

Balloch ELCC Day Care of Children

Balloch Campus
Carrochan Road
Balloch
Alexandria
G83 8FA

Telephone: 01389 773 969

Type of inspection:
Unannounced

Completed on:
4 April 2025

Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Service no:
CS2016346342

About the service

Balloch ELCC is provided by West Dunbartonshire Council and is registered to provide a care service to a maximum of 56 children aged from 3 years old to not yet attending primary school.

The service is based in purpose-built facilities within the Balloch Campus. The accommodation is comprised of two large connecting playrooms, one small quiet playroom, a food technology room and changing/toilet facilities. The children also have timetabled access to the primary school gymnasium. A large enclosed outdoor area can be accessed directly from the playrooms.

The service is based within Balloch in West Dunbartonshire and can be accessed by foot, car or public transport.

About the inspection

This was an unannounced inspection which took place on Tuesday 1 April 2025, Wednesday 2 April 2025 and Friday 4 April 2025. The inspection was carried out by one inspector - an additional inspector was present to shadow - 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:

- spoke with 15 children using the service and 14 of their families
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Most children were content and settled and some chatted confidently with us about their play experiences. However, as a result of ongoing staffing issues, there was an inconsistent approach to keeping children safe and meeting their individual needs.
- Personal planning needed to be improved to allow staff to work in partnership with families to capture relevant information about children's individual care needs. An effective process for planning to meet children's learning and developments needs should be implemented to improve outcomes for children across the setting.
- Improvements to safety and security were needed in the outdoor play area.
- The provider and senior leadership team were aware that the standard of quality within the setting had diminished and were keen to see the setting make the necessary improvements to this end and an improvement action plan had been developed.

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

How good is our care, play and learning?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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

How good is our care, play and learning?

2 - Weak

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

Quality indicator 1.1: Nurturing care and support

Children and families were warmly welcomed on arrival. Some families chatted comfortably with staff about their children, highlighting the positive relationships that had been developed. At the end of the day, collection arrangements were calm and we observed friendly chats between children, families and staff as they left. Families told us these relationships were important to them and commented: "The staff are all warm and welcoming to us" and "Staff are amazing and very supportive." Others commented on regular changes within the staff team and felt staff did not always have time to dedicate the time needed to communicate effectively about their children's experiences and needs. Families told us: "I feel welcomed, however I do feel due to the demands that are placed on the staff they are not always able to even have the time to even say how your child has been that day" and "Communication naturally can break down and I would like more ways to communicate with the nursery direct e.g class dojo. I would like to know more about my child's week/month/progress especially when there have been lots of changes within the staff team recently." Some children were upset on arrival and staff spent time comforting them, which meant the experiences for other children were compromised and staff were not always available to chat to families. A new daily routine had recently been introduced to improve children's experiences and we agreed that this needed to be closely monitored.

Personal plans did not contain sufficient information about children's needs and, for some children, no personal plan was available. Using the provider's established personal planning procedure would have allowed staff to work in partnership with families to capture comprehensive information about children's individual needs, supporting them to focus more effectively on the wellbeing indicators to ensure a holistic approach to children's wellbeing. Plans had been reviewed to some extent, with new targets being set for some children, but this was inconsistent and was not being done at least once in every six month period. The core staff team knew children and their families well and were committed to meeting their needs, but the current staffing situation underlined the need to ensure that personal plans contained quality information to enable all staff to meet children's individual needs (see requirement 1).

Staff were keen to provide children with nurturing care, emotional comfort and support. At times, we observed children being comforted, cuddled and supported. Overall, staff were gentle and kind in their interactions. The majority of children were content, comfortable and settled within the setting. At times, staff used a number of strategies and approaches to encourage children to make good choices, build resilience and understand their emotions but this was inconsistent. There were often occasions where opportunities were missed as staff were busy or focused on other children.

One member of staff had been participating in the provider's pilot to assess children's health and wellbeing more formally, but this was not yet being applied across the setting. All children would have benefited from application of this approach.

Arrangements were in place to support those children requiring additional support. Positive working relationships had been established with other agencies to support children to meet their potential. However, while staff were keen to make sure children were getting the right support at the right time, the arrangements were not effective. Plans and risk assessments had been put in place for some children, but more work was needed to capture relevant information to reduce stress and anxiety levels and identify interventions at the right time for some children.

There was a lack of boundaries for children. Some staff appeared reluctant to put boundaries in place to prevent upset, but this meant that children were not always safe. Children needed boundaries and more predictable routines to help them feel safe and regulated. More consistent use and enhancement of quieter areas within the setting could have supported children's regulation.

The food technology room was a calm and attractive environment used for snack and lunch. Children enjoyed healthy snacks and meals. Children had good opportunities for choice and independence. Lunchtime was pleasant and sociable. Some children were not yet ready to sit at a table with their peers for lunch, staff had made individual arrangements to support these children. However, staff needed to be mindful of ensuring children did not leave the table with mouths full of food to ensure their safety.

During our visit, a few children slept on the couch and in the quiet area. Appropriate sleep mats were available but were not used. We discussed making improvements to the sleeping arrangements to promote children's emotional wellbeing and safety.

Effective arrangements were in place to ensure the safe storage and administration of medication to meet children's health needs.

Staff were confident and well-trained to understand their responsibilities for safeguarding children.

Procedures were in place to ensure children were safe in the sun. Appropriate arrangements were in place for the application of sunscreen. However, the procedure highlighted the use of hats and sunglasses. Sunhats were available but were "optional" and no sunglasses were seen. Staff needed to make sure children wore hats or had sunscreen applied to their hairlines to ensure they were safe. We reminded staff that they were responsible for keeping children safe in the sun and this was not a choice for children to make.

Quality indicator 1.3: Play and learning

While staff held relevant qualifications and had participated in training relevant to their roles, more support/refresher training was required around child development particularly in terms of expectations around behaviour. We found that the use of some language and labelling was not age appropriate.

In previous terms, children had opportunities for learning in the community and had enjoyed forest school sessions. However, staffing issues had curtailed the community learning experiences. Families expressed some disappointment about their children's opportunities for learning in the community and commented: "I do feel there could be more opportunity to do out of nursery tasks like park visits etc. Forest school also didn't go as planned either which was a shame."

Families told us that their children could be involved in a range of opportunities and fun experiences and commented: "My child has got the opportunity to attend forest school, which he loved. He enjoys many activities at nursery, including baking, play doh and arts and crafts. The sand pit and outdoor play area also provides him with lots of fun", "My child has had the opportunity to take part in forest school and learn about raising baby chickens" and "My child always comes home happy and eager to tell me all about her day and how much she has enjoyed nursery. I have also attended a number of parent stay and plays where I have had the opportunity to see first hand all of the fantastic resources and experiences the staff set out on a daily basis to help enhance the learning of the children."

At times children indoors were engaged in relevant play and learning. There were some opportunities for creativity through painting and collage, construction linked to a dinosaur story using mathematical language, imaginative play in the home corner and development of fine motor skills through supervised scissor use. Most children spent time outdoors enjoying the sunshine resulting in very quiet playrooms.

Outdoors some children enjoyed water play - painting the shed and washing the cars and bicycles. Others enjoyed physical activities like football, riding bikes and using the new climbing frame. At times staff were overwhelmed by the number of children outdoors, regularly having to intervene in issues arising with children. This meant that play was continuously disrupted and diminished the opportunities for quality play and learning. More could have been done to encourage children to channel their energies more positively.

Children were able to choose to play indoors or outdoors freely. Unfortunately, constraints on staff meant children had fewer opportunities to spend time in quieter activities. While we recognised the benefits of children leading their own learning, this needed to be balanced with more child initiated, adult framed opportunities enabling staff to scaffold children's learning.

Planning was being done on an area based approach and did not reflect children's ideas and interests. It did not demonstrate how staff responded to and promoted creativity, inquiry and curiosity. This had already been highlighted by the local authority for action and plans should now be progressed (see area for improvement 1).

Learner journals were not up-to-date and did not show clear progression or next steps in learning and development. The Early Stages Teacher was working on the provider's baseline for literacy and numeracy which was an effective tool for tracking children's learning, but even this role was impacted by the staffing situation. There was no robust evidence to demonstrate where children were achieving. The provider had a very comprehensive process in place to benchmark and capture children's progress in learning and development, but more needed to be done to bring this in line with the authority's expectations.

From our discussions with core staff, it was clear that they were keen to offer high quality outcomes to children, but they accepted that the current demands on them and the instability within the staff team meant this was not happening. We did see some lovely examples of positive interactions with children, positive use of questioning and encouraging children to problem solve, but these were infrequent. Staff recognised the need for children to learn independence skills for example dressing/undressing for outdoors, but time and demands meant this was not promoted the way it needed to be.

Requirements

1. By 30 June 2025, to improve outcomes for children, the provider must ensure that children experience care and support which meets their individual health, safety and wellbeing needs. To do this, the provider must ensure that:

- a) personal plans, reflecting best practice, are in place for each child detailing their individual needs
- b) personal plans are used to provide consistent and effective care which is child-centred and tailored to meet children's individual needs
- c) staff understand the importance of their role in providing adequate care and support across the setting and ensuring children are supervised at all times.

This is in order 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).

Areas for improvement

1. To support children's play and learning, the provider should ensure that staff implement a systematic approach to planning for learning across the service, that supports children to make choices, learn independence skills, lead their own learning and make choices.

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 social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials" (HSCS 1.31) and "As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity" (HSCS 2.27).

How good is our setting?

2 - Weak

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

The setting was comfortable, furnished to a good standard and welcoming, with plenty of natural light and ventilation. A secure door entry system limited access to and from the setting and the playrooms. Similar arrangements separated the setting from the primary school premises.

A recent incident highlighted the need to improve safety and security in the outdoor play area at the boundary with the primary school entrance. The fence was not of a sufficient height to prevent some children from leaving the outdoor space. During our visit, we found that supervision at this area was insufficient and although some measures had been taken to raise part of the fence on a temporary basis, this had not reduced the overall risk. We accepted that further contingency arrangements would be implemented immediately, but highlighted the need for a more robust solution to keep children safe (see requirement 1).

A new climbing frame had recently been installed in response to children climbing unsafely, but this had not prevented these issues. The climbing frame needed to be risk assessed to ensure children used it safely and staff needed clear and consistent guidance on how many children were able to use it at one time. We highlighted a need for children who were persistently climbing to have individual risk assessments/plans to help them divert their energy more safely and positively.

In an attempt to keep children safe, risk assessments had been developed and put in place but these were neither comprehensive nor effective. These risk assessments needed to be further developed to specifically address the individual risks and control measures identified. Individual risk assessments needed to be developed for each playroom within the setting, identifying specific hazards and mitigations for the outdoor play area and equipment for example. Risks needed to be clearly outlined with the control measures specific to make them easily identifiable. This task needed to be completed as a matter of urgency to ensure comprehensive risk assessments were in place and shared with staff to ensure they understood what was needed to keep children safe (see area for improvement 1). We highlighted resources available on the Care Inspectorate's Hub which would support staff to balance the management of risk and provision of appropriate challenge and risk in play.

There were times when the outdoor play area was very busy and we were concerned that children were not always safe. Families also highlighted some concerns about children's safety within the setting. Staff needed to consider the balance of activities offered outdoors, as there were times when there was too much very physical play which was impacting on other children's ability to play safely and quietly. We suggested that more robust planning be implemented outdoors to make play more intentional and meaningful, which may reduce reliance on boisterous free play.

Playrooms were attractive and well laid out with a variety of quality resources when we arrived. Resources were displayed at child height to encourage choice and self-selection. Staff discussed the recent improvements in resourcing introduced over the last few weeks. The leadership team needed to continue to support staff to develop a deeper understanding of providing more engaging and enabling environments and the effective use of provocations to increase opportunities for children to develop, imagine and explore.

While more needed to be done to encourage children to respect and take responsibility for looking after resources and putting toys away, staff also needed to clear away and ensure children's safety during the day. By the end of the day, the playrooms were littered with resources and tripping hazards. Outdoors items were left where children were riding bikes creating a safety hazard. Inspectors picked up resources on several occasions to keep children safe.

There were effective procedures in place to control and prevent the spread of infection within the service to protect staff and children. Children and staff demonstrated good hand washing practices and children were learning how this helped to protect them from germs. At times, staff could have been more proactive in helping children to wipe their noses.

Requirements

1. By 30 June 2025, the provider must ensure children experience safe and high quality outdoor play. To do this, the provider must, at a minimum:

- a) provide a plan to improve safety/security at the lower fence in the outdoor play area
- b) ensure the outdoor area is adequately supervised to maintain children's safety at all times.

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 the environment is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe" (HSCS 5.19).

Areas for improvement

1. To ensure children are safe and protected from hazards, the provider should develop comprehensive risk assessments which:

- a) take account of best practice guidance
- b) clearly identify risks and control measures
- c) are reviewed regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe" (HSCS 5.19).

How good is our leadership?

2 - Weak

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

The senior leadership team were aware that the standard of quality within the setting had diminished and were keen to see the setting make the necessary improvements. We accepted that several changes of manager over the last few years had meant that improvements had not been driven forward at the planned pace.

The local authority had developed an improvement action plan to make the necessary improvements, which included reviewing staffing on a weekly basis. We highlighted the need for a longer term approach to this for consistency and continuity for staff, children and families. There was a recognition that the staff team had not been fully involved in making these plans for improvement but this had been done for expediency. Moving forward we highlighted the need to fully involve the lead practitioner (LP) in improvement planning, as it was their role to lead the team through the changes.

The LP was clear about what needed to be done and was open, honest and realistic about the issues raised at inspection, but it was agreed that the LP was not getting the support needed and was not having time off the floor to carry out the full extent of the role. The local authority, in recognition of this, had identified a mentoring system but this was not yet fully operational. An additional lead practitioner was scheduled to start in the service after the Easter break to offer support.

A school improvement plan had been developed identifying priorities for improvement for the primary school and Early Learning and Childcare Care Centre (ELCC). However, this had been superseded by the improvement action plan. It was agreed that moving forward a separate ELCC improvement plan would be developed until the setting was on a more secure footing.

Some work been done on monitoring quality and self-evaluation, but this was neither robust nor regular. We accepted that formal processes were not a priority at this time and would be gradually reintroduced over time.

Families told us that they felt they could be involved in the setting and had good relationships with the leadership team. We agreed that the approach to family engagement could be revisited when improvements had been made across the setting.

It was noted that accident notifications had increased. No notification had been made for the recent incident in the outdoor play area and another was outstanding. We highlighted the importance of submitting notifications on time to allow us to carry out our regulatory duties (see requirement 1). Details on our notifications procedure can be found in the following document - Early learning and childcare services: Guidance on records you must keep and notifications you must make.

Appropriate arrangements were in place to record details of any accidents and incidents occurring and to pass this information on to families. Some staff were trained in first aid to ensure they had the skills and confidence to react to any accidents or health issues arising. Accident and incident reports were audited monthly but this was predominantly a quantitative audit, more needed to be done to focus on actions arising from the patterns and hazards identified to keep children safe.

Staff had been recruited safely and all staff were registered to practice with the Scottish Social Services Council (SSSC). Staff had undertaken qualifications relevant to their roles.

Requirements

1. By 30 June 2025, the provider must submit notifications listed in the publication noted above within the prescribed timescales.

This is to comply with the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) Regulation 21.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

How good is our staff team?

2 - Weak

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

Staffing issues had resulted in lower quality outcomes for children. Absences within the staff team resulted in an overreliance on cover which had been ad-hoc and inconsistent. This meant that there was reduced continuity and consistency for remaining staff, children and families. Families commented on the changes to the staff team and highlighted their concerns:

"Currently it has been unsettling with the volume of new staff. I have been concerned about the lack of consistency in teachers and the negative impact this is having on my child. The permanent staff know who you are when you are picking up your child, however recently the people on the door and the people taking the groups, I don't recognise, and they wouldn't know who I was, and they haven't questioned me going in about who I was here for. This has left me feeling uneasy as I would have expected people to have questioned who we were coming in and who we were there to collect when they don't know you, as we provided a list of nominated people who can collect our children at the start, I feel that could of been getting checked recently with the high turn over of staff, to ensure kids' safety",

"At the moment however there is a lot of new faces in the nursery and I haven't had much communication with them."

"The staff are all friendly and have been helpful if approached for anything. They appear caring to the children, and my child appears to be comfortable with them. Unfortunately at the moment the inconsistencies in staffing doesn't provide the same relationship or satisfaction."

We agreed with families that new staff coming to the setting did not know the children and issues highlighted earlier around personal planning meant staff were not well equipped to meet children's individual needs. This was causing issues for children - particularly around secure attachments and dysregulation. Staff needed to know their children and 'tag teaming' was not the right approach for dysregulated children. Although we accepted the rationale for this approach, these children needed to be able to feel loved and have fun with all staff.

We were concerned about the continuity of care across the day and week for children. Children's needs were not being met and, at times, children were not safe across the setting. Staff were aware of this and this was impacting their morale and motivation. Although ratios were being maintained, these were insufficient to meet the needs of children when children required a higher level of support (see requirement 1).

The lead practitioner (LP) was working hard to ensure arrangements to cover absences were communicated to families. Families and children were kept informed and introduced to any new or supply staff caring for their children when possible and photos were displayed at the entrance.

Lunches for staff were staggered as only two staff could leave the floor at a time to ensure staff can manage children. This meant the routine was disrupted for several hours, which also impacted on continuity and consistency.

As mentioned earlier, daily communication with families had been impacted and while staff had some time to chat, pressure to supervise remaining children prevented a quality handover.

Arrangements for supporting and mentoring staff were not effective, as existing staff had limited time to support new staff. We could see how this was not the right approach for some staff who needed more support to be effective and confident.

Interactions between adults and children were positive overall, but staff were feeling stressed and upset by the ongoing staffing situation and felt that children were missing out on quality experiences. Staff were demoralised and some seemed to have adopted 'a heads down approach', where they only dealt with the children directly around them. At times this meant that children's safety, wellbeing and learning needs were being missed. Staff needed to be more vigilant and aware of what was going on around them. At times inspectors intervened to comfort individual children and keep them safe.

The provider needed to assess the impact of the current situation on staff wellbeing across the setting and develop an effective model and strategies to support their mental and physical wellbeing (see area for improvement 1).

The improvement action plan highlighted the need for some additional training input for staff. However, to improve outcomes for children and to better equip staff to meet children's needs, training was needed to underpin their knowledge and practice in child development, understanding/managing children's behaviour and safety intervention techniques (see area for improvement 2).

Requirements

1. By 30 June 2025, to ensure that all children's care and support needs are met, the provider must ensure staffing arrangements are safe and effective. To do this the provider must, at a minimum, prepare a plan to demonstrate how they will:

- a) regularly assess and review children's care and support needs
- b) demonstrate how the outcome of children's assessments are used to inform staffing numbers, deployment and arrangements
- c) implement quality assurance systems to evaluate children's care experiences and assess whether the staffing arrangements are effective in providing responsive, child-centred support.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15).

Areas for improvement

1. To provide a safe and high-quality service, the provider should implement additional supports to ensure the wellbeing of staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support is consistent and stable because people work together well" (HSCS 3.19).

2. To support children's wellbeing, learning and development needs, the provider should ensure staff access training appropriate to their role, and apply their training in practice. This should include, but is not limited to, training in child development, understanding children's behaviour and safety intervention.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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).

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

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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