

# Kiddiwinks Playgroup Day Care of Children

Kemnay Cricket Pavilion  
Bogbeth Park  
Bogbeth Road  
KEMNAY  
AB51 5RJ

Telephone: 07925 959 474

**Type of inspection:**  
Unannounced

**Completed on:**  
13 May 2025

**Service provided by:**  
Kiddiwinks Playgroup

**Service provider number:**  
SP2003000504

**Service no:**  
CS2003002640

## About the service

Kiddiwinks Playgroup is situated within the Cricket Pavillion in Kemnay, Aberdeenshire. The service is registered to provide a care service to a maximum of 15 children aged two years to not yet attending primary school.

Children have access to a playroom, kitchen, accessible toilet, and an enclosed outdoor area. The service is near to parks and woodland areas, local shops, sports facilities, and other amenities.

Up to 13 children were present during the inspection.

## About the inspection

This was an unannounced inspection which took place on 12 May 2025 between 09:15 and 15:00 and 13 May 2025 between 09:00 and 10:45. The inspection was carried out by two inspectors from the Care Inspectorate. A team manager was also present at the inspection as part of the Care Inspectorate's quality assurance processes.

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:

- spent time with children using the service
- spoke with three of their parents/carers
- received eight responses to our request for feedback from parents and staff
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

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 were happy, settled, and having fun.
- Children were supported by staff who knew them well.
- Daily access to outdoors supported children's health and wellbeing.
- Children and families benefitted from a service committed to continuous improvement.
- Children's learning could be enhanced through more consistent quality interactions.
- Staff should consider how the facilities support children to be independent.

## 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?	4 - Good
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 different parts of this key question as **good** and **adequate**, with an overall evaluation of **adequate**. Whilst we identified some strengths, these only just outweighed weaknesses.

### Quality Indicator 1.1: Nurturing care and support

Children experienced nurturing, warm, and caring interactions and were happy and settled within the service. Children were given comfort, reassurance, and encouragement. These positive interactions supported the development of children's confidence and attachment to staff. Families commented positively on the relationships that their children had developed with staff. One parent shared that staff were "All so welcoming and loving towards children". Another parent commented, "The staff are attentive and caring for my children's needs".

Children benefitted from being cared for by staff who knew them well. Staff were able to discuss children's individual needs and strategies in place to meet them. Personal plans contained information to promote children's wellbeing, such as medical information and some strategies of support. These were reviewed regularly with parents but they did not always reflect the most up-to-date information held by staff. This meant there was a potential risk for children to receive inconsistent strategies of support. The manager advised that support plans for children who required additional support were in the early stages of development. We highlighted the importance of updating children's plans to reflect the most relevant information and how their needs were being met. This would ensure staff access accurate information to support them in meeting children's needs.

Children's health and wellbeing was supported through a range of food options and access to fresh water throughout the day. There were some opportunities for children to develop their independence and life skills when setting the table and self serving their food and drinks. Staff sat with children throughout mealtimes, helping to promote a safe experience. However, at times, staff supervising snack and meals were task-focused and did not spend quality time engaging with children. This limited opportunities for children to be sociable and develop their communication skills through meaningful conversation. We discussed this with the manager and observed improvement on the second day of inspection. The manager agreed to further monitor staff practice to ensure children experience consistently positive mealtimes (see area for improvement 1).

Children were well supported during personal care routines. Nappy changing was carried out respectfully as children were asked first and given reassurance throughout the process. This helped children feel supported and cared for.

Appropriate medication storage and systems were in place for medication being administered safely to meet children's needs. Information was collated and displayed which ensured staff were knowledgeable about children's health needs. Staff were confident in discussing the signs, symptoms, and actions to take where a child may require medication. This contributed to keeping children safe and well.

Children's safety was supported by staff's understanding of their role in identifying, recording, and reporting any safeguarding concerns. All staff had undertaken relevant child protection training and a policy linking to current guidance was in place. Chronologies were used to record significant events in a child's life that may impact on their health and wellbeing. Some follow up information had been recorded, however this was not consistent for all children. We discussed using audits to ensure any relevant follow up actions were fully

recorded. The manager agreed to undertake appropriate audits going forward. This would support continuity of care for children and their families.

### **Quality Indicator 1.3: Play and learning**

Children had fun and were engaged in their play. We observed children actively engaging with construction toys, sand play, and arts and crafts. Many children chose to spend time playing outdoors. Staff supported children's choice about where they played and were mindful of routines and timings. This contributed towards children having valuable, uninterrupted time to explore. There were some missed opportunities for children's interests to be followed up more quickly. We advised the staff to consider how children's cues and suggestions could be recognised and facilitated more immediately. This would support children in being more meaningfully involved in leading their play (see section 'What the service has done to meet any areas for improvement we made at or since the last inspection' of this report).

Children's interactions with staff did not consistently support their learning. Whilst some positive communication was modelled by staff through effective questioning, there were some missed opportunities to challenge children and extend their learning. Some staff commented that they were not fully confident in encouraging children to expand on their ideas. We identified that some staff were more confident in their interactions with children and that quality interactions could be further supported through modelling and monitoring. The service had identified as part of their improvement plan the need for further training on interactions to support staff in being consistent. A new peer monitoring format was in the very early stages of development and should be fully implemented to contribute to consistently extending children's experiences and learning (see section 'What the service has done to meet any areas for improvement we made at or since the last inspection' of this report).

Opportunities to explore literacy, language, and numeracy were supported throughout the environment. Children accessed books, mark making resources, and story props. There were some opportunities for children to develop their numeracy skills. For example, staff encouraged children to use water and paint brushes outdoors to make different shapes. However, there were less resources available for children to develop their numeracy skills through their natural curiosity. We encouraged the manager to consider further resources which could be embedded within the environment, such as measuring tapes and scales to allow children to further develop their problem-solving skills.

Staff aimed to provide a balance of planned and spontaneous learning experiences for children. A new system for planning had recently been implemented and staff were confident this would promote positive experiences once fully embedded into practice. Children were able to reflect on their learning through a floor book which contained photos of their experiences. This meant that children had opportunities to share their thoughts and ideas on their learning.

Observations were used to share information and capture children's learning. This also provided an opportunity for families to get an insight into their child's play and learning in detail. Observations we sampled identified learning which helped staff to assess children's achievements and progress, allowing them to plan the next steps in individual children's learning journeys. The manager had identified the need to develop a tracking and monitoring tool to support staff in identifying gaps in children's learning. This would allow children to have more individualised support and challenge within their experiences.

Meaningful links within the local community had been established. This included regular visits to the library, woods, and local shops. Parents shared that they valued these opportunities for their children. One commented, "[My child] loves Bookbug at the library with their friends". These experiences contributed to children's sense of belonging within their community.

## Areas for improvement

1. To support a relaxed, social snack and mealtime experience, the staff should review and improve the mealtime experiences. This should include, but is not limited to:

- a) Promoting opportunities for developing children's social language and communication skills.
- b) Carrying out regular audits of mealtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

## How good is our setting?

4 - Good

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

### Quality Indicator 2.2: Children experience high quality facilities

Children benefitted from a welcoming environment with good ventilation and natural light, which supported their health and wellbeing. The layout of the room provided children with space to extend their play and learning experiences. A cloakroom at the entrance provided space for children to store their belongings. Walls displayed children's artwork, including drawings, photos, and information about experiences children had taken part in. This gave children a sense of ownership.

A range of resources were accessible for children which allowed them to lead their play. Staff had recently revamped different areas within the room to allow children to independently access resources. For example, photos of resources had been placed on the drawers so children could see what was in each drawer. Children used the story corner, containing a tent and cushions, to rest and relax. The manager advised they were looking at developing this area to provide further opportunities for children to access a quieter space. Some areas promoted children's creativity. However, this was not consistent across all areas. We encouraged staff to consider introducing more natural resources throughout the environment. This would support children using their natural curiosity and creativity.

Children were able to freely choose where they played, both indoors and outdoors. Staff ensured children were able to access outdoors independently when they wanted to. For example, the door to the garden was opened immediately after lunch for children to use. While outside, children were able to take part in physical and active play, including riding trikes, climbing frames, water play, and ball skills. Parents shared that their children always had opportunities to play outdoors. One commented, "My child loves playing outdoors with the toys and there's always things to do". The development of the outdoor area had been an improvement priority for the service. Staff were passionate about the garden refurbishment and shared ideas for this, including growing and planting. We identified that children's interests could be further promoted by independently accessing resources in the shed. The team were discussing how resources could be made more freely accessible. The planned garden developments would provide children with more opportunities for stimulation and challenge within their play and learning.

Children were encouraged to consider and manage risk and staff supported their understanding of these during play. The service had recently introduced a mascot for outings, linked to the Care Inspectorate's 'SIMOA - Keeping Children Safe' campaign. This supported children's understanding of safety.

Infection prevention and control procedures were in place to promote a safe environment for children and staff. Children were protected by staff using aprons and gloves at appropriate times, such as during nappy changing. Handwashing was carried out at some key times of the day, such as after using the toilet and before eating. The door to the bathroom remained closed, which limited opportunities for children to be independent in handwashing and accessing the toilet. We advised that children should have immediate access to the bathroom, where suitable. This would further support their dignity and independence. We signposted the service to the Care Inspectorate guidance 'Space to Grow and Thrive' to consider how this can be safely managed. The manager was responsive in looking at ways to take this forward (see area for improvement 1).

Due to an issue with the hot water in part of the building, staff and children were using the same bathroom as a temporary solution. A risk assessment was in place for this. We advised that this did not follow best practice guidance and the manager was responsive in seeking further guidance. Following the inspection, we were advised that the hot water had been fixed and children and staff returned to using separate bathroom facilities.

### Areas for improvement

1. To support children's health and wellbeing, the provider should improve infection prevention and control procedures. This should include, but is not limited to ensuring:

- a) Children can access the bathroom independently and safely.
- b) Children have more immediate access to handwashing facilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can easily access a toilet from the rooms I use and can use this when I need to' (HSCS 5.2).

### How good is our leadership?

#### 4 - Good

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

#### Quality Indicator 3.1: Quality assurance and improvement are led well

The service's vision, values, and aims were shared visibly with parents. These included "Kiddiwinks is an inclusive setting that has a place for everyone". These were reflected in practice and supported staff and families to understand what to expect from the service.

Children benefitted from a staff team who were motivated to develop and improve the outcomes and experiences for children and families. Staff shared that they felt well supported by the manager and their team. As a result, they were beginning to feel more confident in their roles and were meaningfully involved in supporting improvements in the service. Team meetings were held regularly where staff had the opportunity to share and take part in relevant discussions. This meant that staff felt valued and were supported to be confident in their role.

Children and families had opportunities to be involved in developing the service. Most parents told us they 'strongly agreed' that they were meaningfully involved in the development of the service. A parent commented, "They welcome parent helpers and invite parents in regularly for special occasions". Parents were regularly asked for feedback through a variety of ways and their suggestions were used to influence

change. These included regular questionnaires and verbal feedback. Recent questionnaire responses from parents had suggested the service could develop further links with the local community, such as visits from the fire service or police. The manager was actively looking into these opportunities. Some improvements that had been made as a result of feedback had been communicated through social media pictures. We encouraged the manager to consider more ways of communicating how parent feedback has been used and actions which have been taken as a result. This would help sustain the development of the setting and promote parental engagement.

Self evaluation was beginning to have an impact on children's experiences. It was evident that staff were starting to feel more confident in reflecting on their practice through evaluating areas of the environment. Using best practice guidance had supported the team to identify next steps towards improving outcomes for children that were detailed in a floor book. We observed some of these next steps had been actioned and were now in place. For example, staff had noticed the home corner could be changed to offer more materials. Staff had added a 'family wall' and some real-life resources. As a result, children were using the space more effectively.

A clear improvement plan was in place which contributed to a continuous cycle of improvement. Staff had a shared understanding of the priorities and their role within this. Within the quality assurance calendar, staff had designated roles, such as carrying out regular audits. Many of the areas of development we highlighted throughout the inspection had already been recognised as an improvement priority by the service. We encouraged the service to now take time to evaluate improvements, reflecting on the impact these have had on outcomes for children, their learning, and experiences.

## How good is our staff team?

4 - Good

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

### Quality Indicator 4.3: Staff deployment

Children were supported by enthusiastic staff who were committed to their role. Staff worked together to create a warm and welcoming atmosphere for children. Parents described staff as "friendly" and "helpful". One commented, "They make [my child] feel at ease". Parents told us that there were always enough staff to meet the children's needs.

Most parents told us they felt connected to staff and valued opportunities to come into the service. One parent shared that "They welcome parent helpers and invite parents in regularly for afternoons and special occasions, like Christmas and Mother's Day". However, we identified that most parents were greeted at the door and did not enter the playroom. We highlighted the benefits of parents having daily opportunities to come into the building at drop-off and collection times and directed the service to the Care Inspectorate practice note 'Me, my family, and my childcare setting'. This would support the service to consider ways to further involve parents and build stronger connections. The manager agreed to action this.

Staff worked as a team to meet children's needs. They communicated with each other to ensure that children were safe and supported as children moved between areas. Regular meetings were held between key workers to enable all staff to be familiar with individual children's needs. This helped to promote continuity of care for children.

Staff were passionate about providing positive outcomes for children. They valued the mix of skills across the team and were keen to learn from each other. The manager advised that a new peer monitoring process



was in development and staff had been involved in discussions about how this would be implemented. Following the inspection, we were advised that this had been started and staff felt it was positively impacting their practice and reflection on skills. We encouraged the manager to continue to fully embed this, to support all staff in developing their skills and confidence.

Children's experiences were enhanced through some meaningful staff training opportunities. All staff had completed core training, including first aid and child protection, which contributed to keeping children safe and well. Some staff were being supported to work towards further qualifications, such as taking on leadership opportunities within the setting. For example, a staff member had completed training on chronologies and was supporting staff with ensuring information in these was relevant. They were also completing regular audits of this to promote consistency. Staff did not hold records of their training and were not always able to recognise the impact these opportunities were having on their practice and outcomes for children. We encouraged the manager to revisit training with staff at supervision meetings to engage in professional discussion and record how training was positively impacting children's experiences. The manager agreed to take this suggestion forward.

The setting had an induction programme in place to support new staff. The 'Early Learning and Childcare National Induction Resource' was being used effectively to encourage questions and some reflection. As the staff team was now well established, we encouraged the manager to consider how staff skills and knowledge could be further extended through different development opportunities, such as visiting other settings. This would support staff in continuing professional development to enhance outcomes and experiences for children.

## 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

The manager should provide support and training to further develop staff knowledge and skills in observations and recording. Developing these skills will lead to positive outcomes and learning for the children in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27); and '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 29 August 2023.**

#### Action taken since then

Staff had completed training on observations and were supporting each other to develop these skills. Observations were relevant to individual children and reflected their interests and needs. Next steps had been identified and were followed up. These were evidenced in children's individual learning journals.

**This area for improvement has been met.**

## Previous area for improvement 2

To continue to support improvement to the service and ensure good outcomes for children, the provider and manager should ensure quality assurance systems, including the use of quality audit tools, are fully embedded into practice.

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 29 August 2023.**

### Action taken since then

A quality assurance calendar was in place and being followed. All staff were aware of their individual responsibilities within this. Audits had been fully embedded and were regularly completed for key areas, such as personal plans, medication, accident and incidents, attendance, and first aid. As a result, a cycle of continuous improvement was in place to support positive outcomes for children.

**This area for improvement has been met.**

## Previous area for improvement 3

To promote children's learning and development, the provider should ensure that all staff have sufficient confidence, knowledge, and skills in supporting and extending children's learning. This should include, but is not limited to:

- a) Ensuring staff interactions support and extend children's learning and development.
- b) Ensuring staff are skilled in recognising children's cues and responding appropriately to support play and learning opportunities.

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 have fun as I develop my skills in understanding, thinking and investigation, and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

**This area for improvement was made on 27 September 2024.**

### Action taken since then

Some staff were confident in recognising children's cues and extending learning, however this was not yet consistent across the team. The manager had identified within the improvement plan that further training and development was required to support staff with this. A peer monitoring system was in the very early stages of development and should now be implemented to support staff in using a collaborative approach to developing their skills within extending children's learning and responding to their cues.

**This area for improvement has not been met and remains in place.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

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

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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