

## Cadder Out Of School Service Day Care of Children

Cadder Primary School  
60 Herma Street  
Glasgow  
G23 5AR

Telephone: 01419 466 569

**Type of inspection:**  
Unannounced

**Completed on:**  
10 July 2025

**Service provided by:**  
The Committee Cadder Out Of School  
Service

**Service provider number:**  
SP2003001280

**Service no:**  
CS2003005921

## About the service

Cadder out of school service operates from Cadder Primary School in the north of Glasgow. The service is registered to provide a care service to a maximum of 50 children from primary school age to second year of secondary school. The service operates during term time after school and during school holidays.

At the time of inspection 13 children were in attendance on day 1 and 9 children were in attendance on day 2.

The service has a separate, secure entrance from the school. Children had access to a dedicated playroom space, school gym hall and large, secure playground.

## About the inspection

This was an unannounced inspection which took place on 9 and 10 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.

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 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.

In making our evaluations of the service we:

- spoke with people using the service
- spoke with parents/carers
- spoke with staff, the business manager and the provider
- observed practice and daily life
- reviewed documents.

## Key messages

Staff were warm, kind and caring in their interactions with children.

Children were happy, relaxed and having fun.

Children had daily opportunities to play outdoors.

Quality assurance processes should be further developed to improve positive outcomes for children.

The provider must ensure the vacant childcare manager position is filled with an appropriately qualified person.

## 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?	4 - Good
How good is our setting?	5 - Very Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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

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

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

### Quality indicator 1.1: Nurturing care and support

Children were cared for by warm, friendly staff who had developed fun, trusting relationships with them. Staff knew children well and took the time to chat and listen to them. This helped children engage, and feel relaxed and confident in the adults care. Staff were responsive to children's needs and offered comfort through hugs and gentle words of reassurance. This supported attachments and helped children feel safe and secure. One parent commented, "Staff are always friendly and willing to help with things going on in my child's life".

Children enjoyed a picnic style lunch during their trip to Glasgow Green. Lunch was an unhurried, sociable experience for children with lots of relaxed, fun conversations taking place. For example, children told jokes and chatted about their favourite lunch and best trip they had been on. This made children feel valued and listened to. Choice was promoted as children were able to choose where to sit and who with. This supported social interactions and friendships with peers. Staff were mindful of children's health and safety needs. They sat with children to ensure safety whilst eating and encouraged children to drink at regular intervals to stay hydrated.

Children that required medication were well supported. Staff had participated in training to support them in managing individual children's medical needs. Overall appropriate storage and systems were in place to support the safe administration of medication. Detailed information of signs and symptoms and clear actions to take in an emergency were recorded. We suggested storage could be enhanced through the addition of a photo and child's name on their individual medication boxes. This would support staff to quickly identify individual children's medication during an emergency.

Personal plans were in place for children and contained some key information about their needs. For example, staff knew when and why children may need medication. Children had opportunities to contribute to their plans as they recorded their preferences through words and pictures. However, plans were not being regularly updated or reviewed with parents within required time frames. We discussed with leaders how regular updates and reviews would ensure information held is reflective of children's most current needs. This would ensure children receive care and support that is consistently right for them and their changing needs.

### Quality indicator 1.3: Play and learning

Children were having fun and were fully engaged in their play and learning. Children experienced a balance of planned and spontaneous experiences based on their interests and suggestions. This included trips to local parks, making slime and games in the garden. Staff encouraged children to record their ideas using suggestion sheets. This ensured children's voices were heard and their right to play respected. Children and parents spoke positively about the experiences on offer. Some comments included:

"My children have different interests, the service is fantastic at recognising what they are interested in and taking this forward into activities".

"I like playing badminton in the gym hall".

"I like playing with my friends and going to the park. We get to go on the bus and the train. It's fun".

Children's play and learning was enhanced through daily opportunities for outdoor play. They had access to a large, secure outdoor playground for physical play and games. Children enjoyed the challenge of the wooden trim trail. This supported their physical development as they practised skills and movements such as climbing, balancing and jumping. During holiday periods, children enjoyed daily outings to different places and parks in and around Glasgow. One child enthusiastically shared, "We went to Dumbarton Park, we go out lots, we're always on trips". This supported children's connection and involvement in their wider community.

Children's individual learning was being documented in learning journal books that were updated monthly. Some observations contained information of children's skills and knowledge. We discussed how observations could be further developed through recording next steps. This would show progression in children's learning and development. Photographs and comments scribed by adults were recorded in Floor books to capture experiences children were involved in. We suggested children could be supported to write their own comments. This would provide children with further opportunities to share their voice and reflect on their learning.

Learning was being shared with parents and carers through daily discussions. We discussed with leaders how improvements could be made to how children's learning was shared with families. Leaders agreed and discussed plans for consultation with staff, children and families to take this forward. This would provide parents with opportunities to be meaningfully involved in their child's play and learning.

## How good is our setting?

## 5 - Very Good

We evaluated this key question as very good, where significant strengths supported positive outcomes for children.

### 2.2: Children experience high quality facilities

The service had it's own separate entrance from the school, with secure buzzer entry system. This enhanced children's safety and security when entering and leaving the building. Children had their own dedicated playroom and cloakroom space to keep their belongings and personal items. Playroom and corridor displays were used to share information with children and families. This contributed positively to children and families sense of belonging within the environment.

Children were cared for in an environment that was clean and bright. Large windows provided plenty of natural light and ventilation. Soft furnishings were being stored in a cupboard and brought out at children's request or when staff felt children needed a quieter space to support their emotional regulation. We suggested the creation of a permanent cosy area would provide children with easier access to a space for rest, relaxation and time on their own when they wanted. A wide selection of developmentally appropriate resources for children of all ages were available. Board games, construction, books and mark making materials supported children's numeracy and literacy skills. Resources were neatly stored, clearly labelled and easily accessible. This promoted children's choice and freedom to lead their own play.

Positive relationships between the service and the school meant children's experience was enhanced through the use of school facilities. This included access to, two gym halls, a large secure playground and a sensory room. This had a positive impact on children's physical development and emotional wellbeing. The indoor, outdoor spaces and equipment were well maintained. Maintenance issues were logged and reported to the school janitor and repairs were actioned quickly. This meant children could explore freely in an environment that was safe, secure and well-maintained.

Children's safety and wellbeing was a priority for the service. Robust formal risk assessments ensured systematic checks were in place and staff were clear in their responsibilities. Procedures were further enhanced by staff's skills in identifying and responding to risk on an ongoing basis indoors, outdoors and on outings. Staff included children and involved them in conversations about risk. This supported children's ability to identify risk in different environments and supported them to make choices to keep themselves safe. For example, during an outing to Glasgow Green a dog was lying a short distance away on the grass. One child confidently shared their knowledge of the safety rules about petting animals, and told us and their friends, "We don't touch dogs we don't know, because they might bite you."

Established procedures for infection prevention and control were in place. Children were confident in handwashing routines at key times throughout the day such as, mealtimes and toileting. During the holiday period children were participating in planned trips everyday around the city. Staff had carefully considered infection prevention and control practices during outings. A travel bag with key items such as, hand sanitiser, portable toilet, gloves and aprons helped minimise the risk of spread of infection. This supported children's health and wellbeing needs as they explored a range of environments.

## How good is our leadership?

## 3 - Adequate

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

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

The provider had been experiencing some challenges recruiting a qualified manager for the service. In acknowledgment of this, the provider had deployed an experienced business manager to support staff and be a key contact for families. This helped ensure some consistency for children and the business manager demonstrated a positive approach and showed commitment to improving outcomes for children and families. However, due to the absence of a childcare qualification there were gaps in knowledge which meant key leadership responsibilities were not being implemented and had impacted on aspects to support service improvement. For example, self-evaluation and planning for continuous improvement had not taken place for over a year. This meant opportunities were missed to improve the service and children's experience. Over time, this had potential to compromise the provision of safe and high quality care for children. Therefore we have made a requirement to address this (**see requirement 1**).

Children's views were sought through daily conversations and suggestion sheets. Their voice was further promoted through the children's committee. This provided opportunities for children to come together and discuss their ideas and suggestions for improving the service. Staff respected children's ideas and facilitated requests where practical to do so. For example, children had requested new outdoor play equipment. Staff secured funding and children created a list of resources that were then purchased. This sent the message to children that their voice mattered.

Parents and carers had opportunities to give feedback and share their views through conversations, annual questionnaires and a suggestion box. One parent commented "The staff will ask myself and my children for ideas and feedback on the service as they are always looking to keep the service fun, safe and relevant for the children." We suggested results of consultation could be shared with parents through the settings newsletters. This would help families see how their contributions have helped shape the service.

We found the service had processes for gathering and recording information across a range of areas, including personal plans, accidents and medication. However, some information held was not regularly audited to identify gaps in the way children's care, play and learning was delivered. For example, children's personal plans were not always reviewed within required time frames. We discussed with the business manager the importance of developing robust quality assurance processes to ensure consistently good outcomes for children. We have therefore made an area for improvement to address this (**see area for improvement 1**).

## Requirements

1. By 30 November 2025, the provider must ensure improved outcomes for children by recruiting a suitably qualified manager to lead the service. To do this, the provider must, at a minimum:

- a) safely recruit a qualified manager for the service
- b) notify the Care Inspectorate of a change of manager.

This is to comply with Regulation 7 (2) (d) and 17 (1) (c) of the Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 7 (1) (b) 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 have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow professional and organisational codes. (HSCS 3.14)

## Areas for improvement

1. To ensure that children experience consistently positive outcomes, the manager should develop and implement systematic quality assurance processes. This should include but is not limited to, developing a monitoring calendar.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

"I benefit from a culture of continuous improvement, with the organisation having robust and quality assurance processes" (HSCS 4.19).

## How good is our staff team?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

### Quality indicator 4.3: Staff deployment

Staff were warm, welcoming and committed to the needs of children and families, however there were some gaps in knowledge which would have been supported by an experienced childcare manager. Staff worked well together, creating a positive environment that supported children's wellbeing. They demonstrated kindness and interest towards the children they cared for, ensuring they felt valued and respected. Parents spoke positively about staff and shared their views with us. Some comments included:

"The staff are great, and have built a strong relationship with myself and my children"

"Staff are always very friendly and know the children well. I can trust them to look after my [child's] needs."

"Kids are very happy here and staff are amazing."

Staff told us they felt well supported by each other and the business manager. This created positive working relationships within the team. Staff used effective ongoing communication and were flexible in their approach to support children's care and follow their interests. This contributed positively to team work to meet the needs of the children.

Children's safety was a priority for the service. In the absence of a childcare manager some staff had taken on the additional responsibility of lead child protection officer and had participated in training to support them within this role. This helped keep children safe.

Annual appraisals and twice yearly support meetings provided staff with opportunities to reflect on their practice and identify any training needs. We suggested more specific objectives would provide staff with more defined goals to work towards to support their continuous professional development. Staff development was actively encouraged within the service. Staff had accessed a range of training to support them in their role. This included, understanding autism, diabetes training, first aid and child protection. This enabled staff to provide continued support to meet children's health and wellbeing needs. We discussed with leaders how staff could benefit from evaluating the effectiveness of training attended. This would help to identify any gaps in knowledge or further information needed to implement training in practice.



## 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 provider and manager should review and improve current risk assessment procedures to ensure they are effective in identifying and addressing risk to children.  
Staff should be given training to ensure they are confident in undertaking risk assessments.

National Care Standards Education and Childcare up to the age of 16: Standard 2: A Safe Environment.

**This area for improvement was made on 28 July 2017.**

#### Action taken since then

The business manager was trained in creating risk assessments. Procedures had been reviewed and updated. Detailed risk assessments were in place for indoor and outdoor environments and outings. As part of professional development, staff were supported in completing risk assessments and identifying and responding to risk on an ongoing basis.

Therefore we were satisfied this area for improvement has been met.

#### Previous area for improvement 2

The provider and manager should ensure that the new systems are effective in identifying and monitoring staff development needs and that training is carefully planned and evaluated in line with national and local guidelines.

National Care Standards Early Education and Childcare up to the age of 16: Standard 12 - Confidence in Staff.

**This area for improvement was made on 28 April 2017.**

#### Action taken since then

Annual appraisals and 6 monthly support meetings were taking place to identify staff development needs and training. Staff had access to a range of online and in person training to support them in their role and were able to share how training had supported their practice.

Therefore we were satisfied this area of improvement has been met.

#### Previous area for improvement 3

The provider and manager should build on existing quality assurance procedures to ensure they are effective in supporting improvement within the service.

National Care Standards Early Education and Childcare up to the age of 16: Standard 13 - Improving the Service.

**This area for improvement was made on 28 April 2017.**

## Action taken since then

Some quality assurance was taking place such as, auditing of medication and risk assessments. However, the absence of a qualified manager had impacted on some key aspects of quality assurance and improvement processes not taking place.

Therefore this area of improvement has not been met and is ongoing. It has been referred to under section 3.1 of the report.

## 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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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