KLAS Care C.I.C
Day Care of Children

2a Hallhill Road
Johnstone
PA5 0SD

Type of inspection:
Unannounced

Completed on:
3 September 2026

Service provided by:
KLAS Care C.I.C.

Service provider number:
SP2014012399

Service no:
CS2016350002

About the service

KLAS Care C.I.C is an after school care service which is provided by KLAS Care CIC. The service operates from a property in the Johnstone area of Renfrewshire and is registered to provide care to a maximum of 50 primary school children at any one time. Children have access to three playrooms and a large enclosed garden area. During school holidays and weekends the service can provide a care to a maximum of 16 primary school aged children at any one time.

About the inspection

This was an unannounced inspection which took place on 2 and 3 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 registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:
- observed practice and staff interactions with children;
- spoke with the manager, staff and families;
- gathered feedback from six families and six staff members through online questionnaires;
- reviewed documents;
- spoke with some of the 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

- Warm, caring and nurturing relationships were at the heart of the service, helping children feel safe, secure and valued.
- Children's views, interests and choices were valued and helped shape their play and learning.
- Quality assurance and self-evaluation systems were in place. These could be strengthened to ensure families are meaningfully involved to shape improvement.
- Strong family partnerships supported children's care and development, with parents feeling welcomed and supported.
- Children enjoyed high-quality play and learning that promoted creativity, literacy, numeracy and physical skills.

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	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 a clear vision, values and aims, with a strong focus on creating opportunities for children, families and the wider community. Leaders were committed to reducing barriers and promoting inclusion. A community pantry, respite care and tailored training for families and the wider community were in place, demonstrating the service's commitment to supporting children and families. One parent shared "The service is an absolute life line for working parents and families" and another parent commented "The service allows us respite time but also time to spend with our other children doing what they enjoy while knowing our child at the service is happy and content".

Children's views were beginning to contribute to the development of the service through questionnaires and consultation. We discussed opportunities to further develop this by involving children in creating and reviewing a children's vision, values and aims. This would help ensure that what matters to children is reflected in the service and strengthen their sense of ownership and belonging.

Leaders were committed to improving the service and had identified a number of priorities, including developing outdoor spaces, strengthening communication with families, improving management systems and further developing play experiences. There was evidence of progress, including the use of area planners to document children's views and demonstrate how these influenced activities and the provision of resources. Fundraising activities had also taken place, and the service was awaiting the delivery of new climbing equipment for the garden. We discussed with the manager that a more structured improvement plan, with clear outcomes, timescales, designated responsibilities and regular evaluation, would further support leaders in monitoring progress and demonstrating the impact of these improvements.

The manager had systems in place to support the organisation and oversight of the service. The use of an online calendar helped track key management activities such as staff training and supervision. A new quality assurance calendar has also been introduced, providing a clearer structure for planning and recording monitoring activity.

The service was developing its approach to gathering the views of children, families and staff. Children's views were gathered through questionnaires, while staff views were sought through consultation. This helped identify key priorities, including strengthening children's voices and participation, improving communication with parents, and developing trauma-informed practice. Family engagement remained at an early stage, and the service should continue to develop meaningful opportunities for families to share their views and see how their feedback influenced change.

Some monitoring was taking place across areas including safeguarding, accidents, medication, personal plans, planning and children's experiences. Self-evaluation using the quality framework had also helped identify areas for development, with some progress evident. We discussed the need to strengthen quality assurance further by ensuring monitoring records clearly identify strengths, areas for improvement, actions, timescales and the impact of changes.

Staff meetings and daily discussions provided opportunities to share information and reflect on practice. We discussed how introducing a consistent meeting structure and agenda would help ensure key issues are discussed, actions are clearly identified, and staff have opportunities to contribute to ongoing improvements.

Staff had undertaken training in areas including diabetes, epilepsy, medication and first aid. Further training in trauma-informed practice was planned to strengthen staff understanding of children's experiences and emotional needs. One staff member commented "I regularly getting training that makes a difference to not only my practice but also the children's experience and learning" and another shared "Training has given me inspiration and drive for change".

Risk assessments were in place for the collection and transportation of children and for indoor and outdoor environments. These provided a foundation for managing risks and keeping children safe. We discussed reviewing these to ensure they reflect the specific environments, equipment and activities available to children, including climbing equipment, access to the kitchen and outdoor play resources.

Children play and learn 5 - Very Good

Quality Indicator: Playing, learning and developing

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.

Children experienced a child-centred and enjoyable approach to play, learning and development. The pace of the day was responsive to children's interests and choices, with opportunities for free flow play. Children could decide where and how they wanted to spend their time, supporting independence and allowing them to lead their own play.

The environment was organised into different zones, including snack, book, creative, small-world and role-play. Children also had access to dedicated rooms for physical and sensory play. This provided children with a wide range of opportunities to develop their creativity, imagination, communication, social skills and independence. One child commented "I love going to my club" and one parent shared "There is always something new at KLAS and now with the new building, my child loves going to club".

Children moved confidently between areas and transported resources to support their chosen play experiences. They demonstrated that they were confident to make decisions and adapt their play according to their interests.

Child-centred planning was developing well. Weekly planning meetings provided staff with opportunities to discuss children's interests, ideas and preferences and use these to inform future experiences. Staff ensured all children had opportunities to share their views and influence the activities and resources available. Children's ideas were evident in the range of experiences offered, including science experiments, visits to the park and group games. As a result, children's voices were valued and they were increasingly able to influence their daily experiences and the activities available to them.

Staff effectively extended children's imaginative play. For example, children became deeply engaged in making playdough ice creams. A staff member suggested creating a sign for the ice-cream shop, which led children to develop their own ideas about making posters, selling ice creams, choosing flavours and setting prices. Children sustained this experience for a significant period of time, developing imagination, communication, early mathematical thinking, decision making and collaborative skills.

Children had access to a large outdoor play area where resources reflected their interests and requests, including scooters and skateboards. The spacious environment provided opportunities to run, be active and develop physical skills, as well as play games such as football. One parent commented "Outdoor play is encouraged in most weathers which is great" and another shared "The garden is great". Children could choose whether to play indoors or outdoors, supporting their independence and ownership of their day.

Staff supported positive interactions and friendships between children and recognised the importance of relationships in children's play and learning. Older children had opportunities to lead learning and support younger children, helping to develop confidence, responsibility and cooperation.

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.

Children experienced warm, nurturing relationships within the service, with staff placing a strong focus on supporting friendships and creating a welcoming and inclusive environment. Children were happy, settled, and confident, and their friendships contributed to a strong sense of community.

Parents valued the consistency of the staff team and the trusting relationships staff had developed with their children over time. One parent commented, "One of the best things about KLAS is the staff and the consistency of staff. The place is wonderful." Relationships between staff and children were a particular strength. Children felt comfortable chatting to staff and seeking support when needed. One child told us, "I like all the ladies in here, I know all their names," before proudly naming each member of staff. This demonstrated the strong connections children had formed with staff and their sense of belonging within the service.

Staff knew children well and responded sensitively to their individual needs. One parent commented "The staff are friendly and have a good knowledge of my child" and another shared "Staff are kind approachable and child focused. They know my child so well".

During the visit, staff recognised when children needed reassurance, emotional support, or opportunities to release energy. Support was provided naturally and without disrupting children's play and learning. Staff consistently prioritised children's wellbeing and ensured that individual needs were met through warm and responsive interactions. As a result, children experienced nurturing and responsive care that supported their emotional wellbeing and helped them feel safe, valued and secure.

Personal plans were detailed, child-centred, and reflected children's views, interests, and support needs. Plans were regularly reviewed and updated to ensure they remained relevant. One parent commented "The care plans are sent out for regular update and can be reviewed at any point". Where additional support was required, individual support plans were in place and actively used by staff. Staff demonstrated a good understanding of children's wellbeing needs and implemented agreed strategies effectively, particularly during transitions and when children required additional reassurance.

Mealtimes were calm, relaxed, and enjoyable. Children were offered a variety of healthy and nutritious food choices and were encouraged to develop independence through established self-service routines. Staff promoted good hygiene practices and ensured safe eating procedures were followed. Mealtimes also provided valuable opportunities for conversation and relationship building, with staff engaging children in meaningful discussions and creating a positive social atmosphere.

The environment supported both active play and relaxation. Children had access to comfortable areas where they could rest, socialise, or spend time alone if they wished. The layout encouraged choice and independence and supported children's wellbeing. Children moved confidently between activities and were able to access a range of play experiences, including outdoor play opportunities.

The service demonstrated a strong understanding of the importance of positive transitions. Staff adapted settling-in arrangements to meet the needs of individual children and families, helping children feel safe and secure. Effective systems were in place for arrivals, departures, and school collections, ensuring children were well supported throughout their day.

Relationships with families were a key strength. One staff member shared "The families are what makes it so amazing and when you begin to make a bond with that family it is so achieving". Families were welcomed warmly and received detailed handovers about their child's day. Staff shared information regarding wellbeing, activities, food intake, and any accidents or incidents. Parents spoke positively about communication and the relationships they had developed with staff. One parent said, "They communicate really well. They know the little things about my child. They always pass things like that on to me."

The environment was clean, organised, and well maintained. Appropriate infection prevention measures were in place, and children were encouraged to follow good hand hygiene practices. Safety was prioritised throughout the service. Risk assessments were in place, and staff carried out ongoing checks of the environment. Children demonstrated an awareness of safety procedures, with one child reminding others that they needed to wait for a staff member before going outside. Staff completed regular child protection training and demonstrated a clear understanding of safeguarding procedures. Accident and incident records were well maintained and effectively shared with families.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 30th August 2026, the provider must ensure that medication processes and procedures in the setting are safe and effective to ensure children's health and wellbeing are supported. To do this, they must, at a minimum ensure:

(a) consent and administering records are completed accurately for all medication including expiry dates;
(b) medication which has expired is replaced timely or returned to the parent
(c) children's health care plans are completed, and accurately record signs and symptoms of when a child requires medication or further medical support;
(d) a robust system is in place to ensure that medication is being effectively monitored, audited, and stored safely.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that my care and support is in line with Health and Social Care Standards (HSCS) which states that "My care and support meets my needs and is right for me" (HSCS 1.19) and "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24).

This requirement was made on 27 March 2025.

Action taken on previous requirement
Medication was safely stored in clearly labelled boxes, with accurate consent and administering records, including expiry dates. Updated consent forms clearly recorded signs and symptoms and actions required if medication was ineffective or further medical support was needed. Health care plans had been developed and management had systems in place to monitor medication.

Met - within timescales

Requirement 2

By 30th August 2026, the provider must ensure that staff receive the appropriate training to ensure children's health care needs are met and support children's health care needs. To do this, they must, at a minimum ensure:

(a) staff are trained to recognise and respond to children's specific medical conditions and symptoms;
(b) staff can safely administer medication according to individual healthcare plans;
(c) staff understand and follow correct recording, storage, and monitoring procedures for medication;
(d) staff are confident in implementing individual strategies to support children's health and wellbeing.

This is in order to comply with regulation 8 (1) (a)) of the Health, and Care (Staffing)(Scotland) Act 2019.

This is to ensure staffing is consistent with the Health and Social Care Standards which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14) and "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24).

This requirement was made on 27 March 2025.

Action taken on previous requirement

Staff had undertaken appropriate training and demonstrated the knowledge and confidence to recognise and respond to children's individual medical needs, including diabetes. Staff understood the updated medication procedures and their responsibilities for the safe administration and management of medication. Key workers were able to clearly explain the strategies in place to support individual children, helping to ensure their health and wellbeing needs were safely and consistently met.

Met - within timescales

Requirement 3

By 30th August 2026, to ensure children are safe, the provider must ensure that staff have been safely recruited. To do this, they must, at a minimum, ensure staff have been safely recruited following current guidance.

This is to comply with Regulation 9(1) (2) (a) (Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to comply with Regulation 13(1) (Provision of vulnerable groups listing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure staffing is consistent with the Health and Social Care Standards (HSCS) which state: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.25).

This requirement was made on 27 March 2025.

Action taken on previous requirement

Safer recruitment procedures were in place, with references obtained prior to employment, PVG checks completed and right to work verified. An induction programme was also in place to support staff when joining the service.

Met - within timescales

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

To ensure children experience consistently high quality care and learning, the provider should continue to develop and implement clear and organised quality assurance processes.

This is to ensure that 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).

This area for improvement was made on 27 March 2025.

Action taken since then

Some systems were in place to support management oversight; however, quality assurance processes were not yet sufficiently formalised. The provider should develop clear systems for checks, responsibilities, timescales and follow-up actions, as well as regularly gathering families' views to inform change and improvement. This will support consistent monitoring and ensure improvements are identified, progressed and evaluated effectively.

This area for improvement has not been met and will be repeated.

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

Children play and learn	5 - Very Good
Playing, learning and developing	5 - Very Good

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

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