Scallywags Daycare
Day Care of Children

St Peter In Chains RC Church
1 South Crescent Road
Adrossan
KA22 8DU

Telephone: 07584 316 951

Type of inspection:
Unannounced

Completed on:
22 July 2026

Service provided by:
Scallywags Daycare - Ardrossan

Service provider number:
SP2010011356

Service no:
CS2010279713

About the service

Scallywags Daycare is registered to provide care for a maximum of 20 children attending primary school and up to 16 years of age. The service operates during term time and school holiday periods and is provided by Scallyways Daycare - Ardrossan. At the time of inspection, 18 children were registered with the service, and eight children were present during our visit.

The service is based within St. Peter in Chains RC Church in the coastal town of Ardrossan, North Ayrshire. It is situated conveniently close to the beach, shops and other community resources and green spaces.

About the inspection

This was an unannounced inspection which took place on 21 and 22 July 2026 between 09:00 and 17:30. 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:

- spent time with eight children using the service
- reviewed electronic feedback from two parents/carers
- spoke with the manager and staff member
- observed practice and daily life for children
- reviewed documents
- assessed core assurances, including the physical environment.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported on this within heading Leadership.

Key messages

• Staff created a welcoming and nurturing environment where children were happy, engaged and enjoying their time at the service.

• Staff knew children well and responded to their individual needs with kindness and respect.

• Children benefitted from well planned routine outdoor experiences within their community and beyond.

• Personal plans were in place for all children, staff should now consider ways to further record child and parental involvement.

• Planning processes should be further developed to consistently reflect children's ideas, interests and evolving play experiences.

• Quality assurance systems should be developed and embedded to drive continuous improvement and enhance outcomes for children.

• The manager must ensure that all staff employed within the service are registered with The Scottish Social Service Council (SSSC).

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	4 - Good
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 service had a warm and welcoming ethos, and positive relationships were evident between staff, children and families. Parents spoke positively about the approachable and supportive staff team, with one parent sharing, "My child has been going here since Primary 1 and communication has always been great. If I have any concerns, issues or worries, I feel very comfortable approaching staff." This demonstrated that families felt listened to, supported and confident in raising concerns, helping to promote trusting relationships.

The service did not have an established vision, values and aims statement in place. We discussed the benefit of developing these in partnership with children and families to ensure they reflected what was important to those using the service. This would help create a shared understanding of the service's purpose and ensure future development are informed by the needs and aspirations of children and families.

The service had begun to seek the views of children through a suggestions box, and we saw examples where requests for outings, resources and snacks had been acted upon. Families' views had also been gathered informally through discussions, demonstrating a willingness to listen and respond to feedback. Developing a more structured approach to gathering feedback and to communicating how suggestions had influenced change would help ensure children and families feel valued and involved in decisions about the service.

Informal reflection and discussion with children had led to some positive changes, including the purchase of new resources. However, quality assurance and self-evaluation processes were not yet sufficiently established to inform service development and improvement planning. The service should strengthen its quality assurance arrangements and develop an improvement plan that clearly identifies actions, responsibilities, timescales and measures of success. Consideration should be given to using Education Scotland and Care Inspectorate's (2025) 'A Quality Improvement Framework for the Early Learning and Childcare Sectors: School Age Childcare' to support a more systematic approach to self-evaluation. This would help ensure improvements were planned, monitored and evaluated effectively, resulting in better outcomes and experiences for children and their families (area for Improvement 1).

Safer recruitment practices were in place, including Protecting Vulnerable Groups (PVG) checks. However, references and PVG records were not consistently stored in a way that supported effective monitoring and oversight. At the time of inspection, we found that staff were not appropriately registered with the Scottish Social Services Council (SSSC). The manager took prompt action to address this, and all required registrations were in place prior to the completion of the inspection. To support ongoing compliance, we asked the service to implement a systematic approach to routinely checking staff professional registrations as part of audit and quality assurance processes (area for improvement 2).

The service had policies and procedures in place to support service delivery. However, several had not been reviewed for some time and did not fully reflect current practice, guidance or legislation. We discussed the need for a systematic review process, including review dates, to ensure policies remain accurate, relevant

and accessible. This would provide clear guidance for staff, promote consistent practice, and help ensure children receive safe, high-quality care that reflects current expectations (area for improvement 2).

Areas for improvement

1.
To support positive outcomes for children and families, the provider should strengthen its approach to self-evaluation by implementing regular, formal self-evaluation processes informed by a current quality improvement framework. This should include establishing a shared vision, values and aims for the service, gathering and analysing feedback from children, families and staff, and using this information to identify strengths, drive improvement and evaluate the impact of service developments.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

2.
To ensure children experience safe, well-managed care and support, the provider should develop and implement robust auditing and quality assurance processes. This should include, but not be limited to, implementing a systematic programme of policy and procedure review to ensure staff are guided by accurate information; regularly auditing staff files; monitoring professional registration requirements; and ensuring recruitment documentation is fully completed, up to date and easily accessible.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "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 4 - Good

Quality indicator: Playing, learning and developing

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.

Staff interactions were consistently nurturing, responsive and respectful. Staff engaged positively with children, responding sensitively to requests for help while enabling children to lead their own play. Children actively sought out and included staff in their games and conversations, demonstrating secure, trusting relationships. Staff used effective commentary to promote cooperation, communication and problem-solving. Children laughed, shared humorous conversations and interacted confidently with both their friends and staff, indicating that strong positive relationships had been established. As a result, children were relaxed, secure and comfortable within the service.

Children were happy, settled and engaged in play experiences that reflected their interests and developmental needs. A range of age-appropriate resources, including puzzles, games and mark-making materials, promoted independence and enabled children to make meaningful choices about their play. Children explored the indoor environment confidently and at their own pace, demonstrating high levels of engagement and curiosity. As a result, children developed confidence, independence and social skills.

Planning for the holiday sessions was responsive and largely child-led, with children actively involved in choosing activities and experiences. Staff provided a balance of planned experiences and free-choice opportunities, ensuring children remained involved in shaping their play and learning. Planned experiences promoted curiosity, creativity and problem-solving, building on children's interests and prior learning. For example, following a visit to the Coast Guard, children used junk modelling materials to design and create rafts, extending their ideas and imaginative play. As a result, children were engaged, motivated and able to express their ideas and consolidate learning. Feedback from families highlighted the positive impact of this approach. One parent commented, "My child loves music and wrestling; they have had karaoke days and staff sourced wrestling toys for their interests." Another shared, "I know what activities are planned during the summer and know these are planned around my child's development and personal plan."

The service made effective use of community resources and outings to enrich children's experiences and strengthen connections with the local and wider community. Children enjoyed a varied programme of visits, including trips to beaches and parks, visits to the Coast Guard and fire stations, and outings to Arran, Millport and Largs. They were also involved in purchasing resources for their play, including buckets, spades and fishing nets for use at the local beach, promoting ownership and decision-making. Feedback from children and families was positive. One child stated, "I like the fun trips that we go on. I have met loads of friends." Parents commented, "My child never comes home without a smile on their face," and "My child's first experience on a public bus was with Scallywags and they loved it." As a result, children broadened their social networks and benefited from meaningful opportunities to learn through real-life experiences within their community.

While children's views influenced experiences and activities, and some photographs were shared digitally with parents through Facebook, recording of observations, interests and next steps should be strengthened to provide clearer evidence of how planned experiences responded to children's emerging interests and supported continuity in their learning and development (Area for Improvement 1).

Areas for improvement

1.
To ensure children experience play and learning opportunities that reflect their individual interests and developmental needs, the provider should strengthen planning processes. This should include, but not limited to, undertaking and recording observations of children, capturing their interests, views and next steps, and using this information to clearly demonstrate how planning responds to children's emerging interests and supports their progression.

This is to ensure that care and support is consistent with the health and Social Care Standards (HSCS) which states 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)

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.

Staff had developed strong, trusting relationships with children and families, contributing to a warm, welcoming and inclusive environment. Children felt safe, secure and valued, with staff responding sensitively to their individual needs. Feedback from families was positive, with both strongly agreeing that they had good relationships with staff. Comments included, "The girls are great with my child" and "Lisa and Carly are the most kind and honest people I know. The service they provide is great. I hope that they are proud of the service they have provided. The way they have treated and reassured my child has been phenomenal." As a result, children and families experienced a strong sense of trust, confidence and belonging within the service.

While positive relationships were prioritised, communication with families could be enhanced. The service had a range of systems in place, including newsletters, text messages and Facebook; however, these were used inconsistently. More regular communication would strengthen partnership working with families and help ensure they remained informed and involved in their child's experiences within the service.

Staff demonstrated a strong understanding of children's individual needs and sensitively checked in with children to offer support when required. They adapted experiences to ensure children could participate at a pace that was right for them. For example, When a child found an outing overwhelming, staff provided opportunities for self-regulation, allowing the child to remain included and engaged. As a result, children experienced care that promoted their wellbeing, confidence and inclusion. This was reflected in positive parental feedback, with families stating, "The staff are great with my child" and "Both staff would go above and beyond to support both me and my child."

Mealtimes were calm, relaxed and sociable, providing children with positive opportunities to eat together and engage in social conversation. Staff sat with children ensuring they were safe, comfortable and supported. Children were encouraged to remain hydrated, with most bringing their own water bottles and the service providing additional drinks when needed. We discussed opportunities to further enhance mealtime experiences through the introduction of healthier snack choices and the use of crockery and cutlery. The provider agreed to consider these suggestions to further support children's health and wellbeing.

Appropriate information and parental permissions had been gathered at enrolment to support children's health, welfare and safety needs. This information was used effectively to inform personal plans, which were in place for all children attending the service. Personal planning could be further strengthened by increasing children and families involvement in the development and review processes. Clearly identifying support needs, next steps and strategies would provide a more holistic picture of each child and enable staff to provide consistent, individualised care. This would help ensure children's needs, wishes and aspirations were effectively identified, reviewed and responded to (area for Improvement 1).

Developing cosy spaces for relaxation and quiet time would enhance nurturing care and support children's emotional wellbeing, self-regulation and friendships. In addition, increasing the display of children's artwork and creations throughout the setting would further celebrate their achievements and contribute to children feeling valued, respected and included. This would strengthen children's sense of pride, belonging and ownership.

Areas for improvement

1. To ensure children receive care and support that reflects their individual needs, wishes and aspirations, the provider should strengthen personal planning processes. This should include, but not be limited to, identifying and recording children's support needs, next steps and strategies to promote their wellbeing,

development and progression. Children and families should be actively involved in the development and review of personal plans, with their views, wishes and choices clearly recorded and reflected within the plan.

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

Monitoring procedures should be further developed and include staff practice to assist in identifying strengths and any areas for improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19).

This area for improvement was made on 26 June 2019.

Action taken since then

Monitoring procedures had not been introduced to support the service identify strengths and areas for improvement.

This area for improvement is not met. To ensure clarity for the service, we have reworded this to reflect the current self-evaluation framework. See heading: Leadership area for improvement 1.

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	4 - Good
Playing, learning and developing	4 - Good

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

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