The Playbarn Carluke
Day Care of Children

Braidwood Hall
51 Braidwood Road
Braidwood
Carluke
ML8 5NY

Telephone: 07812 757 988

Type of inspection:
Unannounced

Completed on:
27 May 2026

Service provided by:
The Playbarn Ltd

Service provider number:
SP2012011774

Service no:
CS2015338770

About the service

The Playbarn (Carluke) is an Out of School Care Club operated by a private provider situated in the Braidwood area in South Lanarkshire.

The service operates from a single storey building that is near schools, parks and other community resources. The service is registered to accommodate a maximum of 60 children aged from primary one to secondary year two. The service is provided before and after school and during school holidays.

The premises consists of two playrooms, kitchen, cloakroom area, toilets and enclosed outdoor area to the rear of the premises.

At the time of the inspection there were 109 children registered to attend the service.

About the inspection

This was an unannounced inspection which took place on 26-27 May 2026 between 11:00 and 18:00. The inspection was carried out by one inspector from the Care Inspectorate. A second inspector from the Care Inspectorate was in attendance shadowing the lead inspector as part of their 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's experiences
- gathered feedback from 6 families and 6 staff using surveys and discussions
- observed staff practice in the playrooms and outdoor space
- 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 headings Leadership and Children are supported to achieve.

Key messages

- Children's right to play was embedded throughout the setting.
- The implementation of a safe sun policy was needed.
- Play was child led, with staff offering inspirational materials to extend or challenge children's thinking.
- Children told us they had fun at the setting and they liked the play experiences on offer.
- Staff were respectful and kind. They listened to children's voices and responded appropriately.
- Children could be more involved in the preparation of snack.
- Children's personal profiles were under review and the provider planned to have the updated version in place for August 2026.
- The provider should ensure that the administration of medication policy and procedure follows best 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	4 - 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 was to ensure children were happy, valued as individuals and well cared for. The providers strong values were structured around the benefits of play. Leaders shared this vision and we could see how play was the basis in which the setting was formed. Children's right to play was evident throughout the setting. Children were provided the space and time to play, leading their own play experiences.

Leaders were working hard to create an environment to ensure all those involved in the setting shared the settings values and vision. They were planning a review to gather staff, children and family's views about what type of service they wanted. Increasing children's voice and parental engagement was part of the service improvement plan. Completing this could help the Leaders assess, if the care their children receive, is meeting parent's expectations.

The provider had a strong understanding of self-evaluation. They were starting to use the quality improvement framework for school age children to evaluate how well they were doing. They had started reflecting on the setting strengths and areas where improvements could be made. They agreed further consideration could be given to the improvement targets being set. Reducing the breadth of these targets could help them better measure the positive impacts made.

Quality assurance systems were in place to support Leaders ensure best practice was being followed. We found effective safer recruitment practices were in place. New staff were supported by their colleagues during their induction period to become familiar with the quality of service provided. We acknowledged that the provider was due to attend training to update their knowledge in use of social media. They agreed to review their practice and policies following training. We identified a few areas were quality assurance needed to be improved. The implementation of a safe sun policy needed to be embedded into practice and facilities should be kept clean and well maintained (See area for improvement 1 and 2).

Staff were deployed around the play spaces to supervise and support children's play. Staff deployment was good. Staff talked to each other to ensure they were deployed well inside and out, they supported each other when tasks needed completed.

Areas for improvement

1. To support children's safety and wellbeing the provider should ensure facilities meet standards. This should include, but is not limited to:

- touch points and high traffic areas are kept clean
- damaged flooring is repaired
- radiators are safe to reduce likelihood of child harming themselves
- soft furnishings being kept clean

- toilets being deep cleaned
- kitchen door should be kept closed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that as a child 'My environment is secure and safe' (HSCS, 5.19) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishing and equipment (HSCS 5.24).

2. To support children's safety and wellbeing the provider should ensure that safe sun procedures are followed. This is to ensure children are protected from the harm of the sun. This should include but not be limited to:

- children wearing sun cream when UV count indicates needed
- wearing of sun hats and glasses
- regular access to water to keep hydrated.

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).

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

Staff skilfully used play base theory to deliver high quality play and learning. They worked well as a team to ensure they were supporting children's needs. They had created spaces where children felt happy, confident and worked together to develop positive social skills. The children respected each other's ideas and supported one another to achieve their goals.

Staff were skilled at knowing when to get involved in children's play. They stayed nearby children and joined in with their play, in response to children's requests. Staff recognised the importance of one-to-one time with children, valuing their personal needs and interests. They listened and responded sensitively to children's needs. Staff supported and recognised children's right to play and celebrated their successes. Staffs approach and interactions with children supported them to build positive self-esteem and be happy.

The play spaces and materials were well planned to provide safe spaces for children to explore, experiment and challenge their own thinking. Using best practice and research on the benefits of play, staff skilfully facilitated children's play and learning. Outdoor active play and loose parts supported children to play with their peers and problem solve, whilst having fun. The chill-out room offered space for quiet reading times and space to relax. The activity room was an open space for large construction and art and crafts. Children were having fun and pursuing interests at their own pace. Consolidating their learning in ways meaningful to them.

Play was child led with staff offering inspirational objects to extend or challenge thinking. Staff routinely observed children's play and learning. They were skilled at using observation to support and enhance

children's play and learning experiences. Staff recognised the positive impacts of children's play and identified possible ways to enhance the experiences offered.

Children told us they had fun at the setting, they like the play experiences on offer. Some children described with great enthusiasm of building dens, with one child telling us they had made the 'best base'. Children were having fun outdoors being creative, problem solving and working together using the various loose parts materials. Most of the children were at the upper stage of primary school. When we spoke to them they all gave positive feedback about attending, that tells us the play and learning experience on offer supported their needs and interests.

Children are supported to achieve 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: Nurturing care and support

Staff were respectful and kind. They listened to children's voices and responded appropriately. When children needed reassurance, staff did this with care.

Children were greeted warmly and given time to transition when being collected from school. Children talked to staff about their school day and their plans for when they got back to the setting. Children shared that they felt safe and secure being collected from school. They knew the staff that collected them, they did say some days staff changed but they always knew them. We observed the positive relationships with the schools to ensure the children's safety. For example, the school informing staff of an absent child and the reason. Staff were familiar with safety measures to be followed during school collections to keep children safe.

There was a three-week snack menu, staff confirmed children had been consulted in making menus. Children told us they liked the food options and were given opportunity to create menus. One child confirmed there was a menu but was unsure where it was, we found this in the kitchen. We suggested the menus could be displayed in the snack area for children to see. Most foods were healthy and fruit was provided each day. Consideration should be given to the crisp day and biscuit day. To ensure menus follow best practice guidance for healthy food and nutrition. They had made some positive changes replacing diluting juice with water for snack. If children had specific dietary needs and preferences these should be recorded within their personal plans and agreed.

Children could be more involved in the preparation of snack, on the day of the inspection we observed it to be adult led, children were all seated at the same time, waiting to be served. We heard children asking to eat outside but being informed it was too hot and that snack was already set up inside. Snack time could be a possible area that could be further developed to reduce the interruption to children's play and support them learn life skills. Additionally, they could consider ways to reduce noise levels, for any child sensitive to this, snack time could be challenging. However, overall snack was a sociable time was well organised and staff sat with children chatting about their experiences. Tables were well presented, it was inviting.

The relaxation room was well used by children; they shared they liked this space to relax. We saw some children chilling watching movies after returning from playing outside, others where at the tables drawing and playing games with staff.

Children's personal profiles were under review and the provider planned to have the updated version in place for august 2026. We reviewed six children's files which included children requiring medication. We found the personal profiles and care plans contained different forms and information. Going forward these records could be improved through having a consistent format, helping staff become familiar where information could be found. The personal profiles could be more meaningful if children were involved in writing them. We acknowledged a plan was in place to make these a more meaningful resource to support staff provide the best care for the children.

Medication procedures were in place, and staff gave a verbal account of each child's medical needs. We reviewed the children's medication records and medication stored on site. We identified some areas where improvements could be made. This is to ensure that children's medical needs are met, and medication is administered safely (See area for improvement 1).

We saw families being welcomed into the setting when collecting their child. Parents had a good rapport with staff, interactions were friendly. We acknowledged through self-evaluation the setting had identified that they wanted to further develop parental engagement.

Areas for improvement

1. To support children's health and wellbeing the provider should ensure that the setting administration of medication policy and procedure follow best practice guidance. This should include, but not be limited to;

- when a child requires medication, they should gain written consent
- hold accurate information to ensure staff can administer medication safely
- medication records are reviewed regularly to ensure information held is up to date and accurate
- for children with recuse medication staff should have access to an emergency care plan
- consent records should be easy to complete providing accurate information.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that as a child 'any treatment or intervention that I experience is safe and effective' (HSCS 1.25).

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	5 - Very Good
Playing, learning and developing	5 - Very Good

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

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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