CALA Ardross ELC
Day Care of Children

Ardross Community Hall
Ardross
Alness
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Telephone: 07849144528

Type of inspection:
Unannounced

Completed on:
1 May 2026

Service provided by:
CALA Direct Management Services

Service provider number:
SP2010011106

Service no:
CS2022000232

About the service

CALA Ardross ELC is a day care of children service situated in the community hall in the village of Ardross.

The service is registered to provide a care service for a maximum of twelve children aged three years to not yet attending school.

The service is situated in a rural location beside the village primary school. Shops, a leisure centre and other amenities can be found in the nearby town of Alness. The children are cared for in a playroom and have access to an outdoor area.

About the inspection

This was an unannounced inspection which took place on Wednesday 29 April, between 09:30 and 15:15, and Thursday 30 April 2026, between 08:40 and 13:30. This inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- spoke/spent time with children using the service and two of their friends and family
- spoke with staff and the management team
- assessed core assurances, including the physical environment
- 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 Children thrive and develop in quality spaces.

Key messages

- Children generally experienced interactions with staff who were calm, caring, inclusive and responded sensitively to their needs.
- The service was in the early stages of implementing changes identified through initial auditing, with agreed team actions, to enable a consistent approach to personal planning.
- Children were generally settled and engaged in play, with some experiences reflecting their interests which sparked curiosity and creativity.
- Newly introduced approaches to intentional and responsive planning were being developed, along with work to develop quality observations. Further time was needed for these approaches to be fully developed for beneficial impact impact on children's play, learning and development.
- The provider agreed to review procedures for entering and exiting the outdoor area, as well as overall security arrangements, with relevant professionals to help ensure children's safety and security.
- The manager demonstrated a strong, reflective understanding of the overall work of the service in relation to improvement priorities. Clear and achievable actions had been identified which focused on improving children's outcomes and experiences.
- The staff team demonstrated a positive approach towards professional learning and improvement.

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

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

Leadership 4 - Good

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.

Leadership and management of staff and resources

Throughout the inspection we acknowledged recent challenges that impacted the staff team. Two members of staff had recently joined the small team. The manager had been leading the service for six months. During this time there had been significant transition within the staff teams across two of the four services they managed. The provider advised that, during this time, further support was provided by senior managers.

Children, families and staff had recently been involved in the process of reviewing of the service's vision, values and aims. A meaningful and collaborative approach supported the development of a shared vision. The service was at an early stage of implementing the language of the vision and values to underpin practice. The language of the values was beginning to shape day-to-day practice and embed a shared ethos and culture across the new staff team.

The manager demonstrated a strong, reflective understanding of the service's current position in relation to leadership of change. This informed improvement planning, which identified clear and achievable priorities focused on improving children's outcomes and experiences. These priorities were appropriately aligned with the areas for improvement identified at the previous inspection. A new staff team was in place and continuing to develop relationships with each other and the children. This meant that progress in addressing these priorities was at an early stage.

(See section, What the service has done to meet any areas for improvement we made at or since the last inspection).

A structure of mentoring and induction support had been established and was beginning to support staff in taking forward improvement priorities.

There was a developing focus on self-evaluation, with staff beginning to increase their understanding of how to reflect on and measure the impact of their practice on children's experiences and outcomes. This demonstrated a positive and systematic approach to continuous improvement. While identified improvements were at an early stage, the service showed capacity to develop and embed these changes over time.

Some structures for professional dialogue had been implemented, including support and supervision meetings. These processes showed a commitment to building staff capacity and supporting professional learning. With a mix of experience and skills across the staff team, there remained a need for robust mentoring and induction. The provider should consider how they enable staff to develop confidence, consistency and a secure understanding of their roles. For example, staff demonstrated some knowledge of child protection procedures. This area could be further strengthened to ensure all staff have a secure and confident understanding of safeguarding responsibilities. Targeted training and continued professional learning should be identified for all staff, particularly those new to the service.

The service was at an early stage in ensuring that resources, including staffing, were deployed effectively to meet children's needs. Current arrangements, particularly around the preparation of snack and lunch, resulted in practitioners being absent from the playroom for extended periods. While staffing ratios had been considered and covered with relief staff, this impacted on the team's ability to provide consistent, high-quality interactions. A review of these arrangements would support more effective deployment of staff as a key resource, in line with expectations within the framework.

The staff team demonstrated a positive approach towards professional learning and improvement, providing a good foundation for continued progress. The provider may want to consider how the manager's time and capacity could be protected to support timely progress with improvement priorities.

Children thrive and develop in quality spaces — 3 - Satisfactory / Adequate

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

Children experience high quality spaces

Children's experiences of well-organised, quality spaces to play and learn were not yet fully consistent. Some work had taken place to develop defined play areas within the indoor space. This demonstrated an awareness of the importance of creating an environment that supported children's play, learning and wellbeing.

Learning journals showed that children had access to a range of sensory play experiences which supported exploration and enjoyment. The playroom needed to accommodate a variety of functions and was relatively small in size. Spaces to eat, enjoy floor play, other activities and quiet, cosy spaces had been created while taking into account movement through doors to access the kitchen and toilets. The manager had identified the need to rotate resources to broaden play and learning opportunities. This approach was at an early stage, and further development was needed. There were some emerging strengths in the provision, for example, how children were encouraged to follow their curiosity and make decisions about their play. There was scope to further develop the environment so that it consistently offers well-planned, stimulating, engaging spaces that support high-quality play and learning.

Children benefited from free-flow access between indoor and outdoor spaces for the majority of the day. This contributed positively to children's engagement and choice in play. The outdoor area had to be was set up daily, and resources, including temporary fencing, were cleared away each day. Whilst staff managed this well, limited planning had the potential to create inconsistencies in children's experiences. To support consistency and improvement, staff might consider how meaningful, engaging play and learning experiences in the outdoor area are managed through planning to support progress.

There were some temporary measures in place to help secure the outdoor area, such as plastic fencing that was removed at the end of each day. We shared concerns with the manager that some measures resulted in potential exits being temporarily blocked during ELC sessions. This risked children and staff's ability to exit the area safely in the event of an emergency situation. Some measures meant that the potential risk remained that children could leave the outdoor area unsupervised. The provider agreed to review procedures

for entering and exiting the outdoor area, as well as overall security arrangements, with relevant professionals to ensure children and staff were safe at all times.

(See Area for Improvement 1).

Children's health and wellbeing was benefitting from effective infection prevention and control routines. An outstanding area for improvement in relation to infection prevention and control had been met.

(See section, What the service has done to meet any areas for improvement we made at or since the last inspection).

Staff demonstrated a good level of understanding of infection prevention and control measures, such as establishing supervised handwashing at key times and respiratory hygiene practices.

Areas for improvement

1.
To keep children safe and secure, the provider should ensure that appropriate measures and procedures are in place for children and families to enter and exit the premises safely. This should include but is not limited to reviewing arrangements with relevant professionals.

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).

Children play and learn 3 - Satisfactory / Adequate

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

Playing, learning and developing.

We acknowledged the manager's identification of planning for play and learning, observations and learning journals as priorities for improvement. Initial steps had been taken to support staff in the work to develop these priorities which were in the early stages of implementation.

Children were generally settled and engaged in play, with opportunities to move freely between indoor and outdoor spaces. Some experiences, including sensory play, loose parts, and open-ended resources, reflected children's interests and sparked curiosity and creativity. The service recognised the need for clearer planning around the type and variety of resources available to support high-quality play. This could strengthen the range and depth of enriching learning and play experiences available that are appropriately challenging.

Children were supported by staff who were caring, responsive and motivated to improve outcomes for

children through some quality interactions. The development of consistently high-quality interactions was supported by the manager modelling good practice for staff.

Approaches to intentional and responsive planning had been newly introduced to support, challenge and extend children's play, learning and development. The manager was supporting staff to improve the quality of observations by highlighting opportunities to recognise and capture meaningful learning during play. Although staff practice was not yet consistent, strengthening these skills would support clearer identification of next steps and enable more effective tracking of children's progress.

Early numeracy skills were supported through experiences such as sorting by colour and counting during play. While these provided a foundation for numeracy skills and understanding, learning opportunities to extend numeracy across a wider range of indoor and outdoor contexts remained limited.

Children's literacy and language development was supported in a variety of ways. Stories were read on demand and books selected to reflect current interests. Some mark-making opportunities were available indoors and outdoors. Staff encouraged children to make marks with chalk or mix paint colours to inspire exploration through play. There was scope to develop a greater range of literacy and language opportunities across all play areas.

Children are supported to achieve — 3 - Satisfactory / Adequate

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

Nurturing care and support

Children experienced interactions with staff who were calm, caring, inclusive and supportive. Staff responded sensitively to children's needs, including during times of conflict or distress. They used calm reassurance and consistent messaging to help children regulate their emotions and feel secure. Personal care was delivered in a manner which supported children's privacy and dignity. This demonstrated that children experienced nurturing approaches to their care and development

Partnerships with parents were developing. Parents were welcomed into the setting. Communication through a digital platform supported awareness of children's experiences and day to day activities. Some parents told us they were not yet familiar with all staff members, and there was variability in the quality and consistency of daily communication.

Children's personal plans contained sufficient detail to meet basic needs, although the quality and quantity of detail varied. For example, while basic information was available to support children's needs, strategies were not consistently implemented to promote independence and meet individual needs. The service recognised the need to strengthen systems to support consistent nurturing care. Action had been taken to introduce clearer approaches in response to specific feedback from families.

To meet individual needs and support children to progress and reach their full potential, further quality assurance was needed. This would help to ensure staff have relevant information and understand how to use this effectively. The development of personal plans related to a previous area for improvement (see section, What the service has done to meet any areas for improvement we made at or since the last

inspection). The service was in the early stages of implementing changes identified through initial auditing, with agreed team actions, to enable a consistent approach. The service needed time to embed improvements and fully evaluate their impact on children's outcomes ad experiences.

Children had access to fresh drinking water, although on warmer days, more regular encouragement to drink would further support their wellbeing. Mealtimes were generally positive experiences. There was some flexibility in how food was offered to meet individual needs. Children often chose to eat together, which worked well for the small group of children. The timing of snack was not well planned, having the potential to impact on how well children ate at lunch time. The service had identified this as an improvement to be addressed. There were opportunities to enhance mealtime experiences further by increasing children's involvement in food preparation.

Children's health, safety and wellbeing benefitted from staff knowledge and understanding of the safe management and administration of medicines. For example, where gaps in relevant information were identified during an audit of medication, prompt action had been taken to correct this. This meant that staff practice ensured that children's care was in line with best practice guidance.

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's play and learning experiences are relevant and responsive to children's ideas and stage of development, the provider should support staff to improve planning processes. This should include but is not limited to:

a) recording high quality observations; and
b) implementing responsive planning, capturing children's ideas and 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, I can direct my own play and activities in a 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 26 April 2024.

Action taken since then

Some play and learning experiences were responsive to children's interests. For example, a farm shop role play area and farm vehicle toys were supporting children to explore a current interest in food and farming. Some children were enjoying discovering how water could be poured from different types and sizes of containers. These planned activities were appropriate to children's age and stage of development.

Observations of children's play and learning captured some learning, such as skills or understanding. Overviews to support developmental learning were not used effectively to support planning processes or to track progress through high-quality observations. Observations were often descriptive and next steps were not in place to support ongoing progress.

Intentional and responsive planning systems, including observations, were still being established. These systems were at too early a stage of implementation to assess their full impact on children's outcomes.

This area for improvement has not been met.

Previous area for improvement 2

To keep children healthy and safe, the provider should ensure that effective infection prevention and control practices and routines are in place and consistently practiced. This includes but is not limited to, ensuring that staff are knowledgeable and competent about all aspects of infection prevention and control.

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

'I experience high quality care and support because people have the necessary information and resources (HSCS 4.27).'

This area for improvement was made on 26 April 2024.

Action taken since then

Children's wellbeing and safety benefitted from effective infection prevention and control measures. Visitors to the service were asked to wash their hands on arrival. Children were supported and supervised to maintain good hand hygiene at key times, such as before eating and after outdoor play. The use of utensils during meal times reduced the risk of cross-infection. Good respiratory hygiene was encouraged, with children reminded to dispose of tissues properly and wash their hands after use.

This area for improvement has been met.

Previous area for improvement 3

To support for children's wellbeing, development needs and progress to be effectively met, the provider should ensure children's personal plans are further developed. This should include but is not limited to:

a) recording the outcomes of actions and the impact of these on children's outcomes

and experiences;
b) ensuring robust quality assurance systems support consistent and effective recording of children's information so that actions taken positively influence children's outcomes.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).'

This area for improvement was made on 26 April 2024.

Action taken since then

Steps had been taken to better support children's wellbeing, development, and progress through personal planning processes. These included an audit of personal plans, which identified gaps in information which had the potential to compromise children's support and progress. There was a planned date for further training for staff. The manager was supporting improvement by providing worked examples to guide staff practice.

More time is needed for these improvements to be fully embedded, with changes consistently implemented and evaluated.

This area for improvement has not been met.

Previous area for improvement 4

The provider should ensure improved outcomes for children by implementing effective and robust quality assurance processes. This should include but is not limited to:

a) effective and focused monitoring being carried out across the setting;
b) developing and implementing robust audits, and addressing any actions promptly; and
c) the management team effectively monitoring the work of each member of staff and the service as a whole.

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

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes."(HSCS 4.19).

This area for improvement was made on 26 April 2024.

Action taken since then

Children's outcomes were beginning to benefit from some quality assurance processes. For example, the staff team had been developing how accidents and incidents were recorded. This was enabling them to provide the most appropriate support for children.

Methods of auditing and monitoring, including support and supervision meetings, were in place to support quality assurance. These had been recently introduced, so it was too early to assess how robust they were or the extent to which agreed actions were improving outcomes. More time is needed for these processes to become fully embedded and for their impact to be effectively evaluated.

This area for improvement has not 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

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Children experience high quality spaces	3 - Satisfactory / Adequate

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

Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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