Chatterbox Childcare Ltd
Day Care of Children

Wallace Primary School
Greenhill Crescent
Elderslie
Johnstone
PA5 9AW

Telephone: 01505 322 818

Type of inspection:
Unannounced

Completed on:
1 May 2026

Service provided by:
Chatterbox Childcare Ltd

Service provider number:
SP2007008804

Service no:
CS2005098748

About the service

Chatterbox Childcare Ltd provides before and after school care within Wallace Primary School, located in the Elderslie area of Renfrewshire. Care is provided for a maximum of 66 children of primary school age. During the operating times the service will have the exclusive use of the Dining Room, Stage Area & occasional use of the gym hall and audio visual room. When the service has use of the dining room and audio visual room only, the service may care for a maximum of 56 school age children.

About the inspection

This was an unannounced inspection which took place on 30 April 2026 and 1 May 2026.

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 registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:
- observed practice and staff interactions with children
- spoke with the provider and staff
- gathered feedback from eight families and four staff members through online questionnaires
- reviewed documents
- spoke with some of the children.

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 were engaged, having fun, and confidently leading their own play through a variety of experiences that reflected their interests.
- The manager was visible throughout the service and demonstrated positive relationships with children, families, and staff.
- Children's voices were valued and used to inform planning experiences, supporting a child-centred approach to play and learning.
- Children experienced warm, nurturing care from staff who knew them well and responded positively to their individual needs.
- A staff contingency plan should be developed to support consistency and continuity of care 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

Leadership	4 - Good
Children play and learn	5 - Very Good
Children are supported to achieve	5 - Very Good

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

Leadership 4 - Good

Quality indicator: Leadership and management of staff and resources

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.

The service had clear vision, values, and aims which focused on ensuring children felt safe, happy, and listened to within the setting. They valued play and learning that encouraged children to develop friendships, confidence, and social skills.

During the inspection we saw children were actively engaged, relaxed, and enjoying their play. Staff valued children's views. As a result, children experienced a nurturing setting where they felt respected, involved, and supported in their wellbeing and development.

The management team engaged positively throughout the inspection process and showed commitment to improving outcomes for children. They regularly worked alongside staff, modelling warm, respectful, and child-centred interactions. Staff described feeling well supported and confident in seeking advice, guidance, and reassurance when required. This contributed to a positive culture of reflective practice and improvement across the service.

Quality assurance processes were in place, including the use of an annual calendar outlining key tasks such as monitoring accidents, incidents, and medication. Staff practice was supported through regular observations, reflective discussions, and ongoing training opportunities linked to identified development needs. These approaches supported a culture of reflection and continuous improvement, helping children experience safe, nurturing, and engaging care and play experiences.

A range of communication methods supported clear and open communication across the service. These included daily conversations, the use of a digital app, and text messages with families. This helped strengthen links between home and the service. Regular team meetings took place and provided valuable opportunities for professional dialogue and reflection. These approaches supported effective information sharing and consistent practice across the service, supporting positive outcomes for children.

Improvement plan priorities were progressing well, demonstrating the service's ongoing commitment to improvement and positive outcomes for children. Priorities identified from the previous inspection supported the pace of change and helped ensure sustained progress across the service.

Progress was evident in the development of floor books, which were used to record children's contributions, consultations, documentation, and planning. These approaches supported children to feel listened to, involved in decision-making, and more engaged in their learning experiences.

Self-evaluation processes were beginning to be established and embedded within daily practice to support continuous improvement and positive outcomes for children. A range of approaches were used to gather the views of children, families, and staff to inform service development and planning. Parents were encouraged to share feedback through newsletters, written comments, informal discussions, and digital communication platforms. One parent commented, "We get asked regularly about ways to make the service better," and another shared, "We are asked for feedback regularly." This supported families to influence improvements and supported decision-making across the setting.

The service had begun using the Quality Improvement Framework to support reflective practice and identify strengths and next steps for development. Staff were using the framework to reflect on practice and consider how improvements could positively support outcomes for children. Staff had created a floor book to document their improvement journey, supporting ongoing reflection, discussion, and evidence of progress. This supported a developing culture of reflection and continuous improvement across the service.

Children's views were actively sought regarding activities, resources, snacks, and experiences, with their ideas clearly reflected within floor books and planning documentation. Staff responded positively to children's suggestions through the purchase of additional resources and the development of experiences based on children's interests. This supported children to feel listened to, involved, and included within the service.

The service experienced staff absence on the first day of the inspection, which temporarily impacted staffing ratios and limited children's access to other areas for play and learning. Appropriate measures were implemented to minimise risk and maintain children's safety during this time. We discussed with the service the importance of developing a robust staff contingency plan to ensure continuity of care, maintain appropriate staffing ratios, and minimise disruption to children's play and learning experiences (see area for Improvement 1).

The service demonstrated a commitment to maintaining a suitably qualified, skilled, and supported workforce. Staff were appropriately registered with the Scottish Social Services Council (SSSC), supporting safe practice and ongoing professional accountability across the setting.

Areas for improvement

1. To ensure children experience safe, consistent, and high-quality care and learning, the provider should develop and implement a robust staff contingency plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: “My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.”(HSCS 4.15).

Children play and learn 5 - Very Good

Quality indicator: Playing, learning and developing.

We found major strengths in this aspect of the setting's work and identified very few areas for improvement, therefore we evaluated this quality indicator as very good.

Children were observed to be having fun, socialising positively with their peers, and engaging confidently in play during both breakfast club and after-school sessions. There was a clear focus on children's right to play, with children freely accessing all areas of the environment and choosing where and how they spent their time. As a result, children were happy, settled, and confidently engaged in their play experiences.

Staff responded to children's interests, including creative modelling and exploration of topics such as history and geography. These were reflected in the range of resources available. Children engaged in a wide range of experiences, for example role play with dolls, building models with Lego to support problem-solving skills, and developing creativity through arts and crafts materials. Children also requested their favourite songs and enjoyed singing and dancing with their peers, supporting confidence, self-expression, and enjoyment. As a result, children were motivated, engaged, and able to develop independence, creativity, and social skills.

Opportunities for literacy and numeracy were woven throughout play experiences. During the inspection, children engaged in drawing, writing, reading books, and exploring the properties of paper aeroplanes, which supported their language, literacy, and numeracy development.

Daily outdoor play was well established, with children accessing a range of physical play opportunities such as trim trails, hula hoops, and football. This was facilitated through the use of walkie-talkies, which supported effective communication between staff while children accessed different indoor and outdoor areas. This supported children's safety and wellbeing while promoting physical development and enjoyment of outdoor learning.

Bean bags and cushions provided areas for children to relax and unwind. Children made good use of these spaces, choosing to chat with friends, read, or rest after school. Children's work was displayed to celebrate achievement and promote pride. As a result, children experienced a welcoming and nurturing environment where they felt valued, comfortable, and supported in their wellbeing.

Child-centred planning processes were in place, with children clearly at the centre. A positive balance of adult-led and child-led experiences supported children to feel in control of their play and learning. Staff used mind maps and ongoing discussions to respond to children's interests and plan in a responsive way, taking account of their ideas and evaluations.

Children were increasingly involved in decision-making, including contributing to planning experiences, evaluating activities, selecting resources through online purchasing, and documenting their learning within floor books. A weekly planner incorporated children's views and highlighted opportunities for them to lead activities and share ideas. As a result, children's voices were valued and meaningfully influenced experiences, supporting a strong sense of ownership over their play and learning and promoting positive outcomes.

Children are supported to achieve — 5 - Very Good

Quality indicator: Nurturing care and support.

We found major strengths in this aspect of the setting's work and identified very few areas for improvement, therefore we evaluated this quality indicator as very good.

Children were happy, confident, and engaged, enjoying their time with both peers and staff. Staff interactions were consistently warm, caring, and supportive, creating a welcoming and nurturing environment for all children. One child commented, "Chatterbox is a loving and safe community."

Staff created a warm and welcoming environment, greeting parents and children warmly on arrival by name and engaging in friendly conversation, which supported a positive and inclusive atmosphere. Parents received regular verbal feedback at collection and were welcomed into the playroom, where informal daily conversations supported open communication. Staff shared updates on children's experiences, achievements, and interactions throughout the day. Parents were relaxed and engaged in positive conversations with staff.

Children's successes and achievements were celebrated and displayed throughout the setting, helping to promote confidence and self-esteem. Achievements were also shared by parents and included within floor books and newsletters, with families increasingly contributing examples of children's achievements from home. As a result, children experienced a strong sense of pride and belonging, with their achievements recognised and valued both at home and within the setting.

Staff demonstrated a strong understanding of each child, including their individual needs, personalities, and interests. Personal plans were in place for all children and were reviewed regularly in partnership with families. Children contributed to their "All About Me" sections, sharing their likes, dislikes, hobbies, and goals, ensuring their views and preferences were meaningfully included. Next steps and supporting strategies were clearly recorded to support staff in meeting children's needs.

Personal plans were shared with parents via email, supporting ongoing communication. Wellbeing chronologies were also in place, providing a clear overview of each child's experiences and supporting consistency in care. As a result, children experienced care that was well-informed, responsive, and tailored to their individual needs.

Staff had completed child protection training, which was updated annually. A child protection policy was in place, and staff demonstrated awareness of their roles and responsibilities in relation to identifying, recording, and reporting concerns. As a result, children were supported within a service where safeguarding procedures were understood and consistently followed, helping to promote their safety and wellbeing.

Medication was stored safely and clearly labelled. Health care plans and administration records were in place, along with an overview of allergies and intolerances. It was suggested that information recorded was kept clear and consistent to support effective communication and safe practice. We suggested reviewing the system for identifying medication which was due to expire to ensure this was replaced in a timely manner.

Breakfast and snack times were calm, unhurried, and well organised, allowing children to eat at their own pace in a relaxed environment. A range of healthy options was provided, supporting choice and wellbeing. The snack menu was under review, with feedback from children and parents used to reflect current guidance and preferences. Children and staff sat together, sharing conversation and promoting positive relationships. Children developed independence skills such as spreading toast, choosing cereal, and pouring drinks. As a result, children experienced a relaxed mealtime environment, developed independence, and made healthy choices which supported their overall wellbeing.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 4th March 2026, the provider must ensure that the care and support needs of children are being effectively met. To do this, they must, at a minimum:

a) ensure that every child attending the service has their own personal plan which clearly identifies strategies

b) ensure the plans include all aspects of the child's health, welfare, and safety needs and how the service intends to meet these

c) Ensure personal plans are regularly reviewed and updated in partnership with parents to reflect children's current needs

This is to comply with Regulation 5(1)(2)(a)(b)(c)(d) and (4) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

This requirement was made on 8 October 2025.

Action taken on previous requirement

All children attending the service had a personal plan in place which clearly identified individual needs and supporting strategies. The plans included relevant information relating to children's health, welfare, and safety needs, along with how these were met within the service. Personal plans were reviewed and updated regularly in partnership with parents to ensure they remained accurate and reflected children's current needs and circumstances.

Met - within timescales

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 keep children safe and healthy, management should review and update recording templates to ensure all information is in line with best guidance 'Management of medication in day care of children'

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 8 October 2025.

Action taken since then

Arrangements were in place to support the safe management of medication, with clear systems used for recording and monitoring children's health needs.

This area for improvement has been met.

Previous area for improvement 2

To ensure children are safeguarded and protected from harm. The provider and manager should:

a) Ensure all staff have current child protection training

b) Ensure the manager and staff are knowledgeable and understand the reporting, responding, and recording of child protection concerns

c) Ensure the manager implements a robust recording system that is clear and concise to follow, track and understand when reporting, responding, and recording child protection concerns.

d) Ensure policies, procedures and guidance is updated and in line with current guidance and legislation, this should include contact numbers for relevant agencies.

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 3.25).

This area for improvement was made on 8 October 2025.

Action taken since then

All staff had completed child protection training, which was kept up to date, and demonstrated an understanding of their roles and responsibilities in recognising, responding to, and recording concerns appropriately. The manager provided clear oversight of safeguarding procedures and ensured that reporting and recording systems were in place to support effective tracking and decision-making. Policies, procedures, and guidance had been reviewed and updated in line with current legislation and included relevant contact information for external agencies.

This area for improvement has been met.

Previous area for improvement 3

To support positive outcomes for children, the service should implement effective quality assurance and monitoring processes. This should include, but is not limited to:

- Audits of medication
- Audits and consistency in completing staff recruitment
- Monitoring of children's care plans
- Monitoring of staff practice
- Consistent approach to staff personal development review

This area for improvement was made on 17 October 2024.

Action taken since then

Quality assurance and monitoring processes were in place and supported positive outcomes for children. These included regular audits of medication, recruitment records, children's care plans, and staff practice, alongside a consistent approach to staff personal development reviews. Monitoring activity supported ongoing evaluation and improvement across the service.

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

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good

Children play and learn	5 - Very Good
Playing, learning and developing	5 - Very Good

Children are supported to achieve	5 - Very Good
Nurturing care and support	5 - Very Good

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