Lincluden After School Group
Day Care of Children

North West Resource Centre
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Lincluden
Dumfries
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Telephone: 01387 259 626

Type of inspection:
Unannounced

Completed on:
28 May 2026

Service provided by:
Lincluden After School Group

Service provider number:
SP2003002520

Service no:
CS2003013475

About the service

Lincluden After School Group provides before and after school care, and weekend care. The service operates from within the North West Resource Centre, located in a residential area of Dumfries, Dumfries and Galloway. The service is close to local shops and amenities. Children are cared for in an open plan play area, breakout spaces and benefit from access to an enclosed outdoor play space at the rear of the property.

The service is registered to provide a care service to a maximum of 39 children aged from primary school attendance up to 16 years, and up to the age of 18 years and nine months where a child has additional support needs and/or disabilities. From 19 December 2025 until 30 August 2026 a maximum of two children not yet attending school may be included in the maximum number of children able to attend the service at any one time.

At the time of the inspection there were 11 children attending the service on day one and 10 children attending on day two.

About the inspection

This was an unannounced inspection which took place on 26 and 27 May 2026 between 15:00 and 18:00. 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, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- spent time with 10 children using the service
- received one completed questionnaire from families and three from staff
- spoke with staff
- observed practice and daily life
- 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, no improvements were identified relating to core assurances.

Key messages

- Children were having fun playing with a wide range of toys and games.
- Children experienced warm, nurturing care from staff who were respectful to their wishes.
- Children were happy, settled, and relaxed at the service.
- The service had systems in place to monitor how well things were working, and these were starting to improve children's experiences.
- The management team should review staff training to make sure everyone had the right skills. Some staff would benefit from training to help them support children when they become upset or distressed.
- The service should continue to develop how play is planned so that it reflects all children's interests.

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	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

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

Leadership 3 - Satisfactory / Adequate

Quality Indicator: Leadership and management of staff and resources

We evaluated this quality indicator as satisfactory/adequate, where strengths just outweighed the weaknesses.

The manager was open and approachable. They actively sought advice to support the development of the service and encouraged discussion, feedback, and new ideas. This suggested a commitment to improvement to support positive outcomes for children.

The service regularly looked for ways to improve. Daily meetings gave staff opportunities to reflect on their practice. As a team, they discussed scenarios, reviewed actions taken, and considered what had worked well and what could have been better. A plan for improvement had been developed and was guiding progress. This had led to some positive changes, including improvements to medication procedures and the installation of a new secure fence. This had helped enhance children's safety and wellbeing.

Children were encouraged to share their views and contribute to how the service operated. For example, a snack book had been introduced, allowing children to choose and influence their snacks. They had also shared ideas for upcoming holiday activities. This showed that children's views were valued and acted upon, leading to a more inclusive and responsive environment. We suggested that the service built on this by gathering feedback from families to ensure it continued to meet the needs of everyone using the service.

Since the last inspection, the service had improved systems to monitor practice and procedures. These improvements had a positive impact on children's safety and wellbeing. For example, medication procedures were now effectively monitored to ensure they reflected current best practice. Daily safety checks were completed, and children's 'play plans' were updated to remain accurate and meaningful. This helped support children's safety, and ensure their interests were supported.

Monitoring of staff practice was at the early stages and had not yet helped identify areas for development. The leadership team had not identified gaps in staff practice and sought appropriate training to address this. For example, we noted that staff were not always confident or able to manage some situations that required de-escalation strategies. Identifying the gaps would help identify and prioritise training, leading to improved staff practice and better outcomes for children. We have made an area for improvement for this (see area for improvement 1).

Whilst policies and procedures were in place to support the safety of children, we discussed ways these could be further improved. For example, whilst accident and incident records had been completed, they had not been audited to help identify patterns. Auditing of records would support the leadership team to identify such patterns and put measures in place to reduce the risk of repeated incidents.

At the last inspection we found that, due to a transport issue, staff had transported children in their own vehicles without appropriate insurance. We made an area for improvement at this time, and asked that any staff transporting children had appropriate car insurance. We also asked the service to develop a contingency place for vehicle use in the event of an emergency. We found that all staff who had responsibility for transporting children in their own vehicles were now appropriately insured. However, the service had not yet developed a contingency plan. As a result, the area for improvement will be repeated (see 'Outstanding areas for improvement').

Areas for improvement

1.
To ensure children's health and wellbeing, the leadership team should ensure that staff are suitably trained and skilled to meet children's needs. This should include, but not be limited to, auditing staff skills, knowledge and practice to identify appropriate support and training.

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 professional and organisational codes' (HSCS 3.14).

Children play and learn 4 - Good

Quality Indicator: Playing, learning and developing

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.

Children were playing happily and having fun. A wide range of toys and activities were available and these reflected children's likes and interests. Staff planned these using their knowledge of the children, which helped to keep them interested and engaged. Children chose where and how they wanted to play, which supported their confidence and independence. On the day of our visit, the weather was very warm, and staff kept children cool by providing water soakers and water balloons. Many children were highly engaged in this activity and had fun, which supported their wellbeing and enjoyment.

Children had some opportunities to be curious and creative. They enjoyed playing with slime and kinetic sand. There were large blocks, Lego and other construction toys available indoors. Arts and crafts materials were also available. This meant children could explore their ideas, develop creativity, and build problem-solving skills.

Children had free access to outdoor play, which encouraged them to be active. Equipment such as trampolines, swings, climbing frames and a large grassy area supported the development of gross motor skills. There were also opportunities for imaginative and sensory play, including a mud kitchen, sand and water play, chalk boards and dens. These experiences helped children to be active, creative and learn through play. We made some suggestions to further enhance these areas to improve children's experiences.

Children's experiences were enriched through trips into the local community. These included visits to the ice rink, swimming pool, cinema, cafés and parks. Children's individual interests were considered, for example through trips to places such as a car wash. These opportunities supported children to build confidence and independence, develop social skills, and feel part of their community.

Staff interactions with children were kind and warm. Most staff used their knowledge of children's likes and dislikes to suggest activities that extended children's thinking. They listened to children and respected their choices, allowing children to lead their own play without adult direction. This supported children to feel valued and able to express themselves freely. However, there were some missed opportunities for staff to enhance children's experiences through more meaningful interactions, and we asked them to consider how they could engage children more effectively.

Staff were responsive to children's interests, particularly for children who were receiving one to one support. However, we suggested that further consideration should be given to plan activities and experiences for all children. This would help provide opportunities for children to build on their interests and develop their skills further. For example, activities such as water play and den building could be extended to provide more challenge and curiosity. The setting used 'play plans' to support individual interests, and we suggested ways these could be used more effectively to improve outcomes for all children.

Children are supported to achieve 4 - Good

Quality Indicator: Nurturing care and support

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.

Staff and children had positive and trusting relationships. We observed affectionate, friendly interactions. For example, there was laughter and joking, and children received cuddles when appropriate. Staff treated children with respect and praised their efforts. Children were encouraged to share and to be considerate of others. For example, during outdoor water play, children were reminded to avoid splashing those who did not want to join in. Children confidently approached staff when needed; for instance, one child asked for a snack immediately after arriving from school and this was promptly provided. This demonstrated that children felt comfortable and secure. As a result, children felt nurtured, developed confidence in their relationships, and were able to settle easily into the service.

Children were supported effectively during transitions between home, school, and the service. Some children brought comfort items from home, such as soft toys, which helped them feel reassured. Staff used these items sensitively to help children relax and settle. This approach supported children's emotional wellbeing and helped them feel safe and secure during times of change.

Children were encouraged to follow good hygiene practices. They understood when and why they needed to wash their hands, and additional outdoor handwashing facilities supported this routine. This helped children to develop independence and build positive habits in caring for their own health and wellbeing.

Snack times were calm, relaxed, and unhurried. Staff sat with children to ensure they were comfortable and safe, while also using this time to engage in friendly conversation. This helped to create a sociable atmosphere. Children were offered alternatives if they did not want the prepared snack, in line with their personal plans. This supported children to feel listened to and respected. We identified that children could be more involved, for example, by preparing snacks. This would further develop their independence and practical life skills.

The service had systems in place to communicate with families. Staff shared information with parents during collection times, and this was supported by newsletters, emails, and social media updates. This approach offered families the opportunity to remain informed and helped to build positive partnerships, supporting continuity of care for children.

Most staff knew the children very well and spoke confidently about their individual needs and how to support them. We observed staff offering choices, based on their knowledge of each child's preferences and interests. This information was clearly recorded in detailed care and support plans which outlined children's likes, dislikes, and specific needs. These plans were reviewed with families every six months to ensure information remained up to date. This supported consistent, responsive care that was tailored to each child. The manager had put plans in place to ensure that all staff fully engage with and regularly review these care plans. This would help staff feel confident and knowledgeable about every child they support.

Medication procedures had recently been reviewed, and staff training had been planned to ensure children's individual needs were met. We discussed how medication records could be simplified to ensure safe administration of medication which would further support safe and consistent 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

To ensure children's health welfare and safety needs can be met and to support a culture of reflective practice that identifies and actions areas for improvement, the management team should ensure effective quality assurance processes are in place. This should include but is not limited to robust monitoring of medication, daily safety checks, the storage of cleaning products and individual staff development.

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)

This area for improvement was made on 17 September 2025.

Action taken since then

Quality assurance processes had been put in place to monitor medication, daily safety checks and the storage of cleaning products. This had helped ensure children's welfare and safety needs were being met. However, the service had not yet managed to put in place processes to monitor individual staff training needs.

This area for improvement had been met. However, we have reworded this and have made a new area for improvement around staff training (see area for improvement 1 under 'Leadership and management of staff and resources').

Previous area for improvement 2

To ensure children's safety and wellbeing, the provider should implement a clear procedure for collecting and transporting children. This should include but not be limited to, developing a contingency plan and a process to ensure all staff transporting children have the appropriate insurance in place.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14)

This area for improvement was made on 17 September 2025.

Action taken since then

All staff who had responsibility for transporting children had the appropriate insurance in place. However, the service had not yet developed a contingency plan for the collecting and transporting of children. As a result, this area for improvement had not been met and will be repeated.

Previous area for improvement 3

To ensure that children receive responsive care and support, management should make appropriate notifications to the Care Inspectorate when certain events take place. Management should refer to good practice guidance, "Records that all registered children and young people's care services must keep and guidance on notification" to identify events that require them to notify the Care Inspectorate.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

This area for improvement was made on 8 June 2023.

Action taken since then

The management team had ensured that all appropriate notifications had been made when required. The manager was aware of the occasions where notifications should be made.

This area for improvement has been met.

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

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate

Children play and learn	4 - Good
Playing, learning and developing	4 - Good

Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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