Clydebank ELCC
Day Care of Children

83 Barns Street
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Telephone: 01419 521 333

Type of inspection:
Unannounced

Completed on:
14 September 2026

Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Service no:
CS2003014719

About the service

Clydebank ELCC is provided by West Dunbartonshire Council. The service is registered to provide a care service to a maximum of 36 children:

6 children, 0 to under 2 years

30 children, 2 to under 3 years

Easter and summer holiday support service no more than 10 children aged from 3 years to not yet attending primary school at any one time. The support service will operate between the hours of 08:30 - 16:00, Monday - Friday.

The service is based within a detached building comprising of three separate playrooms and a lunchroom for children, appropriate changing areas and children's toilets. There is a very large adjoining outdoor area to offer children opportunities for outdoor play and learning.

The service is based with the Whitecrook area of Clydebank and is easily accessible by foot and car and is near local bus routes. It is within walking distance of the town centre where there is a train station. The local primary schools are within walking distance of the setting.

About the inspection

This was an unannounced inspection which took place on Thursday 10 September 2026 from 09:20 - 17:00 and Friday 11 September 2026 from 09:30 - 16:00. 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:

- observed and chatted with 25 children using the service and chatted with one family
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

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, nurturing and responsive care from staff who knew them and their families well. While effective systems were in place to support children's wellbeing and individual needs, some aspects of practice, including staff deployment, recording systems and family engagement, were still being developed to ensure greater consistency and impact.
- Leaders had established the foundations for improvement through self-evaluation, quality assurance and stakeholder engagement; however, these processes were not yet sufficiently robust or embedded to consistently drive, measure and evidence improved outcomes for children and families.
- Staff demonstrated a sound understanding of child development and provided children with a range of learning experiences. However, greater consistency was needed in planning, assessment, adult support and supervision arrangements to ensure all children were fully engaged, appropriately challenged and able to benefit from high-quality learning experiences.

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	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	4 - Good

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

Leadership 3 - Satisfactory / Adequate

Quality indicator: Leadership and management of staff and resources

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

The leadership team demonstrated a commitment to improving outcomes for children and families. However, their capacity to drive and sustain improvement had been affected by recent staff absences and changes to management arrangements within the setting. The provider had recognised the impact of these challenges and had implemented additional support to progress an agreed action plan. As this work was still in its early stages, further time was required to evaluate its effectiveness and ensure improvements were fully embedded in practice.

The service had recently involved staff, children and families in reviewing its vision, values and aims statement. This collaborative approach supported the development of a shared understanding of the service's philosophy and future direction. However, sufficient time had not yet elapsed for these principles to be consistently embedded in daily practice and fully reflected in the experiences of children and families.

Self-evaluation was undertaken quarterly through collegiate meetings. Staff had opportunities to reflect on their practice and evaluate the quality of the service, identifying both strengths and areas for improvement. However, it was not sufficiently clear how the findings from these activities informed improvement planning or how the impact of actions taken was evaluated. As a result, the potential of self-evaluation to drive continuous improvement had not yet been fully realised (see area for improvement 1).

The leadership team demonstrated a commitment to developing stronger partnerships with families. They were exploring a range of approaches to encourage greater family involvement within the setting and support families to contribute to self-evaluation and improvement activities. While this represented a positive step forward, these approaches were not yet sufficiently established to evidence their impact on service development.

Quality assurance measures were outlined within an annual plan. However, arrangements for monitoring and moderation were not sufficiently robust to provide effective oversight of practice or drive continuous improvement. Consequently, these processes had not resulted in demonstrable improvements in outcomes for children and families.

Staff wellbeing had been considered, with leaders recognising the importance of supporting staff and valuing their views and contributions. However, staff reported a need for greater consistency in communication and clearer guidance to support them in their roles. Leaders needed to provide clearer direction and expectations to ensure staff understood their responsibilities and what was expected of them. This would help build staff confidence, promote greater autonomy and support more consistent practice across the setting.

While staff were given opportunities to share their views, systems for capturing, analysing and monitoring feedback were not sufficiently developed. More effective approaches were needed to ensure staff feedback informed improvement activity and that the impact of resulting actions could be tracked and evaluated over time.

Despite the areas for improvement identified, staff reported feeling well-supported on a personal level. They described positive working relationships within the team and said that colleagues provided effective support to one another. Newly recruited staff also spoke positively about the induction and mentoring arrangements in place, which helped them settle into their roles and develop confidence in their practice.

Areas for improvement

1. To support improvement, the provider should ensure that quality assurance and self-evaluation processes are systematic, robust and evidence-based. These should inform improvement planning, support effective monitoring of progress and demonstrate a positive impact on outcomes for children and families.

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).

Children play and learn — 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

The inspection was undertaken early in the new term. Consequently, our observations took account of the fact that children were still settling into their playrooms, developing relationships and becoming familiar with the daily routines and experiences of the setting.

Staff held appropriate childcare qualifications and participated in regular training to refresh and enhance their knowledge and practice. As a result, they demonstrated a good understanding of child development, theory and early learning practice. Interactions between staff and children were generally responsive and reflected children's individual ages and stages of development. This was evident in staff expectations of children's behaviour, for example, sharing and taking turns, and in the resources provided to support their learning and development.

Across the setting, staff recognised the value of schematic play in supporting children's learning and development. They demonstrated an awareness of children's emerging schemas and discussed how they used resources and experiences to support and extend learning through play.

Staff told us they had been directed to focus on free-play experiences for older children. However, this approach was not always appropriately matched to the age and stage of children attending. While children were supported to make choices and lead their own play, some did not engage meaningfully with the resources and experiences available and appeared overwhelmed by the environment. This indicated a need for a more balanced approach that provided an appropriate level of adult support, structure and challenge to meet individual children's developmental needs. We observed that children benefited from increased adult support during play experiences. Where staff engaged alongside children, levels of engagement and enjoyment were higher, suggesting that some children required more guidance and interaction to fully access the learning opportunities available.

During our observations, children were engaged in play and learning at times; however, this was not consistent across the session. Staff would benefit from further support to promote more meaningful and purposeful engagement with children, particularly during transition periods. Transitions were not always managed effectively and, at times, this resulted in some children becoming frustrated, unsettled or upset. More effective planning and support during these periods would help to promote children's wellbeing and ensure continuity in their play and learning experiences.

Planning for learning was not yet sufficiently tailored to meet the diverse ages and stages of children attending. As a result, opportunities to maximise children's engagement and learning were not always realised. A clearer focus on the role of the adult in supporting and extending learning would help to improve outcomes for children (see area for improvement 1).

The youngest children were happy, safe and secure within their playroom environment. They confidently explored the range of resources available and engaged happily in play alongside their peers. Staff were responsive and attuned to children's individual needs, recognising and responding appropriately to their non-verbal cues and supporting them effectively in their play and learning. A good range of natural and open-ended resources encouraged children's curiosity and exploration. Staff used songs, rhymes, props and stories well to support children's early communication, language and literacy development.

The outdoor play area adjacent to the playroom for the youngest children was not in use, as it was in urgent need of maintenance and upgrading. As a result, opportunities for outdoor play were not consistently available. This limited children's access to fresh air, natural light and a range of outdoor learning experiences known to support health and wellbeing. In addition, children did not have access to appropriate physical play equipment within the playroom. This reduced opportunities for them to develop their physical skills and engage in active play. During the inspection, some children sought alternative ways to meet their physical play needs, including climbing on furniture. Staff responded promptly to ensure children remained safe. This represents a significant shortfall, as children should have regular access to outdoor play and appropriate physical play experiences to support their health, wellbeing and emotional regulation.

Older children had free-flow access to a small enclosed outdoor area. The larger outdoor space was accessed by smaller groups of children with adult support to facilitate physical play and exploration. During our visit, children made good use of this area and clearly benefited from the increased space and opportunities for physical activity, exploration and energetic play. The larger outdoor environment also supported children to self-regulate, providing them with greater freedom of movement and opportunities to expend energy in ways that promoted their wellbeing. However, the size and layout of the area made supervision challenging. At times, this impacted staff's ability to maintain effective oversight of children and created situations where children's safety was compromised (see requirement 1).

Learner journals and ClassDojo were accessible to children and families, supporting communication and the sharing of children's learning experiences. Learner journals focused on individual children, highlighting their learning, progress and identified next steps. However, we found that the quality and frequency of observations varied across the setting. As a result, approaches to tracking and evidencing children's progress were not consistently robust.

The local authority had recently provided training for all staff on its new Early Learning and Childcare (ELC) Assessment and Progression Framework. This was intended to promote greater consistency in assessment approaches across settings and to better reflect national expectations in relation to children's learning, development and progress. As the framework had only recently been introduced, staff were continuing to develop their understanding of its use in practice.

Requirements

1. By 5 October 2026, the provider must ensure all children can experience safe and high quality outdoor play. To do this, the provider must, at a minimum:

a) make temporary arrangements to ensure all children can access outdoor play safely each day

b) provide a longer term plan to establish safe outdoor play arrangements across the setting by making necessary improvements to existing areas.

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 support children's learning and development, the provider should ensure that planning for learning takes account of child development and best practice guidance and is tailored to the age, stage and developmental needs of children.

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

Children are supported to achieve 4 - Good

Quality indicator: Nurturing care and support

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children received nurturing care and support from staff who knew them and their families well. Staff were warm, caring and affectionate in their interactions, responding sensitively to children's individual needs and treating them with respect. We observed many positive attachments between staff and children. Children sought comfort and reassurance from familiar adults and were responded to in a caring and nurturing manner. For example, children were cuddled, sat on staff members' laps and gently comforted and reassured by staff when needed.

Children's individual needs were well-documented through personal plans developed in partnership with families. This demonstrated staff's commitment to working collaboratively with families to gather and maintain up-to-date information about children's health, safety, wellbeing and care needs. Staff worked with families to identify wellbeing targets for children, helping to ensure that parents and carers' views, wishes and aspirations for their children were understood and respected. Appropriate arrangements were in place to review these targets with families on a termly basis, supporting a shared approach to meeting children's individual needs and promoting positive outcomes.

Arrangements were in place to ensure that children requiring additional support received the right support at the right time in a way that was sensitive to their individual needs. Partnership arrangements had been established with external agencies and professionals, facilitating joint working to meet children's identified needs and support them to realise their potential. However, at times, staff required additional support and clearer deployment strategies to ensure that meeting the needs of children requiring closer supervision did not adversely impact their ability to effectively supervise and support other children across the setting.

Children enjoyed healthy snacks and meals. Snack times were pleasant and sociable, providing opportunities for children to make choices and develop their independence skills. The youngest children experienced a calm, relaxed and unhurried lunchtime within the familiar surroundings of their playroom, helping to promote their wellbeing and sense of security. Older children ate lunch in the dining room and appeared comfortable with the routines and expectations in place. Children ate well and mealtimes were positive social experiences. Staff engaged warmly with children, encouraging conversation and providing support as needed to help them develop new skills and increasing independence.

Children did not have access to drinking water outwith mealtimes. During the inspection, we found that some children could go for up to three hours without being offered a drink. This was not consistent with good practice and did not ensure that children had regular opportunities to maintain adequate hydration throughout the day.

Effective arrangements were in place to ensure staff understood children's cultural, dietary and health needs. This helped to ensure children experienced care that was inclusive, respectful and responsive to their individual circumstances.

Procedures for the storage and administration of medication were in place and records confirmed that these were generally followed to help keep children safe. However, leaders needed to ensure that staff had consistent access to the appropriate documentation to record medication administered during the day. This would support accurate record keeping and help ensure that medication management arrangements remained effective and safe.

Children's emotional wellbeing was supported through sensitive and responsive rest and sleep routines. Staff were familiar with children's individual preferences and routines and responded to these consistently. Information was shared effectively with families to promote continuity of care between home and the setting. Overall, personal care was delivered in a respectful and dignified manner, with staff taking time to respond sensitively to children's needs. Staff recognised the value of these everyday care experiences as opportunities for meaningful interactions, helping to nurture positive relationships and strengthen children's sense of security, trust and belonging.

The approach to settling-in and transitions was individualised and sensitive, with staff recognising the importance of supporting children and families through periods of change. Appropriate transition arrangements were in place; however, there was scope to further strengthen practice by ensuring records were consistently accurate, up to date and sufficiently detailed. This would help ensure that relevant information about children's needs, strengths and progress could be effectively shared to support positive transition experiences.

The team was developing positive, trusting relationships with families and keen to convey a warm, welcoming and inclusive environment. The leadership team had developed plans to strengthen family engagement, recognising the important role this played in enhancing children's experiences and outcomes.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support children's wellbeing and safety, the provider should ensure that staff understand the extent of their own roles in assessing risk and are aware of the roles of other workers in ensuring children are supervised at all times.

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).

This area for improvement was made on 10 May 2023.

Action taken since then

Evidence gathered during the inspection, including consideration of recent incidents, demonstrated that further work is required to ensure staff consistently work together to provide appropriate supervision and safeguard children's wellbeing and safety.

This area for improvement is not met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.scot

Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate

Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate

Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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