

Corpus Christi Out of School Service Day Care of Children

Corpus Christie Primary School
179 Pikeman Road
Glasgow
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Type of inspection:
Unannounced

Completed on:
11 September 2026

Service provided by:
The Committee Blairdardie Out of
School Service

Service provider number:
SP2003001241

Service no:
CS2010247634

About the service

Corpus Christi Out of School Service is registered to provide a care service to a maximum of 40 children aged four and a half years and over. The service operates during term time between 15:00 and 18:00. The service is accommodated within Corpus Christie Primary School in the west of Glasgow. The service has access to the school's refurbished community playground.

There were 21 children attending the service on the first day of our visit and eight children on the second day.

About the inspection

This was an unannounced inspection which took place on 10 and 11 September between 14:50 and 17:30. Feedback was shared with the service on 11 September 2026. 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, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- reviewed feedback from seven parents using the service
- spoke with four staff and the manager
- observed practice and staff interactions
- assessed core assurances
- reviewed documents
- spoke with children.

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 an improvement was identified. This was relating to quality assurance and monitoring systems. This is reported under the quality indicator: leadership and management of staff and resources.

Key messages

- Children experienced warm, nurturing relationships with staff who knew them well.
- Children were happy and engaged in a range of play experiences which was led by their interests.
- The service should strengthen quality assurance practices to support children's ongoing wellbeing and development.
- Children's views were beginning to inform plans for improvement.
- Further opportunities for outdoor, physical and creative play would enhance children's choice and wellbeing.
- Children experienced well planned transitions into the service which supported their wellbeing.
- Safer recruitment practices required improvement to ensure children's safety and wellbeing.

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

Leadership and management of staff and resources

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

Visions, values and aims had been established for the service. We saw some evidence of these in practice through promoting an inclusive service for children. However, children had not been involved in developing them. We suggested reviewing the vision, values and aims in collaboration with children and families. This would help ensure the service's vision was child centred and reflected the views, aspirations and experiences of children and families in a meaningful and relevant way. The manager agreed and planned to take this forward.

Staff felt well supported within their roles. They had recently completed training in areas such as child protection and supporting children with additional support needs. This had increased their confidence and had provided strategies to better meet children's individual needs. As a result, children received care from staff who understood their needs and were developing their skills to support their wellbeing and inclusion.

Systems were in place to support children's safety, including daily environmental checks. However, these were not always effective in identifying potential hazards. For example, the children's toilet checklist recorded the area as clean and free from hazards, which did not reflect our observations. We found a strong odour, tissues on the floor and wet flooring in parts of the boy's toilet area. This presented a potential risk to children. The manager acknowledged this and arranged for the area to be cleaned during our visit.

We also suggested strengthening risk assessment arrangements for the outdoor play area. Current assessments did not fully consider the shared use of the playground, leaving staff unclear about access during wet weather or when the space was being used by the wider community. As a result, children's opportunities for outdoor play and choice were reduced.

Some self- evaluation activity had taken place and was beginning to inform improvements for children. Children had opportunities to share what they felt were strengths of the service, as well as areas they would like to improve. This was collected verbally, through child consultation sheets and via a suggestions box which was accessible to children every day. One child said, "I put in for more slime", while another added "I asked for more dolls". The service had responded to some of these suggestions. For example, they had provided more resources such as games, dolls and art materials. This showed that children's voices were listened to and acted upon. As a result, children experienced greater choice in their play and felt valued.

Improvement plans for the service linked well to self-evaluation reflections. For example, they identified that children would like a quiet space within their environment and more outdoor play. The manager told us of their plans to take this forward to support children's outcomes and choice.

Quality assurance systems required further development. Stronger oversight and monitoring of children's personal plans, medication records, and accident and incident records would have better supported children's health, safety and wellbeing (see area for improvement 1). The manager acknowledged this and planned to introduce a quality assurance calendar to strengthen monitoring and support ongoing improvement.

Staff recruitment records contained key information, including identity checks. However, references had not been obtained for some staff before their start dates. One sample also showed that the required disclosure check had not been completed before a staff member began working with children. As a result, safer recruitment procedures had not been consistently followed to support children's safety during the recruitment process (see area for improvement 2). Later in the inspection, we were assured that the checks had been undertaken retrospectively. However, all required checks and references should be obtained, assessed and recorded before staff started work to help protect children.

Areas for improvement

1. To ensure that children experience consistently high-quality outcomes, the manager should develop robust quality assurance processes. This should include, but not be limited to, monitoring and oversight of personal plans, risk assessments and medication.

This is to ensure that children's 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).

2. To ensure children are protected from harm, the provider should ensure that staff are safely recruited. This should include but is not limited to, obtaining, reviewing and responding to professional references and disclosure checks prior to staff working with children.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

Children play and learn 4 - Good

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 happy and engaged in a range of play experiences. They enjoyed playing together in groups and were developing positive relationships through play. Imaginative and social play was well supported with children using dolls, a small kitchen and props to develop their own ideas. Some children created 'café' area and confidently took on different roles. Others played with the doll's house and small figures; they had fun creating scenarios and sharing ideas. This supported children's social skills and imagination.

Children followed their interests and led their own play within the indoor environment. They asked for Lego, and staff responded positively to this interest. They enjoyed constructing figures and spoke confidently about what they were creating. Children had fun drawing on different sizes of paper and were happy to share what they had made. One child told us, "I have made a big football stadium. I have used two different colours of green for the grass". Another child made a hat from a box and used pens to create different patterns. This was supporting children's play and choice and gave them a sense of achievement.

Creative play was recognised as an area of interest in children by staff. There was a range of creative resources available such as paint, glue and collage materials. These were sometimes stored away and were not always readily available to children. We discussed having a wider range of materials available consistently. This would increase children's choice and would support them to extend their interests and increase opportunities for self-expression. The manager agreed and planned to have these materials on offer each day for children. The service had provided opportunities for children to have their artwork published nationally. This supported children to experience a sense of pride and achievement.

Children benefited from staff who engaged in play alongside them. They joined in play and discussion when appropriate and allowed for children to play and explore independently. Staff responded well to children of different ages during play. They role modelled creating bracelets, reading letters from the alphabet and asked curious questions. This extended learning and promoted wellbeing in a natural and meaningful way for children.

A large, well-resourced outdoor play area was available as part of the community playground attached to the service. However, opportunities for children to access this were limited during the first day of our visit. For example, a child expressed a wish to play outdoors, but this was not acted upon. Staff were unclear about how the area could be used during periods of wet weather and when the playground was being used by the wider community. As a result, children's choice and access to physical play were restricted. We discussed how clearer risk assessment arrangements would better support staff to make confident decisions about outdoor play in a wider range of circumstances. This would help ensure children could benefit from regular access to outdoor experiences whenever possible. This linked to the area for improvement identified in relation to quality assurance systems. The manager agreed and planned to develop a more robust risk assessment and introduce outdoor champions to support consistent outdoor play opportunities for children.

Children of different age groups interacted well together and enjoyed exploring toys and games together. Older children led play at times, with younger children joining in and learning new skills. For example, a younger child was learning about different foods from an older friend as they explored the small kitchen. One parent told us "[child] has learned new skills and activities through the service and built confidence to speak and play with older kids. Examples include football, dance mat, team games and parties at seasonal occasions." This supported children's confidence, social skills and sense of belonging as they developed positive relationships, learned from one another and enjoyed shared play experiences.

Children are supported to achieve 4 - Good

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.

Children experienced warm and nurturing relationships with staff who knew them well. Children talked positively about attending the service and told us they enjoyed coming after school with their friends. This supported children's wellbeing, happiness and positive relationships with others. One child told us "I love it, it's like home. It's like a home but it's not".

Children had the opportunity to visit the service with parents prior to attending which supported them to become familiar with the environment and staff team. Children were also well supported during the transition from primary one. Children were collected from the classroom, and extra support was given to children who required this. For example, staff gave children extra time in the classroom before transitioning to the after-school setting. This supported children's emotional security and sense of belonging.

Staff understood children's support needs well which promoted their wellbeing and development. For example, some children wanted to be close to staff and play games together when they first arrived. Staff responded sensitively to this which meant children felt valued, secure and happy. Staff also recognised that some children needed quieter spaces to regulate their emotions or relax after the school day. The manager planned to create quiet zones and had identified this in the service improvement plans.

Personal plans were completed with parents prior to children attending the service. This enabled staff to gather information about children's interests and individual needs. At the previous inspection an area for improvement was made in relation to reviewing personal plans regularly and ensuring they supported children with additional support needs. At this inspection we found that personal plans had not been reviewed and updated regularly. As a result, they were outdated and did not provide updated information about children's current needs, preferences and individual support strategies. Involving children more in reviewing their plans would help ensure they remained relevant and reflected what was important to them. Therefore, we repeated this area for improvement and will follow up on progress at the next inspection.

Key information to support the administration of medication was gathered, and staff knew children's medical needs well. This supported children's health and wellbeing. However, medication information was not always reviewed regularly, and records would have benefited from more detailed information about children's individual health needs. This could include actions to take in an emergency. This is reflected in the area for improvement made under leadership and management of staff and resources. The manager acknowledged this and planned to strengthen review arrangements to ensure records remained accurate and up to date.

Children enjoyed a sociable snack experience and independently selected what they wanted to eat from a varied range of snacks. Children contributed to snack choices each week, with their suggestions being used to plan future snacks. This supports children's choice, independence and wellbeing.

Parents were warmly welcomed and staff shared information about children's experiences, including fun stories about their day. These positive connections helped children feel valued and strengthened relationships between home and the setting.

Areas for improvement

1. The service should continue to improve the format for children's personal plans, particularly the care plans for children who present with additional support needs. Children's personal plans should then be formally reviewed with children and parents at least every six months, in line with current guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14) and that 'my care and support meets my needs and is right for me' (HSCS 1.19).

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

The service should continue to improve the format for children's personal plans, particularly the care plans for children who present with additional support needs. Children's personal plans should then be formally reviewed with children and parents at least every six months, in line with current guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14) and that 'my care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 11 September 2018.

Action taken since then

We found that children's personal plans were not reviewed at least every six months with children or parents. We found that the format for children's care plans, particularly those with additional support needs required improvement. Therefore, this area for improvement was not met and will be followed up at the next inspection.

Previous area for improvement 2

Management should continue to implement a robust system for monitoring and evaluating the quality of the work of the service as a whole. This will help them identify areas for improvement and inform an improvement plan for the service. All records, plans and policies should be made and kept in accordance with national and local guidance.

Examples highlighted during the inspection process were children's personal plans; management of medication; safe recruitment.

This is to ensure management and leadership is consistent with the Health and Social Care Standards which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 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 11 September 2018.

Action taken since then

We did not find robust systems for monitoring and evaluating the quality of the service. While an improvement plan was in place and some progress had been made, further development was needed to support children's safety and wellbeing. Improvements identified by the service had begun to positively impact children's play and learning. Therefore, this area for improvement was partly met. A new area for improvement relating to quality assurance and monitoring has been made under the quality indicator: leadership and management of staff and resources.

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	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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