Snap
Day Care of Children

Blacklaw Primary School
Glen Arroch
St Leonards
East Kilbride
G74 2BP

Telephone: 01355 236 317

Type of inspection:
Unannounced

Completed on:
15 July 2026

Service provided by:
Special Needs Adventure Playground (SNAP)

Service provider number:
SP2003001528

Service no:
CS2003006717

About the service

Special Needs Adventure Playground (SNAP) is the provider of the service.

Snap is registered to provide a playscheme to a maximum of 30 school age children up to the age of 16 years from the main base in Blacklaw Primary School in East Kilbride. From 29 June 2026 until 25 July 2026 a second playscheme for an additional 30 school age children from 12 years up to the age of 16 years may be provided from Kirktonholme EKYFC Pavilion in East Kilbride.

The children and young people have daily access to a range of indoor play spaces and enclosed outdoor play area. Both services are close to parks, shops and main roads with public transport links.

At the time of the inspection 167 children and young people were registered to attend the service.

About the inspection

This was an unannounced inspection which took place between the 14-15 July 2006 between 09:30 and 15:30. The inspection was carried out by one inspector from the Care Inspectorate. A second inspector was present for professional development.

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:

- observed the children and young people's experiences
- gathered feedback from 20 families using a survey
- gathered feedback from 12 staff using surveys and 34 staff during a group discussion
- observed staff practice in the playrooms and outdoor spaces
- assessed core assurances, including the physical environment
- reviewed documents.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within the heading Leadership.

Key messages

- Children and young people were happy, well cared for and valued as individuals.
- Staff were well informed about the children and young people's needs and personal preferences.
- Staff deployment enabled the children and young people to access materials and experiences meeting their interests.
- Staff were caring and skilled communicators. They listened and responded sensitively to children and young people's gestures and requests.
- Meaningful observations enabled staff to adapt, inspire and extend the play and learning experiences offered.
- Mealtimes were sociable, children and young people chose when and where they had lunch and snacks.
- Safer recruitment procedures should be further enhanced to ensure they follow good practice guidance.
- More robust quality assurance is needed to ensure all required records are completed following good practice guidance.

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

Leadership	4 - Good
Children play and learn	5 - Very Good
Children are supported to achieve	5 - Very Good

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

Leadership 4 - Good

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Quality Indicator: Leadership and management of staff and resources
The settings vision, values and aims were for children to be happy, well cared for and valued as individuals. Parents provided positive feedback supporting this. One parent told us, "Good for mixing with other children & social skills learning new life skills." Another parent shared "The fact [my child] feels comfortable to go in and stays. [My child] hasn't stayed with anyone other than school, massive achievement." There was a strong ethos placed on supporting children and young people to develop positive self-esteem and to reach their potential.

Staff listened to children, young people and their carers and involved them in decisions that affected them. Staff were skilled communicators, responding to children and young people's needs. They offered support and challenge at the right pace for the children and young people. Parents were very happy with the experiences offered. They told us, "Clubs like snap are an absolute lifeline to families like mine who can find holiday periods and the lack of routine and structure very challenging." and "It's an environment that my child feels safe, happy and all [my child's] needs are met." However, a few parents told us they would like more information shared with them about their child's daily experiences.

Leaders recognised the need for self-evaluation and making improvements that benefited the children and young people. They consulted with staff enabling them to ensure they had the right information to meet the children and young people's needs. At the end of each summer block, they asked families and staff for feedback. Suggestions were discussed and considered to enhance future playschemes. Families were invited to come along to the annual general meeting (AGM) to discuss the service provided. Leaders gathered feedback and used this to enhance the children and young people's experiences.

During the inspection, the leaders were open to our suggestions and advice to enhance other aspects of the service. These were to enhance the records held including administration of medication, recording protection concerns and recording of accident and incidents. The leaders took swift action and developed these records, taking account of our suggestions. We have made an area for improvement to ensure these records are completed and monitored to ensure safety of children and young people (see area for improvement one).

There was a clear leadership structure in place. Each setting had a named leader and senior to support the staff, children and young people, daily. An office base staff member helped coordinate daily tasks, staff deployment and shared information between settings. Seniors and staff were deployed well to meet the needs of the children and young people. Most children had one or two adults supervising their care and experiences. For the young people the adult ratio was organised around their needs and daily events meaning at times staff were deployed to support a small group rather than individuals.

Each year staff were recruited to work in the playscheme. This meant each year staff completed a new application for a position. Leaders were required to follow safer recruitment guidance when selecting staff and volunteers. We found that all staff and most volunteers had a current PVG (Protecting Vulnerable Groups) registration. Leaders confirmed they had taken action to ensure volunteers that required PVG would be completed. The leaders informed us they found gathering references for each candidate had been

challenging. We discussed the need to ensure safer recruitment procedures were followed for all staff and volunteers. As we found not all safety procedures were completed in full, the outstanding area for improvement made at the last inspection will remain (see area for improvement two).

Areas for improvement

1. To ensure the health, welfare and safety of children the provider should further enhance the records held. This includes but is not limited to, completing and monitoring records when protection concerns are raised, medication is administered and when a child is involved in an accident or incident.

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 experience high-quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'I experience high-quality care and support because people have the necessary information and resources' (HSCS 4.23).

2.
2. The staff and volunteer recruitment policies and procedures should be reviewed and updated in line with good practice. This should include but not be limited to:
- two references being gathered for each applicant
- PVG registration or update completed for each applicant
- status of professional registration recorded

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

Children play and learn 5 - Very Good

We found major strengths in this aspect of the setting's work and identified very few areas for improvement, therefore we evaluated this quality indicator as very good.

Quality Indicator: Playing, learning and developing
Children were being supported by designated staff each day. Staff were well informed about the children and young people's needs and personal preferences. Majority of the time staff worked in pairs. A high staff to child/young people ratio was in place to keep them safe. This helped the children and young people to access materials and experiences meeting their interests. For example, art and crafts, outdoor play and game consoles. Children and young people were encouraged to play and learn enabling them to learn life skills and reach their potential. One parent shared that their child is encouraged to learn new things and told us, "We are asked what skills we would like our child to develop during the time at the club which I think is a brilliant idea."

Staff were caring and skilled communicators. They listened and responded sensitively to children and young people's gestures and requests. They knew when to support their play which enabled them to regulate their emotions and resolve situations calmly. They supported and recognised their right to play and celebrated their successes. Parents shared with us the positive outcomes for their children. These included "[My child]is nonverbal, [my child] loves going to snap it's the first club [my child] ever had and [my child] runs inside when it's starting!" and another parent shared "[My child] is nonverbal but can tell from [my child's] stims [my child] is very excited about attending". As a result, we observed children to be confident and

proud of themselves and their successes. They were supported to make decisions and influence their experiences. For example, choosing where and what they wanted to participate in and make choices to play inside or outside.

Staff positioned themselves nearby children and in response to children and young people's personal preferences assessed distance and interactions. Staff were sensitive to children and young people when they expressed their feelings. We observed lots of affection and reassurance through children holding staff hands and giving staff cuddles. Staff were having fun when they joined in the children and young people's play and experiences. They responded with respect and enthusiasm to children's and young people's requests. We observed staff and children having fun cooling down with water outside and another group having fun laughing as they made crispy cakes for the bake sale.

The children and young people's personal profiles outlined to staff what mattered to them. Staff used this information to plan play experiences. Meaningful observations enabled staff to adapt, inspire and extend the play and learning experiences offered. These included different types of play such as creative, active and sensory. Staff were reflective practitioners and where possible removed barriers providing free flow play. Staff enabled children and young people to lead their play by being truly responsive to support and enhance their play, learning and development opportunities. Children and young people were provided with play and recreation opportunities and encouraged to socialise with other children, young people and staff.

Children are supported to achieve — 5 - Very Good

We found major strengths in this aspect of the setting's work and identified very few areas for improvement, therefore we evaluated this quality indicator as very good.

Quality indicator: Nurturing care and support

Staff were respectful, caring and kind to the children and young people. They listened to their voices, gestures and responded appropriately. Children and young people were greeted warmly and given time to transition on arrival and when leaving the setting. Children and young people received consistent and responsive care. Staff were sensitive to their needs and preferences. All families agreed they had good relationships with the staff. They told us staff were welcoming, friendly and greeted them at the start and end of each session.

Both settings were set up to ensure children and young people had designated spaces to access sensory tents and chill-out rooms. A few children had chosen their own spaces within the settings that made them feel safe and secure. In addition, the staff used a colour coding system to inform others if spaces were in use, reducing possible interruptions. Children and young people's right to privacy and dignity was being respected. The staff did this in a nurturing and caring way, providing them with the space and time to regulate their emotions.

Mealtimes were sociable, children and young people could choose when and where to eat lunch and snacks. Most of the staff, children and young people ate together, however some prefer to eat on their own. Their designated staff remained with them for safety. We observed staff eating with the children providing good role modelling at the lunch table. For children and young people with specific dietary needs staff were trained and ensured appropriate support was provided. This included staff with lifesaving skills to support any eating difficulties or possible choking incidents.

On Monday's the service was designated to providing a service for children with specific needs. Designated staff were selected to work with this group of children, to provide consistency and build positive bonds. The

remainder of the week was offered to children with a wide range of needs. Each day the leaders selected the best staff to care for each child. Staff worked with a child or young person for the day to ensure their daily needs were being met.

Each family completed an application form and personal profile for their child. Leaders used this information to plan their care. Before each child attended the service leaders, senior staff and medical staff assessed the children and young people's needs. They ensured everyone had a personal profile detailing what mattered to them, these were shared with staff. Staff were well informed of the children or young people's needs. We agreed with staff adding a significant event sheet could enable them to share information with other colleagues. Children and young people's medical needs were recorded in a separate medical folder alongside the personal profile folder. We suggested adding details of the medical conditions to the personal profiles, leaders agreed this would be beneficial.

Staff were very vigilant and recognised the importance of providing care that reflected the children and young people's personal preferences. We observed staff using appropriate communication strategies with the children and young people. This enabled them to inform the children and young people of the daily plan, giving reassurance about making decisions and choices. We observed several occasions when staff used effective observation skills to know when to engage in children's play, helping them regulate their emotions.

We observed parents being welcomed at the entrance whilst dropping off and collecting children, staff had positive interactions and shared information about children's experiences. Almost all families were happy with these arrangements. They told us staff provided daily updates about their children. One parent told us, "[My child's] key worker will give an update at the end of each session to let me know what activities [my child] has enjoyed etc. I feel the information provided is thorough and will keep me informed as [my child] will not be able to properly describe [their] day." but another parent told us, "The staff are friendly, but it is a quick handover so no time for in depth discussion." We were told parents were welcomed in for events such as bric-a-brac afternoons. However, a few parents told us they would like more opportunities to come inside and see their child in the setting. The provider should consider how they could further enhance engagement with families.

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

Where health care plans are in place to support a child/young person's diagnosed medical condition, a copy of this should be in place prior to the child/young person attending the service. This is to ensure that staff are aware of the child/young person's current care and support needs and how these will be met in the service.

This would contribute towards the child/young person's overall health, safety and wellbeing. This is to ensure that care and support is consistent with the Health and Social Care Standards which state, 'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

This area for improvement was made on 29 July 2019.

Action taken since then

The service requested families complete an application for each child. This included details of medical needs and if any medication would need administered at the service. Parents must complete a medication consent form before the setting can administer medication. Each child's profile outlined what matters to them and this information is assessed by the leaders and medical staff before each child attends the service.

This area for improvement had been met.

Previous area for improvement 2

The staff and volunteer recruitment policies and procedures and the content and maintenance of staff files should be reviewed and updated in line with current good practice document 'Safer recruitment through better recruitment.'

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, 'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24)

This area for improvement was made on 29 July 2019.

Action taken since then

The leaders had taken action to address most of this area for improvement. They had developed a file to keep and store all staff and volunteer information. They were fully aware of their responsibilities to check staff professional register status, gain two references and check with PVG. They also consider staff skills, experiences and qualification. Majority of the staff and volunteers had previous experience working within the setting.

During a discussion and review of safer recruitment procedures we found a few volunteers did not have a PVG. They also told us they were finding it difficult to get references for staff.

The provider should gather information to enable them to assess applicants' fitness for the position. As we did not find all information in place this area for improvement will remain. We have reflected the settings progress and added more detail on the information where improvements should be made. See further information under the heading Leadership.

This area for improvement will remain and has been reworded.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.scot.

Detailed evaluations

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good

Children play and learn	5 - Very Good
Playing, learning and developing	5 - Very Good

Children are supported to achieve	5 - Very Good
Nurturing care and support	5 - Very Good

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.scot

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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 cànain 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.