Barassie hub - Schools Out
Day Care of Children

Barassie Primary School
Burnfoot Avenue
Troon
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Telephone: 07546270665

Type of inspection:
Unannounced

Completed on:
22 April 2026

Service provided by:
Schools Out in Troon

Service provider number:
SP2004006909

Service no:
CS2024000152

About the service

Barassie Hub - Schools Out is registered to provide a care service to a maximum of 16 children at any one time, of those 16 no more than 4 are aged 3 years to those not yet attending primary school. The service is provided by Schools Out in Troon and is located in the town of Barassie, South Ayrshire.

The service operates from the dining hall within Barassie Primary School. The service has direct access to the school playground. The service is close to local town amenities, the beach, green spaces, parks, and transport links.

About the inspection

This was an unannounced inspection which took place on 20 April 2026 between 14:45 and 18:30. This 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:
- Spoke and spent time with children using the service. We also met with two family members.
- Spoke with 2 staff and the management team.
- 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 that a service is operating legally. At the time of this inspection, no improvements were identified relating to core assurances.

Key messages

- Children experienced warm, kind and responsive care, which helped them feel safe, valued and settled in the service.
- Children enjoyed their play and social time, and positive staff interactions supported wellbeing; however, learning and play were not always sustained or fully extended.
- Leadership and quality assurance arrangements were not sufficiently developed, which limited consistent improvement and assurance of children's safety and experiences.
- The environment supported children's play once prepared, but delays in set up and limited choice reduced children's independence and engagement.
- Personal planning arrangements were not robust, and children's individual needs were not always clearly recorded or reviewed, resulting in a requirement.
- Families felt welcomed and communicated with, but improvements were needed to ensure important information was consistently recorded and used to support children.

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	2 - Weak
Children thrive and develop in quality spaces	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 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

At the time of inspection, the service had not yet established a clear, shared vision, values or aims. The manager demonstrated a caring intent and spoke about using positive language with children which supported respectful interactions. However, this approach was not underpinned by an agreed service vision to guide staff practice. As a result, children did not always experience consistent expectations or approaches to care. Children and families were not yet involved in shaping the service direction, which limited opportunities for children's voices and rights to meaningfully influence practice.

Self evaluation and quality assurance arrangements were not sufficiently developed to support improvement. The manager described some responsive actions, such as adapting collection arrangements to support a child experiencing emotional distress. These actions showed positive intent and sensitivity to children's needs. However, they were not reviewed or recorded formally, which meant improvements were not monitored to ensure they were effective and sustained for children.

Weaknesses in quality assurance resulted in gaps in safeguarding arrangements which had a direct impact on children's safety. Medication and allergy management systems were inconsistent, with incomplete records and insufficient monitoring of snacks brought into the service. This increased the risk of harm to children, particularly those with allergies. In addition, unclear policies and responsibilities between the two services managed by the staff created confusion for staff, reducing assurance that children were consistently protected. We have therefore made a requirement to address concerns relating to management of medications (see requirement 1)

There were some strengths in staff recruitment and induction. New staff were supported through induction and mentoring, helping them understand safeguarding responsibilities. When we shared gaps in safer recruitment practices, such as where electronic references did not have proof of electronic signature and where start dates of employment were not recorded. the manager acted promptly to ensure these were recorded. We were satisfied that the manager took prompt action to reduce risks to children.

Regular staff meetings supported communication. However, the absence of formal staff supervision limited leaders' ability to identify practice issues early. This meant that staff training and development needs were not regularly assessed or actioned to support better outcomes for children.

Requirements

1. By 16 July 2026, the provider must ensure medication and allergy management arrangements are robust and consistently implemented to protect the health, safety and wellbeing of all children.

To do this, the provider must, at a minimum:

- ensure monitoring systems are in place to identify and address and gaps in medication management

- ensure there are clear, up to date medication and allergy management procedures in place, including for children with complex allergies and those requiring emergency medication, and that all staff follow these in practice
- ensure each child has a current, individual medication plan which clearly details the safe storage, access and administration of medication, including specific emergency response actions
- ensure risks are consistently managed across the service by implementing robust risk assessments and safe practices for self medication, outings and school collections, and by effectively controlling allergy risks, including food brought into the setting

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

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).

Areas for improvement

1. To support positive outcomes for children, the provider should develop and implement a robust quality assurance and self-evaluation process that drives continuous improvement across the service.

This should include, but is not limited to:

- implementing regular, systematic audits of care practice and children's experiences
- gathering and analysing feedback from children, families and staff
- developing clear action plans with measurable outcomes
- monitoring and reviewing progress to ensure improvements are sustained

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); and
'I experience high quality care and support because the organisation is well led and managed' (HSCS 4.11).

Children thrive and develop in quality spaces — 3 - Satisfactory / Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service operated from the dining hall within Barassie Primary School and was used only by children attending the school. Risk assessments were in place for children exiting into the car park, which supported children's safety. Maintenance issues could be addressed promptly through access to the school janitor, providing some reassurance that the space could be kept safe and functional for children.

The current arrangements for storing perishable food did not support positive outcomes for children. The refrigerator used by the service was located in a community area at the opposite end of the school, which required staff to pass through several doors, corridors and a locked door to access it. This meant staff had to leave the after school care environment to retrieve items, impacting their ability to consistently supervise children. In addition, the refrigerator was not secured and was accessible to others using the community

space, increasing the risk that food intended for the service could be tampered with or accessed inappropriately. These arrangements did not ensure that food was stored safely or that children's wellbeing and supervision were consistently maintained.

On the day of inspection, staff were unable to access the space before children arrived, meaning the environment was not set up in advance. As a result, children entered a space that was not welcoming or inviting, and staff were task focused on preparation rather than fully engaged with children at the start of the session. This reduced opportunities for children to settle quickly, feel welcomed and experience positive interactions from the outset.

Once set up, a range of resources were available which broadly met children's age and stage of development. Most children chose to be outdoors and enjoyed football, trikes and climbing equipment. However, individual choice was not consistently supported, as all children went outside regardless of preference. Children who wished to remain indoors did not always have their choices accommodated, which limited their sense of autonomy and wellbeing.

The environment was not sufficiently inclusive. There were no visual supports, symbols, or alternative communication methods in place. This meant children with speech, language, or communication needs were not well supported. Children who found transitions challenging were also not effectively supported. Displays and written information relied heavily on text and were not dyslexia-friendly. As a result, some children were less able to understand routines, expectations, and transitions, which reduced their confidence and sense of security in the space.

Risk taking opportunities were restricted. Staff discouraged children from activities such as climbing trees rather than supporting safe, managed risk. This limited children's opportunities to build confidence, resilience and physical skills through exploration.

Children told us they could ask for resources to be made available, and floorbooks showed some evidence of child led planning. However, this approach was inconsistent, and children's influence on how spaces were used was not evident on the day of inspection.

Children play and learn — 3 - Satisfactory / Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children were actively engaged and clearly enjoying their time at the service. They confidently explored a range of resources and spoke enthusiastically about activities they had enjoyed, including board games, sensory play and creative experiences. One child proudly shared their enjoyment with a parent at collection time, showing that play experiences were meaningful and memorable for them. Sensory resources supported children to regulate and relax after their school day, contributing positively to their wellbeing.

Children had opportunities to exercise choice within the environment. They told us about previous creations made with construction materials and were keen to demonstrate skills such as sorting and model building. Staff provided a calm, comfortable area where children could rest, self regulate and socialise, supporting emotional wellbeing and positive relationships. However, children's freedom of movement was restricted by an "all indoors or all outdoors" approach. When individual children needed to access the toilet, all children returned inside. This limited children's independence and disrupted play. Improvements such as communication equipment and free flow access would support children to sustain play and make choices more independently.

Children showed curiosity, creativity and problem solving, particularly through construction, art and outdoor play. Staff joined in alongside children, using humour and shared interest, for example when discussing cycling and driving skills. Interactions were warm and respectful, and staff responded with kindness when children required comfort or reassurance. These interactions supported children to feel secure and valued. However, opportunities to extend children's thinking and challenge were not consistently maximised. This meant some children's engagement reduced over time, increasing the risk of boredom or frustration.

Planning arrangements were inconsistent. Floorbooks showed evidence of children's voices and interests, such as planning for soup making, but recordings were fragmented and not maintained consistently. This limited staff's ability to build progressively on children's interests or recognise emerging support needs. Although families received verbal feedback at collection times and expressed satisfaction with the service, some important information shared by parents had not been recorded, reducing assurance that staff consistently knew children well.

Children are supported to achieve — 3 - Satisfactory / Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children were treated with kindness, compassion, and respect. Interactions were calm, caring, and supportive. Children often mirrored this behaviour with one another. This helped create a relaxed and nurturing atmosphere. Children told us they felt safe in the setting. Staff responded sensitively when children needed support or reassurance. This was particularly evident during transitions.

Daily routines were familiar and predictable, which helped children to feel secure. Children arrived from school, washed their hands, enjoyed a snack and then moved into play. Staff actively encouraged hydration, reminding children to drink water and talking with them about this. These routines supported children's health and wellbeing. Staff demonstrated reflective awareness by discussing how routines could be adjusted to better meet children's needs, such as allowing outdoor play first to help children release energy after the school day, although this had not yet been implemented.

Staff supported children sensitively during transitions. We observed a child who found transitions difficult being supported with patience and calm reassurance, which helped them manage the change. Staff were aware of additional supportive strategies, such as visual prompts or objects of reference; however, these had not yet been implemented. This meant that, while some support was in place, children did not consistently benefit from the full range of strategies available to help them navigate transitions confidently. Snack times, while calm and organised, missed opportunities to further support children's social and communication skills, as staff were not always seated with children to encourage shared conversation and turn taking.

Personal planning arrangements were in place but not effective enough to support children's wellbeing needs. Templates were appropriate; however, plans were not consistently updated and did not always reflect children's current needs. Some known additional support, medical or emotional needs were not clearly recorded, which reduced assurance that staff always had the information they needed to fully support children. Children's voices were included in plans, but delays in updating meant this information was not always meaningful in guiding practice. These gaps had the potential to affect children's safety and wellbeing. We therefore made a requirement to support better outcomes for children (see requirement 1).

Families experienced a welcoming and communicative service. Staff spoke with parents daily at collection times, and families told us they were happy with the care their children received. Communication methods

included verbal updates, email, social media and a messaging group, supporting timely information sharing. However, reliance on informal communication meant some important information shared by parents was not consistently recorded, limiting staff knowledge over time.

Requirements

1. By 30 June 2026, the provider must ensure children's personal plans are clear, up to date and consistently used to meet their individual needs.

To do this, the provider must, at a minimum:

- ensure all children have an individual personal plan which accurately reflects their current needs, wishes and wellbeing
- ensure personal plans clearly detail any health, medical or additional support needs
- ensure personal plans are reviewed and updated regularly, at least every six months or sooner where children's needs change, with parental or carer involvement in this process

This is to comply with Regulation 5(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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); and
'My care and support meets my needs and is right for me' (HSCS 1.19).

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	2 - Weak
Leadership and management of staff and resources	2 - Weak

Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	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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