Whitecrook ELCC
Day Care of Children

Braes Avenue
Whitecrook
Clydebank
G81 1QR

Telephone: 01419 529 201

Type of inspection:
Unannounced

Completed on:
6 October 2026

Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Service no:
CS2003014746

About the service

Whitecrook ELCC is a daycare of children service provided by West Dunbartonshire Council. The service is located in the Whitecrook area of Clydebank and is registered to provide care for up to 60 children aged from three years to those not yet attending primary school.

The service operates from purpose-built accommodation. This includes one large playroom, a smaller quiet playroom, a lunch room and changing and toilet facilities. Two outdoor areas are available to offer children opportunities for fresh air and outdoor play and learning.

The service is accessible, by car, local bus routes and is within walking distance of local primary schools.

About the inspection

This was an unannounced inspection which took place on Monday 5 October 2026 from 08:30 - 16:45 and Tuesday 6 October 20206 from 08:15 - 17:00. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

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

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well-maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within Leadership, Children play and learn and Children are supported to achieve.

Key messages

- Children were generally settled and supported by committed staff; however, weaknesses in staffing, the learning environment, planning and assessment resulted in inconsistent experiences that did not always fully support children's wellbeing, engagement and progress.
- Children benefited from caring and nurturing relationships with staff; however, staffing and deployment challenges reduced the consistency of support and impacted the quality of their experiences.
- Weaknesses in transition arrangements, mealtime experiences and access to drinking water did not consistently promote children's wellbeing, engagement and independence.
- Personal planning and support arrangements, particularly for children requiring additional support, were not sufficiently robust to ensure staff always had the information needed to provide responsive, individualised care at the right time.
- Persistent instability in leadership and staffing had led to serious and systemic weaknesses in the management of the service, undermining improvement activity and compromising children's care, support and safety.

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	1 - Unsatisfactory
Children play and learn	2 - Weak
Children are supported to achieve	2 - Weak

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

Leadership 1 - Unsatisfactory

Quality indicator: Leadership and management of staff and resources

We identified major weaknesses in critical aspects of performance which require immediate, remedial action to improve experiences and outcomes for children. Therefore, we evaluated this quality indicator as unsatisfactory.

At the last inspection, we highlighted the need to stabilise leadership arrangements within the setting to provide effective support to the staff team and secure positive outcomes for children and families. However, several periods of extended absence within the leadership team had led to a reliance on temporary leadership arrangements. This had resulted in a lack of continuity and consistency for staff, children and families and had adversely affected the quality of provision. While the temporary leadership arrangements were well intentioned, we found that the continued changes in approach associated with each new cohort of leaders were not always sustained when substantive postholders returned. This created confusion among staff and undermined the consistency of practice required to deliver high-quality outcomes for children and families (see requirement 1).

Changes to leadership arrangements were ongoing and remained unsettled up to and including the day of our arrival. As a result, there had been insufficient opportunity for the new arrangements to be implemented consistently, evaluated effectively, or demonstrate sustained improvements in outcomes for children and families.

While staff were positive about the support and direction being provided by the new leadership team, they remained cautious due to the temporary nature of the arrangement. Previous changes in leadership had resulted in frequent shifts in priorities and ways of working, and staff were concerned that any improvements introduced may not be sustained if leadership arrangements changed again.

Staff morale was low. The team reported that they did not always feel heard, valued or involved in decisions affecting the service. While they highlighted the strong peer support that existed within the team, they expressed a desire for more meaningful opportunities to contribute to service development and improvement. Staff consistently identified a need for greater stability, improved communication and clearer organisation. This had the potential to limit engagement with improvement activity and hinder the development of a shared vision for the service.

Absences were not confined to the leadership team. As a result of high levels of staff absence and two permanent unfilled vacancies, we had serious concerns about the deployment of staff and the service's ability to provide consistent care. Core staff were supported by colleagues from other services; however, this resulted in a lack of continuity for children and families, with some families regularly not knowing the staff caring for their children (see requirement 2).

During our visit, members of the leadership team spent significant periods of time providing direct support within the playroom to maintain minimum staffing levels. This reduced their capacity to exercise effective oversight of the service. Consequently, we had to intervene on a number of occasions to ensure children's needs were met and that they were kept safe.

For example, throughout our visit, we repeatedly highlighted the need for an additional member of staff to be deployed outdoors to ensure effective supervision. We also found ourselves regularly providing reassurance and support to children who were seeking comfort, attention or engagement. Staff were operating under considerable pressure, often supervising large groups of children while attempting to respond to individual needs. As a result, opportunities for high-quality interactions were reduced and children did not consistently receive the responsive support they required. This demonstrated that staffing deployment arrangements were not sufficiently effective to ensure children received timely support, reassurance and supervision.

The leadership team and staff demonstrated a clear knowledge of safeguarding and understood their responsibilities in protecting children. While the local authority had provided a robust framework for recording safeguarding concerns, this was not being implemented consistently. We found omissions and inaccuracies within safeguarding chronologies, including inconsistencies in the recording of key dates. These weaknesses reduced the reliability of records and increased the risk of important information being missed. Consequently, staff could not be assured that they had access to all relevant information needed to safeguard and support children effectively. Furthermore, protection notifications had not been submitted to the Care Inspectorate in accordance with notification requirements (see requirement 3).

Some work had been undertaken during the previous term to refresh and review the setting's vision, values and aims with staff, children and families. However, the instability in leadership and staffing arrangements meant that these values had not been consistently translated into practice. As a result, children and families were not experiencing the high-quality, responsive service the setting aspired to provide. Greater stability within the team was required to ensure the values were understood, shared and consistently embedded across the service.

We were concerned that the increase in accidents and incidents within the service over the preceding months indicated that instability in staffing arrangements may have been compromising the supervision and safety of children. While some monitoring of accidents and incidents was undertaken, this was not sufficiently robust to identify patterns, trends or recurring hazards. Consequently, opportunities to take timely remedial action and reduce risks to children were being missed.

The local authority had developed an action plan following our last inspection. This addressed the areas for improvement identified at that time, along with other aspects of practice and processes requiring attention to support better outcomes for children. While there was evidence that considerable work had been undertaken earlier in the year to progress these actions, improvements had not been sustained and had not resulted in the desired impact on outcomes for children. Several significant areas identified within the action plan remained concerns at this inspection, including, but not limited to, care planning, keyworking arrangements and meeting the needs of children requiring additional support for learning.

Despite ongoing support from the local authority and the action plan, leaders had failed to address and sustain improvements in several key areas of practice. Areas previously highlighted for improvement had deteriorated or remained unresolved. This demonstrated that quality assurance arrangements were ineffective in identifying risks, driving improvement and ensuring positive outcomes for children (see area for improvement 1).

Overall, leadership and quality assurance arrangements had been ineffective. Persistent instability in leadership and staffing had contributed to a significant deterioration in practice and had compromised the quality, consistency and safety of children's experiences. Leaders had been unable to sustain improvements, effectively monitor practice or ensure children consistently received appropriate care, support and supervision. The need for inspectors to intervene during the inspection, combined with weaknesses in safeguarding records, ineffective oversight of accidents and incidents, ongoing staffing concerns and the failure to sustain improvements identified at the previous inspection, demonstrated serious and systemic weaknesses in the management of the service. As a result, outcomes for children and families were unacceptable and substantial improvement was required as a matter of urgency.

Requirements

1. By 31 December 2026, to ensure that children use a service that is well led and managed, the provider must implement a robust improvement plan that:

a) Secures consistent and stable leadership arrangements to provide clear direction and support to staff.

b) Supports leaders to take effective ownership of quality assurance and improvement activity, ensuring changes are embedded and lead to sustained improvements in outcomes for children and families.

This is to comply with Regulation 17(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 leadership is consistent with the Health and Social Care Standards (HSCS) which state that: "If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity" (HSCS 4.17).

2. By 31 December 2026, to ensure that all children's care, support and safety 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) support consistency and stability within the staff team
b) regularly assess and review children's care and support needs
c) ensure the outcome of this assessment is used to inform staffing numbers and deployment.

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).

3. By 31 December 2026, the provider must ensure children are safeguarded and protected from harm. To do this, the provider must, at a minimum:

a) ensure an audit of safeguarding procedures is conducted within the service
b) ensure relevant staff follow appropriate reporting and recording protocols.

This is to comply with Regulation 4(1)(a), Regulation 7(2)(c) and Regulation 9(2)(b) 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: "I am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and "If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies" (HSCS 3.24).

Areas for improvement

1. To support effective improvement planning, the provider should ensure that self-evaluation is purposeful, evidence-based and ongoing, making effective use of national and local quality improvement frameworks to identify priorities, measure impact and drive improvements in the quality of care, learning and outcomes for children and families.

This is to ensure that leadership is consistent with the Health and Social Care Standards (HSCS) which state that: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7) and "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 — 2 - Weak

Quality indicator: Playing, learning and developing

We made an evaluation of weak for this quality indicator, as there were some strengths but these were compromised by important weaknesses.

The core staff team was experienced and demonstrated a clear understanding of relevant theory and pedagogy. While they remained committed to securing positive outcomes for children, instability in leadership and staffing arrangements had diminished morale and created uncertainty, limiting their ability to consistently deliver the high-quality experiences they aspired to provide.

Overall, children appeared settled and content within the setting and were generally able to make choices and direct their own play. However, the learning environment was not consistently organised in a way that stimulated children's curiosity, sustained engagement or supported high-quality learning experiences. During our visit, several areas of the setting were closed for periods of time due to staffing constraints. This restricted children's access to the full range of learning opportunities available and limited their entitlement to a broad and balanced curriculum. As a result, children's experiences were not consistently of a quality that promoted engagement, challenge and progression in learning (see area for improvement 1).

When children were able to engage in adult-initiated learning experiences, they demonstrated enthusiasm, concentration and enjoyment. There were opportunities to support the development of early language and literacy skills through participation in songs, rhymes and stories. However, these interactions were not always sustained. Staff were frequently required to respond to children in other areas of the playroom, resulting in interruptions to planned experiences and reducing opportunities to extend children's thinking and learning through meaningful interactions. As a result, children did not consistently benefit from the quality of adult support needed to maximise their learning and development.

Despite the competing demands placed upon them, staff remained calm and used positive interactions to support and encourage children's learning and development. However, due to the pressures associated with staff deployment and maintaining safe supervision, opportunities were missed to consistently model positive behaviours, promote respectful relationships and sustain children's engagement in learning.

At times, we observed children who were not always kind to one another, with some displaying behaviours that negatively impacted upon the experiences of their peers. A number of children appeared disengaged and regularly sought attention and reassurance from adults. This indicated that children were not consistently receiving the responsive support, nurturing interactions and meaningful learning experiences they required. As a result, children's wellbeing, engagement and learning were not consistently supported across the playroom.

A new approach to planning for learning had been introduced; however, it was not yet embedded across the setting and staff were still developing confidence in its implementation. There was limited evidence to demonstrate how planning was informed by children's individual next steps or used to support progression in learning. Consequently, learning experiences were not always appropriately matched to children's developmental needs, reducing opportunities to fully engage children and maximise their learning and development.

The new leadership team recognised the need to strengthen planning and better tailor support to individual children's needs. Work had begun to identify children requiring additional challenge, as well as those needing support with their emotional and social development. However, these developments were at an early stage and had not yet resulted in demonstrable improvements in children's experiences or outcomes (see area for improvement 2).

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, frequency and consistency of observations varied across the setting. As a result, approaches to tracking, monitoring and evidencing children's progress were not consistently robust, making it difficult to demonstrate how assessment information was being used to inform learning and support progression. Consequently, staff could not consistently demonstrate that children's learning was building effectively on prior learning and identified next steps.

The local authority had recently provided training for all staff on its new Early Learning and Childcare (ELC) Assessment and Progression Framework. This aimed to promote greater consistency in assessment practices across settings and better align approaches with national expectations for children's learning, development and progress. Staff were being supported to develop their understanding and confidence in implementing the framework in practice. While this represented a positive step towards improving assessment and planning processes, the framework had only recently been introduced and it was too early to identify any measurable impact on outcomes for children.

Areas for improvement

1. To support children's learning and development, the provider should ensure that a comprehensive audit of the learning environment is undertaken and used to inform a planned programme of improvement. This should create an enabling, inclusive and stimulating environment that supports children's play, learning and development and maximises opportunities for engagement, curiosity and exploration.

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 play outdoors every day and regularly explore a natural environment" (HSCS 1.32).

2. 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 individual 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 — 2 - Weak

Quality indicator: Nurturing care and support

We made an evaluation of weak for this quality indicator, as there were some strengths but these were compromised by important weaknesses.

Overall, staff were kind, nurturing and attentive to children's emotional needs, offering reassurance and comfort, including cuddles where appropriate, and respecting children's individual routines. They were keen to engage in children's play and foster positive relationships, helping children feel secure, valued and supported. However, staffing and deployment arrangements often prevented these positive interactions from being sustained. Staff were required to oversee areas that were too large or busy, reducing opportunities for responsive engagement and limiting the consistency of support available to children throughout the session.

Transitions from home and from the sister setting had not been planned or managed as effectively as they should have been. Staff described the settling-in period at the start of term as uncoordinated and, at times, chaotic. Approaches had not been sufficiently tailored to meet the individual needs of children and some children arrived without the relevant information being shared in advance. As a result, staff were not fully informed about children's needs, routines and circumstances from the outset. This had limited their ability to provide consistently responsive and personalised support during an important period of transition.

Daily transitions were not always managed effectively. Staff did not consistently consider the impact that changes in routine and movement between experiences could have on children's wellbeing and engagement. As a result, opportunities were missed to prepare and support children through transitions in a calm, purposeful and responsive manner (see area for improvement 1).

Children enjoyed healthy snacks and meals across the setting. A rolling lunch was offered over an extended period, and children had opportunities to develop independence through serving themselves and pouring drinks. However, the relocation of lunch to another room did not provide a calm, relaxed or sociable dining experience. The constant movement of children to and from tables created interruptions and reduced opportunities for meaningful social interaction during mealtimes.

Opportunities for staff to sit and eat alongside children could be further strengthened. This would support richer conversations, relationship-building and the development of language and social skills in a relaxed context.

The lunch arrangements also contributed to disruption within the playroom. Children spent prolonged periods watching activities in the lunch room through a barrier, with some becoming unsettled and dysregulated as a result. Staff had already identified that the current lunchtime routine was not providing children with a sufficiently positive experience. We agreed that returning lunch to its previous location would help reduce disruption and better support children's wellbeing, engagement and enjoyment during this part of the day.

Arrangements to support children's access to drinking water were not sufficiently robust. Children were unable to access fresh drinking water and clean cups independently throughout the day. This did not fully support children's health and wellbeing needs and reduced opportunities for them to develop independence in managing their own hydration. Staff should ensure that drinking water is readily available and accessible to all children throughout the session (see area for improvement 2).

While personal plans were in place for children, they did not consistently capture sufficiently meaningful information about children's individual needs, strengths and circumstances to support purposeful target setting. As a result, opportunities to identify, monitor and review wellbeing outcomes were limited. In some of the plans sampled, there was little or no information recorded that would enable staff to provide the right care and support at the right time. Consequently, personal plans did not provide a sufficiently robust basis for delivering personalised care or demonstrating how children's individual wellbeing needs were being identified and responded to (see area for improvement 3).

The local authority advised that revised guidance would shortly be issued to support staff in having more meaningful conversations with families about their children's individual needs and wellbeing. Effective implementation of this guidance would support the setting's stated commitment to collaborative working with families and help ensure that parents' and carers' views, wishes and aspirations are understood and reflected in planning. This would enable staff to identify and monitor appropriate wellbeing targets and provide more personalised support for children.

Local authority protocols were in place to ensure that children requiring additional support received the right support at the right time in a manner that was responsive to their individual needs. Partnership arrangements had also been established with external agencies and professionals to facilitate joint working and support children to achieve positive outcomes. However, the implementation of these arrangements was not always effective.

We found that information held about children was not always sufficiently up-to-date, and children's files did not consistently contain the information staff required to understand and respond to their needs. Individual risk assessments had only very recently been introduced and lacked sufficient detail regarding the strategies and approaches staff should use to support children, meet their needs and keep them safe. In addition, there were no individual plans in place to support staff to help children regulate their emotions and behaviour.

Furthermore, no review meetings had taken place with families during the current term. This meant there were limited opportunities for families to contribute to the assessment and review of their child's needs, progress and wellbeing, or to ensure that their views, wishes and aspirations were reflected within planning and support arrangements.

Given the instability within the staff team and the regular use of staff who were less familiar with individual children, it was essential that children's records contained accurate, comprehensive and accessible information. In some cases, this was not in place. As a result, staff could not be assured that they had the information necessary to provide the right care and support at the right time, tailored to children's individual needs and circumstances.

Areas for improvement

1. To support children's care and wellbeing, the provider should review and improve transition arrangements to ensure children experience a nurturing, well-planned and individualised approach when moving into the service and throughout the day. Staff should be supported to understand the impact of transitions on children's wellbeing, engagement and behaviour, ensuring experiences are managed consistently and minimise disruption to children's play, learning and emotional security.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation" (HSCS 4.15).

2. To support children's health and wellbeing, the provider should improve lunchtime and hydration arrangements to ensure children have consistent access to drinking water throughout the day and experience calm, positive mealtimes that support their wellbeing, independence, social development and enjoyment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible" (HSCS 1.35) and "I can drink fresh water at all times" (HSCS 1.39).

3. To support children's care and support, the provider should ensure that personal planning arrangements are strengthened for all children. Plans must:

a) contain meaningful, up-to-date information about children's individual needs, strengths, interests and wellbeing
b) support effective target setting, ongoing review and the delivery of personalised care and learning
c) for children requiring additional support, include clear guidance, strategies and relevant professional information to enable staff to provide the right support at the right time and promote positive outcomes.

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).

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 ensure children consistently experience high quality care and support, the provider should strengthen leadership arrangements across the service. This should include, but is not limited to, developing approaches to peripatetic management by ensuring leaders have a clear understanding of their roles and responsibilities.

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).

This area for improvement was made on 20 February 2026.

Action taken since then

There has been continued instability across the leadership team since the last inspection, which had impacted on outcomes across the setting. As a result of this, we have made a requirement about leadership.

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	1 - Unsatisfactory
Leadership and management of staff and resources	1 - Unsatisfactory

Children play and learn	2 - Weak
Playing, learning and developing	2 - Weak

Children are supported to achieve	2 - Weak
Nurturing care and support	2 - Weak

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.scot

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.gov.scot

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.