

## Play Away ELC Ltd Day Care of Children

Play Away ELC  
10 Duke Wynd  
Glasgow  
G4 0WX

Telephone: 07984937172

**Type of inspection:**  
Unannounced

**Completed on:**  
14 February 2025

**Service provided by:**  
Play Away ELC Ltd

**Service provider number:**  
SP2023000353

**Service no:**  
CS2024000008

## About the service

Play Away ELC Ltd is registered to provide a care service to a maximum of 79 children not yet attending primary school at any one time. There were 33 children using the service on the first day of inspection and 32 on the second day.

Children are cared for in two main play spaces across two floors, and have access to an outdoor garden area. The play space on the bottom floor is open plan, and divided into three sections to accommodate different age groups. Additionally, children have access to a multi-purpose room on the top floor to support sensory and small group play away from the busier playrooms.

The service is close to local shops, amenities and public transport links.

## About the inspection

This was an unannounced inspection which took place on 11 and 12 February 2025. The inspection was carried out by three inspectors from the Care Inspectorate. This was the first inspection of the service.

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
- spoke with families of the children using the service
- spoke with staff and management
- reviewed 18 completed questionnaires from staff and families
- observed practice and daily life
- reviewed documents.

## Key messages

- Most children were happy and having fun.
- Staff knew most children well and were nurturing in their approaches.
- Parents provided positive feedback about the service, particularly about the relationships staff had with them and their children.
- Staff deployment must be improved to ensure all children's needs are met.
- Personal plans must be improved to support staff to meet children's needs.
- Mealtimes should be improved for children.
- Infection prevention and control practices must be improved to keep children safe and protected from the spread of infection.
- Maintenance and management of risk should be improved to support children's safety.
- Quality assurance, self-evaluation, and improvement planning should be improved to support better outcomes for children.
- Staff recruitment must be improved to ensure children's safety.

## 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?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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

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

## 2 - Weak

We evaluated different parts of this key question as adequate and weak, with an overall grade of weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

### Quality indicator 1.1: Nurturing care and support

We made an evaluation of weak for this quality indicator. Whilst we identified some strengths, these were compromised by significant weaknesses.

Overall, most children were happy, and staff were kind in their approach. We received reassuring feedback from families that suggested children and staff had developed positive relationships. One person said, "Staff are amazing and know my child so well." Another person said, "My relationship with the staff is professional. They keep me informed about my child's activities and progress, and I appreciate their communication. I always thank them for their efforts." However, we were concerned that staff were unable to respond to all children's needs throughout the day. Whilst some children were offered cuddles and reassurance when needed, other children did not receive responsive care. This meant that at times children were less nurtured which had the potential to impact on their wellbeing. We concluded that the low numbers of staff caring for children attributed to them being unable to meet all children's needs. In response to this, we made a requirement. The requirement is linked to staff deployment and can therefore be found under key question 4 How good is our staff team? of this report.

Nappy changing and personal care was delivered in designated changing spaces and toilet areas close to the main play area. Although staff showed commitment to changing children's nappies to ensure their comfort, personal care was rushed as staff had competing tasks to undertake. This meant the experience was less nurturing for children. As children were being changed, we observed other children running in and out of the changing areas. This did not support privacy and dignity for children.

Personal plans were in place for some children. Of the plans we sampled, some contained information that supported staff to care for children in line with their preferences and routines from home. However, plans were not in place for all children. This meant that staff covering in rooms or new to the service did not have the information needed to fully meet children's needs. We acknowledged some staff knew children well, however information that staff knew about children, and the strategies they used to support them was not recorded. This had the potential to compromise children's health, wellbeing and safety. Overall, the personal planning approach was inconsistent and needed immediate improvement, therefore we have made a requirement to address this (see requirement 1).

Children were served a nutritious snack and lunch. Staff knew about children's allergies and dietary requirements and catered for these well. We were concerned about the quality of children's mealtime experience. Staff did not always sit with children as they ate. Mealtimes were rushed and lacked opportunity for children to extend their life skills. Staffing was limited over the lunch period and staff were task focused. This meant staff were distracted, and not always able to sit with children to provide a positive, nurturing and safe lunch time experience. We have therefore made an area for improvement in relation to this (see area for improvement 1).

Overall, children's emotional security, safety and wellbeing was supported through sensitive sleep

arrangements. Parents who provided feedback agreed. We concluded children were able to rest or sleep in line with their needs, routines and preferences.

We sampled medication records and found most medication records were completed accurately. One of the medication records we sampled, had an incomplete medication record, and was no longer required for the child. We discussed with management the importance of robust monitoring of medication to ensure all records are completed accurately, and medication no longer required was sent home. This is to ensure that when children require medication it is stored and administered safely.

## Quality indicator 1.3: Play and learning

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Staff engaged children in different experiences throughout the day. Play spaces were well-resourced, and children could self-select toys and materials to support their play. Resources available supported children to develop their skills in language, literacy and numeracy. Older children participated in experiences including sand play, making structures with construction materials, drawing pictures and story time. There were opportunities for babies' physical development and movement through tummy time and they enjoyed rhymes with actions. These experiences were better when staff were available to support children. However, often staff were taken away from play experiences to support other children. This led to missed opportunities to deepen children's learning. We refer further to the impact of staff deployment under key question 4 How good is our staff team? of this report, where we have made a requirement.

The nursery garden was accessible from the main play space. Staff invited children out to this area at set times during the day. This meant that children's choice to play outside was restricted. When outdoors, children had fun exploring physical activities and playing with their friends from the other playrooms. We observed times where children asked staff to go outdoors, and they were asked to wait until later in the day. This limited children's choice and right to play. Management and staff should review opportunities for all children to access outdoor play throughout the day to support their choices and interests and to maximise their wellbeing.

At the time of the inspection, staff and management were reviewing their approach to planning children's play and learning. We agreed that this was necessary to ensure that planning was responsive to children's interests, choices and stages of development. We acknowledged that staff were being supported to improve this through input from an experienced curriculum lead. This member of staff spent time in the playrooms modelling practice and supporting new ways to track and respond to children's learning needs. This was a positive step to support and develop staff knowledge and skills to embed a child-centred planning approach.

Staff used an online app to communicate with families and share children's learning. The app was often used as a platform to share nursery updates and general information with families. Some information was recorded in relation to children's play, but a more focused and consistent approach was needed to support children's progression in learning. Some children had very few observations of their learning shared, and the quality of observations varied. Some parents suggested they would like to see more frequent updates on their children's play and learning. One parent said, "More frequent updates on the learning journal would be good."

## Requirements

1. By 31 May 2025, the provider must ensure that children's care needs are met through personal planning.

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

- a) ensure that each child has a personal plan in place
- b) ensure personal plans contain information about children's needs and how they will be met
- c) ensure all staff are aware of and understand the information within the personal plans and use this to effectively meet each child's needs
- d) ensure personal plans are regularly reviewed and updated in partnership with parents and carers.

This is to comply with Regulation 5(1)(2) (Personal plans) 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: "My personal plan (sometimes referred to as a care plan) is right for right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

### Areas for improvement

1. To support children's health, safety and wellbeing, the manager and staff should ensure children experience sociable and positive mealtimes.

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

### How good is our setting?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

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

Most play spaces were bright with natural light, and opening windows to support ventilation. Spaces were developmentally appropriate, and children had access to resources that supported their play and learning. This supported children to feel welcomed.

We identified several issues relating to infection prevention and control. Staff and children did not always practice effective handwashing. Designated sinks in toilet areas for handwashing were not used solely for that purpose, laundry was not managed well, and items such as mops were being stored in bathroom areas. This created a risk of cross contamination, and did not support children to be cared for in a clean and safe environment. We have therefore made a requirement to protect children from the potential spread of infection (see requirement 1).

The service had multiple maintenance issues and told us they were awaiting repairs to be carried out. Whilst we were satisfied that some areas of concern were addressed during our inspection, other areas needed attention to ensure children's safety. For example, the garden fence was broken, as the border panel was missing along the bottom of the fence, and the secure door entry door system was broken. Additionally, a fire safety audit had been carried out in October 2024 by the Scottish Fire and Rescue Service. The provider had actioned a few of their recommendations but many recommendations remained outstanding, and no attempts to action these had been taken. We have therefore made a requirement to ensure children should be cared for in a safe and well-maintained environment (see requirement 2).

Improvements should be made to how the staff and management risk assess the environment. Some basic recorded risk assessments were in place, and these did record some of the identified hazards and mitigations in place. However, robust risk assessments had not taken place for all spaces. This included entrance areas and outdoor spaces. For example, there was no recorded risk assessment for the secure entry system. The entry system was broken and management shared that they were locking the door when people left. However, the mitigations in place had not been recorded or shared with all staff and families. This meant robust steps had not been taken to reduce the level of risk to support children's health, safety and wellbeing. We have reflected the need to improve this (see requirement 2).

We had concerns about the systems in place to account for children while they attended the service. Although registers were in place, these were not completed accurately to reflect the children in attendance. This meant there was the potential to miss children in an emergency. We have reflected the need to improve this (see requirement 2).

## Requirements

1. By 1 May 2025, the provider must ensure that children are cared for in a hygienic environment.

To do this, the provider must at a minimum:

- a) ensure the environment is clean and free of risks that contribute to the spread of infection
- b) ensure handwashing is undertaken consistently by staff and children.

This is to comply with Regulation 4(1)(d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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 have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their organisational codes" (HSCS 3.14) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

2. By 1 May 2025, the provider must ensure that children are cared for in an environment that is safe and secure.

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

- a) staff are aware of where children are at all times
- b) registers reflect children attending the service
- c) robust risk assessments for all areas of the service are carried out and followed effectively in practice
- d) the premises and materials are well-maintained.

This is to comply with Regulation 10(1) and 10(2)(a)(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: "My environment is secure and safe" (HSCS 5.19).



## Areas for improvement

1. To support children's health, wellbeing, and safety, the provider should ensure they are cared for in a well-maintained, and safe environment.

This is to ensure that care and support is consistent with 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).

### How good is our leadership?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

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

The service was newly registered with Care Inspectorate in January 2024. The manager and provider worked closely together and were in the process of building a staff team with a shared vision for the direction of the service. Staff told us their wellbeing needs were considered and they had positive relationships with management. The manager, provider and staff engaged with the inspection process well. They appeared keen to make changes that would support improvements for children and families.

Whilst most staff had taken part in child protection training in previous roles, no formal training had been undertaken whilst employed by this provider. We found most staff understood their responsibilities in relation to child protection. However, some staff commented that they would benefit from more training to build their confidence and develop a deeper understanding of their role in safeguarding children. The manager and provider had not identified this gap in training, therefore we have made an area for improvement to strengthen staff ability to respond to potential child protection concerns (see area for improvement 1).

The manager was in the early stages of introducing self-evaluation which included gathering staff views on the quality of the service. Although staff had contributed their views, their feedback had not been used to contribute towards meaningful improvements for children. Some staff also commented that they felt their contributions were not valued, given the lack of action taken. This had the potential to impact on staff wellbeing and their plans to develop the service. We shared with management the importance of reflecting with staff and responding to their suggestions to create positive change for children and families. We have therefore made an area for improvement in relation to this (see area for improvement 2).

The service had made a start on developing parental engagement. For example, by involving families in their child's transition to primary school. However, greater consideration of the views of children and families was needed to ensure the service met their needs and that children's rights were respected.

Quality assurance processes were not having a positive impact on the quality of children's care and support. We identified significant gaps in how quality assurance was used to improve outcomes for children. We have highlighted these concerns throughout this report. Concerns included gaps in auditing of accidents and incidents, personal plans, identifying staff training needs, recording and managing risk and recruiting staff safely. An area for improvement in relation to self-evaluation and quality assurance has been made to address this (see area for improvement 2).

## Areas for improvement

1. To ensure children are safeguarded, the provider should make sure that the manager and staff have the skills, knowledge and experience necessary to protect children from harm. This should include but is not limited to, ensuring staff participate in regular child protection training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm, neglect abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

2. To improve outcomes for children, the manager and provider should ensure that self-evaluation and quality assurance impact on improved experiences for children. This should include, but not be limited to, gathering and responding to people's views and auditing practice.

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).

## How good is our staff team?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

### Quality indicator 4.3: Staff deployment

At the time of the inspection, the service was experiencing significant staffing challenges. Whilst we acknowledged that recruitment was underway, there were not enough staff available to meet the needs of children attending the service. This impacted on significant weaknesses on the quality of children's care, support and safety. We have made a requirement to address this (see requirement 1).

Staff were kind, caring and familiar with the needs of children. They made positive attempts to communicate with each other to meet children's needs. They often identified where children needed support and asked colleagues for help. For example, when children needed help at the toilet. However, as a direct result of the low number of staff caring for children, it was not always possible to respond to children's varying needs. We have referenced throughout this report the impact of that on outcomes for children.

Arrangements for staff absences and changes were poorly managed. This resulted in disruption to children and continuity of care. Additionally, no staff rotas were in place. This meant staff and parents were not aware of the staffing plan for each day. Staff were not aware who would be covering their break and supporting in each play space. This led to gaps in interactions across the day and poorer overall outcomes for children.

The provider must make improvements to the recruitment process to ensure children are protected from harm. Whilst some recruitment had been undertaken safely in advance of staff joining the service, other staff had started in post before recruitment checks had been completed. For example, references and Disclosure Scotland checks had not been returned for some staff until after they had begun working with children. This had the potential to put children at risk. We were satisfied that before the publication of this report, the provider and manager provided evidence and reassurances to demonstrate that all current staff were fit to be working with children. We have made a requirement in relation to safe recruitment (see requirement 2).

Two staff employed at the service had not applied to the professional registration body, Scottish Social Services Council (SSSC) within the first three months of their employment. The SSSC provides public protection by promoting high standards of conduct and practice and support the professional development of those registered with them. We were satisfied that action had been taken to address this before publication of this inspection report.

## Requirements

1. By 31 May 2025, the provider must ensure that the service is safely staffed to meet children's needs. To do this, the provider must, at a minimum:

- a) ensure that there are enough staff in number to respond to children's needs
- b) ensure staff are deployed in a way that meets children's needs
- c) develop contingency plans to support staff absences.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

2. By 31 May 2025, the provider must ensure children are supported by staff who have been safely recruited. To do this, the provider must, at a minimum:

- a) ensure all essential pre-employment checks are carried out prior to staff commencing employment in the service
- b) ensure staff apply to register with the Scottish Social Services Council within the set timescales.

This is in order to comply with Regulation 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

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).

## Complaints

There have been no complaints upheld since the service registered.

Details of upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

## Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	3 - Adequate

How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak

How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak

How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

## 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 iarrtas.

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.