

# Kids Fun House Day Care of Children

St. Francis RC Primary School  
North East Campus  
Lothian Crescent  
Dundee  
DD4 0SX

Telephone: 07508 907 727

**Type of inspection:**  
Unannounced

**Completed on:**  
31 July 2025

**Service provided by:**  
Kids Fun House

**Service provider number:**  
SP2003000707

**Service no:**  
CS2003000707

## About the service

Kids Fun House is a day care of children service. The service is registered to provide a care service to a maximum of 65 children at any one time, of an age to attend primary school.

Within these numbers, the service may be provided to maximum of 16 children at any one time of an age to attend primary school at Ballumbie Primary School, 70 Lothian Crescent, Dundee DD4 0HU.

The school age childcare service operates from St Francis RC Primary School and benefits from having access to a community room, dining hall with nearby toilets, gym hall and playground.

## About the inspection

This was an unannounced inspection which took place on 29 and 31 July 2025. Two inspectors from the Care Inspectorate carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with children using the service;
- received feedback from two families;
- received feedback from six staff;
- spoke with staff and management;
- observed practice and children's experiences; and
- reviewed documents.

## Key messages

- Children were happy and secure in their surroundings and had developed positive relationships with staff.
- Not all children's medical records were completed or maintained which posed a risk for children's health and wellbeing to be compromised.
- The quality of personal plans was inconsistent and did not always reflect children's current interests or needs.
- Children's health and wellbeing was supported through effective cleaning and infection control procedures.
- The layout and set up of spaces enabled children to benefit from active areas, quiet spaces and access to the outdoors.
- The approach to quality assurance requires significant improvement, as existing processes were not robust or effective.
- The approach to staff deployment needs reviewed during holiday periods, as we identified an imbalance in staffing and skill sets across the service.

## 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?	2 - Weak
How good is our staff team?	3 - Adequate

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 adequate and good, with an overall grade of adequate, where strengths only just outweighed weaknesses.

### Quality indicator 1.1: Nurturing care and support

Children appeared happy and confident in the service. They experienced caring and respectful interactions from a staff team who were considerate of children's views, choices and wishes. For example, children's wishes to go outdoors or stay inside were respected by staff. As a result, children felt valued and emotionally supported. Children told us they enjoyed attending the club and liked the activities on offer and spending time with staff.

Mealtimes were relaxed and provided a sociable time to eat together. Children were supported to stay hydrated through the availability of fresh water and encouragement from staff to drink water at key times of the day. Children would benefit from opportunities to develop independence and self-help skills during snack time. For example, children could be given opportunities to prepare food, set up meal spaces and take responsibility clearing things away. This would contribute to children having ownership during mealtime routines.

We identified inconsistencies in medication procedures. Not all children who required medication had medical records completed or permissions in place. Some of the records we sampled highlighted gaps in the information being recorded. For example, the time medication had been administered. This meant there was potential to place children at risk of their health needs not being met. The audits of the service's medication systems did not fully consider current guidance. This resulted in gaps in procedures not being identified and addressed in a timely manner. An area for improvement was made at the previous inspection and has not been met. **See 'What the service has done to meet any areas for improvement we made at, or since the last inspection.'**

The overall wellbeing of children was not fully supported through effective personal planning. Information about children was captured through registration information and some plans contained 'all about me' forms. The quality of plans was inconsistent and did not always reflect the current interests or needs of children. Where children needed additional support, this was not always recorded within plans. One parent agreed whilst another strongly disagreed to our statement 'I am fully involved in my child's care, including developing and reviewing their personal plan'.

The service should ensure all plans are reviewed with parents and outline how children's care, play and learning needs would be met. Strengthening the approach to personal planning would enable staff to deliver consistent, individualised support that promotes children's wellbeing and development. An area for improvement was made at the previous inspection and has not been met. **See 'What the service has done to meet any areas for improvement we made at, or since the last inspection.'**

Staff had completed child protection training which supported them with safeguarding children. Staff told us:

"The child protection training has taught me a lot on signs to look out for and signs we all definitely should not ignore"

and

"I understand that it is my duty to keep the children safe during their time in the service".

While staff demonstrated an understanding of how to recognise child protection concerns, the procedures for reporting, recording, and monitoring these concerns were not sufficiently clear or effective. We found records lacked consistency and detail, with chronologies not fully completed. For example, logs did not capture key dates, the names of individuals or agencies involved, and outcomes of logged concerns. This limits the service's ability to track and respond to significant events in children's lives. We advised the service to use chronologies more effectively and signposted the Care Inspectorate's Practice Guide to Chronologies to support improvement (**see area for improvement 1**).

### Quality indicator 1.3: Play and learning

Children had access to a range of activities and resources. These included construction materials, small world, board games, role play and craft experiences. Throughout the sessions, almost all children were fully engaged and busy in their play. Many spent sustained periods on their chosen activities, playing with friends or alone if they chose to. The resources and spaces gave children opportunities to be creative and have fun.

Planning and learning experiences were child centred. Staff used together times with children and observations to gather children's ideas and suggestions, which helped them to be responsive. One parent told us "Children get to help choose the activities for holidays and in-service days". Children shared with us staff listened and acted upon their ideas. One child told us, "Before the holidays was group time and we were asked what we would like to do at club? I said make paperchains because I like doing this. The adults also asked what trips we would like to go on. We said M&Ds and we are going there on Friday". The positive relationships supported children's social development and encouraged deeper engagement in learning through play.

Floor books captured children's experiences and provided the opportunity for them to revisit and provide feedback on how they spent their time at the club. This allowed children to share their views and highlighted that their voices were valued. We highlighted how it could be beneficial to include next steps within floor books. This would help staff with planning activities and build on children's interests.

An online platform was used to share club information and children's daily experiences with families. This helped to keep families informed and included.

### Areas for improvement

1.

The provider should develop the approach and knowledge across the staff team in recording significant events and incidents in children's lives. Chronologies should be used to keep records and document how children are supported through significant events and life changes.

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

'My care and support meet my needs and is right for me' (HSCS 1.19).

## How good is our setting?

### 4 - Good

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

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

Children benefited from high-quality spaces that were safe, clean, and well maintained. The play spaces were bright, spacious, and thoughtfully arranged to support children's experiences. The layout enabled children to move freely between active areas, quiet spaces, and the variety of games supported children to play independently or with friends. This supported choice, independence, and engagement.

Staff demonstrated a clear understanding of how to keep children safe in both indoor and outdoor environments. However, the systems in place to assess and manage risks were not complete. For example, there were limited written risk assessments available to identify potential hazards and outline mitigating actions. Without robust and regularly reviewed risk assessments, there was a potential for safety risks to go unnoticed or unmanaged. Strengthening the approach to risk assessments could help ensure children experience a consistently safe and secure environment. All staff agreed they understood their role in keeping children safe and two parents strongly agreed their child is cared for in a safe, secure and well-maintained environment.

Children had opportunities to access a secure, large playing field that included a trim trail, large grass field and concrete playing surface. During our visit an active activity took place within the multi sports space, and a specialist visitor led the session. This promoted active, healthy lifestyles for children.

Children's health and wellbeing were well supported through effective hygiene and infection control practices. Staff demonstrated good awareness of safe food handling and storage procedures. Children were routinely encouraged to wash their hands before eating and after using the toilet, reinforcing healthy habits. Such hygiene practices helped reduce the risk of illness and promoted children's understanding of self-care.

Information about children and their families was kept in a safe and secure manner in line with general data protection regulations (GDPR). Sensitive information was stored safely, with physical records kept in a locked filing cabinet and digital data accessed only through password-protected systems.

## How good is our leadership?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

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

The service had an improvement plan and set aims in place; these were under review and not yet fully embedded. The objective of the service was to provide the highest quality childcare service that meets the needs of parents. However, several key elements of the service were still being updated and developed. For example, policies and procedures were under review, risk assessments were being expanded, and the approach to quality assurance was at an early stage. Without a robust quality assurance framework, it may be difficult to ensure that children's developmental needs are consistently met across the service. We highlighted to management the importance of progressing these developments in a timely and structured manner to ensure they are delivering a high quality service.

The service's approach to quality assurance required significant improvement, as current systems were not robust or consistently applied. For example, although some quality assurance processes were in place, there was a lack of consistent monitoring and oversight in key areas which included medication procedures, staff registration with the Scottish Social Services Council (SSSC), child protection records, and the reviewing of children's personal plans. As a result, there was an increased risk of inconsistent practice and missed opportunities to identify and address issues that could affect children's safety, wellbeing, and development. We signposted the manager to relevant guidance to support the development of more structured and reliable quality assurance systems **(see requirement 1)**.

The current approach to staffing, during holiday periods should be reviewed. For several hours, the service operated without management or senior staff present to guide or supervise practice, resulting in an imbalance in staffing and skill sets across the service. Additionally, some staff members were not registered with the Scottish Social Services Council (SSSC) as required. These gaps highlighted weaknesses in staffing deployment and regulatory compliance. Addressing these matters is critical to maintaining a safe, nurturing, and professionally accountable environment where children can flourish. We discussed these concerns with management and highlighted the need to improve processes to ensure staff are appropriately qualified, registered, and supported **(see requirement 1)**.

We identified the approach to recruitment did not fully meet safe recruitment processes. For example, references and Protecting Vulnerable Groups (PVG) information was not made available to us for some staff. To ensure people were safe and right, with suitable skills and values, to be recruited, we have requested the manager revisits recruitment files **(see requirement 1)**.

Formal systems for gathering and recording the views of children and families, as well as evaluating the service, were not yet fully embedded. The service had not established consistent methods for capturing feedback or using it to inform improvement planning. Tools and documents to support self-evaluation were limited. We discussed opportunities to expand current approaches and signposted the Care Inspectorate's Quality Framework for Day-care of Children, Childminding and School-aged Childcare (2022). This could support the development of more structured and reflective improvement process. An area for improvement was made at the previous inspection and has not been met. **See 'What the service has done to meet any areas for improvement we made at, or since the last inspection'.**

Prior to the completion of the inspection report, the manager had shared steps they had taken to start resolving key areas that were highlighted at the inspection. This reflects a commitment to improvement and a willingness to engage with feedback constructively.

## Requirements

1. By 1 November 2025, the provider must strengthen the management oversight across key areas of the service to improve outcomes for children

The provider must, at a minimum, ensure:

- a) newly recruited staff are recruited in line with best practice and that all relevant checks are carried out;
- b) revisit current staff information and ensure all staff have been recruited in line with safe recruitment processes, including, requesting accurate and appropriate information or references relating to a person's suitability to work in a specified role;
- c) that at all times, suitably qualified and competent persons are working in the care service in such

numbers as are appropriate to meet the needs of children;  
d) staff register and maintain their registration with SSSC; and  
e) an effective quality assurance process, self-evaluation and improvement plan are in place, which have involved staff, children and parents to lead continuous improvement.

This is to comply with Section 8 of the Health and Care (Staffing) (Scotland) Act and Regulation 3 Principles of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

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

'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);  
'I am confident that people who support me have been appropriately and safely recruited.' (HSCS 4.24); and  
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This is to ensure that practice is consistent with the Scottish Social Services Council, Codes of Practice for social service workers and employers (2024). Codes of practice for employers of social service workers, Section 1:

'Make sure people you recruit are suitable to be social service workers and that they understand their roles and responsibilities'.

## How good is our staff team?

## 3 - Adequate

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

### Quality indicator 4.3: Staff deployment

There were enough staff available to meet adult to child ratios. As a result, staff were available to support some children who needed individual care and attention. However, without a deliberate approach to deploying staff based on their qualifications and experience, there was a risk some children may not receive the tailored support they require and affect the consistency of care across the service. One staff member stated mostly, whilst the others stated always to our statement 'There are enough staff across the day to meet children's individual needs'.

Staff demonstrated strong communication and teamwork, contributing to a friendly and collaborative working environment. For example, we observed staff interacting respectfully and effectively with one another, which supported smooth daily tasks and a positive atmosphere. Some staff had completed core training in areas such as child protection, first aid, and food hygiene, helping to build their awareness and skills in caring for children safely and confidently. Other staff spoke about professional learning and development opportunities they were undertaking which included teacher training. We highlighted how evaluations could be further developed to encourage staff to reflect in more detail on the back of learning and training. This would support staff to think about the impact and promote positive outcomes for children and families.



New staff had completed a basic induction; however, key learning and reflective conversations within induction packs were still to be completed. We signposted the manager to the national induction resource pack to support the service improve their approach to induction.

## 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 ensure children's health and wellbeing needs are supported, the provider should review their approach to medication and ensure it is in line with Care Inspectorate guidance 'Management of medication in daycare of children and childminding services'.

This should include but not be limited to:

- a) having a clear policy and procedure in place which is followed;
- b) completed consent forms to support instructions of medication; and
- c) medication forms that capture clear signs and symptoms, reviews and confirmation of first dose.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' (HSCS 3.21).

**This area for improvement was made on 12 March 2025.**

#### Action taken since then

Medication procedures across the service were inconsistent and required significant improvement to ensure children's health needs were safely and effectively met. For example we identified that not all children requiring medication had completed medical records or the necessary permissions in place. Medication procedures and weak oversight had the potential to compromise children's health needs not being fully met.

**This area for improvement has not been met.**

#### Previous area for improvement 2

To promote children's health, wellbeing and safety needs the provider should implement a system to review all children's individual personal plans at least once every six months or sooner if changes occur. This will ensure the service complies with current legislation and information held is current and remains of good use.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

**This area for improvement was made on 12 March 2025.**

## Action taken since then

Personal plans lacked consistency and completeness, limiting their effectiveness in supporting children's individual needs. When sampling children's files, we found gaps in key information and strategies of support. Dates, staff and parent signatures, and evidence of parental involvement were not consistently recorded. Further work was needed to ensure all children's personal plans are accurate, up-to-date, and developed in partnership with families. This would help provide consistent, tailored support that promotes children's wellbeing and development.

**This area for improvement has not been met.**

## Previous area for improvement 3

To promote a culture of continuous improvement so that outcomes for children and families can be as positive as possible, the provider should develop and enhance the current approaches to quality assurance and self-evaluation.

This is to ensure 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 12 March 2025.**

## Action taken since then

While a quality assurance (QA) calendar was in place, the overall approach to QA was not fully implemented and required significant improvement. Issues identified at inspection indicate that current systems are not effectively supporting oversight or accountability across key areas of practice.

**This area for improvement is no longer in place and has been incorporated into a new requirement under Key question 3: How good is our leadership?**

## Previous area for improvement 4

To support children to receive high quality care, play and learning, the provider should use thorough and safe recruitment processes, including but not limited to, requesting accurate and appropriate information or references relating to a person's suitability to work in a specified role.

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

'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 12 March 2025.**

#### Action taken since then

Recruitment practices did not fully meet safe recruitment processes. Issues around references and a full recruitment file was not made available at the time of inspection. Without robust systems, it could compromise children's health, wellbeing and safety.

**This area for improvement is no longer in place and has been incorporated into a new requirement under Key question 3: How good is our leadership?**

#### Previous area for improvement 5

The committee must submit information to the Care Inspectorate in line with their registration requirements. This includes, but is not limited to, change of committees or associations notification to ensure those in the roles have been safely appointed.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23); and

'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24).

**This area for improvement was made on 6 February 2024.**

#### Action taken since then

We are satisfied that the service had submitted the necessary notification to the Care Inspectorate with regards to changes in their committee.

**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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

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