Community Central Hall - Safe Til Six
Day Care of Children

304 Maryhill Road
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Type of inspection:
Unannounced

Completed on:
15 July 2025

Service provided by:
Community Central Hall

Service provider number:
SP2007008922

Service no:
CS2007144691

About the service

Community Central Hall - Safe Til Six is registered to provide day care to a maximum 89 school age children up to 14 years old. The service is located within Community Centre Hall in the Maryhill area of Glasgow. It is situated close to local shops, amenities, and public transport links. Children have access to two halls within the Community Centre. At the time of inspection, 18 children attended the service.

About the inspection

This was an unannounced inspection which took place on 14 and 15 July 2025. 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
- spoke with staff, management and the provider
- reviewed 19 completed questionnaires from staff and families
- observed practice and daily life
- reviewed documents.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

Key messages

• Almost all children were relaxed and having fun.

• Parents and children provided positive feedback about their experience at the club.

• The approach to personal planning was child centred.

• Infection prevention and control practices needed to be improved to keep children safe and protected from the spread of infection.

• Maintenance, and register keeping needed to be improved to support children's safety.

• Quality assurance, self-evaluation, and improvement planning needed to be improved to support better outcomes for children.

• Staff recruitment needed to 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?	3 - Adequate
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
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.

Staff were warm and kind in their approach towards children. They were friendly and had established positive relationships with children and families. They took time to listen and respond to children's needs. This meant staff had established trusting relationships and supported children's and families' wellbeing.

Children told us they were happy at the club and had a positive experience. We observed almost all children had fun. Children agreed and their comments included:

"I like the toys and the people that keep us safe. The people keep me safe. My favourite thing to do is eat my lunch."

"I like the staff because they're nice, kind, helpful and fun."

"This is a trustworthy after care. They are a kind and respectful. They teach you stuff that you need to know; they make sure you're safe and happy! They all have their own unique skills and talents."

We concluded children were happy, felt safe, and were enjoying their time at the club.

Parents were welcomed into the service and staff spent time communicating with them at drop off and collection. This supported them to share information about children and fostered positive relationships. Almost all families who provided feedback commented positively about the relationship staff had with them and their children. One person said, "Staff are friendly and professional;" another said, "The staff are friendly and easy to reach when needed."

To support children's health and wellbeing, improvements should be made to the storage and administration of medication. Although medication was stored securely, it was not always kept in its original container or accompanied by the manufacturer's leaflet, which contained the essential usage instructions. This had potential to lead to confusion during administration. Some medication records lacked clear and specific instructions, including the signs and symptoms children would display when medication was required. Additionally, there were missing parental signatures to confirm that medication had been administered and acknowledged. This had the potential to compromise children's health and wellbeing. As a result, we have made an area for improvement (see area for improvement 1).

Personal plans were in place for all children. They were reviewed and updated in partnership with children and families when information changed, and at a minimum every six months. Plans took account of the wellbeing indicators safe, healthy, achieving, nurtured, active, respected, responsible, and included. This meant staff could use the information recorded to respond quickly and sensitively to changes in children's lives.

Where children had additional support needs, some had wellbeing plans and some did not. We reviewed evidence that the service was attempting to make links with other professionals to support children. This meant for some children strategies and recommendations to support them were shared. However, other

wellbeing plans were incomplete, therefore strategies to support children were not always clear or shared. We discussed with the manager how clear, individualised wellbeing plans can support children's development by providing consistent, targeted strategies tailored to their needs.

Children enjoyed a calm, unhurried snack and lunch time. Snack time encouraged independence and social interaction through self-serving. Staff were attentive to allergies and offered suitable food options. Some families commented positively about the snacks available to children. One person said, "[child] is fussy with foods but in past couple of months has shocked both staff and myself with her attitude towards eating." This supported children's health and wellbeing. Staff sat with children at lunch time, encouraging conversations; however, did not sit with them at snack time. We suggested enhancing the snack experience by having staff sit with children and allowing self-selection from shared dishes to promote interaction and ownership. To make lunch more nurturing, we recommended setting the table more attractively and using plates instead of children eating directly from lunchboxes.

Staff supported families to access supports from the local community; in particular, groups and support available in the Community Centre. This included food banks, family support groups, and children's activity groups. This supported children's and families' wellbeing, needs, inclusion and resilience.

Quality indicator 1.3: Play and learning.

Children's voices were valued within the service. Children had ownership of their personal plans, which contained their play interests. Their achievements were displayed around the room and on wall displays, alongside some pictures of their previous trips and experiences. This helped children feel included and supported their rights.

Children enjoyed spending time in their local community. They visited the local park, and shops. During the school holidays, an outings plan was created and shared with parents. Both staff and children shared that they chatted with children to get their ideas prior to planning the trips. Trips included museums, parks, cinema, and outdoor adventure playground. Children provided positive feedback about the outings. One child said, "I think it's fun I like playing with friends and play in the park when we go on trips. I like going to Baltic Street;" and another said, "I like safe till six because we can play out the back and go on trips." We concluded children benefitted from play and learning experiences that supported them to develop their interests and community links.

Children led their own play, with staff providing a basic selection of resources. Some resources were set up for children in response to their interests. However, other materials were not as accessible which limited children's choice. Although staff chatted to children during play, they needed to interact more skilfully to progress children's play and learning. There were missed opportunities to support children's play and most staff would benefit from learning more about child development and their role within the playwork principles. We have therefore made an area for improvement in relation to this (see area for improvement 2).

Areas for improvement

1. To support children's health and wellbeing, the provider should ensure medication is stored and administered safely.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. To ensure that children experience high-quality play and learning, staff should make sure that children can access and choose from a wide range of toys and materials. This should include, but is not limited to, ensuring resources suitably challenge children's learning.

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

'As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling' (HSCS 1.30); and '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).

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.

The hall was spacious and furnished with tables and chairs. Whilst this provided opportunities for tabletop play activities, there were not suitable spaces elsewhere for children to relax and refresh. This had the potential to impact negatively on children's wellbeing, especially when attending for a full day session during school holidays. The hall was bright with natural light; however, it lacked appropriate ventilation. Only one window was open which reduced airflow and had the potential to impact on children's health and wellbeing.

Children benefitted from a secure entry system in place to protect them from harm. The door was entered only by authorisation, and a receptionist was on hand to welcome people into the building and direct them appropriately. Most families who provided feedback suggested that the setting was secure. One person said, "The door is always shut properly, and they make sure it's closed every time someone goes in to pick up their child. If another family member picks [child] then I would need to inform the staff and give a password." This supported children's safety.

On the first day of inspection, children did not have access to outdoor play, which did not support their health and wellbeing. While the service had planned local outings to promote outdoor experiences, daily access was limited. We acknowledge that the service had identified an outdoor space for development, but this was not yet in a good state of repair for children to play in safely. This area had the potential to positively impact children's health, wellbeing, and development. We suggested to the service that the outdoor area should be developed to provide children with daily fresh air, physical play opportunities and good wellbeing. We have therefore made an area for improvement to reflect this (see area for improvement 1).

We identified significant concerns regarding the safety and condition of the building and play spaces, which were not safe or well maintained. Multiple maintenance issues required immediate attention, including

dampness in the children's bathrooms, cracked walls in children's bathrooms, unsafe flooring and surfaces, inadequate and unsafe radiator covers, and flaking paint and plaster on walls and ceilings in all spaces used by children. Additionally, there was an extremely foul smell within the boys toilets throughout the inspection. These issues posed a direct risk to children's health and safety. Some families shared concerns around the maintenance of the building. One person said, "I'm very concerned about the state of the toilets and kitchen." While we acknowledge that the service had a maintenance plan in place that identified some of these concerns, the lack of timely action to address them failed to support a safe environment for children. As a result, we have made a requirement for these matters to be addressed to ensure the health, safety, and wellbeing of all children in the setting (see requirement 1).

We had concerns about the effectiveness of systems used to account for children during their time at the service. Although registers were in place most days, they were not completed accurately to reflect actual attendance. When prompted, the manager explained that printer issues had impacted the process and provided a handwritten register as a temporary solution. This was a positive step toward improving safety; however, the initial inaccuracy posed a risk in the event of an emergency and to help ensure children were accounted for at all times. As a result, we have made a requirement for these matters to be addressed without delay to ensure the safety of all children in the setting (see requirement 1).

The approach to infection control was inconsistent. Staff and children demonstrated good hand hygiene. Portable sinks were available in playrooms and resources were cleaned to a satisfactory level. In contrast, and concern, we identified several concerns that compromised children's health, including poor ventilation in bathrooms and play areas, unhygienic kitchen work surfaces, dirty bathrooms and kitchen, and engrained dirt on floors, walls, windows, and some furnishings. Overall, these issues posed a high risk of cross-contamination and did not support a clean, safe environment, therefore, we have made a requirement to address this (see requirement 2).

Requirements

1. By 1 November 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) registers reflect children attending the service
b) bathroom areas are clear from hazards and well maintained
c) kitchen areas are clear from hazards and well maintained
d) radiator covers are free from hazards and safety secured
e) 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).

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

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

a) play spaces are clean and free of risks that contribute to the spread of infection
b) food preparation areas, including food storage, are deep cleaned and regularly cleaned to support hygienic food preparation
c) children's bathrooms are clean and free of risks that contribute to the spread of infection
d) spaces are well-ventilated with regularly maintained systems to reduce the risk of airborne infections.

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).

Areas for improvement

1. To support children's health, development and wellbeing, the provider and manager should review the approach to outdoor learning in and beyond the setting. This should include, but not be limited to, ensuring children have access to quality outdoor physical play in the fresh air daily.

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 play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

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 improvements are led well.

There was a new manager in place, who engaged with inspection well. They welcomed feedback and told us they were keen to make positive changes after inspection. This gave us some assurances about the capacity to improve outcomes for children and families.

We sampled staff files and were concerned that some staff had not been safely recruited. We acknowledged the provider had carried out Disclosure Scotland safety checks on all staff prior to commencing employment. However, some staff had started employment without the appropriate reference checks taking place. Additionally, one person working with children had not registered with the regulatory body Scottish Social Services Council (SSSC). This put children at risk; therefore, we have made a requirement to address this (see requirement 1).

The manager and staff team were at the early stages of using self-evaluation tools to look at their practice

and reflect on it. They had used the illustrations within Care Inspectorate 'A quality framework for day care of children, childminding and school-aged childcare' to benchmark practice and note some improvements they may consider. Staff had protected time to meet as a team to share information at team meetings every few months. However, the pace of change had been too slow and had not yet impacted on improved outcomes for children. Therefore, we have made a requirement in relation to self-evaluation quality assurance and improvement planning to address this (see requirement 2).

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 medication, identifying staff training needs, recording and managing risk relating to maintenance, minimising the potential spread of infection, accounting for children, and recruiting staff safely. Therefore, we have made a requirement in relation to self-evaluation quality assurance and improvement planning to address this (see requirement 2).

Requirements

1. By 1 November 2025, the provider must ensure children are supported by staff who have been safely recruited. To do this, the provider must, at a minimum, ensure:

a) all essential pre-employment checks are carried out prior to staff commencing employment in the service
b) staff working with children are registered with the appropriate regulatory body for their role such as Scottish Social Services Council.

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).

2. By 1 November 2025, the provider must ensure robust, self-evaluation, quality assurance, and improvement planning takes place, and impact on improved experiences for children and families. To do this, the provider must, at a minimum:

a) carry out self-evaluation and improvement planning in consultation with children, staff and families
b) implement robust quality assurance processes
c) ensure staff are supported with professional development opportunities that support improved outcomes for 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 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? 3 - Adequate

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

Quality indicator 4.3: Staff deployment.

The manager valued the importance of ensuring the service was appropriately staffed throughout the day. Staff breaks were planned when they would have less impact on children. This allowed for staff to rest and refresh. Arrangements for staff absences were managed well. A rota was in place and additional staff from the nursery were able to support in an emergency, supporting continuity of care for children.

The manager worked within the playrooms to maintain adequate staff deployment. While children appeared happy and most staff met their needs, this arrangement impacted the quality of experiences, and the manager's ability to lead the service effectively. The operations manager explained this was a temporary measure due to reduced attendance and confirmed that the manager is normally supernumerary. We suggested reviewing this arrangement over the summer period to enable the manager to focus on the leading and managing of the service to provide quality outcomes for children and families.

Overall, staff were kind, caring and worked well together. Most staff made positive attempts to communicate with each other to meet children's needs. In contrast, we observed times where some staff missed opportunities to respond to children's questions and provide the appropriate resources. This limited children's experiences and interactions. We have made an area for improvement under section 1 'How good is our care, play and learning?' of this report to support this improvement.

Overall, staff were deployed appropriately throughout the service, in line with their skills and experience. As a result, almost all children were relaxed and happy within the service and they confidently approached staff, which demonstrated they felt safe and secure.

Families were coming into the service, and staff were spending time feeding back to them about their children's time at the service. Almost all families provided positive feedback about the communications they had with staff. One person said, "The staff feel like extended family for my child. I can have a fun or serious chat with them, and we keep in communication about any issues with my child." Another said, "Staff are open and communicate well." We concluded staff had established positive relationships with families and took time to help them feel listened to and valued.

Most staff had taken part in professional learning to support their knowledge of child protection. We found that all staff felt confident in supporting children when child protection concerns were raised, and at identifying possible harm. This contributed to keeping children safe and protected from harm.

Staff had taken part in a range of training, and staff one-to-one's to support their professional development and practice. We observed that this was not always having a positive impact on staff practice. A more targeted approach to training would be beneficial. This would be a positive step to making improvements and supporting everyone to work towards high-quality outcomes for children. We have made a requirement under section 3 'How good is our leadership?' that supports this improvement.

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

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?	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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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