Balloch ELCC
Day Care of Children

Balloch Campus
Carrochan Road
Balloch
Alexandria
G83 8FA

Telephone: 01389 773 969

Type of inspection:
Unannounced

Completed on:
1 May 2026

Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Service no:
CS2016346342

About the service

Balloch ELCC is provided by West Dunbartonshire Council and is registered to provide a care service to a maximum of 56 children aged from 3 years old to not yet attending primary school.

The service is based in purpose-built facilities within the Balloch Campus. The accommodation is comprised of two large connecting playrooms, one small quiet playroom, a food technology room and changing/toilet facilities. The children also have timetabled access to the primary school gymnasium. A large enclosed outdoor area can be accessed directly from the playrooms.

The service is based within Balloch in West Dunbartonshire and can be accessed by foot, car or public transport.

About the inspection

This was an unannounced inspection which took place on Wednesday 29 April 2026 and Thursday 30 April 2026. 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 and complaints 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 and observed 31 children using the service and six of their families
- spoke with 15 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, no improvements were identified
relating to core assurances.

Key messages

- The service provider had been proactive in supporting the leadership team and staff to make the necessary changes highlighted at the last inspection. As a result, we found that standards had improved. Children were happier, more settled and engaged in their play and learning.
- Staff morale and teamwork had improved. Staff were enthusiastic about their roles and the changes they have made and this resulted in children being better supported to make progress in their learning and development.
- Children were safe and secure in the setting. Changing the indoor area from two playrooms to one larger playroom had created a more effective environment, had increased children's engagement in play and had enabled staff to supervise children more effectively.

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 thrive and develop in quality spaces	4 - Good
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 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 leadership team had a clear vision for the service and were committed to improving outcomes for children and families. This had resulted in a carefully planned programme of change over the past year, targeted at addressing the improvements identified at the last inspection. These developments were introduced in stages to ensure the pace of change was both manageable and sustainable.

The leadership team had worked together to document this work in Our Improvement Journey, highlighting the work that had been undertaken, assessment of the impact of the changes made and outlining next steps in the improvement cycle.

The vision, values and aims statement had been reviewed in January. Staff reflected on how their practice was reflecting these. While a leaflet about this had been shared with families, followed by a questionnaire, there had been no response. We suggested that the leadership team reconsider the format of this leaflet and explore others ways of enabling families to contribute their views.

Two families told us that they were able to have their say commenting:

"Input from parents is requested to support with improvements."

"Feedback is always welcomed by the nursery staff and parent engagement is improving with the nursery."

The leadership team recognised the challenges of gaining feedback from families, but were committed to exploring more creative approaches to increasing opportunities for families to have their say and become involved in the improvement cycle. Staff were also keen to improve the approach to family engagement within the setting and to work more collaboratively with children and families. Staff were building confidence in observing children's interests and voices to inform the planning process.

Staff wellbeing had been prioritised, with the leadership team recognising the importance of supporting staff and valuing and respecting their views and contributions. As a result, staff were happier in their roles and responsibilities, which had contributed to a more positive ethos around teamwork. This had increased their confidence and resilience, fostering more positive relationships within the team. Staff were proud of the work they had done to improve the environment and discussed the positive impact of this on outcomes for children.

The approach to quality assurance and monitoring had improved and ensured expected standards were met. Moderation had been introduced within the staff team to develop consistent approaches to quality, but this was at an early stage.

Self-evaluation was at an early stage. While the leadership team had begun using the Quality Framework to assess the service against the quality indicators, plans to roll this out across the setting and reintroduce the formal improvement planning cycle with staff, children and families had been delayed to accommodate the wider programme of change (see area for improvement 1).

Effective induction processes ensured new staff were well-equipped to work confidently within the setting. The leadership team took a proactive approach to mentoring, carefully matching mentors and mentees based on their individual skills and qualities to maximise the benefit for both.

Quality indicator: Staff skills, knowledge, values and deployment

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 setting was appropriately staffed each day to ensure children's wellbeing. Staff demonstrated an increased awareness of the importance of maintaining prescribed adult to child ratios indoors and outdoors to keep children safe. Effective arrangements were in place to ensure that occasional staff absences or vacancies caused minimal disruption to children's care.

Staff told us they felt their contribution to the service was more valued. They felt better supported in their roles, benefiting from the support of colleagues and the increased accessibility of the leadership team. Staff also placed greater value on peer support within their daily routines.

Improved staff relationships had made an important contribution to the increased effectiveness of the service. Staff shared a clear vision for the setting, enjoyed their roles more, valued their relationships with children and families, and approached their work with a renewed sense of enjoyment.

Staff communicated effectively with one another throughout the day in ways that were sensitive to children's needs. Overall, they worked more cooperatively to ensure proactive supervision and meaningful engagement with children. The leadership team acknowledged that some transitions during the day could be improved further to minimise disruption.

The leadership team had facilitated a programme of continuous professional development that upskilled staff and addressed the gaps identified at the last inspection. Staff were supported to participate in a range of training opportunities that strengthened their knowledge, skills and practice. As a result, children were better supported to feel confident, safe and secure within the setting.

Staff had reflected on the impact of their learning and spoke confidently about how it had improved their practice and outcomes for children. They were enthusiastic about their roles and motivated to use their learning to enhance quality across the setting. Consequently, children were happier, more settled and benefited from improved interactions and support.

Staff turnover remained relatively high within the team which had impacted on consistency for some children and families, through changes to keyworkers and continued reliance on supply staff. However, the leadership team had kept families up-to-date with changes to minimise disruption where possible and were keen to stabilise this staffing situation. Families were aware of the staffing issues and commented:

"The nursery can get busy and a bit chaotic especially if there is staff sickness which I think impacts the kids and they don't get the full attention required when this is the case but staff are always trying their best at these times to make sure all kids' needs are met."

"Although there were previously staffing issues the staff who have always shown up and cared for the children have been immensely helpful, supportive and hard working. My child has always been well cared for despite these issues which seem to have been resolved."

Staff treated children and families respectfully and understood the importance of ensuring trusting relationships. Staff knew children well and responded considerately and patiently to their needs, conversations and questions. Families valued the positive relationships they had developed with staff and commented:

"The staff are always very welcoming to me and my child they always take any concern or comment seriously and act accordingly."

"Staff are so accommodating nothing is too much trouble for them they go out their way to work around my child's needs. I have regular meetings with their key worker and speak to them every day about progress my child has made and targets to work towards."

"Always very approachable and will make time to discuss any queries."

"I get on very well with all members of staff. I am always welcomed warmly and nothing is ever a trouble. If I have a concern it is taken seriously and addressed instantly. Every member of staff seems to adore my child and love to share stories of them at play that day or interactions they have shared with."

All staff were appropriately registered with a regulatory body, either the Scottish Social Services Council (SSSC) or General Teaching Council for Scotland (GCTS), and understood their responsibility to adhere to the relevant professional codes of practice at all times.

Areas for improvement

1. To support improvement planning, the provider should now move towards reintroduction of purposeful self-evaluation, using national and local frameworks, to enhance the quality of the setting.

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 thrive and develop in quality spaces — 4 - Good

Quality indicator: Children experience high quality spaces

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 setting was welcoming, comfortable and furnished to a high standard with good natural light and ventilation. The accommodation was clean, well-maintained and attractive. This reinforced the strong message to children and their families that they matter.

Following recent improvement work, the dividing wall was removed to create one large playroom instead of two smaller spaces. This had a very positive impact on children's engagement.

Children were confident, safe and secure in the setting and moved freely between playrooms. They could choose when to play outdoors and when to remain within the playroom. The Discovery Den was a quieter cosy space used to facilitate quieter play and one-to-one support for children.

Children and families enjoyed a warm and personal welcome to the setting each morning. Staff had worked hard since the last inspection to create a calmer and more relaxed atmosphere throughout the setting, which helped children to settle more quickly.

Children could explore their environment freely, supported by comprehensive risk assessments and staff's improved understanding of their responsibilities for keeping children safe indoors and outdoors. Staff were using the SIMOA (safety, inspect, monitor, observe, act) approach to reinforce safety messages in ways that were meaningful and relevant to children. As a result, children were keen to learn about how to keep themselves safe and had benefited from this approach.

The outdoor area was resourced to provide children with fun, stimulating and interesting experiences. For example, the climbing frame and slide were well used to offer children opportunities to develop their gross motor skills. Staff told us how they could add pieces of equipment to challenge and extend children's learning. Sand and water play were popular with children seeking more sensory experiences. Children enjoyed role play in the mud kitchen and stage area.

Families were positive about their children's access to outdoor activities and commented:

"[My child likes] Gardening, sandbox, water play in the summer, creative play."

"My child loves the climbing frame and the staff have been encouraging the children on the bikes outside which has also been encouraging my child's language development i.e. push, go, stop etc. They often sing and dance outside with bubbles as well."

"My child loves the sand pit and the tee-pee and generally just loves jumping in the puddles and getting dirty."

The main playrooms were laid out more attractively and effectively with high quality resources. Staff had taken time to ensure areas were interesting and appealing to children and evaluated the effectiveness and popularity of areas regularly. Children could self-select from resources at child height giving greater independence.

Systems were in place to control and prevent the spread of infection within the service to protect staff and children. Nappy changing facilities complied with best practice guidance. Although staff had participated in recent training to refresh their knowledge of infection prevention and control, some areas needed attention.

- Handwashing practices should follow recommended NHS guidelines.
- gloves need to be changed between each application of sun cream.

Appropriate systems were in place to manage documents and electronic information in line with general data protection requirements managed by the local authority.

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.

Children demonstrated improved levels of engagement, curiosity and enjoyment as they explored the resources available both indoors and outdoors. We observed children engage in activities to develop skills in literacy, numeracy and health and wellbeing, including summarising stories, early mark making, using mathematical language at block play and in the small world area. Children enjoyed using scissors to make paper doll chains and developing their creativity in the art area. At times, staff worked with children to refresh and reset areas to maintain their interest and curiosities.

While we noted positively the range of resources available to support children's play and learning, some materials were not readily accessible. For example, tabletop games, natural sensory resources, transient art materials and more complex puzzles were limited. We also observed that the resources provided for sand play were not well suited to dry sand. Staff needed to ensure that children who required additional challenge could access appropriate resources that supported their stage of development.

Where developmentally appropriate, staff recognised the benefits of schematic play opportunities and used their understanding to scaffold children's learning and provide appropriate resources to meet children's needs. For example, rolling, trajectory and transporting. The freedom to transport materials enabled children to deepen their play, develop independence and follow their emerging interests.

The leadership team were supporting staff to develop confidence in ensuring there was a more effective balance between child-led and adult initiated experiences. While staff were responsive to children's interests and sometimes used these as starting points to introduce new challenges, extend thinking and spark curiosity, most planning was intentional (see area for improvement 1).

Opportunities to develop early language, literacy and numeracy were evident across the playroom. Children accessed a variety of open ended and sensory resources, books, songs and environmental print. Staff encouraged children to participate in songs, nursery rhymes and word games to develop their vocabulary in planned and spontaneous activities throughout our visit.

Overall, interactions were purposeful and supported children in their learning and development. Staff were caring, responsive, respectful and nurturing in their interactions. They engaged at children's level to support communication, thinking and sustained play. Staff were keen to celebrate children's achievements. They demonstrated an improved understanding of child development and were becoming more skilled in adapting their practice to meet individual needs. On occasion, some staff could have responded more effectively to children's verbal and non-verbal cues to ensure all children were included in ways that suited their individual needs.

Staff had worked hard to improve children's individual learner journals, but there were some inconsistencies in the frequency of observations added to these. Those we sampled focused clearly on individual children, highlighting learning, progression and next steps for children. These learning journals were shared by staff, children and families highlighting the importance of collaborative working. During our visit, some children enjoyed looking through their journals with us, talking to us about their friends and learning.

Families were positive about the progress children were making in their learning and development and commented:

"The staff have been wonderful with my child. They have been very helpful, supportive and caring and have really helped my child's development in communication and language and social skills."

"Staff at Balloch have brought my child on so much since starting."

The early stages teacher (EST) worked closely with staff to ensure children's achievements and progress in literacy, numeracy and health and wellbeing were effectively tracked using the local authority's baseline toolkit. The EST knew the children well and collaborated with staff to deliver and promote provocations and activities that supported children to reach their individual milestones, providing valuable role-modelling to enhance staff practice.

The EST also highlighted the benefits of recent training on analysing tracking data at a more qualitative level, which had enabled a deeper understanding of underlying patterns in children's attainment. As a result, children were well supported in their transition to primary school.

Areas for improvement

1. To support children's play and learning, the provider should ensure that staff continue to develop the approach to planning for learning across the service, to offer children more independence (where appropriate) and to take greater account of children's choices and observed and expressed interests.

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 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.

Transitions from home to the setting were handled sensitively and were tailored to meet the individual needs of each child. Overall, daily transitions were managed more smoothly and effectively, with staff showing an increased awareness of how transitions can influence children's wellbeing. We identified that lunchtime and end of day transitions would benefit from some minor adjustments to help maintain a calm and predictable environment for children.

Children enjoyed healthy snacks in the food technology room, which had been thoughtfully arranged to create a calm, relaxing and sociable environment that supported the development of independence skills. Lunch was offered in separate sittings, with children who required additional support being served first to ensure their needs were met. We discussed several ways this arrangement could be further enhanced for these children.

Overall, lunchtime was a positive experience, with children accessing a healthy meal and being provided with many opportunities to build independence. Arrangements for staff to spend more time sitting at the table with children could be strengthened, as this would help facilitate richer interactions, conversations and relationship-building during the meal.

Children were encouraged to access drinking water throughout the day, supporting their hydration and contributing positively to their overall wellbeing, concentration and comfort.

Staff demonstrated a clear understanding of children's health needs, allergies and dietary requirements, ensuring these were met sensitively and consistently. This reflected good adherence to regulatory expectations around safeguarding children's health and wellbeing, and contributed to a safe, inclusive environment where children's individual needs were effectively supported.

Sleeping arrangements were in line with best practice guidance. While some areas were available to offer children opportunities for rest and relaxation, further consideration could be given to creating a dedicated, softer space within a quiet corner. This would enhance the environment and provide additional support for children's emotional wellbeing.

Staff ensured that children wore sunhats and sunscreen, with applications being regularly reapplied throughout the day. This reflected best practice guidance for sun safety and contributed to protecting children's health and wellbeing during outdoor play.

Procedures for the safe storage and administration of medication were in place. However, these did not fully align with the most recent best practice guidance. In particular, consent forms did not clearly outline the signs and symptoms that indicate when as required medication should be administered. Updating documentation to reflect current guidance would strengthen practice and ensure children's health needs are consistently and safely met.

Children benefited from an improved quality of care that was tailored to meet their individual needs. Each child had a personal plan containing detailed and meaningful information about their needs and wellbeing targets. Staff worked collaboratively with families to capture, record and review relevant information about children's health, safety and wellbeing, ensuring plans remained current and effective. Children's personal care needs were met sensitively and discreetly, promoting dignity and comfort.

It was clear that staff knew children very well as individuals. They spoke confidently with us about the care and learning needs of the children in their groups, demonstrating strong relationships and an understanding of each child's developmental journey. Staff had an enhanced focus on children's emotional wellbeing and used a range of strategies and resources, including PATHS (Promoting Alternative Thinking Strategies) and The Colour Monster, to support children in building resilience and developing self-regulation skills.

Staff had benefited from training in child development which had a positive impact on their practice. Their deepening understanding enabled them to meet children's individual needs at a level appropriate to each child. This remains a work in progress as staff continue to build confidence and embed their learning into daily practice.

Children requiring additional support for learning had benefited from the calmer environment and the more relaxed, responsive staff team. Staff were increasingly attuned to children's emotions and used individual plans effectively to support them when they became dysregulated. This remains a work in progress as staff continue to build confidence in consistently applying these strategies.

The leadership team worked in partnership with staff, families and external agencies to ensure these children received targeted support tailored to their needs. This collaborative approach helped children make progress and supported them to reach their full potential.

Families told us about the positive and trusting relationships they had developed with staff, and shared that they felt confident approaching them with comments or concerns. Staff recognised the importance of working in partnership with families and were committed to maintaining these strong connections.

Staff were beginning to build confidence in capturing children's views to inform planning and decision-making. Mind-mapping approaches were at an early stage of implementation, and staff will continue to be supported by the leadership team to develop their skills and embed this practice more consistently.

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

Requirements

Requirement 1

By 30 June 2025, to improve outcomes for children, the provider must ensure that children experience care and support which meets their individual health, safety and wellbeing needs. To do this, the provider must ensure that:

a) personal plans, reflecting best practice, are in place for each child detailing their individual needs

b) personal plans are used to provide consistent and effective care which is child-centred and tailored to meet children's individual needs

c) staff understand the importance of their role in providing adequate care and support across the setting and ensuring children are supervised at all times.

This is in order to comply with Regulation 5(1) 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 had not been met and we agreed an extension until 31 December 2025.

This requirement was made on 2 May 2025.

Action taken on previous requirement

We found that personal plans were in place for each child. The format had been changed to capture more relevant information about children's individual needs. Staff used these plans effectively to meet children's needs and provide the appropriate support.

Met - outwith timescales

Requirement 2

By 30 June 2025, the provider must ensure children experience safe and high quality outdoor play. To do this, the provider must, at a minimum:

a) provide a plan to improve safety/security at the lower fence in the outdoor play area

b) ensure the outdoor area is adequately supervised to maintain children's safety at all times.

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).

This requirement had not been met and we agreed an extension until 31 December 2025.

This requirement was made on 2 May 2025.

Action taken on previous requirement

A higher fence was installed in this area in summer 2025, which immediately lowered the risk of children climbing. A new plan was in place which created supervised zones in the outdoor area to give staff better oversight of children to improve safety.

Met - outwith timescales

Requirement 3

By 30 June 2025, to ensure that all children's care and support 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) regularly assess and review children's care and support needs
b) demonstrate how the outcomes of children's assessments are used to inform staffing numbers, deployment and arrangements
c) implement quality assurance systems to evaluate children's care experiences and assess whether the staffing arrangements are effective in providing responsive, child-centred support.

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).

This requirement had not been met and we agreed an extension until 31 December 2025.

This requirement was made on 2 May 2025.

Action taken on previous requirement

While there had been continued issues around staff turnover, we were satisfied that sufficient improvements had been developed and implemented to ensure children were supervised and supported at all times. The leadership team carried out regular monitoring of staffing arrangements to ensure effectiveness.

Met - outwith 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 support children's play and learning, the provider should ensure that staff implement a systematic approach to planning for learning across the service, that supports children to make choices, learn independence skills, lead their own learning and make choices.

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 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).

This area for improvement was made on 2 May 2025.

Action taken since then

The leadership team and staff had implemented a more effective approach to planning for learning across the service. In order to build staff confidence this had been targeted at intentional planning, but further work was planned to ensure a more responsive approach to planning was developed over time, taking on board the views and observed interests of children.

This area for improvement was a work in progress and while some aspects have been met others have not. To take account of this progress, we have reworded this area for improvement under the quality indicator - Children play and learn.

Previous area for improvement 2

To ensure children are safe and protected from hazards, the provider should develop comprehensive risk assessments which:

a) take account of best practice guidance
b) clearly identify risks and control measures
c) are reviewed regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe" (HSCS 5.19).

This area for improvement was made on 2 May 2025.

Action taken since then

Risk assessments had been developed and were used to keep children safe.

This area for improvement has been met.

Previous area for improvement 3

To provide a safe and high-quality service, the provider should implement additional supports to ensure the wellbeing of staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support is consistent and stable because people work together well" (HSCS 3.19).

This area for improvement was made on 2 May 2025.

Action taken since then

Both the provider and leadership team had implemented processes to support and improve staff wellbeing and staff morale. As a result, staff were happier and more settled in their roles.

This area for improvement has been met.

Previous area for improvement 4

To support children's wellbeing, learning and development needs, the provider should ensure staff access training appropriate to their role and apply their training in practice. This should include, but is not limited to, training in child development, understanding children's behaviour and safety intervention.

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 2 May 2025.

Action taken since then

We confirmed that relevant training has been undertaken by staff, which had improved their knowledge and confidence and improved outcomes for children.

This area for improvement has been met.

Complaints

Please see our website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good
Staff skills, knowledge, values and deployment	4 - Good

Children thrive and develop in quality spaces	4 - Good
Children experience high quality spaces	4 - Good

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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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