfully involved, to effectively support and drive improvements.



Some quality assurance processes in place helped support the daily delivery of the service and kept children safe. This included processes for updating attendance records, adapting to any changes in school pick-ups and managing staff absence. However, there were gaps in overall quality assurance processes that impacted on the quality of children's experiences. The manager should develop more robust processes to address areas identified throughout this report. They should focus on supporting children to experience high quality play, to ensure opportunities impact positively on children's development, health, wellbeing (see area for improvement 1).

The manager engaged well through the inspection, and they were keen to take on board suggestions to improve outcomes for children. We discussed that it would be beneficial to involve children, parents and staff in designing a vision, values and aims for the service which meets the aspiration of children and families.

### Areas for improvement

1.  
To support children's wellbeing and development, the provider should ensure that quality assurance processes are improved and impact positively on outcomes for children and families.

This should include, but is not limited to, identifying and prioritising improvements needed and how they will be achieved, and ensuring they monitor the quality of provision across the service.

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) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

### How good is our staff team?

**3 - Adequate**

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

#### Quality indicator: 4.3 Staff deployment.

Staff worked well together as a team and were flexible in their approach to support each other and move between areas when needed. This helped create a positive environment for children.

Arrangements were in place to manage staff absence and managers ensured tasks were reallocated and rotas updated to manage the change. This helped ensure there were enough staff to collect children from school and support them in different areas. In addition, the manager was also able to offer support and spent time in the playrooms.

Staff supervised children well across the setting and they were deployed in different areas to ensure they could meet children's needs. However, staff changed areas daily which meant that it impacted on continuity of play. Managers should consider reviewing rotas to allow staff to spend more time in areas. This would help provide consistency for children, develop play spaces and support children's engagement and continuation of play ideas (see area for improvement 1).

Whilst there were enough staff to supervise children effectively, the routines in place meant that staff became task orientated at busier times of the day, and this impacted on children play and experiences. For

example, snack time felt rushed and end of the day routines meant that children did not have choices in their play as they came altogether for games. In addition, staff became busy with housekeeping tasks which was distracting for children. Staff should review overall routines to ensure they are supportive of children's needs.

Staff were recruited safely to their role and received an induction when they started at the service. This helped ensure they understood the services policies and routines to help them in their role. Staff engaged in regular meetings to discuss practice and attended relevant training. For example, child protection, food safety and the Care Inspectorates SIMOA 'keeping children safe' resources. Managers should develop further training opportunities and support staff to reflect on their practice and help improve outcomes for children. (see area for improvement 1).

## Areas for improvement

1. To support children's care, play and development, the provider should ensure staff are skilled and competent to support meeting the needs of the children. This should include, but not be limited to ensuring staff receive relevant training to support them in their role.

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

## 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 service should ensure that all necessary maintenance work is carried out and recorded. This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My environment is secure and safe." (HSCS 5.17)

**This area for improvement was made on 22 August 2018.**

### Action taken since then

The service had developed a maintenance log and addressed some repairs. For example, repairing damage to the roof in the extension area. However, we identified further maintenance issues that needed attention. This included, ventilation, dampness, worn kitchen areas and rotten wooden panels on the exterior of the building.

**Therefore, this area for improvement is no longer in place and has been incorporated into a new requirement under key question 2.2 Children experience high quality facilities.**

## Previous area for improvement 2

The service should further develop the opportunities for parents and children to be involved in evaluating and improving the quality of the service provided. This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I am supported to give regular feedback on how I experience my care and support, and the organisation uses learning from this to improve." (HSCS 4.8)

**This area for improvement was made on 22 August 2018.**

### Action taken since then

Staff encouraged children to share their views and ideas about activities through group meetings. However, children expressed that they did not want to attend the meetings and appeared to give suggestions reluctantly, meaning their views were not fully considered. We discussed with the manager about developing more meaningful and engaging ways to involve children and families in the development of the service.

**Therefore, this area for improvement has not 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](http://www.careinspectorate.com).

## Detailed evaluations

|  |              |
|--|--------------|
| How good is our care, play and learning?           | 3 - Adequate |
| 1.1 Nurturing care and support                     | 3 - Adequate |
| 1.3 Play and learning                              | 3 - Adequate |
| How good is our setting?                           | 3 - Adequate |
| 2.2 Children experience high quality facilities    | 3 - Adequate |
| How good is our leadership?                        | 3 - Adequate |
| 3.1 Quality assurance and improvement are led well | 3 - Adequate |
| How good is our staff team?                        | 3 - Adequate |
| 4.3 Staff deployment                               | 3 - Adequate |

## 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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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.