

Stepping Stones Nursery Day Care of Children

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Helensburgh
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Type of inspection:
Announced

Completed on:
25 February 2026

Service provided by:
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Service provider number:
SP2019990505

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CS2019374674

About the service

Stepping Stones Nursery works in partnership with Argyll and Bute Council to provide funded early learning and childcare. The service is registered to provide daycare for up to 36 children aged from two years to those not yet attending primary school. At the time of inspection, 32 children were present.

The service operates from a large, detached two storey villa located on a quiet residential road in Helensburgh. The upper floor accommodates the youngest children and consists of two adjoining playrooms, along with toilets and changing facilities. Older children have free access to the lower level, which includes two spacious playrooms, toilets, and direct access to the outdoor area.

About the inspection

This was an announced inspection carried out on 23, 24 and 25 January 2026, alongside our HMIE colleagues. Two inspectors from the Care Inspectorate conducted the inspection. In preparation, we reviewed a range of information about the service, including previous inspection findings, registration details, documentation submitted by the service, and intelligence gathered since the previous inspection.

In making our evaluations of the service we:

- spoke with children using the service
- gathered feedback from 13 families through online questionnaires
- spoke with four families
- spoke with staff
- observed practice and daily life
- 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, 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.

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

- Children experienced warm, nurturing, and responsive care, contributing to children feeling safe, valued, and well supported.
- The service demonstrated a strong commitment to improvement, with the provider, staff team, and local authority working together to drive positive change.
- Outdoor play formed a key part of children's learning. The outdoor environment offered experiences that supported children's physical play, their imagination and curiosity.
- Further improvements and a sustained period of stability are needed to embed high quality practice and strengthen leadership and quality assurance.
- Improvements are needed to strengthen routines, transitions, and the lunch time experience, particularly for the 2-3 room.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

Leadership	4 - Good
Children play and learn	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

Leadership and management of staff and resources

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

During the inspection, we found that the provider, supporting lead practitioner, and staff team engaged positively throughout the process. They were receptive to advice and support, demonstrating a strong commitment to improvement and a clear capacity for change. We acknowledged that the service had undergone significant change since the previous inspection, including changes in the management team. We recognised the provider's increased visibility within the setting, which had contributed to noticeable improvements, alongside the recent support provided by the local authority.

While we found progress, further developments are still required. A sustained period of stability would help ensure that improvements become fully embedded and consistently support positive outcomes for children.

The service had recently reviewed its vision, values, and aims, which reflected a commitment to achieving the best outcomes for children, families, and the wider community. We would encourage the service to continue developing this work and to ensure that children, families, and staff are meaningfully involved in self evaluation. This would help keep the vision, values, and aims relevant and clearly reflected in daily practice, strengthening shared understanding and supporting sustained improvement.

We reflected on the recent changes in management, particularly over the past year. We recognised that the nursery had not experienced consistent, high quality leadership for some time; however, we also acknowledged the resilience and commitment shown by the staff team. It was evident that self evaluation had been a key focus. The provider had developed a range of policies and procedures intended to support high quality practice and improved outcomes for children. Although these were not yet fully embedded, we considered that, with strong leadership and robust monitoring, they have the potential to support consistent, high quality practice across the setting.

We held in depth discussions with the provider regarding child protection procedures, including the need for a robust paper trail, well maintained chronologies, timely referrals, and the completion of appropriate notifications. The provider agreed that this area required tightening.

With the newly appointed manager due to take up post, and with continued support from the local authority, we are confident that quality assurance and monitoring will continue to develop. (See area for improvement 1).

Staff had access to training opportunities, which should further support improvements for children. We suggested that both formal and informal opportunities for staff to engage in more frequent discussions around self evaluation would strengthen their understanding of the process, increase their contribution to decision making, and build a stronger sense of ownership in driving continuous improvement. Embedding these opportunities in daily practice would help foster a culture of reflection and collaboration, ultimately enhancing outcomes for children.

Although we were not able to fully assess leadership in relation to the on site manager, we could clearly see motivation and commitment within the team. Staff had begun to take on leadership responsibilities linked to literacy, numeracy, and health and wellbeing, and discussions were taking place regarding roles and expectations. While support for staff was at a good level, we advised management and the provider to remain mindful of the pace of change and how new expectations were introduced. The team has shown considerable resilience, and it remains important to consider their wellbeing as further developments progress.

The staff team has been in post for some time and were registered with the Scottish Social Services Council (SSSC). The service has developed an in house induction aligned with the National Induction Resource. Staff told us their wellbeing was supported through regular check ins and professional reviews. This contributed to a positive staff culture, maintained morale, and supported a confident and motivated team.

Areas for improvement

1. To ensure the service continues to grow, develop and deliver best outcomes. The provider should have an active supportive role in supporting and effectively managing the new leadership team to sustain and maximise the best outcomes for children, families and staff.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23) and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

Children play and learn 4 - Good

Playing, learning and developing

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

Overall, children in the 3-5 room were happy, having fun, and fully engaged in their play whether independently, with staff support, or alongside their peers. Older children interacted well, showing developing friendships, cooperative play, and, at times, the ability to lead their own learning, with staff supporting when required.

Learning areas were thoughtfully planned and offered a range of experiences that encouraged exploration and curiosity. Provocations stimulated imagination, with opportunities to build using blocks, engage in creative art and sensory play, and take part in role play within the home corner. Staff had also considered individual needs by creating small, nurturing spaces that provided quieter areas for children who benefitted from reduced stimulation.

Outdoor play formed a central part of children's learning. The outdoor environment supported physical development through balancing, climbing, and loose parts play, which encouraged imagination and curiosity. Children confidently used the balance bikes and enjoyed chasing and racing one another around the boardwalk. Others engaged in imaginative play in the rowing boat or played alongside friends in the mud kitchen. Families told us "They are always playing in the garden. My eldest is part of the eco club. They also go to forest schools and tennis lessons. My children love being outside and stepping stones have been fantastic at facilitating this". Staff supported children sensitively and encouraged them to think about risk and safety where appropriate, we provided guidance to staff around the appropriate use of ladders and climbing equipment.

The use of QR codes continued to support children's engagement in learning. For example, children used them to observe penguins and birds via live cameras. QR codes were used consistently across the service, and we suggested that staff continue to monitor their impact and extend challenge where appropriate to ensure digital tools remained meaningful and developmentally appropriate.

We suggested that the routine and pace within the 3-5 room be revisited, particularly in relation to transitions. We observed occasions where children's play was interrupted, such as during tidy up times. Strengthening these aspects would help children experience a more predictable, purposeful, and well balanced day, enabling deeper engagement in high quality learning experiences and supporting stronger progress.

We also suggested revisiting the routine and pace of the day in the 2-3 room. Children were removed from their playrooms for extended periods for task focused reasons, such as drop off, pick up, and lunch routines. We advised the service to consider allowing families back into the building, giving them access to the upper playroom. This would provide younger children with greater opportunities for play and prevent them from being held in smaller, confined spaces. In doing so, their interactions and experiences would be better supported through a more relaxed and developmentally appropriate start and end to the day.

At times, younger children would have benefitted from greater challenge. We would encourage staff to be mindful of child initiated play and practitioner framed experiences to promote deeper learning, appropriate challenge, and the use of open ended questioning. Staff should also remain mindful of children who require additional support to engage in play, particularly where communication or interaction presents challenges. Consideration should be given to how these children can be more effectively supported, for example through visual prompts or targeted adult interaction, ensuring all children experience high quality, inclusive learning.

During our discussions, the service highlighted that child centred planning was a key priority. Staff recognised that planning processes were in the early stages and required time to become fully embedded. Planning had been intentionally reviewed to allow the local authority to provide support and guidance. As staff confidence increases, planning documentation should reflect a stronger understanding of child development and clearer evidence of children leading their own play. Strengthening planning would ensure appropriate breadth, depth, and challenge across the curriculum, including tracking next steps, documenting children's voices, and enhancing family engagement.

Staff were becoming more confident in evaluating learning through floor books. Although early in implementation, this approach showed potential with effective role modelling and monitoring. We would encourage staff to consider the "so what?" questions to ensure experiences support breadth, depth, and progression.

Staff were also using the local authority's tracking document. We suggested revisiting this and using trackers more effectively within learning journals and learning walls. This would help demonstrate progression over time and show how planning and teaching respond to individual needs, supporting the development of robust assessment information.

Children are supported to achieve 4 - Good

Nurturing care and support

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

Children experienced warm, nurturing, and responsive care from staff, which helped them feel welcomed and loved within the setting. Staff were kind, caring, and respectful, creating an environment where children felt safe, secure, and valued.

Staff worked hard to create a warm and welcoming environment, particularly in relation to spaces. We suggested that the provider and manager revisit the current arrangements for how families drop off and collect their children, particularly within the 2-3 room. Reviewing these arrangements would help ensure that interactions with families remained positive, confidential, and supportive, while also enhancing children's overall experiences within the environment.

Staff knew children well and spoke confidently about their personalities, interests, and the ways in which they supported their individual needs. This understanding contributed to positive relationships and a strong sense of belonging. Individual profiles and plans were in place for all children, and staff gathered key information to support their health, welfare, and safety needs.

It was evident that staff had formed positive and meaningful relationships with the children and their families. Families told us, "I appreciate the dedication of the nursery staff in creating a warm and nurturing environment, which is evident in my (child's) happiness and willingness to attend nursery." And "We love the family feel to the nursery. My children both call it their "nursery house". We love that they are taken outside, to the woods, to the beach, to the town, to the park etc."

Mealtime experiences varied across the service. In the 3-5 room, children ate well and enjoyed their lunch. Staff encouraged independence by supporting children to self serve drinks, collect cutlery, and clear away. Children engaged in positive conversations with staff and peers, and staff used this time to check in with children and reflect on their nursery day.

However, further work was needed to ensure mealtimes were consistently calm, relaxed, and unhurried. The 2-3 room required particular attention. We suggested moving lunches to the designated space upstairs, this would support a smoother transition into the sleep routine and create a calmer, more consistent experience for children.

We also recommended reviewing staff deployment in the 2-3 room, as supervision became stretched when staff were task focused, such as tidying. Allowing children more time to eat, digest, and transition calmly to rest would promote a safer and more nurturing experience, enabling staff to respond promptly to individual needs. (See area for improvement 1).

We further suggested that the provider revisit the Setting the Table guidance in relation to packed lunches. We observed some children bringing sweet treats and crisps. Sharing this guidance with families would encourage healthier choices and help ensure packed lunches align with national recommendations, supporting children's overall health and wellbeing. While we recognise that exceptions may be required, staff should remain mindful of the impact on other children at the table and ensure that any such decisions are clearly recorded within individual care plans.

Personal care routines, including nappy changing, were carried out sensitively and in a manner that supported children's comfort and wellbeing. We suggested that staff revisit the use of the ladders, which will ensure a safer and more comfortable transition to the unit.

Personal plans were in place and generally supported children's wellbeing, with staff gathering relevant information and using a range of strategies to meet individual care needs, including for children with additional support needs. To strengthen this further, the service should develop personal plans to be more individualised and consistently recorded, ensuring all key information, strategies, and targets are clearly captured within formal plans. This will help staff identify what children are currently working towards, track progress over time, and review and update strategies effectively to promote each child's wellbeing and development.

Families spoke positively about transitions and the settling in supports. Children were well supported during room moves, and the transition documentation was effective in guiding both staff and children. We suggested that the service continue to involve families throughout this process, ensuring they remain fully informed at each stage.

Areas for improvement

1. The provider should improve the lunchtime experience for children in the 2–3 room. This should include, but not be limited to:

- Reviewing the current space allocated to the children in the 2–3 year room, ensuring it is a welcoming, warm, and nurturing environment where the children can move freely, make choices, and engage in a meaningful lunch experience.
- Ensuring staff sit with and actively engage children in warm, unhurried interactions that support social development, communication, and emotional security.
- Increasing opportunities for children to build independence, such as self serving, pouring drinks, choosing food, and helping with appropriate table tasks.
- Reviewing staff deployment to ensure adequate support for children who require help to settle, participate, or be reassured during the mealtime experience.

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

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

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 to achieve their full potential the manager and staff should review the current planning cycle to include high quality observations and next steps, with a focus on children's developmental stages. This will ensure that children are supported to lead their own play and learning that is tailored to their individual abilities and needs. This should include, but not be limited to, high quality observations, meaningful next steps and evidence of progression in learning.

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

'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).

This area for improvement was made on 2 December 2024.

Action taken since then

Although not yet fully embedded, the provider and staff, in partnership with the local authority, have reviewed the current planning cycle to include observations and next steps with a clear focus on children's developmental stages. Children are beginning to lead their own play, and learning experiences are increasingly tailored to meet their individual needs. Once fully embedded, this approach should support more robust quality observations, meaningful next steps, and clearer evidence of progression in learning.

Therefore, this area for improvement has been met.

Previous area for improvement 2

To improve better outcomes for children. Management should develop and implement robust quality assurance systems with a focus on monitoring children's personal plans, children's experiences, monitoring of staff practice and evaluating and improving the nursery.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards which state:

'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 2 December 2024.

Action taken since then

The provider had developed a range of policies and procedures intended to support high-quality practice and improved outcomes for children. Although these were not yet fully embedded, we considered that, with strong leadership and robust monitoring, they have the potential to support consistent, high-quality practice

across the setting. Systems are now in place that facilitate the monitoring of children's personal plans, children's experiences, and the ongoing evaluation and improvement of the nursery.

Therefore, this area for improvement has been met.

Previous area for improvement 3

To ensure the service continues to grow, develop and deliver best outcomes. The provider should have an active supportive role in supporting and effectively managing the new leadership team to sustain and maximise the best outcomes for children, families and staff.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards which state:

'I use a service and organisation that are well led and managed' (HSCS 4.23) and '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 2 December 2024.

Action taken since then

Due to further recent changes within the leadership team, the provider should continue to take an active and supportive role in guiding and effectively managing the new manager to sustain and maximise the best outcomes for children, families, and staff.

Therefore, this area for improvement has not yet been met and has been repeated within this report.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good
Children play and learn	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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