Karemore West End Out of School Club
Day Care of Children

Hillhead Primary School
100 Otago Street
Glasgow
G12 8NS

Telephone: 07887 683 534

Type of inspection:
Unannounced

Completed on:
28 August 2026

Service provided by:
Karemore Limited

Service provider number:
SP2003000747

Service no:
CS2005100164

HAPPY TO TRANSLATE

About the service

Karemore West End Out of School Club is registered to provide a day care of children service to a maximum of 50 children. It is based in Hillhead primary school and provides an out of school care service, during term time, to children attending primary school.

The accommodation consists of the GP room, the social area and the playground. The service is close to schools, transport routes, shops and community services.

About the inspection

This was an unannounced inspection which took place on 26 and 27 August 2026 between 14:45 and 18:00. The inspection was carried out by two inspectors from the Care Inspectorate. At the time of our inspection there were a total of 44 children present on the first day and 42 children present on the second day.

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:

- spoke with children using the service and six of their families
- gathered feedback from one family through online questionnaires
- spoke with staff and management
- 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 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 "Leadership" and "Children are supported to achieve" section of this report.

Key messages

- The vision, values and aims lacked a clear influence on practice and would benefit from review to ensure they remained relevant and embedded across the service.
- Quality assurance processes did not consistently identify areas for improvement to fully support positive outcomes for children and families.
- Children had developed positive friendships and enjoyed each other's company.
- Staff were friendly, kind and playful.
- Not all children experienced play opportunities that were relevant, personalised, or sufficiently challenging for their stage of development.
- Staff practice was often routine-led rather than responsive to children's individual needs, choices and interests.
- Families spoke positively about the service and felt welcomed and supported.

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	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate

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 service had a statement of purpose and aims that outlined its approach to supporting children's wellbeing and learning and shared these with families. However, the aims were not consistently reflected in practice and had not been reviewed for some time. Reviewing the service's vision, values, and aims in consultation with children, families, and staff would help ensure they are meaningful, relevant, and embedded across the service. This would strengthen shared ownership, promote a sense of belonging and support positive outcomes for children and families.

During the inspection, we identified that the service operated under a shared management arrangement. We requested that the manager submit the relevant documentation to reflect this, and they agreed to do so. This will ensure parents are informed about how the service is led.

An improvement plan was in place and children's views had informed some of the planned actions. Further work was needed to ensure the improvement plan captured the current needs of the service. In addition, some actions were not being put into practice. For example, they had identified the need to shorten chat time, yet we observed it lasting for an extended period on both inspection days. Making better use of children's views to monitor and evaluate improvement activity would help ensure actions lead to meaningful changes in children's experiences.

The service gathered families' views through daily conversations and regular questionnaires. The next step is to show more consistently how this feedback informed decisions and led to improvements.

Quality assurance processes needed further development to support children's care and safety. Although a quality assurance calendar was in place, monitoring was not yet identifying gaps in important areas. These included medication audits, safer recruitment processes and the display of the service's certificate of registration. As a result, the manager missed opportunities to identify risks and drive improvement. We have made this an area for improvement (see area for improvement 1).

We reviewed a sample of staff recruitment files and found that staff had been recruited safely. A simple induction process was in place, to support staff to understand their roles and responsibilities. Almost all staff caring for children were registered with the Scottish Social Services Council (SSSC). One staff member had not registered. When we shared this with the manager, they told us they had plans to audit staff registration and acted quickly to support the staff member in registering. This was a positive step; however, the delay had the potential to put children at risk. We have included this in area for improvement 1.

Staff deployment focused on delivering planned routines, including a structured chat time, tidy-up time and 5 o'clock games. As a result, staff had fewer opportunities to respond to children's emerging interests, and children's play was interrupted. Reviewing staff deployment and the balance of the session would support more uninterrupted child-led play and improve children's engagement.

Most staff had completed core training, including first aid. However, further training and development in areas such as observation, dynamic risk assessment and supporting high-quality play would be beneficial. This would help staff respond consistently to children's needs, identify and manage risks, and extend children's play and learning. We have made this an area for improvement (see area for improvement 2).

Areas for improvement

1. To improve outcomes for children, the manager should implement effective and robust quality assurance processes.

This should include, but not be limited to:

(a) an improvement plan which identifies clear priorities, actions and timescales to lead continuous improvement is in place.
b) update and develop policies and procedures, including administration of medication, to reflect current legislation and best practice guidance
c) develop and implement robust audits, and ensure any actions are addressed promptly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

2. To ensure that children engage in high-quality play experiences, management should support the staff to further develop their skills and knowledge.

This should include, but is not limited to, considering best practice guidance including observation and assessment of children, My World Outdoors and The Playwork Principles.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials." (HSCS 1.31)

Children play and learn — 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

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

At times, staff engaged positively with children, and many interactions demonstrated responsiveness and connection. Staff were friendly, kind and playful. We observed them offering guidance, emotional support and encouragement when needed. Staff engaged children in table tennis, played games, and supported children with dressing up dolls. We discussed how increasing the time available for free play would enable staff to sustain high-quality interactions and respond more effectively to children's interests throughout the session.

Children accessed a range of resources that supported them in making decisions about their play. Resources such as Lego, stickle bricks, a jigsaw and magnetic blocks were available when children arrived. Younger children engaged in experiences that were appropriate to their age and stage of development. Better resources that ignite children's imagination and curiosity, and encourage them to explore, would enhance the play environment.

Resources for older children did not provide opportunities to follow their own ideas and interests or provide a challenge. Children spent extended periods without any resources to support their play and engagement. Although they chose to sit in a separate area, they reported feeling bored during this time. One child told us it felt "a bit lonely". We discussed with the manager how providing stimulating resources and involving children in snack preparation would enhance engagement. The staff team had already identified the need to support older children in developing their own space within the service's development plan. This would support staff engagement with children and help them lead their play, make choices, and develop greater independence.

Overall, the structure of the day did not consistently support uninterrupted play experiences. Children began the session with a lengthy adult-led group discussion, followed by a snack. During the hour of free play, children engaged purposefully in play both independently and with their peers. However, at five pm, staff asked all children to stop playing and tidy away resources. Although children could choose whether to join the following group activity, the resources they had been using were removed. This limited opportunities for children to sustain and develop their play based on their interests and choices.

Children could move between indoors and outdoors, offering some choice about where they wanted to play. Outdoors, children enjoyed climbing, sliding and playing tig. These experiences supported children's physical activity and wellbeing. We discussed with staff how children could make greater use of the wider outdoor environment. One child shared "We like going outside, we would go outside more if we could go to the larger areas." Increasing access to the range of available outdoor spaces would provide more varied, stimulating, and challenging experiences. This would support children to explore, take managed risks and learn through engagement with their natural environment. Using good practice guidance, such as My World Outdoors, and developing a stronger understanding of the Playwork Principles would help staff extend and enrich children's outdoor play opportunities. We have included this area for improvement under the section Leadership area for improvement 1.

There was no evidence of planning available during the inspection. As a result, the manager could not demonstrate how experiences were planned to meet children's individual interests, needs and stages of development. This reduced assurance that children received appropriate challenge through play. Consequently, some children did not receive the support needed to make progress through meaningful play experiences. We have made this an area for improvement (see area for improvement 1).

Areas for improvement

1. To support positive outcomes for children's learning and development, the manager and staff should ensure children's progress is identified and supported through appropriate play opportunities.

This should include, but is not limited to, recording what children can do, their interests and wishes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling". (HSCS 1.30)

Children are supported to achieve — 3 - Satisfactory / Adequate

Quality indicator: Nurturing care and support

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

Staff provided caring and nurturing support that promoted most children's wellbeing. As a result, most children appeared comfortable, secure and confident within the service. However, children who needed additional support to engage in play were not always recognised or supported. This reduced opportunities for them to feel included, build relationships and take part fully in the session.

Routines and tasks were focused on and as a result children's emerging interests were missed. We heard children ask to go outdoors, help set up snacks, and talk with their peers during chat time. Staff declined these requests. As a result, children's opportunities to make choices, contribute meaningfully and direct their own play and experiences were reduced.

Most children enjoyed socialising and spending time with peers. We observed one child give another child a hug when they were getting ready to leave. Older and younger children were playing handstands together, praising and encouraging each other to join in with challenges. Another child shared, "everyone is really nice." As a result, children were developing positive social skills and felt a sense of belonging.

Snack times provided some positive opportunities for children to develop independence and make choices. Tables were set attractively, and one child commented, "the snacks are good." On the first day, children were able to self-serve fruit, supporting their independence. Staff remained nearby but were focused on tasks, resulting in missed opportunities to encourage conversation and social interaction. On the second day, children queued for up to 10 minutes to collect snacks before sitting without adult engagement. As a result, snack times were not consistently organised in a way that enhanced children's wellbeing and engagement. We discussed with the manager the need to review the organisation of snack times to create more meaningful opportunities for staff to interact with children, promote social experiences and enhance children's wellbeing.

Staff recorded information about children's medication and health needs online to support their wellbeing and safety. However, they did not store medication in line with current guidance. We found that one medication was not labelled with the child's name, and staff could not immediately access the information needed to administer it safely. We discussed the need to label and store medication correctly and keep relevant documentation accessible. This would help staff administer medication safely and consistently (see area for improvement 1).

We sampled personal plans and found that they contained details of children's core information and medical needs. However, we could not clearly identify children's wellbeing needs or support strategies. The service would benefit from developing plans to ensure they effectively capture children's needs, preferences, interests and wellbeing outcomes. This would support staff to provide more responsive and individualised care. We have made an area for improvement to address this (see area for improvement 2).

Staff had participated in child protection training. They completed this as part of their ongoing professional development. Staff demonstrated that they were aware of their responsibilities. There were policy and procedures in place to keep children safe. We were unable to access chronologies. Developing chronologies in line with best practice guidance and incorporating these into personal plans would strengthen oversight of children's wellbeing. This would ensure staff responded promptly to emerging concerns.

The manager and staff had developed positive relationships with families. Overall, parents told us they were happy or very happy with the service. They spoke positively about the range of activities, opportunities for outdoor play and the convenience of the service being based within the school. Parents valued the open day, where they met staff and learned about the service, and reported that communication was effective. One parent commented, "Reliable, caring environment that's responsive to my child's needs. They listen to them and engage them with varied activities." This demonstrated that children and families felt welcomed, valued and supported by the service.

Areas for improvement

1. To support children's wellbeing and keep them safe the provider and manager should ensure that they follow best practice guidance in relation to storing and administering medication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24)

2. To support children's wellbeing and development needs the manager and staff should ensure personal plans are in place for all children and reflect their individual needs, with meaningful strategies identified and recorded. Plans should be updated at least every six months, or before if required, in partnership with children and families.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15)

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

Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate

Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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