

Darnley OSC - Darnley Community Education Centre Day Care of Children

Darnley Community Education Centre
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Type of inspection:
Unannounced

Completed on:
18 July 2025

Service provided by:
Darnley After School Service Board of
Directors

Service provider number:
SP2004004151

Service no:
CS2003006201

About the service

Darnley After School Service provides an after school care service in the Darnley area of Glasgow. The service is registered to provide care for a maximum of 62 children. The service operates before and after school during term time and full days during school holidays. At the time of inspection 28 children were in attendance on the first day and 25 on the second day.

The service is provided by Darnley After School Service Board of Directors and is based within Darnley Community Education Centre. Children have access to, two hall spaces and a secure playground in the primary school located next door to the centre.

About the inspection

This was an unannounced inspection which took place on 16 and 18 July 2025. The inspection was carried out by three 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 the following aspects:

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

This information will be anonymised and analysed to help inform our future work with services.

In making our evaluations of the service we:

- spoke with people using the service
- spoke with staff and management
- gathered the views of seven parents/carers
- observed practice and daily life
- reviewed documents

Key messages

- Staff were warm, kind and caring in their interactions with children.
- Staff had positive relationships with children and families.
- Children were happy, confident and relaxed in the service.
- The provider should ensure doors to children's play spaces are secure to support children's safety.
- The manager should consider staff deployment at mealtimes to ensure children's safety whilst eating.

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?	4 - Good
How good is our leadership?	4 - Good
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 where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Children were cared for by staff that were kind and caring in their approach. Children were supported with praise, hugs and words of reassurance throughout their day. Staff knew children well and spent time chatting with them about their interests, hobbies and families. Children commented positively on the relationships they had with staff. One child told us, "The adult's sit and chat to us and spend time with us, which is nice". This supported trusting relationships between staff and children.

The service had been providing care in the area for a long period of time, which had contributed to positive relationships between staff and families. Staff and parents valued the relationships they shared and agreed this was a positive of the service. Some of their comments included:

"Our service has been going for nearly 40 years. We have children in our service, whose parents came to our service when they were children. Which I think speaks volumes".

"Having used the service for nine years, I know staff well and trust them".

"The staff are friendly and approachable. I am able to discuss any concerns with the staff with ease".

There had been improvements made to children's snack routines. A rolling snack system meant that children were able to eat when they chose without disruption to play experiences. Snack provided opportunities for independence as children poured drinks and served their own food. Staff were aware of children's allergies and dietary needs which helped support children's health and wellbeing. Lunch was a relaxed and unhurried experience for children. Choice was promoted as children could choose where to sit and who to sit with. This supported friendships between children. Adult's sat separately from children, this meant there were missed opportunities for staff to interact with children and engage them in social conversations. We discussed with the manager the importance of staff sitting with children to ensure their safety whilst eating (see quality indicator 4.3, area for improvement).

Overall we found medication was stored and administered safely. Medication was kept in individual bags that were clearly labelled with children's names and photos. This meant children's medication was easily identifiable in an emergency. We found some improvements could be made to paperwork to ensure information held reflected children's current medical needs. This included recording any changes to the dosage of medication to be administered. This would provide staff with information they need to meet children's health needs when changes occur.

Each child had a personal plan created in partnership with parents. Plans contained key information staff needed to support children's needs. A section completed by children provided opportunities for them to contribute to their plan. This sent the message that their voice mattered. Plans were being reviewed and updated on a regular basis. A separate format was being used to record children's wellbeing information. This highlighted clear strategies of how to support children. We suggested adding this to personal plans to show children's progression in their development.

Quality indicator 1.3: Play and learning

Children were happy and having fun in their play and learning. One child told us, "It's fun here, there's always lots to do". The pace of session was relaxed and unhurried and children had opportunities to lead their own experiences. A group of older children were playing pool, whilst younger children were using pretend food and crockery to support their imaginative play. This supported children's engagement in experiences. However, further consideration to resources was needed. We suggested children's play and learning experiences could be further supported through the addition of resources that extend learning in all areas of the curriculum. This included resources to support science, technology, engineering and maths (STEM) and open ended, natural resources to support children's creativity, curiosity and inquiry.

Children were respectful of each other and older children enjoyed supporting younger children's play and learning. For example, children had taught each other how to play chess and one child was leading a game of Uno with a small group. This contributed to strong friendships and enabled children to learn new skills from one another.

Children had opportunities to participate in active play and develop their physical skills outdoors. Children were playing football and used bats, balls and shuttlecocks to play tennis and badminton. Children engaged in some risky play as they travelled down a small hill on wheeled boards. Some children were not as fully engaged in play opportunities outdoors as they could have been. We discussed how staff could support and extend children's outdoor play and learning through their interactions and joining in with children's play.

Experiences for children were a balance of planned and spontaneous activities. At the time of inspection planned learning was based on a pirate theme. One child was excited to share their learning about pirates with us. They told us, "That's my Jolly Roger on the wall. That's the treasure. Pirates treasure is called gold doubloons". This supported children's sense of achievement in their learning. Children's learning was being captured in floor books and shared with parents during daily chats. One parent had commented this could be improved with the use of an online platform. The manager shared the service had considered this and consultation with children and families was due to take place to gather their views on this. We agreed this would be a positive way to enhance parents engagement in their children's learning.

How good is our setting?

4 - Good

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

Quality indicator 2.2: Children experience high quality facilities

The service was based with the local community education centre and shared the space with other groups and service users. We found improvements could be made to children's safety and security. On arrival at the service, doors were left open and there were occasions staff did not know correct numbers of children in attendance. We discussed with the manager the areas we had identified where safety could be improved. On the second day of inspection we found some action had been taken to address this. This included staff completing and updating a daily register and doors being closed. However, doors were not secure. This posed potential risk to children's safety. Therefore we have made an area for improvement to address this (see area for improvement 1).

Defined areas within the hall created spaces where children could play with each other. This included an arts and crafts table, book area and spaces for table top and floor games. Resources were stored neatly and were easily accessible for children. One child told us, "I like that you can just take things out the cupboard". This supported children's choice and interests in their play. We suggested improvements could be made to the layout using soft furnishings to create cosy spaces for children. This would allow them to rest and relax and have time on their own should they need it. This would contribute positively to children's emotional regulation and wellbeing.

Children benefitted from regular access to community facilities such as, the secure school playground, fitness classes in the community centre and local parks. This helped children feel connected to their local community. During holiday periods children had opportunities for outings to different places, such as, Almond Valley, Troon beach and Blair Drummond Safari Park. This enhanced children's experience as they explored and had fun in areas further away from home.

Children experienced an environment that was clean and well maintained. Cleaning schedules ensured resources were regularly cleaned and in good working order. Staff managed infection prevention control practices effectively. We observed children washing their hands before and after mealtimes. Staff wore gloves and aprons and tables were cleaned before and after children ate. This helped minimise the risk of spread of infection and protected children's health.

Areas for improvement

1. To support children's safety and security, the provider should ensure mitigations are put in place to minimise children leaving the setting unaccompanied. This should include but is not limited to, doors to children's play space being made secure.

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

"My environment is secure and safe" (HSCS 5.17).

How good is our leadership?

4 - Good

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

Quality indicator 3.1: Quality assurance and improvement are led well

The new manager was friendly, approachable and engaged well with the inspection process. They were receptive to feedback and willing to make improvements to ensure good outcomes for children and families. Staff shared they felt supported by leaders and could approach them if they needed help or support. This created a positive working environment and motivated staff to provide care to children and their families.

The manager understood the importance of involving children and families in self-evaluation. Parents views were sought through conversations, questionnaires and comments on floor books. Results of some parental feedback were shared through a private social media page. This helped parents see how their contributions

had helped shape the service. Children's views were sought through conversations, evaluation forms and voting systems. Information gathered from children's consultation was used to inform and plan change, such as, the summer program of activities. This sent the message to children that their voice mattered.

Some self-evaluation had begun to take place against the Care Inspectorate document 'A quality framework for the day care of children, childminding and school aged childcare'. This provided staff with opportunities to come together to discuss current practice against quality indicators. This was in the early stages and did not evidence staff reflection. We suggested this could be further supported through introducing the three key questions for self-evaluation within the framework. This would support opportunities for more in depth reflection and support staff's understanding of what is working well and what needs to be improved.

The manager was committed to developing the service and had created a plan that identified a high number of priorities for improvement. We observed some evidence of progress being made within some priority areas. For example, improvements had been made to snack routines to support children's independence and a closed social media page had been created to increase opportunities for parental engagement. We acknowledged the manager was keen to make progress in all areas identified for improvement. We suggested reducing the number of priorities would make service improvement more manageable and achievable.

A quality assurance calendar was in place, which was used to monitor and audit aspects of the service such as, medication, accidents and personal plans. This was used to identify gaps in children's care, play and learning and informed actions to be taken to support children's needs. For example, the recent audit of accidents had highlighted an increase in collisions between children in the gym hall. This led to staff having discussions with children to support their understanding of spatial awareness.

How good is our staff team?

4 – Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

We found staff to be warm, welcoming and committed to the needs of children and families. Staff interacted positively with children ensuring they felt valued and respected. One child told us, "The adults are nice and kind". Staff were clear in their roles and responsibilities and worked well together to ensure daily routines were followed with minimal disruption to children's play. Overall communication between staff was positive to follow children's interests and facilitate their play choices. This contributed positively to children's experience.

Staff were mindful of how they deployed themselves throughout the indoor and outdoor environments to support supervision and safety of children as they played. However, we found improvements could be made to staff deployment at lunch time. Staff sat at a separate table from children, this meant children were not as well supervised as they could have been whilst eating. This had potential to compromise children's safety as there was an increased risk of staff being unaware of choking episodes in children. We signposted the service to Care Inspectorates 'Good practice guidance: prevention and management of choking episodes in babies and children' and have made an area for improvement to address this (**see area for improvement 1**).

Staff appraisals were taking place. This provided staff with opportunities to reflect on their strengths and identify areas for professional development. Staff development was actively encouraged within the service and staff had participated in a range of training to support them in their role. This included training in food safety, first aid, child protection and autism. This supported children's safety and wellbeing. Staff completed evaluation forms to help them reflect on their learning and how this had improved practice.

Safer recruitment procedures were in place and being followed. All staff within the service had relevant qualifications for their role. New staff were supported with an induction and mentor for personal and professional support. They were supported to complete an induction booklet to help them reflect on their learning and practice. This meant they were supported to offer positive outcomes to children.

Areas for improvement

1. To ensure children's safety at mealtimes, the manager should ensure staff deployment supports supervision of children. This includes but is not limited to, staff sitting at tables with children.

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

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow organisational codes" (HSCS 3.14).

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

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