Kilcreggan Primary Pre Five Unit
Day Care of Children

Kilcreggan Primary School
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Argyll and Bute Council

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Service no:
CS2003014650

About the service

Kilcreggan Primary Pre Five Unit, operated by Argyll and Bute Council, is registered to provide day care services for up to 40 children aged 2 years to those not yet attending primary school, with a maximum of 10 children aged between 2 and 3 years. At the time of inspection, 7 children were in attendance. The service is located within Kilcreggan Primary School and includes a spacious playroom with direct access to outdoor facilities.

About the inspection

This was an unannounced inspection which took place on Wednesday 27 and Thursday 28 August 2025. The inspection was carried out by one inspector 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 seven children using the service
- gathered feedback from three families through online questionnaires
- spoke with staff
- observed practice and daily life
- 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 nurtured in a warm, welcoming, and secure environment, supported by kind and caring staff.
- Children benefited from a stimulating environment, where staff encouraged imaginative and exploratory play. Strengthening and personalising care plans further will deepen staff engagement and enrich the quality of learning experiences available.
- Continued development of child-led play and intentional planning will help ensure all children's needs are met through inclusive, responsive, and well-planned experiences.
- Strengthening shared leadership responsibilities within the management team will lead to more effective quality assurance, fostering a culture of continuous improvement and ensuring consistently high standards across the service.

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 evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1 Nurturing care and support

We observed that children were happy and settled in the service. They had formed positive relationships with staff, who interacted with them in a kind and caring way. One parent told us "The staff are very approachable and friendly. If I have any issues or concerns, I feel very comfortable speaking with the staff, and they will always advise the best they can." This nurturing approach has created a warm, welcoming, and secure environment.

Mealtimes were calm and unhurried. Children had access to healthy and nutritious meals that were in line with current best practice guidelines. Staff offered positive support and encouraged independence through praise. During mealtimes staff should be aware of their seating positions, as sitting behind children can reduce opportunities for interaction and role modelling. Staff needed to be more alert to infection prevention and control for example, when children were coughing near self-service areas, to reduce the risk of spreading infection.

Each child had a personal plan; however, the information was spread across three separate documents. Merging these into a single, comprehensive care plan would improve clarity and allow easier access to staff. To improve the quality of care, personal plans needed to be regularly updated to reflect each child's current health, wellbeing, and developmental needs. Staff needed to document children's achievements and review next steps in collaboration with families, to ensure plans stay personalised and responsive. (See area for improvement 1).

When required, staff support children's health by understanding their individual medical needs. One staff member was first aid trained, and another attended training during the inspection. A review of medication procedures highlighted inconsistencies in the use of documentation. Staff were using different versions, and the most up-to-date forms did not align with current guidance. The provider should update all medication templates to reflect the guidance: Management of Medication in Daycare of Children and Childminding Services. This will ensure consistency and compliance.

During inspection, staffing challenges within the school were noted, which could have presented a risk if nursery staff needed immediate support. Key information, such as GP details and emergency contacts, need to be available within the nursery environment. Relying on central records held by the school office could delay response times. Storing details in the nursery would improve both accessibility and responsiveness in urgent situations.

Staff met children's personal care needs sensitively. They followed safe nappy changing practices and used appropriate PPE. The changing space was clean, well-organised, and free from clutter.

Quality indicator 1.3 Play and learning

Children were confidently exploring indoor spaces and engaging in imaginative play, particularly in the house corner with staff using science, technology, engineering and mathematical (STEM) resources to enrich the experience. Staff explained that activities were planned around children's interests, which was evident when a child requested a specific resource and staff responded promptly.

Most children took part in free-flow play. Our observations highlighted some staff interactions could have been further extended, especially outdoors which resulted in missed opportunities to extend learning. Staff should reflect on their role during play and consider how meaningful interactions better support and challenge children. A more balanced approach between child-led play and intentional planning would have enabled staff to tailor activities to children's interests and developmental needs. With the small number of children attending, staff had the opportunity to offer more personalised experiences. For children under three, staff should now explore developmentally appropriate activities, such as sensory play, exploratory experiences, and quiet spaces that support wellbeing.

Children engaged in play that supported literacy and numeracy, including prompts in the numeracy area and story play with puppets and books. Sand and water play were popular, with hidden letters and numbers adding learning opportunities. However, a younger child did not access these experiences in the same way, showing a need for better adaptation to developmental stages. Staff should now build on the strengths of the environment to ensure activities are inclusive and age-appropriate to maintain engagement and support learning. Children were excited to show the inspectors their creations, particularly at the loose parts play area with blocks and tubes. One child was also eager to engage in tabletop games.

Staff talked passionately about changes in relation to planning, they recognised that it was in the early stages of being developed. Continued support from management and the provider in setting age-appropriate targets and balancing child-led and adult-initiated experiences would help to further enhance children's engagement and learning. Staff made use of the local authority's tracking documents to monitor development, including milestone-based trackers for under-threes. Evidence was gathered through photos, seesaw entries, observations, and learning journals, reflecting a varied approach to tracking progress.

Staff continued to build relationships with families by regularly sharing information about children's learning both at home and within the setting. Much of this communication took place informally or through the Seesaw app. Families were encouraged to take part in 'Stay and Play' sessions. One parent told us "We have parent meetings. There's also plenty of opportunities for 'stay and play' dates in which parents/carers can spend the morning with their child and see what they do."

Children regularly explored the local area through activities such as park visits, shape hunts, seasonal walks, and farm trips. One parent told us, "There are opportunities now and again for the children to explore areas beyond the service grounds like the park, the farm, and the beach. They've also gone on trips further afield, with parental consent, of course." These experiences enriched children's learning and development by connecting them with their wider environment.

Areas for improvement

1. In order to meet all children's needs, management and staff should ensure care plans capture information in relation to emotional, social, and cognitive development. Staff should identify appropriate next steps and strategies to meet children's individual needs, support progress, and help children to achieve their full potential. The views from families should also be captured within the care plan.

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 1.1)

How good is our setting? 4 - Good

We evaluated this quality indicator as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 2.2 Children experience high quality facilities

Children were cared for in a clean, bright, and well-ventilated space. Staff were working to create homely areas and recognised the environment was still developing. We found the space safe and stimulating.

The indoor and outdoor environments had undergone changes, particularly outdoors following recent poor weather which caused damage. Staff were carefully setting up spaces to support children in engaging with stimulating and challenging play and learning experiences. We saw evidence that staff were capturing children's thoughts and ideas using mind maps. More time would help to fully embed these changes and evaluate their impact on children's experiences.

Children benefited from good quality play opportunities. Outdoor play was encouraged through a variety of areas including a mud kitchen, painting station, water play, and physical equipment. A space for den building was available, using natural materials such as wood, branches, and trees. The outdoor reading area encouraged children to engage with books in a calm and comfortable setting.

The indoor environment offered opportunities to spark creativity and curiosity. Children made shapes at the playdough table and sensory play with shaving foam. Creativity was encouraged and materials available for junk modelling. There were also areas that supported early literacy for example tabletop games, jigsaws, and loose parts play with numeracy props to extend learning. To enhance these spaces, staff should explore a wider variety of materials to further inspire children's interest and engagement.

At times, children stood near the fire exit door, suggesting they wanted to go outside. Staff should consider ways of introducing free-flow access to allow children to choose where and when they play. This would have supported children's independence, encouraged active engagement, and helped meet their individual needs and interests.

Staff mostly supported children's health and wellbeing well. They showed a good understanding of infection prevention and control. One staff member kept the kitchen clean and well-organised. Staff encouraged and modelled good hand hygiene, but should remind children to wash their hands after coughing to help reduce the spread of infection.

Risk assessments were in place and followed local authority procedures. Management and staff should continue updating risk assessments, particularly when planning visits to new locations.

We reviewed accident and incident records and learned that reporting procedures had recently changed. These should be revised to ensure alignment with the local authority's policies and documentation.

Effective arrangements were in place to check and support the supervision of children. Staff were knowledgeable and confident in SIMOA- Safe, Inspect, Monitor, Observe and Act campaign. This meant children were kept safe and healthy.

How good is our leadership? 4 - Good

We evaluated this quality indicator as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 3.1 Quality assurance and improvement are led well.

During inspection we could not speak directly with the senior leadership team, but staff reflections and the setting's aims showed a shared vision for supporting children and families. Staff practiced values like care, respect, and cooperation. They told us these values shaped the setting's ethos and helped create a positive environment for children.

The service showed a strong capacity for change. Staff actively took part in the inspection. They welcomed ideas and suggestions for development and showed a strong willingness to improve. Staff regularly reflected on their practice and the overall service. They had implemented a large floor book to support self-evaluation, although it was not yet fully developed to measure how changes affected children's outcomes. Staff have benefited from support provided by the early years team, particularly in relation to planning and the learning environment, which is having a positive impact.

Staff contributed to service improvements and helped develop key areas. As a small team of three, they did not have defined roles. Instead, they worked together across all parts of the service, which they valued and celebrated. Staff felt involved in self-evaluation and improvement through regular meetings and discussions with the headteacher. This approach kept staff informed and helped them understand their role in improving outcomes for children.

The manager delegated quality assurance tasks within the management team. We saw that there were opportunities to further consider how management and leadership responsibilities are shared in the nursery. To improve oversight, the manager should now introduce systems that support a more consistent and thorough approach to quality assurance. The provider should assess current arrangements to ensure leadership continues smoothly during any future absences. (See area for improvement 1).

Staff gathered children's views through playroom discussions and recorded them in floor books, mind maps, and sticky notes. They used observations to guide changes and adapt the environment to meet children's interests and needs.

Family views are captured through end-of-term questionnaires, care plans, the Seesaw platform, and an open-door policy. They acknowledged that work commitments made it hard for some parents to engage but said "stay and play" sessions had helped increase family involvement. The service are continuing to look for new ways to encourage participation.

Areas for improvement

1. To improve better outcomes for children and families the provider should support the management and staff team in maintaining the continuity of care, play and learning for children. This should include but not limited to;

a. further develop robust quality assurance systems to identify and respond to gaps in practice, and support continued development and improvements.

b. Introducing a system that supports consistent leadership and management arrangements during periods of absence.

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) 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team? 4 - Good

We evaluated this quality indicator as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 4.3 Staff deployment

Staff worked collaboratively and communicated respectfully and compassionately. They used kind words and consistently modelled positive interactions for the children in their care. Staff described themselves as "Yin and Yang," highlighting the complementary strengths they brought to each other and to the children.

Children and their families experienced a warm, caring, and nurturing environment. Strong working relationships and effective communication between staff and families supported this positive atmosphere.

Staff used daily discussions, team meetings, and planning sessions to share valuable information, celebrate achievements, and plan further developments within the setting.
Given the current number of children, staff deployed themselves effectively which supported high levels of interaction and promoted children's wellbeing and safety. Observations confirmed that staff maintained good supervision. They moved around the space with children, exploring water play, construction, and crafts. Staffing ratios met children's needs and ensured safe levels of supervision and engagement throughout the day. Staff managed their own lunches well, minimising any impact on children. This approach ensured children remained safe and their play was uninterrupted.

Staff took responsibility for their own professional development and embraced new learning opportunities. They regularly shared new training and learning during team meetings. Staff showed knowledge of child development, schematic play, and Realising the Ambition: Being Me. They also spoke positively about recent training received from the early years team. To support positive outcomes for children staff had participated in Promoting Alternative Thinking Strategies (PATHS), Play on Pedals, and Bookbug training.

Annual appraisals provided staff with time to reflect on their practice, skills, and training needs. The headteacher offered feedback, good practice visits, mentoring, and training when needed. Staff felt comfortable approaching the headteacher, principal teacher, and the early years team for support or to raise concerns.

All staff working at the service were appropriately registered with the Scottish Social Services Council (SSSC). Staff remained driven and motivated in their roles and showed a strong commitment to supporting the nursery's ongoing development. Staff felt respected and listened to, which contributed to a positive team ethos.

The headteacher supported staff wellbeing through regular check-ins and by sharing contact information for wellbeing apps and services. A part-time staff member or headteacher covered absences when needed.

Staff confirmed that they received a thorough induction and were allocated a mentor during their settling-in period, which helped them feel welcomed and valued.

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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