Insafe Hands (Newmains)
Day Care of Children

Newmains Primary School
Lang Avenue
Renfrew
PA4 0DA

Telephone: 01418 863 760

Type of inspection:
Unannounced

Completed on:
28 August 2026

Service provided by:
Insafe Hands Childcare Limited

Service provider number:
SP2013012146

Service no:
CS2015342519

About the service

Insafe Hands (Newmains) is a day care of children service, based within Newmains Primary School, Renfrew in Renfrewshire. The service provider is Insafe Hands Childcare Limited. It is located within walking distance of local schools, shops, and bus routes.

Insafe Hands (Newmains) is registered to provide a care service to 40 children attending primary school. The service operates during term time Monday to Friday from 15:00 until 18:00 and during school holidays from 08:00 until 18:00.

About the inspection

This was an unannounced inspection which took place on 27 and 28 August 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 information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- gathered the views of 10 families using a survey and discussions on site
- gathered the views of staff and management using a survey and discussions on site
- observed staff practice and children's daily experiences
- 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, no improvements were identified relating to core assurances.

Key messages

- Children were happy, settled, and having fun.
- Relationships between children and staff were warm, respectful, and nurturing.
- The provider should develop a leadership contingency plan to strengthen management oversight to ensure clear accountability.
- Children benefited from a variety of indoor and outdoor play opportunities that promoted choice, independence, and enjoyment.
- Leaders should review processes for handwashing and toilet provision to ensure infection prevention and control procedures meet best practice.
- Families' feedback had helped shape improvement priorities. The service recognised the need to strengthen parental engagement and improve communication about actions taken in response to families' views.
- Children experienced positive transitions into the service, helping them to feel welcomed, included, and confident in their new environment.

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	5 - Very Good

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

Leadership 4 - Good

Quality indicator: Leadership and management of staff and resources
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.

The service had clear vision, values, and aims. These reflected children's views and the shared goal of creating "a place where we can be ourselves, have fun, feel safe, and make our own choices." The values were evident in practice, with children supported to make choices about their play. Children told us, "I enjoy playing with friends and going on adventures" and another child commented, "I have lots of friends and I get to do lots of crafting." Consultation with staff had begun to review and further develop the service's vision, values, and aims. Plans were also in place to create a poster to promote these, helping to ensure they remained visible and understood by children, staff, and families.

Quality assurance systems were in place, including a monitoring calendar and use of the quality improvement framework to support self evaluation and improvement planning. Monitoring covered areas, such as medication, accidents and incidents, planning, and learning journals, helping leaders to identify strengths, monitor practice, and target areas for improvement.

The service was in the process of recruiting a senior leader and, as a result, there had not always been a consistent senior member of staff on site. This had impacted leadership oversight and we suggested developing a leadership contingency plan to ensure clear accountability, effective oversight of practice, and robust safeguarding arrangements. We also discussed opportunities to strengthen management processes for monitoring so that areas for improvement, including handwashing arrangements, toilet provision, parent handovers, and security arrangements for access to the building, were consistently identified and addressed. This would provide greater assurance that high standards are maintained consistently across all aspects of the service.

An improvement plan was in place, informed by self evaluation, which had identified priorities including family communication and engagement, children's participation, and safeguarding. There was evidence of progress, including staff completing child protection training and the ongoing development of a floor book and weekly planner to support children's involvement in planning. The service should continue to build on this to further embed and sustain progress.

The service had created opportunities for parents to share their views through surveys, questionnaires, and a suggestion box. Feedback from families had informed improvement priorities, particularly in relation to communication and learning journals. However, leaders acknowledged that parental engagement needed to be strengthened, as response rates had been limited and feedback from consultations had not routinely been shared with families. Parents told us they had identified communication, handovers, and learning journals as areas requiring improvement. The service planned to introduce a 'You Said, We Did' board to share feedback outcomes and actions taken in response to families' views. This should help demonstrate how feedback has influenced developments within the service and encourage greater participation in the future.

Quality indicator: Staff skills, knowledge, values, and deployment
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.

The manager and staff were committed to professional development and actively engaged in opportunities to further enhance their skills and knowledge. Almost all staff had recently completed, or were currently undertaking, appropriate qualifications relevant to their role. This supported staff to develop the knowledge and skills needed to meet children's individual needs and provide positive experiences.

Staff had access to a range of professional learning opportunities that supported their practice. Training in child protection and safeguarding, trauma-informed practice, positive behaviour, infection prevention and control, and allergy awareness strengthened staff knowledge and confidence. Staff were able to explain how their learning influenced their practice and supported positive outcomes for children. One staff member shared, "The child protection training made me aware to make sure every child is safe and in a protected environment."

Staff communicated effectively throughout the session and worked well as a team. Daily discussions supported staff to share information and plan for the day. Communication systems, including a communication diary, WhatsApp, and walkie-talkies, supported staff to remain informed across the provision. This helped staff respond promptly to children's needs and provided children with consistent support throughout the session.

Staff worked well together and were flexible within their roles to support each other and meet children's needs. The use of zones and designated areas supported effective supervision across the play spaces. At times, the size and layout of the provision required staff to work flexibly across indoor and outdoor areas. Leaders should continue to monitor staffing arrangements to ensure effective deployment across all play spaces. One parent commented, "I do feel there is enough staff most of the time, however there have been times where there is only one staff in the hall."

Management systems supported staff wellbeing, development, and performance. Monthly reviews during the first six months of employment provided opportunities to discuss progress, practice, and any additional support required. Staff could also access informal 'five-minute chats' to raise concerns, discuss their wellbeing, or identify further training needs. This supported staff to feel valued and well supported, contributing to positive experiences and continuity of care for children.

Safe recruitment and induction processes were in place. Appropriate pre-employment checks were completed by the provider and staff received induction and training before starting at the playscheme. Most staff were registered with the Scottish Social Services Council (SSSC) and new staff received a structured induction reflecting the SSSC National Induction Resource. This helped ensure children were cared for by staff who understood their roles, responsibilities, and the needs of the children they supported.

During the inspection, one staff member had not yet completed their SSSC registration due to their role being understood as sessional. Leaders took prompt action to submit the registration application. Leaders should continue to monitor staff registration to ensure these remain accurate and up to date. This will help ensure children continue to benefit from appropriately registered and suitably qualified staff.

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 happy, motivated, and engaged in their play. They confidently made choices about how they used the available resources, developing independence, creativity, and problem solving skills. Children explored their interests through a range of experiences, including magnetic tiles, Duplo, drawing, cutting and creating with different materials, and constructing towers with domino bricks. They proudly shared their creations with staff and friends, demonstrating confidence and a sense of achievement.

Most play spaces were well organised and provided children with opportunities to explore and engage in their chosen experiences. We discussed how some areas could be arranged more invitingly to encourage children's curiosity, sustain their engagement, and maximise opportunities for meaningful play.

Children benefited from a flexible approach to play that gave them time and space to develop their own ideas. They were not rushed between experiences and could remain engaged in activities that interested them. Opportunities to play independently and alongside friends supported children's social development. Positive friendships were evident, with children enjoying spending time together and developing their own games. Children told us, "It's a fun environment" and "I like playing football."

The large outdoor area provided valuable opportunities for active and imaginative play. Children confidently used climbing equipment, tyres, bats, and balls, developing physical skills, coordination, balance, and confidence. Large loose parts resources supported children to use their imagination, explore their ideas, and engage in creative play.

Access to the main hall and playground provided children with space to socialise, be physically active, and follow their interests. Staff worked effectively together to support children's movement between indoor and outdoor spaces while maintaining their safety and wellbeing.

Staff were warm, responsive, and attentive to children's needs. They positioned themselves alongside children and showed genuine interest in their play, joining conversations, and offering support when appropriate. Staff recognised when children welcomed adult involvement and when they wanted to continue playing independently with their friends. This approach helped children feel valued and respected while supporting their confidence, independence, and ability to lead their own play.

Children's views were beginning to influence the experiences available to them. Training relating to floor books had supported staff to develop how children's experiences and learning were recorded. As a result, children's voices, views, and interests were increasingly being captured and reflected in practice. We encouraged the service to continue building on this approach to further strengthen how children's contributions inform play experiences and support their learning and development.

Children are supported to achieve — 5 - Very Good

Quality indicator: Nurturing care and support
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**.

Staff were kind, caring, and responsive to children's individual needs. One parent shared, "Staff are friendly and approachable." Children were warmly welcomed, particularly those who were new to the service, with staff taking time to introduce themselves and build positive, trusting relationships. One parent shared, "Staff appear warm and friendly when greeting us."

Staff responded calmly and sensitively during children's social interactions, supporting them to build friendships, develop social skills, and navigate challenges positively. This helped children feel secure, valued, and confident within the setting.

Cosy spaces were available for children to rest, relax, and engage in quieter activities when they chose. These spaces provided opportunities for children to take time away from busier areas and respond to their individual need for rest and relaxation. The service had plans in place to further develop these areas, including purchasing additional soft furnishings and a tent to create more comfortable and inviting spaces for children.

Snack times provided opportunities for children to make choices and further develop their independence. They were relaxed and sociable experiences, with staff sitting alongside children to encourage conversations and create a warm, nurturing atmosphere.

Following discussion with the manager on the first day of inspection, positive changes were made on day two. Portion sizes were increased, water was more readily available, and plates were provided, further enhancing children's opportunities to manage their snack independently.

Children experienced positive and well managed transitions into the setting. A buddy system supported children who were new or younger, with children confidently describing how they helped others to feel welcome and included. Settling-in arrangements, for example stay and play sessions, provided opportunities for children and families to become familiar with the environment, routines, and staff at their own pace.

Personal plans were in place to support staff to understand and respond to children's individual needs. Staff demonstrated a good knowledge of the children in their care and provided support informed by their understanding of each child's wellbeing, interests, and individual needs. Children contributed to their personal plans by completing an 'All About Me' document, giving them opportunities to share information about themselves, their interests, and preferences.

Key workers took responsibility for maintaining, updating, and reviewing personal plans, supporting relevant information to be shared consistently across the staff team. One parent shared, "Always fill out the personal planner when these are needing done" and another commented, "Care plans are issued and reviewed regularly."

Plans were in place for children requiring additional support. These provided clear information about children's individual needs and identified strategies for staff to use. This supported staff to provide consistent and targeted approaches to ensure children received the support they needed.

Medication procedures were in place to support children's health, safety, and wellbeing. Individual healthcare plans had been developed where required, providing staff with clear information about children's specific health needs and the support they required. This helped ensure children received appropriate care and that staff were able to respond consistently to their needs.

A range of communication methods were used to keep families informed about the service and their child's experiences, including newsletters, emails, and text messages. Learning journals provided additional opportunities to share information, with plans in place to further develop these to strengthen parental involvement in their child's experiences and wellbeing.

Leaders recognised the need to strengthen communication at collection times, with procedures introduced including staff training to support more meaningful handovers. Leaders should continue to monitor these arrangements to ensure relevant information about children's experiences, wellbeing, and achievements are shared consistently, strengthening communication with families.

Staff demonstrated an awareness of their roles and responsibilities in relation to child protection and safeguarding. They were able to clearly describe the service's procedures for identifying, recording, and reporting concerns and explained how these would be implemented in practice. This showed that staff understood their responsibility to promote children's safety and wellbeing.

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

We recommend that to improve the effectiveness of quality assurance processes, a clear system should be adopted that records details of checks, any action required as a result of these checks. Reviews of what changes have been implemented and the impact of those changes should also be recorded. The provider and manager should work together to allocate appropriate time and staffing resources to facilitate these processes.

This is to ensure that confidence in the organisation that provides my 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 clear and robust quality assurance processes' (HSCS 4.19).

This area for improvement was made on 23 October 2019.

Action taken since then

A quality assurance calendar had been developed and monitoring activities were being carried out to support ongoing evaluation of the service. The service was also using the quality improvement framework for school-aged childcare to guide self evaluation and help identify areas for continuous improvement.

This area for improvement has been met.

Previous area for improvement 2

We recommend that the service improves arrangements for managing medication. In particular consideration should be given to:

(i) storage and accessibility of medication and written information about its administration

(ii) ensuring permission for administration is recorded appropriately and is reviewed at least every six months

(iii) recording sufficient information is recorded in relation to the symptoms children would display for 'as required' medication

(iv) recording clear confirmation that the first dose of any medication has been administered

(v) recording clear information outlining the steps to be taken if the administration of medication does not have the required outcome

(vi) developing the written medication policy and procedure and systems to monitor and record compliance with these.

This is to ensure that the service complies with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention I receive is safe and effective' (HSCS 1.24).

This area for improvement was made on 23 October 2019.

Action taken since then

Medication procedures were in place, including appropriate consent arrangements and individual healthcare plans, where required. These had been developed and implemented to support the safe administration and management of medication and to ensure children's health needs were met consistently.

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.scot.

Detailed evaluations

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good
Staff skills, knowledge, values and deployment	4 - Good

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

Children are supported to achieve	5 - Very Good
Nurturing care and support	5 - Very Good

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