Mount Florida Out of School Project
Day Care of Children

Mount Florida Primary School
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Glasgow
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Telephone: 07933 368 647

Type of inspection:
Unannounced

Completed on:
3 October 2025

Service provided by:
Mount Florida Out of School Project

Service provider number:
SP2004006925

Service no:
CS2003040823

About the service

Mount Florida Out of School Project provides an after school service in the Mount Florida area of Glasgow. This service is registered to provide care to a maximum of 56 children at any one time, aged four and a half to 12 years. The service operates after school during term time and during the school holidays. At the time of inspection, 41 children were in attendance on the first day and 38 on the second.

The service operates from mount Florida Primary School. It is close to bus and train links as well as local parks, shops and other amenities.

About the inspection

This was an unannounced inspection which took place on Tuesday 30 September and Wednesday 1 October 2025. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection, we reviewed information about the service. This included registration information, information submitted by the service, previous inspection findings and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- Reviewed feedback from 12 families and staff
- Observed staff interactions, practice and daily life
- Spoke with children using the service
- Spoke with management and staff
- 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 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

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

Key messages

- Children were happy, settled and confident
- Children had daily opportunities for outdoor play to support their wellbeing.
- A wider range of toys and materials were required to better support children's play.
- Staff knew children well and cared for them in a kind and compassionate way.
- Snack time should be improved to provide a positive social experience in a relaxed and supportive space.

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	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 4 - Good

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

Leadership and management of staff and resources

The manager was approachable and demonstrated a friendly, professional manner throughout the inspection. They engaged positively in the process, responded well to feedback, and showed clear motivation to drive improvement. Their commitment to enhancing outcomes for children and families using the service was evident.

The service shared it's aims and objectives with families and used questionnaires to gather their views, opinions, and suggestions for improvement. This approach helped families feel included and involved in their children's care. We discussed with the manager that involving children in shaping these aims and objectives would have further supported their sense of respect and belonging.

Children and families were given opportunities to contribute to self-evaluation through tailored and age-appropriate questionnaires, including pictorial questionaries for the younger children. Parents shared, "I am regularly asked by staff about my thoughts on the service provided and if I want to comment or add anything," and "We are always asked if there is anything we would like for the service to improve." Children were consulted on their feelings, relationships, and play experiences to inform changes that supported wellbeing. We encouraged the service to reflect on how feedback was used and shared. Approaches such as 'You said, we did' boards or self-evaluation floor books could help children and families feel included, respected, and heard.

The service improvement plan identified key areas for development, including enhancing snack provision and improving communication with parents through social media. It was clear that progress had begun, with actions such as gathering photographs of experiences to share, developing play journals, and consulting with children about snack time. Continued focus on these areas will further support positive outcomes for children.

We found auditing and monitoring processes were in place and covered key areas such as accidents and incidents, personal plans, and medication. These processes promoted safety and accountability across the service. We discussed with the manager the value of monitoring playroom practice to support staff in enhancing their interactions with children.

The setting evaluated the quality of the environment to ensure risk assessments were in place for play spaces and toilets and were found to be suitable. A general risk assessment for outings was also available, covering common hazards. We advised the service to ensure these assessments were updated as changes occurred and to consider introducing dynamic risk assessments upon arrival at new locations. This approach will further support children's health, safety, and wellbeing.

Safe recruitment practices were in place, ensuring all staff were appropriately vetted and suitable to work with children. Staff received time and support during their induction and were allocated a mentor to guide them through daily routines, roles, and responsibilities.

We advised the manager that using the National Induction Resource could further strengthen the induction process by clearly defining the roles and responsibilities of both the new employee and their mentor. The resource helps practitioners understand how their work contributes to better outcomes for children. We also recommended extending the mentoring period beyond the first week of employment to provide consistent support. This would allow mentors to model best practice more effectively.

Children play and learn 4 - Good

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

Playing, learning and developing

Children were happy, settled and having fun during the inspection. They were confident in their play and keen to share how they liked to spend their time in the service. Children told us, "I really love playing football" and I make origami for everyone."

Children had access to a range of play spaces, including a gym hall, an open play area, and two safe and secure playgrounds. These spaces supported physical activity, imaginative and creative play, and provided quieter areas for rest and relaxation. Children could at times lead their own play using available resources and request other materials. However, children shared that they are not always involved in setting up play experiences. We discussed that involving children in setting up play spaces increases engagement and supports problem-solving skills. It also promotes a sense of ownership, inclusion, and active participation in their learning environment.

Children had access to a range of resources that supported play, including arts and crafts materials, cars, a play kitchen and dressing up clothes. Although, some materials were not fully suited to the developmental stages of the children attending. Older children occasionally reported feeling bored, highlighting a need for more engaging and age-appropriate options. We suggested that introducing more meaningful projects, games, and experiences tailored to children's age and interests would have enhanced their engagement, motivation, and overall wellbeing. Therefore, we have made an area for improvement to address this (see area for improvement 1).

Children accessed outdoor play daily, which provided opportunities to take part in team games such as football, parachute play, and chase games. They were respectful towards one another, and older children enjoyed supporting younger peers in activities like exploring the mud kitchen and outdoor drawing. These opportunities helped build their self-esteem and confidence in their play choices. Some children were not fully engaged in the outdoor play on offer. We discussed that staff being more attuned to children's play cues and actively joining in could help extend play and support children's engagement, wellbeing, and social development.

Staff engaged in weekly planning, with each team member taking responsibility for a specific day. Plans included physical experiences, art and seasonal activities and were recorded on a weekly planner. One parent told us, "The staff take the children's ideas and thoughts into consideration for their activity planning as my child has mentioned activities that she has asked for being followed through." While planning was in place, involving children more actively in the planning process would help them feel listened to and valued.

During the holidays, children had opportunities to explore both the local and wider community through visits to parks, museums, the cinema, and the beach.

These outings provided enjoyable experiences that supported social interaction, helped build friendships, and encouraged the development of knowledge and life skills. Such opportunities contributed positively to children's confidence and overall wellbeing.

Areas for improvement

1. To ensure that children are engaged in high quality challenging play, staff and management should ensure children have access to toys and materials that meet their interests and developmental stage.

This should include but is not limited to, including children in planning and choosing toys and experiences offered.

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

"I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices." (HSCS 5.23)

Children are supported to achieve 4 - Good

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

Nurturing care and support

Staff interactions with children were warm and kind, contributing to a nurturing and emotionally secure environment. Children were happy and relaxed, and the positive relationships between staff and children were evident. For example, during collection times, staff gently informed children that their parents had arrived, while allowing them time to complete their experiences. This respectful approach supported children's emotional wellbeing and helped them feel valued.

Staff demonstrated a good understanding of individual children, discussing their needs, preferences, and support provided. Staff also shared knowledge of children's interests beyond the service, highlighting positive relationships. One parent commented, "My son's needs are met, and I know that the staff go above and beyond to make him feel welcome and included." Consideration was also given to children preparing to start the service. Inviting new Primary one children to visit during the summer break was a proactive step that supported smooth transitions, helping to build confidence, foster belonging, and promote emotional wellbeing.

Medication was generally stored and administered safely. However, consent forms lacked key details, such as emergency procedures and parental signatures post-administration, which could affect children's safety and continuity of care. The service responded promptly to feedback, making positive changes overnight. To further strengthen practice, we encouraged the manager to refer to updated guidance, which emphasises the importance of recording all relevant information to ensure safe, consistent, and responsive care.

Personal plans were in place for all children and included essential information such as emergency contacts and GP details. Some plans also contained detailed action plans to support individual needs, reflecting a responsive and child-centred approach to care.

These could be further strengthened by including a dedicated section for strategies used, actions taken, and outcomes for children. This would help evaluate the effectiveness of support provided. Introducing a method for recording changes for all children would help capture important wellbeing information that was currently shared verbally. This would support a more consistent and holistic understanding of each child's experiences, enabling staff to respond more effectively. Staff understood the importance of building positive relationships with children and families. Parents shared that they felt involved in updating personal plans and that their children's needs were met. One parent commented, "They always listen to me when I am giving them new info. They are always professional and positive with a can-do attitude."

Children were served a varied snack that included a selection of fruit, and staff were aware of allergies and dietary requirements. However, the overall quality of the snack experience could be improved. Snack was delivered to the whole group at once, resulting in a noisy environment, long queues for handwashing and food, and missed opportunities to promote independence, as staff served the snack. The routine was rushed and task-focused, with limited opportunities for conversation and interaction. Staff did not consistently sit with children, missing chances to support safety, build relationships, and encourage language development. Children were required to wait until everyone had finished before leaving the snack area, which disrupted the pace of the day and interrupted play. We discussed snack time with the manager, who responded positively and made changes overnight, showing strong commitment to improvement. On the second day, children ate in two smaller groups and self-served their snacks, which supported independence and encouraged social interaction. However, further improvements were still needed to ensure snack time was safe, sociable, and relaxed, so that children could enjoy meaningful social experiences while eating. An area for improvement has been identified in relation to this (see Area for Improvement 2)

Areas for improvement

1. To support children's health, safety, and wellbeing, the manager and staff should ensure children experience sociable and positive mealtimes.

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

"I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible" (HSCS 1.35).

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

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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