

Lennox ELCC Day Care of Children

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Type of inspection:
Unannounced

Completed on:
14 May 2025

Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Service no:
CS2003014726

About the service

Lennox ELCC is a day care of children service provided by West Dunbartonshire Council and is located in Faifley. The service is on a bus route and is near to local schools and shops.

The service provides care to a maximum of 55 children, this is broken down into the following age groupings: 15 children aged 0 to under 2 years, 40 children aged 2 to under 4 years of whom 15 children aged 4 to those not yet attending primary school can attend during the school holidays.

Children have access to two playrooms; a large outdoor play space; and appropriate changing and toilet facilities.

About the inspection

This was an unannounced inspection which took place on 13 and 14 May 2025. The inspection was carried out by Three 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:

- Spoke with a small number of children using the service
- Gathered feedback from family members of children using the service
- Spoke with staff and management present on the days we visited the service
- Gathered feedback from 6 staff members using a questionnaire
- Gathered feedback from 8 family members using a questionnaire
- Observed staff practice and children's experiences
- Reviewed documents

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

- Children were cared for by a consistent staff team who were kind, caring and knew them well.
- Staff worked well together, creating a warm and welcoming environment for children and families.
- Children were engaged in play, developing their curiosity, imagination and problem solving through play experiences indoors and outdoors.
- Personal plans and individual risk assessments should be kept up to date to reflect children's needs.
- Staff were passionate about their roles and showed a strong commitment to on- going professional development to further enhance outcomes for children.
- Self-evaluation and quality assurance procedures led to good quality care and support for children and their families.
- Effective leadership supported staff to feel valued, respected and motivated.

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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

4 - Good

We made an evaluation of good for this quality indicator, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality Indicator 1.1: Nurturing care and support

Children and families were warmly welcomed by kind, friendly, and nurturing staff who greeted them with smiles and engaged with them respectfully. Parents were invited into the playrooms at drop-off and pick-up times, this encouraged open communication and helped build strong, trusting relationships. Parents told us they felt welcomed and supported by staff and told us, "They are all so welcoming, and I can always approach them to discuss my child," and another commented, "My child is greeted warmly each day." As a result, families felt welcomed and included in the service.

Staff provided a warm and supportive environment, offering nurturing care through cuddles, singing, and gentle interactions that made most children feel secure and loved. Comfort items such as dummies and blankets were available, and staff were attentive to when children required these. Overall, staff told us about the strong bonds they had formed with the children, they were attuned to children's needs, and responded appropriately to both verbal and non-verbal cues. This warm, caring approach supported children's emotional well-being and positively impacted their development.

The settling-in process was flexible and responsive, including home visits and playdates, which supported families well. Most children were settled, confident, and felt safe, however, a few children remained occasionally unsettled. Overall, staff provided supportive care. We discussed the importance of reviewing the settling-in process to ensure it continued to meet the needs of all children.

Mealtimes for younger children were calm, relaxed and unhurried. Staff sat with the children, offering support as needed and engaging in conversation. Children were encouraged to feed themselves, while staff assisted those who required help, based on their stage of development. Each child had their own cup of water to stay hydrated, and food was served in a safe and age-appropriate way. Children ate well and appeared happy, making mealtimes a positive and enjoyable experience.

For older children, the lunch space was more limited, and frequent movement and door openings, sometimes caused noise and distractions. Staff sat with the children, encouraged independence where possible, and offered support where required. Families who provided packed lunches were supported through the service's healthy lunch box policy. Staff were aware of children's dietary needs and preferences, they kept track of what children ate, and shared this with families. Recent reviews of mealtime practices had led to improvements, and staff mentioned they were still assessing what worked best. During discussions with the leadership team, we suggested reviewing the space and layout to create a calmer, more comfortable lunchtime environment. This included considering keeping the lunchroom door open to increase space, supporting children's choices, and exploring alternative areas better suited for mealtimes.

Sleep routines were well established and tailored to meet each child's individual needs. Staff followed the service's safe sleeping policy and current best practice guidelines.

We observed children settling with ease, including one child who was gently rocked to sleep, children had familiar blankets, contributing to a sense of safety and routine. As a result, children felt safe, relaxed, and well-rested, supporting their overall wellbeing and development.

Personal care needs were managed in a respectful and sensitive manner. Nappy changes and toileting were carried out naturally and with minimal disruption to children's play and learning. Children appeared comfortable with staff and responded positively to their calm and caring approach. As a result, children's dignity was respected, and they felt safe, secure, and confident during personal care routines.

Personal plans were in place for all children, which included key information about children's likes, dislikes, interests, and health care needs. Most plans contained strategies to provide appropriate support. Plans were shared and updated regularly with families, allowing staff to effectively plan and respond to children's needs and interests. Parents comments included, "They keep us well informed day to day and post regular updates to put us at ease, and another noted, "If my child has learned a new skill they tell me straight away. Most communication notes were kept up to date, reflecting children's current needs and next steps, however, for some children this had been missed or not updated. We discussed the importance of keeping all plans consistently up to date with the most current information. This will ensure they effectively support children's needs and align with their risk assessments, where appropriate. (see area for improvement 1).

Effective procedures for the storage and administration of medication were in place and we confirmed these were followed to keep children safe. Staff showed a good understanding of sun safety, following best practice guidance. Children had easy access to an outdoor water station, and were reminded to drink water to keep hydrated. These measures helped maintain children's safety and comfort during outdoor play.

Quality Indicator 1.3: Play and learning

Staff demonstrated a strong understanding of how children develop and learn through play, they used their knowledge to create meaningful and engaging opportunities. In the 2-3 room, most children were happy, engaged and enjoying their play. They participated in a range of experiences such as painting, playdough, building with blocks, and sand play. This supported their creativity, problem-solving, and sensory development. Some children preferred quieter experiences, like listening to stories, singing, or playing in the house corner, reflecting their individual preferences and emotional needs.

We observed younger children exploring a variety of sensory experiences, including, shaving foam and the use of a small wooden bridge to develop gross motor skills. Staff supported play with gentle encouraging interactions. They read stories, repeated words, and sang songs to promote memory, listening, and communication. Simple counting was used regularly, supporting early numeracy. A child-centred approach created an engaging environment that supported the development of key skills, nurtured children's confidence and curiosity, and motivated them in their play and learning.

Children actively engaged in outdoor play, this was a popular choice, with most choosing to spend time in the garden. Parents agreed and shared positive feedback, including, "Our little one loves the garden; they have toys that develop gross motor skills, balance, and imagination," "My child loves being outdoors and looking for bugs," We saw children enjoy a variety of experiences such as chasing bubbles, rolling balls, watering plants, and exploring the house area. They also had opportunities for physical play on the climbing frames. However, due to the size of the outdoor area, staff had limited opportunities to provide consistent in-depth interactions as they needed to supervise the space. Although staff provided appropriate sensory and physical play experiences, the size of the area meant some opportunities for responsive interactions were missed.

We discussed with the leadership team how the overall experience could have been further enhanced, for example, if staff were able to engage more directly with children in the moment, this would have resulted in deeper engagement and more meaningful learning opportunities.

Planning was child-centred and responsive to children's interests and experiences. Staff supported younger children's development through meaningful interactions, sensory play, and everyday routines. In the 2-3 room, planning reflected children's interests, promoting flexible, child-led learning. Floor books captured children's ideas, voices, and progress. Staff regularly reflected as a team on each child's needs, recording these in personal learning journals. These highlighted learning, progression, achievements, and next steps, and were shared with parents to support continuity between home and the setting. This collaborative approach encouraged parental involvement and contributed to positive outcomes by ensuring children's individual needs and interests were consistently supported.

Areas for improvement

1. To support children's health, wellbeing and safety, the manager should ensure that personal plans reflect children's needs.

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).

How good is our setting?

4 - Good

We made an evaluation of good for this quality indicator, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality Indicator 2.2: Children experience high quality facilities

Children were cared for in a welcoming, bright, and well-maintained environment. The indoor space was comfortable and thoughtfully furnished, with homely touches that made it inviting. A comfortable temperature was maintained throughout the building, staff were aware of the need to monitor the temperature in the conservatory. Staff took pride in keeping the environment clean and organised, ensuring it remained welcoming and well cared for throughout the day. Children were encouraged to help tidy up, fostering a sense of responsibility and pride in their surroundings.

The spaces were engaging and well-resourced, promoting curiosity and a sense of wonder. Storage was low level, this meant that toys and resources were easily accessible for children. Role-play areas were equipped with real-life items such as food, crockery, and pots, encouraging children to use their imagination, develop social skills, and express creativity. Soft furnishings, including rugs and cosy areas, provided comfort and a welcoming atmosphere. Attractive wall displays, fairy lights, and family photographs all contributed to a homely and stimulating environment. The nursery reception area was inviting, with a variety of information clearly displayed for families. This helped ensure that parents and carers were well informed about nursery updates, events, and ongoing improvements.

Staff recognised the importance of providing children with regular access to outdoor play to support their wellbeing. Overall, most children enjoyed outdoor play in the garden. They also had opportunities to explore the local community through regular walks and outings. Parents told us, "They go to the local park and have visited their new campus," while another shared that their child had enjoyed visits to the park, a farm, art galleries, and local shops. Although free-flow indoor/outdoor play was not possible due to building limitations, staff across the service communicated effectively to ensure all children could access outdoor play when they wished. These experiences supported children's physical development, helped them to build confidence in new environments, and encouraged a sense of belonging within their wider community.

The outdoor area was spacious and surrounded by lots of greenery. Staff were responsible for designated zones within the garden, which were set up well to capture children's interests. They were aware of blind spots and had photos to assist with supervision. However, due to the large size of the space and, staff being restricted to their zones, we observed that this limited interactions with some children, leading to missed opportunities for engagement in their care and play. Regular headcounts were carried out to ensure safety. The leadership team needed to consider the layout of the garden and more effective staff deployment to better meet the children's needs outdoors.

Risk assessments were available for all areas of the service, including indoors and outdoors, with checks made at the start and end of each day to identify risks. Staff discussed visual risk assessments, such as checking the garden for hazards. However, we observed that not all safety checks were completed during our visit, which increased the risk to children. We spoke with the leadership team, who had already started to make improvements to these procedures, including the addition of a new padlock and bungee cord to the gate. Staff needed to ensure all safety measures were in place and that risk assessments were clear and followed consistently to keep children safe. (See area for improvement 2).

Infection prevention and control measures were in place to support children's wellbeing. These measures helped minimise the risk of infection, promoting a safe and healthy environment for all. We observed staff and children regularly practiced good handwashing throughout the day. Staff wore aprons and gloves when changing nappies, and cleaning schedules were followed to help maintain a hygienic environment. However, staff should ensure that all boxes and drawers in the changing areas are kept closed to fully comply with best practice guidance.

Areas for improvement

1. To ensure children's safety, staff should identify and respond to risk. This should include, but is not limited to, updating risk assessments to reflect children's needs and hazards in the environment.

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 provided in a planned and safe way, including if there is an emergency or unexpected event (HSCS 4.14) and "My environment is secure and safe" (HSCS 5.19).

How good is our leadership?

4 - Good

We made an evaluation of good for this quality indicator, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality Indicator 3.1: Quality assurance and Improvements are well led

The leadership team were visible, approachable, and enthusiastic in their roles, promoting positive relationships and effective communication. This helped strengthen the nurturing environment within the nursery. Staff spoke highly of the support they received from the manager, which contributed to their wellbeing in the workplace. The manager was committed to putting children, their families, and staff at the heart of the service, valuing feedback and views from all involved.

There were opportunities for families to be involved in the service and share their views. Feedback was gathered through informal chats, questionnaires, class dojo app, and a gratitude tree. Parents shared positive comments, including, "My child is settled and loving nursery," "Their teacher helped them settle well," "They have a really good bond," "Service with a smile," and "Wonderful and kind ladies." . All families strongly agreed that their views were welcomed and valued within the service. One parent noted they regularly completed feedback and when asked. A variety of communication methods were used to keep families informed, including newsletters, notice boards, and digital updates. This inclusive approach ensured that all families were able to engage with the service in a way that suited them best.

Quality assurance processes were in place, including a clear improvement plan with realistic targets aimed at developing a skilled workforce and enhancing parental engagement. Staff were familiar with the improvement plan, and termly updates were shared with parents. A key focus of the ongoing improvement plan is preparing for the upcoming relocation of the service to a new campus. Support systems were in place for children, families, and the staff team to ensure a smooth transition. This will remain a service priority to support the wellbeing of all involved.

The leadership team supported staff development through regular room observations, "Be the Best" reviews, and supervision sessions. They also carried out routine audits, including checks on medication, accidents, and incidents, to maintain children's health and wellbeing. Clear policies and procedures were in place to guide staff in their daily practice, helping to ensure a consistent and child-focused approach. The ongoing focus on reflection and support helped staff to develop their practice and contributed to high-quality care and positive experiences for children.

Staff were passionate about improving outcomes for children and eager to facilitate initiatives such as stay and play sessions, involvement in the outdoor group, and regular Book bug sessions. These activities provided meaningful opportunities for parents to engage in their child's early learning. This inclusive approach helped parents feel welcomed, involved, and connected to their child's experiences within the nursery.

Leadership roles had been introduced and were embedded across the service, staff members were keen to take on lead roles or contribute to group work. This approach supported staff in understanding the part they played in driving improvements in children's care, play, and learning.

Staff were enthusiastic about their responsibilities, which included roles such as communications link, play and literacy champion, and involvement in environment and outdoor learning groups. As a result, children benefited from planned experiences that reflected staff interests, creating a positive and engaging learning environment.

Staff were given dedicated time to reflect and share daily experiences with one another, they told us this time was valued. This supported a child-centred approach by enabling staff to share important information, review support plans, and ensure care was responsive to each child's needs. The leadership team should continue to encourage staff to make the most of this time by regularly reviewing and updating children's personal plans and risk assessments, at the time of change, to ensure they reflect the most effective strategies to meet children's current needs.

How good is our staff team?

4 - Good

We made an evaluation of good for this quality indicator, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality Indicator 4.3: Staff deployment

A key strength of the service was the consistency of staffing, with staff working within the same rooms to support continuity of care. Photographs of staff were clearly displayed, helping children and families become familiar with key adults. This contributed to the development of strong, trusting relationships. The keyworker and buddy system ensured that each child was known well by more than one key adult, supporting effective communication with families and a shared understanding of children's needs. Parents spoke positively about the staff team, describing them as caring, respectful, and supportive. Feedback included, "Just amazing, such loving and caring staff," "My child has come on in leaps and bounds since starting," "Friendly and always helps," "My child loves them all," and "They go the extra mile." As a result, children experienced consistent, nurturing care, which supported their wellbeing and development.

Well-planned staffing arrangements ensured that occasional absences and vacancies had minimal impact on children's care. One parent told us, "There is always someone on hand to speak to or help." Staffing levels met required ratios throughout the inspection, with additional staff available in playrooms to support children's individual needs. The leadership team was present and responsive, offering support to staff when required. Staff deployment was flexible, with team members moving between indoor and outdoor areas to ensure children were supervised. However, there were occasions when staff needed to be more vigilant to ensure that all children's needs were consistently met.

Staff communicated well with each other as a team. Walkie-talkies had been introduced to support communication across playrooms and when outdoors. We spoke with the leadership team about exploring alternative options, as some interference was noted during their use.

Effective induction and mentoring processes supported the development of staff knowledge and awareness of their roles and responsibilities. The use of tools such as the nursery induction checklist and the National Induction Resource helped guide learning and build confidence. Staff spoke positively about their experiences and highlighted the strong relationships they had formed with colleagues through this process. As a result, staff felt confident and well-prepared in their roles, which helped provide children with consistent care from adults they trusted.

On-going professional development was supported through a variety of training opportunities, including mandatory courses such as child protection, first aid, and infection prevention and control. Supervision sessions and "Be the Best" meetings helped identify additional learning needs, allowing staff to focus on areas most relevant to their roles. Reflection on training encouraged staff to consider its impact on their practice and share new knowledge with colleagues. For example, after attending Book bug training, staff enhanced children's experiences by delivering sessions to parents. This commitment to learning ensured that children's care, play, and learning were informed by current research and best practice, supporting meaningful progress and development, while also providing positive role modelling for families.

The leadership team demonstrated a strong and consistent commitment to staff wellbeing. Staff told us they felt valued, supported, and appreciated in their roles. Well-being initiatives such as "Motivational Monday" and the use of a wellbeing jar were well received, contributing to a positive working environment. The culture of open communication, regular check-ins, and a focus on building strong relationships enabled staff to feel comfortable and confident in raising any concerns. Staff shared feedback such as, "Management are approachable and supportive," and "Lennox have an excellent staff team who work well together for the care and learning of the children". The supportive environment fostered a happy, motivated, and engaged team, which had a positive impact on the quality of care and learning experiences for children. As a result, children and families benefitted from a nurturing and responsive service, contributing to positive outcomes for all.

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

The management team should ensure accident and incident forms are appropriately and consistently recorded with all information needed completed. Advice should be sought from the local authority in relation to emergency procedures and the completion of reporting forms to the authority. This will result in clear and accurate records being in place.

This ensures care and support is consistent with the Health and Social Care Standards which state that:

My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event (HSCS 4.14),

- Any treatment or intervention that I experience is safe and effective (HSCS 1.24),
- I experience high quality care and support based on relevant evidence, guidance and best Practice (HSCS 4.11).

This area for improvement was made on 22 January 2019.

Action taken since then

Accident and incident forms were completed appropriately were and in line with best practice. Monthly audits are carried out by the manager to monitor these.

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.com.

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good

How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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