

# Kintore Playgroup Day Care of Children

Kintore Primary School  
Castle Walk  
Kintore  
Inverurie  
AB51 0RU

Telephone: 01467 539 979

**Type of inspection:**  
Unannounced

**Completed on:**  
5 March 2025

**Service provided by:**  
Kintore Playgroup an Association

**Service provider number:**  
SP2003000510

**Service no:**  
CS2006126249

## About the service

Kintore Playgroup is situated within Kintore Primary School, Aberdeenshire. The service is registered to provide a care service to a maximum of 25 children aged three years to not yet attending primary school. Children have access to a large playroom, a designated room for snack and meals and an enclosed outdoor area. Children are also able to use facilities in the primary school. The service is near to local shops, woodland areas and parks. Up to 15 children were present during the inspection.

## About the inspection

This was an unannounced inspection which took place on 4 March 2025 between 09:00 and 15:45 and 5 March 2025 between 09:00 and 11:00. The inspection was carried out by two 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. In making our evaluations of the service we:

- spent time with children using the service and spoke to two of their parents/carers
- received 10 responses from parents and staff to our request for feedback through our questionnaire
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

## Key messages

- Children were happy, settled and confident.
- Children were cared for by staff who knew them well and had a genuine interest in their learning.
- Daily access to outdoors supported children's health and wellbeing.
- Parental engagement was actively encouraged to support the development of the service.
- The setting provided good quality care and experiences for children, self-evaluation and quality assurance should continue to be a focus to sustain this.
- The setting should continue to reflect on their environment to ensure this reflects the needs and interests of the 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?	4 - Good
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?

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 1.1: Nurturing care and support

Children were happy and settled in the service, they received nurturing support from staff through kind and caring interactions. Families were welcomed warmly on arrival and children were supported to settle quickly into their routines. Children confidently approached staff, where they were shown respect and staff took time to listen or join in when asked. Parents told us they felt positively connected to staff. One parent told us, "Staff seem genuinely interested in their care and how they spend their day". This meant that children received care and support which was right for them.

Children benefitted from being cared for by staff who knew them well. Staff were able to confidently discuss children's needs, and strategies in place to meet them. Personal plans contained information to promote children's wellbeing, such as medical information and strategies of support. These were reviewed regularly with parents, but they did not always reflect the most up to date information held by staff. We highlighted the importance of updating personal plans to reflect the most relevant information on their needs and how these were being met. This would ensure staff access accurate information to support them in meeting children's needs.

Children experienced nutritious snacks and mealtimes which provided some opportunities to be independent. The service had recently introduced a trolley where children could keep their water bottles and access these throughout the day. This supported children to be healthy and stay hydrated. Children were involved in the preparation of snacks when it was their turn to be the 'snack helper' and were supported in small groups to make pancakes, to celebrate Pancake Day. During lunch times, children were supported to pour their drinks and cut up their food. We discussed the benefits of children being consistently encouraged throughout meals to be independent, with adults sitting with them to role model positive eating habits. This would further support children to develop their independence and life skills.

Children's health and wellbeing was well supported. Children benefitted from nurturing and respectful nappy changing experiences. Staff supported individual children to use calm and cosy spaces, such as the 'nurture nook'. Staff were proactive in picking up on cues, then using the calm and cosy spaces to support their needs. This highlighted that staff's practice, reflected children and families' preferences and dignity.

Medication was stored safely and administered safely, however not all medication was in the original box as described by best practice guidance. We asked the manager to check that the management of medication takes account of guidance in order to consistently promote children's health. The manager agreed to action this.

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. We encouraged the service to record any follow up actions or details which were relevant. 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 blocks, role playing and taking part in arts and crafts. Most children chose to spend time playing outdoors. Staff supported children's choice about where they played and were responsive to their interests. Staff were mindful of routines and timings, to ensure that children had valuable, uninterrupted time to explore and lead their play.

Children had a variety of opportunities to use their imagination and problem solve. We observed children being imaginative with some cardboard boxes outdoors. They spent time working together, role playing different scenarios, such as a bus picking up and dropping off passengers. Some children chose to dig in the mud, which staff supported by providing equipment to use. One child told us, "I'm going to be a builder when I'm older. That's why I like to dig". This showed that children valued the opportunities they were given to follow their interests.

Children's interactions with staff supported their learning. Positive communication was modelled by staff, who encouraged conversation and enhanced learning experiences through questioning. This helped children expand on their ideas and learning. Opportunities to explore literacy and numeracy were supported through the environment. Children accessed books, mark making resources and coins. The service had identified the need to enhance literacy and numeracy resources in the outdoor area. A shed had been sourced to safely store these so children could access them independently. This would allow literacy and numeracy experiences to be further embedded across the setting.

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 embedded into practice. There were clear links between experiences offered and children's ongoing interests. Parents were encouraged to become actively involved in their child's learning. For example, parents had recently been asked to complete a "target" or achievement goal for their child. Staff plan to use this information within their planning to promote children's progression, supporting them to reach their full potential.

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 service had identified, through a recent audit, the need to keep observations and next steps focused on children's developing skills. This would support staff in recording children's progress and continue to plan for their learning.

Children had benefitted from connections with the school and wider community. Parents shared that their children regularly accessed different opportunities in the local community, such as local shops and green spaces. One parent told us, "They did an autumn walk to look for conkers". Children also spoke positively about a weekly dance class from a visiting professional. This contributed to children's sense of belonging and offered new opportunities within their local community.

## 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 all children with plenty of space to extend their play and learning experiences. There was a cloakroom for children to store their belongings, including a clothes rail with hangers for children's coats. Walls displayed children's artwork including drawings of themselves. This gave children a sense of ownership.

A range of resources were accessible for children to allow them to lead their play. Newly purchased trolleys supported children to easily choose resources they wanted to use independently. New sofas were well used by children, giving them further opportunities to rest and relax when needed. Real-life resources such as phones, laptops and crockery had been embedded throughout the environment, supporting their imaginative play. The team had identified further scope to add more real-life and open-ended resources, particularly to the outdoors. Some areas promoted children's curiosity, however this was not consistent across all areas. We encouraged the service to consider how some of the areas were set up, so that these were inviting and acted as provocations for play. For example, adding some open-ended materials to the playdough area would enhance children's play experience. This would support children using their natural curiosity and creativity, throughout their play.

Children were able to freely choose where they played both indoors and outdoors throughout most of the day. While outside, children were able to take part in physical and active play experiences, including riding trikes, playing games and ball skills. The development of the outdoor area had been an improvement priority for the service and was in progress. Staff were passionate about the garden refurbishment and were keen to share their ideas for this. The planned garden developments would provide children with more opportunities for stimulation and challenge within their play and learning.

Children's safety was promoted through risk assessments which highlighted potential hazards and control measures. Where suitable, children were involved in reviewing these. Throughout the inspection, staff interactions allowed children to consider risks within their play. For example, when opening the outdoor area, staff involved children in carrying out a visual risk assessment of the area and removed rubbish to ensure this was safe. This meant that children were actively given opportunities to assess and manage risk as well as promote their understanding of keeping safe. We identified that some areas of practice did not fully reflect risk assessments. For example, the outdoor risk assessment highlighted that the gate should be locked with a padlock, which it was not. This created a potential risk for children, as they could open the gate. We encouraged the manager to ensure practices followed these accurately, to support children's safety.

Infection control procedures mostly supported a safe environment for children and staff. Children were protected by staff using personal protective equipment (PPE) at appropriate times, such as during nappy changing. Regular handwashing was carried out at key times of the day, such as after being outdoors and before eating. We suggested children should be encouraged to wash their hands after eating, to further help minimise risks of infection.

**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, 'Kintore Playgroup provides a warm, safe and stimulating environment for all children to grow and learn every day and treated as an individual'. These were reflected in practice and supported staff and families to understand what to expect from the service. Management advised the vision, values and aims were to be reviewed. This is to ensure that they were relevant and the views of staff, children and families.

The staff team felt valued and involved in initiating change within the service, which was encouraged by the manager. Team and committee meetings were held regularly where all staff and members had the opportunity to share and take part in relevant discussions. Staff spoke positively about support from the manager and committee. They felt there was a shared approach in working towards current improvement priorities, such as the outdoors and planning. This meant that staff felt valued and were supported to be confident in their role.

Parental feedback was actively encouraged with regard to decisions and change within the service. Most parents told us they strongly agreed that they were meaningfully involved in the development of the service. One parent told us, "Staff are always open to any feedback". A floor book had been developed to capture parent feedback from questionnaires. Improvements that had been made from feedback received, were not always clearly communicated with families. We encouraged the service to consider 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. A self-evaluation cycle was in the early stages of being implemented. It was evident that staff were beginning to feel more confident in reflecting on their practice through this process. 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. We highlighted the benefits of reviewing the self-evaluation floor book. This would support staff in recognising the impact of improvements on children's experiences and outcomes.

A detailed improvement plan was in place which contributed to a continuous cycle of improvement. Staff had a shared understanding of the priorities within the improvement plan and their role in working towards these. The setting should now take time to evaluate improvements, reflecting on the impact these have had on outcomes for children, their learning and experiences. Audits were carried out to quality assure practice and processes in place to support children. Some of these were beginning to have a positive impact on outcomes for children. Audits could be implemented further across different areas, such as personal plans, to ensure information is relevant and consistent in meeting children's needs.

## 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

Staff were kind and caring in their approach with children. Parents told us they were happy with the care and support their child received and described staff as "approachable", "friendly" and "supportive". Children had developed positive relationships and secure attachments to staff, meaning they were comfortable and confident in the setting. Staff knew children well and showed a genuine interest in their learning. As a result, children felt secure and respected.

Staff were enthusiastic about their roles and in providing positive outcomes for children. Staff valued the mix of skills across the team. The staff team was well established, and they felt confident in supporting each other to develop these skills further. Parents told us that there were always enough staff to meet the children's needs. They commented, "Staff are very visible and interacting with the children right up until they leave at the end of their session" and "Staff take time to get to know the children and feed back on their progress". This meant that staff felt confident within the team and demonstrated a collaborative approach to supporting children.

Children's experiences were enhanced through meaningful staff training opportunities. The team had recently undertaken loose parts training, which they were interested in as a part of developing the outdoor area. We highlighted the importance of staff having opportunities to reflect on training they had taken part in, both individually and as a team. This would ensure training was effective, supported staff's knowledge and skills and improved outcomes for children.

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. After lunch, one staff member supported children in the main playroom, while other staff carried out nappy changing and cleaning of the lunch room. This meant that not all children could be readily supported during this time. Staff breaks and timings of some routines could be considered further. This would minimise disruption to children and reduce the potential for missed opportunities to extend children's learning.

The setting had an induction programme in place to support new staff. The induction process outlined key responsibilities, and a buddy system was in place to support staff in becoming confident in carrying out their role. We signposted the manager to 'Early Learning and Childcare National Induction Resource' for new and existing staff, to encourage questions and reflection on their practice. This would support them to have a clear understanding of their roles, responsibilities and effective ways of working, in a manageable way.



## 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

Outcomes for children should be improved through supporting staff to implement a child-centred approach to observation, planning and assessment of children's learning through play. Families should be fully informed about their children's progress and achievement, and what they can do to support it. This would contribute to positive outcomes for all.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials' (HSCS 1.31).

**This area for improvement was made on 8 March 2024.**

#### Action taken since then

A new system for planning had recently been implemented and staff were confident this would promote positive experiences once embedded into practice. There were clear links between experiences offered and children's ongoing interests. Observations were used to capture children's learning. This provided an opportunity for families to get an insight into their child's play and learning in detail. Observations 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.

This area for improvement has been met.

#### Previous area for improvement 2

To ensure the quality of children's experiences are improved, the provider should implement robust quality assurance processes, including self-evaluation, covering key areas of practice.

This should include, but not be limited to:

- a) regular, effective and focused monitoring is carried out across the setting
- b) robust and effective quality assurance processes are implemented with involvement from the staff team
- c) clear and effective plans are in place for maintaining and improving the service
- d) robust evaluations and audits are developed and implemented, with any actions addressed promptly.

This is to ensure that management and leadership 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 8 March 2024.**

## Action taken since then

A detailed improvement plan was in place which contributed to a continuous cycle of improvement. The setting should now take time to evaluate improvements, reflecting on the impact these have had on outcomes for children, their learning and experiences. Audits were carried out to quality assure practice and processes in place to support children. Some of these were beginning to have a positive impact on outcomes for children. Audits could be implemented further across different areas, such as personal plans, to ensure information is relevant and consistent in meeting children's needs. A peer monitoring system had been implemented, which promoted staff to be reflective within their practice. Staff were involved in monthly audits and had responsibility for these.

This area for improvement has 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](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
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?	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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