

Aberlour Options - Ayrshire Day Care of Children

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Mosshill Industrial Estate
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Telephone: 07894817439

Type of inspection:
Unannounced

Completed on:
16 March 2026

Service provided by:
Aberlour Child Care Trust

Service provider number:
SP2010011118

Service no:
CS2010272212

About the service

Aberlour Options Ayrshire is a daycare of children service in Ayr which provides holiday play scheme sessions during Easter and Summer holidays, and out of school care provision during term-time.

The service can care for a maximum of 40 children and young people between four years and 19 years of age at any time.

The service is situated within a building in an industrial estate in Ayr and the children have access to a large playroom with toilet and changing facilities out with this.

There were 37 children registered with the service at the time of the inspection with six children present on day one of the inspection, seven children present on day two of the inspection and six children present on day three of the inspection.

About the inspection

This was an unannounced inspection which took place on 10 March 2026 between 15:00 and 18:00, 11 March 2026 between 14:30 and 18:00 and 12 March 2026 between 15:00 and 18:00. The 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 information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- gained feedback from seven parent/carers through Microsoft Form questionnaires
- gained feedback from three staff through Microsoft Form questionnaires
- spoke with five 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.

During this inspection we 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 benefitted from nurturing interactions with staff.
- Children benefited from a calm, improved learning environment with safe spaces for active and restful play.
- Children were happy, settled and content.
- Children had opportunities to develop their creativity, imaginations and curiosity through play.
- Embedding self-evaluation and monitoring would support reflection and continuous improvements.
- The service should review medication procedures to ensure children are kept safe.

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 service had established clear aims which supported a positive ethos and guided practice. While aims were in place, it was unclear how families were involved in reviewing them to support a shared vision. Involving families in ongoing review and reflection would help ensure the aims continued to align with their needs. This would support a shared aspiration for the service.

Children's safety and wellbeing were supported through improved systems for recording accidents and incidents. The introduction of a paper accident book strengthened communication with parents. They were now able to sign to confirm receipt of the information. This promoted transparency and partnership working. While the new system was effective overall, some records we sampled were incomplete or missing staff signatures. Although an audit was in place, adding details such as where incidents occurred and monthly totals would strengthen oversight. This would support the service in identifying trends and patterns and in taking actions to reduce risks to children. Strengthening monitoring and auditing of accidents and incidents would support proactive action to reduce risks and maintain children's safety.

Policies and procedures provided staff with guidance to support consistent practice. The service had begun reviewing policies more regularly and were exploring ways to further involve staff in this. However, the policies we sampled had not been updated to reflect updated guidance. For example, the medication policy did not specify clear procedures for administering medication safely. Regular review of policies and procedures would support consistent safe practice (see area for improvement 1 under the heading "Children are supported to achieve").

Staff met daily for brief organisational discussions, which facilitated effective communication. Staff found the meetings helpful for sharing information and planning, but they were not recorded. The service recognised the benefit of developing these further by introducing more structured agendas and action points. This would support reflective practice and ensure that all staff shared a clear understanding of priorities.

Recruitment and induction processes supported staff to understand their roles and responsibilities, and appropriate checks were completed before employment. Staff received an induction, but it focused on organisational procedures rather than the service they would be working in. Enhancing inductions to include specific information related to individual services would help staff understand daily practice and responsibilities. This would support better outcomes for children.

The manager maintained an overview of staff training, and staff accessed relevant learning opportunities, including core child protection training. This supported confident and consistent practice. Some training records sampled had not been updated to reflect recent learning. The service had recognised this and were exploring ways to keep training records up to date. Although staff were encouraged to reflect on their learning, they did not routinely evaluate how training impacted outcomes for children. The introduction of training evaluations would support continuous professional development and ensure training remained meaningful and relevant. Staff told us: "Training allows me to gain confidence in my practice, which in turn

gives the children in my care a more positive learning experience as I have more knowledge of what I am offering the child and why."

Staff received regular supervision meetings, which supported their wellbeing and professional development. They spoke positively about the support they received from the management and felt their strengths were recognised. The service had begun exploring opportunities for staff to take on leadership roles linked to their interests and skills. This approach had the potential to build confidence, strengthen practice, and enhance children's experiences.

The service had begun to develop their approach to self-evaluation. They had started to reflect on practice and involved families and staff in these reflections. They had identified priorities for improvement within the learning environment with clear actions and timescales. This had provided better outcomes for children. Continued focus on self-evaluation, increased family involvement, and use of supporting frameworks would help ensure improvements were meaningful and sustained (see area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

The manager conducted informal practice monitoring, helping build a more consistent approach across the service. Management told us they carried out informal observations and provided verbal feedback to staff. However, this was not recorded, which did not provide consistency, continuous reflection, and improvement. The service recognised the value of a structured quality assurance calendar to support regular monitoring of key areas, including staff interactions. This would further enhance oversight and help maintain high quality, safe experiences for children.

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 service had made clear improvements to the children's learning environment since the last inspection. The children's environment was more spacious, calm, and thoughtfully organised. This contributed to a more settled atmosphere. Staff told us the environment felt significantly calmer, and this was reflected in the children's relaxed and content presentation. Children had increased space to move, explore, and engage in a wider range of experiences. This supported their learning and wellbeing. Parents commented: "The recent refurbishment of the room has made it more pleasant" and "The team have worked hard to add more activities and features to the space."

Children benefited from a balance of rest areas and active play spaces. They had opportunities to engage in large physical movement through resources such as small trampolines and soft play equipment. These experiences supported children's physical development, coordination, and confidence. Sensory and creative experiences were also available. This offered opportunities for fine motor development and imaginative play. Environmental risk assessments were in place, which supported staff to keep children safe. Individual risk assessments were in place for children and supported staff to keep them safe. These were detailed and clearly outlined potential risks alongside appropriate mitigation strategies. Indoor and outing based risk assessments identified levels of risk and the steps taken to reduce them. This helped staff make informed decisions and maintain children's safety during daily routines and activities.

Although the service did not have access to outdoors, children experienced physical play indoors and participated in outings. This supported children in experiencing fresh air and physical activity within the community and the learning environment. Parents commented: "The venue does not have access to the outdoors, but it is a large space and the team do support children to enjoy all of the space," and "My child has been able to play with a ball, although it is inside they have enjoyed this activity and a chance for some physical play in amongst the other activities." Further comments included: "They go to the park or go swimming, and they sometimes go bowling."

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 experienced a play environment that promoted choice and independence, with resources stored on low level units for easy access. This enabled them to make decisions about their play. The service had begun reviewing how resources were organised so children could consistently access a broad and engaging selection. Introducing clearer labelling and transparent storage boxes would further support children's independence and help them take ownership of learning.

Some children used picture boards to choose activities, which supported communication and decision making. Staff were developing electronic pictorial boards and portable clipboards, enabling children to make choices that suited their preferences. This flexible approach ensured all children, including those who preferred not to use screens, could participate meaningfully in daily routines. Staff were expanding the range of picture cards available, including those supporting emotional literacy and snack choices. Staff used a range of communication tools effectively, including signs, visual prompts, and Picture Exchange Communication System (PECS). PECS is a functional, augmentative communication approach designed to help children and adults with little or no speech to communicate. This helps by exchanging pictures for desired items. This promoted inclusion and provided positive outcomes for children.

A large communication book captured children's likes, ideas, and preferences, and staff used images to support understanding. This contributed to positive interactions and helped children feel understood and valued. Once embedded, this should further enhance children's ability to express themselves and influence their experiences.

Staff completed daily sheets outlining planned experiences and shared information about children's engagement with parents. We observed children exploring experiences such as science experiments and playdough activities that supported children's curiosity and creativity. Sensory opportunities, including tuff trays, were used effectively to encourage exploration. This helped children build confidence to try new experiences and supported their learning. Staff told us: "Having a relationship with the children, you get to learn their likes and dislikes, which helps when planning for a session." Parents commented: "My child always has fun and loves their time there."

Staff shared some photographs with children's parents regarding experiences they had engaged in, including significant achievements. Although this was not yet fully embedded to support parents in sharing these experiences. The service began considering how observations of children's learning could be recorded more consistently to inform future planning. Strengthening observation and recording processes would help ensure that children's progress was recognised and used to shape future experiences.

Children are supported to achieve 4 - Good**Quality Indicator: Nurturing care and support**

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Staff demonstrated warm, nurturing interactions that helped children feel safe, comforted, and valued. Staff knew the children well and used appropriate strategies to support their individual needs as outlined in their personal plans. This consistency between planning and practice helped children experience predictable and responsive care. As a result, children were relaxed, happy, and confident in their environment.

Children were well supported during transitions and were able to move at their own pace. For example, one child did not want to go to get changed and instead chose to explore additional picture cards. Staff respected this choice and allowed the child time to engage with the images before supporting them through the transition. This promoted autonomy, emotional security, and a positive transition experience.

Children were offered meaningful choices and were supported at their own pace. For example, we observed a child during a transition, during which staff supported their understanding using PECS. The child wanted to further explore the other picture cards, which the staff respected. They waited until the child was ready to move through this transition, promoting autonomy and emotional security.

Parents were warmly welcomed into the service and had opportunities to see the environment in which their child played. Staff engaged in positive, informative conversations with parents. Daily diaries were shared with parents and included meaningful information about their child. These approaches supported positive partnership working with families, strengthened relationships, and supported continuity of care. Staff told us, "I have created strong and trusting relationships with all my key and link children's families." Parents commented: "Communication is great between us," and "I am always kept up to date with my child's care."

Mealtimes were relaxed, flexible, and responsive to children's needs. Children could choose whether to join the group or eat at a time that suited them. Staff used an interactive board and objects of reference to show children what was available for snack. This supported communication and helped children understand their choices. Children were supported to prepare their own snacks when appropriate, promoting independence and confidence. For example, one child independently prepared their snack, while another guided a staff member to the items they wanted. Staff responded sensitively, ensuring children were supported without pressure. The service recognised the importance of offering a range of healthy options while respecting children's preferences. While children were not required to sit at the table, staff should remain mindful of safety and monitor children walking while eating. This would support them to keep children safe.

Staff discussed children's feelings with them and recorded this in daily diaries for parents. Staff used PECS to help children express their emotions, supporting understanding and communication. However, there were some inconsistencies in staff approaches to this. On occasions, staff relied more on verbal questioning from a distance, which was less meaningful for children. Ensuring a consistent approach to this that supports children's understanding would ensure the process remained child-centred rather than task-driven.

Personal plans were in place and detailed children's needs, but they were not tailored to the out of school care provision. Although plans were detailed, it was unclear whether reviews with parents had taken place within six months. Some plans lacked evaluations showing how children had progressed or responded to strategies implemented. The service recognised that plans needed adapted to reflect children's interests,

strategies, and experiences in the out of school setting. Adaptive plans and strengthened review processes would support staff in planning effectively and ensure children's needs continue to be met.

Although the service had robust systems for reviewing medication and signing it in and out, some procedures required review. For example, a generic permission form was in children's files, and processes for recording parental permission were not clear. The procedures for administering medication were also unclear. Reviewing these alongside the medication policy would help ensure procedures reflected updated medication guidance. This would support safe practice and help keep children safe. We shared the guidance 'Management of Medication in Daycare of Children and Childminding Services' to support the service with this (see area for improvement 1).

Staff understood their responsibilities in safeguarding children which supported children's safety and wellbeing. While staff knew who to report concerns to within the service, some were less clear about wider agencies involved. Providing this clarity would strengthen staff confidence in responding to disclosures. We asked the service to display child protection coordinator details and ensure staff could access clear procedures and contact information. This would support staff awareness, promote consistency, and enhance the service's approach to keeping children safe.

Areas for improvement

1. To support children's wellbeing and keep them safe, the service should review their administration of medication policy and procedures to ensure they are following best practice guidance. This should include, but not limited to, written parental consent and clear concise information about when the medication has to be administered to support the safe administration of medication.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

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 improve the quality of experiences and care for children and young people, the provider should further develop self-evaluation processes that identify strengths and areas for development and support continuous improvement of the service.

The improvement plan should be shared with parents, staff, children and young people, they should be meaningfully involved in identifying and planning for improvement.

The Care Inspectorate's guidance, 'Self-evaluation for improvement - your guide' and the use of a self-

evaluation framework would support this process.

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 22 April 2024.

Action taken since then

The service were at the early stages of self-evaluation and had started to reflect on practice. Although some identified improvements had been made, further development through self-evaluation processes should be further embedded to support continuous improvement of the service. Therefore, 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
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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