

Dalintober ELCC Day Care of Children

Dalintober Primary School
Dalaruan Street
Campbeltown
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Telephone: 01586 552 053

Type of inspection:
Unannounced

Completed on:
15 May 2025

Service provided by:
Argyll and Bute Council

Service provider number:
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Service no:
CS2003014636

About the service

Dalintober Early Learning and Childcare is a daycare of children service and is registered to provide care to a maximum of 54 children from three years to not yet attending primary school. The provider is Argyll and Bute Council. The service operates from their own dedicated indoor and outdoor space within Dalintober Primary School, located close to Campbeltown town centre.

About the inspection

This was an unannounced inspection which took place on 13 to 15 May 2025. The inspection was carried out by two early learning and childcare 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. The service had 33 children registered and 26 children in attendance during the inspection.

In making our evaluations of the service we:

- spoke with people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Staff were kind and caring, and routines helped children become more independent.
- Children experienced a wide variety of play, both indoors and outdoors, with opportunities to lead their own learning.
- While staff knew children well, personal plans and planning records need to be clearer and more individualised.
- To ensure children's health, welfare and safety needs can be met, the management team should ensure effective quality assurance processes are in place.
- The environment was warm, homely, and thoughtfully arranged. Children could move freely and influence their surroundings.
- The staff team were motivated and communicated effectively with each other, creating a positive, caring ethos, and ensuring appropriate supervision of children.

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

How good is our care, play and learning?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 1.1: Nurturing, care and support

The setting was warm, welcoming, and caring. Children looked happy, busy, and confident as they played and made friends. Staff were kind and supportive, helping children feel safe and settled. Children were confident asking for help when they needed it. Daily routines helped children become more independent, while also respecting their privacy and dignity.

We reviewed a range of children's personal plans. Each child had an "All About Me" profile with helpful information about their needs, likes, and dislikes. Staff also worked well with other professionals to support children's development. However, to meet children's needs more consistently, personal plans need to be clearer about what support is in place. We also asked that key information is easier for all staff to find, for example, any allergies or intolerances children may have should be readily accessible and regularly reviewed. This will help to ensure every child receives consistency in their care. **See Area for Improvement 1.**

Children enjoyed a healthy lunch that met their individual dietary needs. Those who preferred brought a packed lunch from home. Mealtimes were used to help children build independence and practise their fine motor skills, for example, by serving their own food and using cutlery. Lunch was a calm and social time where most children chatted with staff and friends. This helped build strong relationships. For children who preferred quieter spaces, we asked staff to consider ways to help them feel comfortable while staying included.

Children's experiences were shared with families through an online application and a social media platform. These updates gave parents a helpful glimpse into their child's day at nursery. To support children's learning and strengthen partnerships with parents further, we suggested that staff share more detailed observations and next steps in children's learning.

Medication was stored safely, and staff followed best practice. Management said they would review permission forms in line with national guidance "Management of Medication in Daycare and Childminding Services."

Accidents and incidents were recorded and shared with parents. The lead practitioner audited these monthly to look for patterns and take action if needed. This helped reduce repeated accidents and kept children safe.

Staff had a clear understanding of child protection and took part in regular training. We asked management to update the child protection policy with the current names of safeguarding leads, to make sure the information is accurate.

Quality indicator 1.3: Play and learning

We saw children enjoying a wide range of interesting play activities. Staff helped extend these activities to make them more challenging and exciting. For example, children started by making junk models, then moved on to building with bricks and paste. This helped them develop problem-solving, creativity, and coordination skills. The play resources were chosen carefully and children could explore them freely. This helped children discover new learning and use their imaginations. Children had opportunities to lead in their own play and learning. For example, one child's interest in a story led to learning about spinning wool and farming, with visits from local lambs. This approach helped children ask questions and learn from real-life experiences.

We saw early signs of language, reading, and math skills in the play activities. For example, children practised early writing skills and used activity trays to learn colours, shapes, and sizes. Staff had upcoming training to improve these learning opportunities further and help children to reach their full potential.

Staff used planning tools to note children's interests and make changes based on what children liked. This showed progress towards planning that is led by children. Planning now needed further development to become more individualised. In particular, staff needed to plan more intentionally around children's interests and specific needs, as identified in their personal plans and observations. The staff team should conduct regular observations and use these to identify children's developing skills and next steps. This will better support children to lead their play and learning and allow staff to track individual progress more effectively. **See Area for Improvement 2.**

Children went on regular trips to places like the community garden, beaches, parks, and soft play centres. They also took part in visits to Kintyre Care Home and community events like a coffee morning and the Dalintober Marathon. These trips helped children learn new skills, build confidence, and feel connected to their local and wider community.

Areas for improvement

1. To support children's wellbeing, development needs and progress, personal plans should be further developed and consolidated with a focus on children's support strategies and next steps linked to clearer progression pathways for their play and learning.

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

and

"My care and support meets my needs and is right for me." (HSCS 1.19)

2. To support children's play and learning and enable them to achieve their full potential, management and staff should give consideration to how individualisation is captured within planning. In addition, planning should be closely linked to observations in children's profiles where meaningful next steps should be recorded. These should be monitored to ensure consistent quality of written observations.

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

"As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable to my age and stage, which stimulate my natural curiosity, learning and creativity." (HSCS 2.27)

and

"My care and support meets my needs and is right for me." (HSCS 1.19)

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 2.2: Children experience high quality facilities

The environment was warm, inviting, and homely and was enhanced using plants, soft furnishings, rugs and lamps, as well as a range of natural and real life resources. Children had access to a variety of thoughtfully designed spaces that supported different types of play and exploration. Resources included material to make dens, role play, small world, science exploration and investigation and a range of arts and crafts.

Children moved freely between indoors and outdoors, demonstrating ownership of their environment. Children were meaningfully involved in shaping their play spaces. For example, after helping to develop a quiet den area, they worked with staff to source a carpet for the outdoor shed, transforming it into an outdoor cosy area. This approach communicated to children that their voices were valued. The furniture was appropriately sized for young children, with enough chairs and table space to support relaxed, sociable mealtimes and group activities.

We sampled a range of risk assessments covering the outdoor and indoor environments and outings. However, some were generic and did not fully reflect the specific features or potential hazards of the setting. Management and staff recognised the need to make risk assessments more specific to the environment and to treat them as live, working documents that are regularly used and reviewed. Strengthening this process will support a more proactive approach to keeping children safe. **See Area for improvement 1.**

Staff and children followed good infection control practices. However, handwashing could be more consistent, especially after coming inside from outdoor play. Staff should monitor this closely to help children learn good hygiene habits and reduce the risk of infection.

Areas for improvement

1. To help keep children safe, a full risk assessment that is specific to the setting should be carried out. It should also be reviewed regularly to make sure it remains relevant and in line with current guidance.

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 5.17)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 3.1: Quality assurance and improvement are led well

Staff were highly motivated and demonstrated a strong capacity for improvement to delivering high-quality provision and achieving positive outcomes for children. They benefitted from regular communication through team meetings and shared a clear vision for the setting. Children had their own committee, which provided meaningful opportunities to share their views and be involved in decision making. Management and staff were responsive to the needs of children and their families. For example, they used a survey to gather feedback on preferred operating times. An improvement plan was in place, outlining identified priorities and the steps to achieve them. Moving forward, the setting would benefit from developing an improvement plan informed by self-evaluation using the Care Inspectorate's guidance "A quality framework for daycare of children, childminding and school-aged childcare". This would help broaden the focus of self evaluation across all key questions, enabling a more detailed evaluation of their setting.

Staff felt supported and motivated by the management team. Staff told us that the lead practitioner regularly checked on their wellbeing and that the management team were approachable. One staff member told us "I feel I can always go to my lead if I ever need help and support." This caring and supportive environment was helping staff to feel valued, supporting the children to feel safe, happy and achieve positive outcomes.

There was a strong sense of community and partnerships in the setting. Parents were welcomed into the setting to talk with practitioners during pick up and collection times. One parent told us "Staff are helpful, kind and caring and always have time to chat about my child or any concerns or questions that I have." This open communication was building trust and helping everyone work together to support each child's wellbeing and development.

The management team had some quality assurance processes and procedures in place. For example, regular supervisions and appraisals for staff to support and identify training needs. However, we did not see consistent evidence of auditing processes being used to monitor key areas such as updating policies in line with current best practice and reviewing children's personal plans. Strengthening quality assurance processes would support the setting to achieve the high standards expected and drive forward sustainable improvement. Embedding quality assurance and self-evaluation more fully into everyday practice will help ensure a sustainable and continuous focus on improving outcomes for children. **See Area for Improvement**

1

Areas for improvement

1.
To support and sustain continuous improvement throughout the service, management and staff should further develop their quality assurance processes and embed robust systems to monitor and evaluate all aspects of their service delivery.

This is to ensure management and leadership is consistent with the Health and Social Care Standards (HSCS) which states that:

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

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

Staff were warm, welcoming, and engaged positively throughout the inspection process. They were open and honest during discussions, and it was evident they had formed a flexible and committed team with a clear focus on achieving the best outcomes for children and families. The setting was appropriately staffed to meet the needs of children and supported good continuity of care. We observed effective communication among staff, who demonstrated a broad range of skills and knowledge across the team. Staff worked well together, communicating clearly when supporting children, moving around the setting, and thoughtfully managing transitions. This contributed to effective supervision throughout the day and supported children to feel safe, secure, and confident in daily routines.

All staff were qualified and had completed essential training, for example, first aid and child protection. Staff had also attended additional training to support children with more complex needs. All staff were registered with the Scottish Social Services Council (SSSC). Staff's qualifications, registrations, and training was helping them to provide quality care and improved outcomes for children.

The lead practitioner shared how they had used the national induction resource to support staff development, adopting relevant sections to meet individual needs. Annual appraisals had taken place, providing opportunities for staff to reflect on their roles and plan for future learning. This supported a culture of continuous improvement.

We discussed how frequent absences had sometimes put additional pressure on the staff team. We asked that management continue to monitor and review staffing levels to ensure they consistently meet the needs of all the children.

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

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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