

Keith Play Centre Nursery & Rising 3's Group Day Care of Children

Keith Sports and Community Centre
Banff Road
Keith
AB55 5GT

Telephone: 01542 886 142

Type of inspection:
Unannounced

Completed on:
9 October 2025

Service provided by:
Keith Play Centre Ltd

Service provider number:
SP2007008878

Service no:
CS2007143604

About the service

Keith Play Centre Nursery and Rising 3's Group is registered to provide a care service to a maximum of 35 children of whom 25 are aged from 3 years to not yet attending primary school and of whom no more than 10 children are aged 2-3 years at any one time. Children aged 2-3 have a designated room on the first floor. They join the 3-5 year olds in the downstairs room and outdoor area at various times such as lunch or for outdoor play. During breakfast club and after school sessions, 13 children of primary school age may attend. There were up to three 2-3 year old children, 11 3-5 year old children and eight school aged children present during the inspection visits.

The service operates from two rooms within Keith community centre. The playroom on the ground floor has direct access to a large, secure outdoor play area; the upper floor has separate access via an internal stairway. The playroom on the ground floor shares toilets with the community centre. The service has regular access to the community centre sports hall and swimming pool.

About the inspection

This was an unannounced inspection which took place on 7 and 8 October 2025. 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 and complaint 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 to four of their parents/carers
- received six completed questionnaires from staff and parents/carers
- spoke with staff and management
- observed practice and children's experiences
- 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.

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 accessed a wide range of resources and experiences.
- Quality assurance processes had been implemented and should now be embedded into practice.
- Children were kept safe as staff showed an understanding of their role in safeguarding.
- Personal planning had improved and information was being used to promote a continuity of care.
- Children benefitted from kind and nurturing interactions from staff.

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	3 - Satisfactory / Adequate
Children thrive and develop in quality spaces	4 - Good
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

Leadership 3 - Satisfactory / Adequate

We evaluated different parts of this heading as satisfactory/adequate and good, with an overall grade of satisfactory/adequate, where strengths just outweighed weaknesses.

Quality Indicator: Leadership and management of staff and resources

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

The service displayed their vision, values and aims (VVA) statement, encouraging people's awareness of what to expect from the provision. These had recently been reviewed to ensure they reflected the service provided. Previous reviews had included families who accessed the service. We highlighted the benefits of regularly reviewing the vision, values and aims of the service in consultation with the children and families. This would ensure there is a clear, shared direction that reflects the aspirations of the current children and families.

Self-evaluation processes were in place to support the development of the service. Opportunities for families to be involved in this included verbal feedback during stay and play sessions, when collecting children or via the social media page. This provided some opportunities for them to be involved in the development of the service. Children were able to express their opinions on activities and resources offered and their engagement was observed to influence change. The gathering of children's views should be built on so that it consistently influences change in the service.

Quality assurance and monitoring were taking place. These were feeding into the self-evaluation and identifying where change would be beneficial. For example, in the monitoring of staff practice it had been highlighted when interactions could better extend children's experiences.

An action plan for improvement had been implemented following the previous inspection. Focus areas included improving staff deployment, interactions with children and staff confidence and understanding of child protection procedures. Improvements had been made but there was yet to be a full evaluation of the impact of these on children's experiences. Some of the planned actions were ongoing and the pace of change could be quicker. Including clear and appropriate timescales for implementation and review would support this. A previous requirement had been made around implementing quality assurance and improvement processes. This has been met. (See section 'What the service has done to meet any requirements we made at or since the last inspection' of this report). However, the service should now embed these processes into practice and ensure that evaluation takes place on how changes impact children's experiences and outcomes. (See area for improvement 1.)

There was a recorded induction process for new staff which promoted confidence in their roles and responsibilities. To promote reflection and identify further training needs, we signposted the provider to the 'Early Learning and Childcare National Induction Resource' for new and existing staff. There had been no staff recruited recently. We discussed with the manager the importance of ensuring that all checks are completed before new staff start. They agreed to ensure this was implemented in any future recruitment.

The manager and staff were committed to improving the service. They accessed best practice documents and self-evaluation tools to support them in this. This led to an ethos of improvement which reflected

current national and local guidance.

Quality Indicator: Staff skills, knowledge, values and deployment

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 benefitted from a positive ethos, where staff were courteous and respectful. Staff were knowledgeable about children's needs and in implementing routines to meet these. As a result, children and staff had established positive relationships and developed a sense of belonging. Parents told us they were happy with the care and support their child received and described staff as "approachable" and "friendly".

Staffing levels and deployment ensured children were supported throughout the session. Staff worked together and communicated clearly to ensure children were safe, such as when moving areas of responsibility. Clearly defined roles were in place. This contributed to the smooth running of the session. By working together and sharing knowledge, staff created a positive environment where children could feel confident and secure.

Children's experiences were supported through staff taking part in training which was relevant to their role. All staff had completed core training, including child protection and first aid and were confident in discussing how this positively impacted on their role. Currently training was being accessed in response to the previous inspection report. Going forward the manager and staff should use reflection and quality assurance to identify areas where further training would be beneficial. Staff meetings were used to discuss training and share experiences and ideas. This further promoted a cohesive approach to caring for the children.

Staff supervision meetings were taking place, providing the opportunity to reflect and identify where action was required. Those we sampled included agreed actions but these focused on carrying out routine tasks and attending planned events. Going forward the manager should use this as an opportunity to support staff in their continuing professional development.

Staff showed an awareness of where to place themselves to best promote children's safety. This included in the outdoor environment. Staff showed a good awareness of where children were and when they needed support at most times. A previous area for improvement has been met. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection' of this report). On one occasion during the inspection, staff were unsure how many children were in the service. This was for a short period and was rectified quickly. Processes in place should be strictly followed to ensure that staff know how many children are in the setting at all times. This will promote the effectiveness of processes such as head counts in keeping children safe.

Areas for improvement

1. The manager and staff should develop and embed the implemented quality assurance and improvement processes. This should include but not be limited to;

- ensuring children and families views inform evaluation and change
- having clear timescales to support the pace of change
- evaluation of the impact of change on children's experiences and outcomes.

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).

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 provided suitable places for children to play, learn and relax. Places to store personal belongings and a display of artwork promoted a welcoming environment and sense of ownership. Children were cared for in two rooms at the time of inspection. Younger children had their designated space on the first floor while three to five year olds and school aged children accessed the room on the ground floor. This room had direct access to the large, enclosed, outdoor area.

Both rooms were thoughtfully arranged to promote children's opportunities to lead their own play. Resources were accessible to children and there were clear zones such as role play, messy/sensory play, mark making and construction. There were also areas made cosier through the use of rugs and cushions where children could relax, supporting their health and wellbeing.

Systems were in place to help keep children safe. Risk assessments helped staff to mitigate risk and enhanced children's safety. Children carried out risk assessments for some experiences, such as walks in the community. The risk assessments could be more detailed to support unfamiliar staff in knowing what actions to take. While staff mostly followed the service's procedures to support children's safety, we highlighted that strategies could be more consistently embedded into daily routines, such as ensuring correct number of children had been recorded and involving children in daily checks. This would further support children in understanding risk and promote their safety.

Children were supported to be healthy and safe through effective infection, prevention and control practices. Staff wiped down surfaces before and after activities and encouraged children to wash their hands at key times. This helped keep children safe from the potential spread of infection.

Children play and learn 3 - Satisfactory / Adequate

Quality Indicator: Playing, learning and developing

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Staff demonstrated an understanding of child development, supporting children's confidence through appropriate expectations and interactions.

Children engaged well with available activities and had opportunities to follow their interests through free choice. However, older and more able children lacked sufficient challenge. Staff should use their knowledge

of individual children to plan experiences that promote progression through appropriate challenge.

Staff were generally responsive, offering additional resources and seeking children's input. However, planning to reflect children's interests was in the early stages and activities did not always reflect children's emerging interests in a timely manner. Staff should review planning timescales to better support engagement and learning.

There were opportunities for children to enhance their skills in literacy, language and numeracy. These included access to books and mark making as well as sorting and counting. There was some individual story telling and rhyming in response to children's interests.

Older children used digital devices, but these were not fully utilised to enhance learning. Staff should consider how technology can be used more effectively to support exploration and deepen understanding.

Families felt supported in understanding their children's learning, though this could be strengthened. For example, focusing on achievements and passing information regarding individual children's learning to parents on a daily basis.

Indoor and outdoor resources supported choice and independence. Children moved confidently between areas. To enhance learning, staff should consider increasing the challenge of available resources, such as offering more factual and fiction books and opportunities for investigation.

At times, staff interactions extended learning by encouraging prediction and thinking. This was not consistent across the day or the staff team, meaning opportunities were missed to support children. The manager and staff should continue to build confidence in this area to ensure all staff support learning effectively. A previous area for improvement in this has been carried forward. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection' of this report).

Most children experienced responsive interactions. At busier times, the quality of these interactions fell. Staff were working hard to minimise disruption to individual children but this meant other children were not always responded to in a timely manner. The manager should review staffing and routines to ensure consistent quality of interactions throughout the day.

A new planning system was at an early stage. Staff recognised their strength in responsive play and were developing skills in intentional planning. However, observations were not consistently used to extend learning. While next steps were identified for some children, they were not always relevant or time-bound, limiting their effectiveness in supporting progress. It was unclear how next steps informed planning or tracked development. Ongoing training was supporting staff to build confidence in this area.

Where children had identified needs, appropriate strategies were in place, and staff were confident in discussing them. However, records did not always reflect this knowledge, creating a risk that agreed support might not be consistently delivered.

Children's learning was shared with families during termly meetings. A new "postcard" system aimed to increase parental involvement. Some daily feedback was provided at collection, though this was not always positive or focused on learning. Staff should consider how to strengthen parental engagement through regular, supportive communication about children's progress and achievements.

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.

Children experienced warm and caring interactions from staff who knew them well and showed a genuine interest in their wellbeing. Staff's familiarity with individual children supported meaningful relationships and contributed to a nurturing environment. Staff valued opportunities to spend time with children playing together and having fun. Parents commented that they had a bond with staff caring for their children and that staff were supportive of the whole family.

Positive relationships between staff, children, and families had been established contributing to a warm and inclusive ethos. Transitions into the service were carefully planned, helping children to feel confident and secure. For example, children and families were welcomed positively on arrival, with staff taking time to speak to them individually. When arriving to collect their children, parents were given a brief summary of the child's day and their experiences. At times, such as review meetings and stay and play sessions, parents were welcomed into the playrooms. This provided opportunities to share information on children's progress. Staff should look at ways to welcome parents into the playroom more frequently. This will build on those opportunities to share information less formally and promote home links.

Transitions between activities during the day were generally positive. There were times though when these could have been quicker to reduce children waiting and promote their engagement. For example, when getting ready to go outside children were supported to be independent and dress themselves appropriately. However, as children had to wait until everyone was ready this meant more able children were waiting.

Individual personal plans were in place for each child, these contained information to keep children safe such as any medical conditions and contact details. Further information regarding strategies to support children were held by individual staff members. The level of detail in this was not always consistent. Work is being carried out to promote a more consistent approach. This will ensure a continuity of care through the use of agreed strategies of support.

Children enjoyed relaxed and sociable meal and snack times together with staff. This provided opportunities for developing nurturing relationships and encouraged conversation. Children's wellbeing was promoted through staff involvement in mealtimes and having access to fresh water throughout the session. Children were able to serve some of their own food, supporting their independence skills. Providing opportunities for them to help in the preparation of food would further promote these skills.

Consistent routines and approaches supported children's safety. Daily routines were embedded which promoted children's understanding of what to expect and provided a sense of security. Staff had an understanding of their roles and responsibilities and worked with families, or other agencies where appropriate. This promoted a consistent approach to caring for the children. Staff had recently attended child protection training and were having regular discussions of case studies to promote their confidence and understanding. A previous requirement had been made around this and has been met. We asked the manager to develop the information held for medication to include what to do if a child refused or spat out medication or it was ineffective.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 16 June 2025, the provider must ensure each child receives appropriate care and support and their needs are met. To do this, the provider must, at a minimum:

- a) Ensure personal plans set out children's current needs and how they will be met.
- b) Ensure all staff are aware of and understand the information within the personal plans and use this to effectively meet each child's needs.
- c) Ensure personal plans are regularly reviewed and updated in partnership with parents.

This is to comply with Regulation 5(1)(2) – (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). (Requirements for Care Services) Regulations 2011, SSI 2011/210.

This is to ensure care and support is consistent with the Care Inspectorate document Guide for providers on personal planning.

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 requirement was made on 22 April 2025.

Action taken on previous requirement

Personal plans were in place for children. Those sampled provided information needed to keep children safe such as any medical conditions or identified support needs. The information around agreed strategies of support were stored in a different folder. The detail held varied, meaning there was more information for some children than others. Work should be carried out to ensure that personal plans consistently have enough detail to promote a continuity of care for children.

Staff seemed to know children well and spoke confidently of strategies being used to support children and how these were impacting the children's experiences. Detail in plans did not reflect this knowledge. Some children had further information within key worker files on strategies of support. The level of detail contained was not consistent

A new format was being used for personal plans. Plans had all recently been reviewed with parents and process was in place to carry out this review at the beginning of each term. This should ensure that information is relevant and up to date.

Plans for school aged children had less details on children's interests and achievements Plans should be developed and reviewed with children to record their interests set learning/achievement goals and ensure

interests and skills are reflected and built on.

Staff should continue to develop the information held in plans and ensure that this is then used effectively.

Met - within timescales

Requirement 2

By 16 June 2025, the provider must ensure that children are safeguarded and protected from harm. To do this, the provider must, at a minimum ensure:

- a) Staff are competent, skilled and knowledgeable in relation to local and national child protection guidance relevant to their role.
- b) Staff apply their learning into practice.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This requirement was made on 22 April 2025.

Action taken on previous requirement

Staff we spoke to showed a good understanding of child protection and their role, they were able to discuss the impact recent training and discussions had on their practice and the processes they should follow for any concerns. A child protection folder contained information to support staff through the process should they have any safeguarding or wellbeing concerns.

Met - within timescales

Requirement 3

By 1 September 2025, the provider must ensure improved outcomes for children by implementing effective and robust quality assurance and self-evaluation processes. To do this the provider must, at a minimum, ensure:

- a) Regular and effective monitoring is carried out across the setting, with a clear focus on improving children's outcomes and experiences.
- b) Clear and effective plans are developed to maintain and improve the service.
- c) Regular opportunities for staff to reflect on and evaluate their practice to support continuous improvement should be developed.

This is to comply with 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 22 April 2025.

Action taken on previous requirement

The manager was carrying out audits and monitoring which included children's records and staff practice. Information gathered from these was used to identify where improvement could be made.

Regular staff meetings were used to evaluate the provision and identify further areas for improvement. Action plans were agreed and recorded. Floorbooks were being used to record and plan actions for improvement. These showed that all staff were involved in the evaluation of the provision and active in implementing improvements.

The staff and manager should continue to develop and embed the quality assurance and improvement processes until they are consistently having a positive, measured impact on children's experiences and outcomes. An area for improvement has been made to support this further.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support children's care and wellbeing and development needs, the provider should ensure staff have the right skills and attributes. To do this, the provider must, at a minimum, ensure staff are supported to:

- a) Develop their skills in high quality interactions ensuring children experience consistently positive interactions; and
- b) Effectively enable children to facilitate and extend their own play.

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 22 April 2025.

Action taken since then

Staff had attended training since last inspection including child protection, observations, and use of visuals. Further training was planned. Staff able to discuss their learning and the impact it had on their practice.

Work was ongoing with the skills and confidence in using interactions to enable children to facilitate and extend their play and should continue. The manager and staff should continue with this until staff children's care, wellbeing and development needs are consistently promoted through their interactions.

This area for improvement has not been met.

Previous area for improvement 2

To keep children healthy and safe, the provider should develop a plan, including timescales, detailing how they will ensure that children have access to appropriate toilet and nappy changing facilities. This plan should be shared with the Care Inspectorate.

This is to ensure that care and support is consistent with the Care Inspectorate guidance document, 'Nappy changing for early learning and childcare settings (excluding childminders).'

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 22 April 2025.

Action taken since then

Both toilets used by children had been improved. For the 2-3 year olds this included a fold down changing unit in one of the cubicles which also had a low level sink. For 3-5 year olds a larger free standing changing unit was in place and signage was being used to designate which toilets were for children's use.

This area for improvement has been met.

Previous area for improvement 3

To ensure children are safe and receive high quality experiences at all times, the provider and manager should review and make appropriate changes to staff deployment.

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 22 April 2025.

Action taken since then

At most times staff showed a good awareness of where children were and how to place themselves to best offer support to children while promoting their safety through supervision. Staff communicated well to promote children's safety and positive experiences.

This area for improvement has been met.

Previous area for improvement 4

The manager should ensure that training and development supports staff to provide quality experiences for children. This should include but is not limited to, identifying and providing training to enable staff to meet children's needs; and providing regular opportunities for staff to share, reflect on and evaluate their practice.

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 the 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 22 April 2025.

Action taken since then

Staff had and were continuing to attend training opportunities based around issues raised at last inspection. They were confident in discussing the impact of training on their practice. They should now seek to identify training needs through reflection and evaluation using best practice guidance.

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.

Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Staff skills, knowledge, values and deployment	4 - Good
Children thrive and develop in quality spaces	4 - Good
Children experience high quality spaces	4 - Good
Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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