

Bervie Kids Club Day Care of Children

Bervie School
Church Street
Inverbervie, Montrose
DD10 0RU

Telephone: 07875575515

Type of inspection:
Unannounced

Completed on:
8 April 2026

Service provided by:
Bervie Kids Club (SCIO)

Service provider number:
SP2024000190

Service no:
CS2024000324

About the service

Bervie Kids Club provides a day care of children service in Inverbervie, Montrose. The service is registered to provide a care service to a maximum of 32 children at any one time of an age to attend Primary School. The service operates from Bervie Primary School. The service has exclusive access to areas of the premises as agreed with the Headteacher. Children have access to a dedicated outdoor space, which is available to use throughout the session. At the time of the inspection 82 children were registered with the service.

About the inspection

This was an unannounced inspection which took place on 7 April between 08:35 and 16:25 hours and 8th April between 10:10 and 12:40. This 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 complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluations we:

- Spoke with or spent time with thirteen children using the service
- received seven completed questionnaires from families using the service
- spoke with three families on the day of the inspection
- spoke with two staff and the manager of the service
- assessed core assurances, including the physical environment
- observed practice and daily life
- reviewed documents

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, some improvements were identified relating to core assurances.

Key messages

- Children benefitted from staff that were committed to improving outcomes for children and families.
- Children experienced care that was tailored to their individual needs through the use of effective personal plans.
- Children remained engaged in meaningful play throughout most of the session.
- Relationships between families and staff were promoting positive outcomes for children.
- Maintenance issues in the toilet area must be improved to ensure the risk to infection is minimised and the areas are in a good state of repair.
- Some experiences such as mealtimes should be further developed to ensure they promote positive social interactions.
- The service should ensure that it operates within their conditions of registration.

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	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Children are supported to achieve	3 - Satisfactory / Adequate

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

Leadership 3 - Satisfactory / Adequate

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

Quality Indicator: Leadership and management of staff and resources

Staff shared common values and these highlighted their aspirations for children. They spoke confidently about each individual child and knew them very well. One parent shared, "It is clear that staff know the children really well and my children really enjoy being with them. They are very approachable and keen to help making for a very welcoming kids club." This supported the development of positive relationships and responsive care.

The service's vision had been reviewed since opening and celebrated the importance of play and fun, challenging experiences. While the vision statement was clear and aspirational, it was not yet fully embedded across the service. Children and families had not been involved in the most recent review. We suggested that the service ensure that children and families are involved in reviewing the service's vision, values and aims. This would enable the service to communicate a clear and shared vision, inclusive of children and families.

Self evaluation processes were in the early stages of development. Regular staff meetings provided opportunities for reflection on the day to day operational aspects of the service. An improvement plan was in place which highlighted support for staff training as one of the priorities. Staff told us about recent training they had undertaken, for example to support children's individual care needs. The service had not yet begun to self-evaluate the quality of care provided using best practice. We signposted to the quality improvement framework for the early learning and childcare sectors to support them to evaluate their service. This would further ensure that all staff were actively involved in the shared improvement of the service.

A range of quality assurance processes were in place to support the safe operation of the service and to maintain standards. This included regular audits of accidents and incidents, which were effective in identifying trends and ensuring records were completed correctly. Some quality assurance systems would benefit from further development to ensure greater robustness and consistency. For example, medication audits did not routinely include a formal review with parents every three months. Strengthening this process would support shared oversight and further promote children's wellbeing.

On the day of inspection, not all children using the service were of primary school age. This meant that they were not operating within their conditions of registration. We shared this with the manager who took appropriate, prompt action to ensure they were operating within the agreed conditions. To ensure children experience high quality care and are safeguarded, the service should ensure that they are operating within their conditions of registration (**see area for improvement 1**).

Staff completed an induction process on commencing employment, which ensured that they had reviewed relevant policies and procedures. The manager recognised that newly appointed staff required additional support beyond induction. Regular supervision sessions were put in place, providing staff with opportunities to reflect on their practice, identify strengths and agree areas for further development. This approach supported professional growth and consistent practice.

The service generally followed best practice in recruiting staff; however, some staff files did not contain two references. This meant that safer recruitment guidance was not fully met. The service should ensure that appropriate recruitment procedures are in place and consistently applied. This would ensure that children are cared for by appropriately recruited staff (**see area for improvement 2**).

Areas for improvement

1. 1. To ensure the health, safety and wellbeing of children is maintained the provider should ensure the service operates within the constraints of their conditions of registration. This should include but is not limited to ensuring that children only of the age stated on the registration are cared for.

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).

2. 2. To ensure that staff are recruited safely, the service should ensure that appropriate recruitment procedures are followed. This should include but is not limited to, ensuring that two references are obtained for newly appointed staff and induction procedures are established for supply staff members.

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).

Children thrive and develop in quality spaces 3 - Satisfactory / Adequate

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

Quality indicator - Children experience high quality spaces

Most areas of the service were safe and suitably maintained. Staff showed a clear understanding of effective supervision and positioned themselves well to ensure children were supervised at all times. Children regularly accessed outdoor play and took part in outings within the local community, including visits to the park and the beach. These experiences supported children's wellbeing and enjoyment.

The service operates through a rental agreement with the local authority. They have access to the lunch hall, outdoor spaces and toilets within the school. A few spaces in the service required improvement to ensure children's safety and to reduce the risk of infection. The toilet areas were not maintained to an appropriate standard. For example, the flooring was lifting and parts of the wall were damaged, exposing underlying material. This meant that these surfaces were not easily cleaned and presented as an infection control risk. To minimise the risk of infection, the provider must ensure that the toilets are maintained to a high standard and in a good state of repair (**see requirement 1**).

Children benefitted from access to a range of indoor play resources and were able to choose activities freely. Children told us they always had plenty to do and enjoyed being at the service. Resources such as small world toys, construction materials and arts and crafts supported sustained play. Children were observed playing for extended periods and showed high levels of interest. This demonstrated that resources and spaces met children's interests and needs.

The indoor environment offered limited calm or quiet spaces, particularly during busy morning periods.

Although cushions and den resources were available, more inviting and consistent quiet spaces could support children to relax when needed. This would further promote children's emotional wellbeing.

Staff and children demonstrated a shared understanding of the boundaries and supervision in the service. Risk assessments were in place, but some were not fully up to date or reflective of current practice. We encouraged the service to review and update risk assessments. This would better reflect practice and further support children's safety and risk-aware play.

Children were involved in decision making within the service. They shared ideas for resources, including writing lists of items they would like to buy. Children also helped choose activities and outings, which supported a sense of belonging and ownership. As a result, children were listened to, respected and felt that their views mattered.

Requirements

1.1. By 7 September 2026, the provider must ensure that toilet areas in the service are easily cleaned and in a good state of repair.

To do this, the provider must, at a minimum:

- a) Ensure that broken or damaged equipment is repaired to minimise the risk to children
- b) Ensure that paint is not coming off the walls and walls are in a good state of repair
- c) Ensure that flooring and area underflooring are cleaned and repaired.

This is to comply with Regulation 4(1)(a) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure care and support is consistent with Health and Social Care Standards, which state: "My environment is secure and safe" (HSCS 5.17).

Children play and learn 4 - Good

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.

Quality Indicator - Playing, Learning and developing

Children enjoyed their time at the service. They were confident and engaged in their play in both the indoor and outdoor environments. They told us they enjoyed attending the club. One child shared, "I like when the staff play games with us." This was evident through their positive interactions, willingness to take part in activities, and relaxed engagement with staff and peers. As a result, children had fun and engaged in positive experiences.

Staff actively supported children's play. They joined in appropriately, for example by playing games at the pool table and joining in football matches outdoors. This helped children to feel valued and encouraged positive relationships. Interactions between staff and children were warm and responsive. Staff took time to listen to children and enjoyed their time together. This promoted a sense of inclusion and belonging.

Play experiences were largely child led. For example, when a child expressed an interest in cars, relevant resources were made available to explore. Planning was informed by children's interests and responsive to their individual needs. There were limited opportunities for children to reflect on and evaluate their experiences, such as revisiting activities they had taken part in. We suggested the service further develop opportunities for children to reflect on their experiences, such as through the use of photos or floor books. This would provide children with the opportunity to revisit their experiences and inform future planning.

Staff were developing their understanding of how to extend children's play and development. They had identified some professional learning to improve their understanding of how children develop and learn. For example, opportunities within the play room could be further developed to promote children's development. The service highlighted that staff training was a priority in the service. We agreed and suggested the service continue with their plan. This would ensure that staff are confident to consistently support children's play, learning and development.

Children demonstrated high levels of engagement at times, particularly during outdoor play at a local park, where they experienced appropriate risk and challenge. Outdoor resources within the service grounds were more limited. While children knew they could ask for equipment, there were times when children appeared less engaged during outdoor play. Developing the range of outdoor resources and play opportunities within the service's own outdoor space would improve children's experiences.

Children are supported to achieve 3 - Satisfactory / Adequate

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

Quality Indicator - Nurturing care and support

Children experienced warm, kind and respectful care from staff that knew them well. Staff were positive and engaged and clearly enjoyed spending time with the children. Interactions were calm, responsive and reassuring, which helped children feel safe and supported. One parent commented, "Staff are attentive, they know my children and how they learn and develop over time." These approaches promoted children's wellbeing.

Children were relaxed and confident with staff. They approached staff easily for help and to play. Throughout the session, staff responded when children asked them to sit together. This showed emotional availability from staff and helped build secure and trusting relationships. These interactions supported positive social experiences.

Children benefitted from individualised care from a staff team that knew them well. Personal plans reflected children's interests, individual needs and any specific strategies used to support them. Staff knew the content of these plans well and consistently followed them in practice. There were opportunities to strengthen personal planning further by improving links with other professionals involved in children's care, such as schools or speech and language therapists. This would further support children's care.

Snack time experiences were meaningful and social for children, providing opportunities to speak with their peers and staff. The lunchtime experience for children should be further developed to ensure it provides the same opportunities. During lunch time, staff and children watched a film as they ate. This meant there were limited interactions between children and staff at these times. We shared this information with service that took action and adjusted their approach to lunch time on the second day of inspection. Children sat with staff and spoke about their day. To ensure children experience high quality mealtimes, the service should review the lunchtime experience. This would further ensure that children experience high quality care (**see area for improvement 1**).

Staff were mostly confident to discuss children's individual medical needs. Appropriate forms and policies were mostly in place to promote the safe administration of medication. Some medication records were incomplete or had not been updated when new medication was supplied. The storage of medication should be further considered to ensure it is out of reach of children. We shared this with the manager that took action, including relocating where medication was stored. To ensure that children's health needs are met, the service should review the management of medication in the service (**see area for improvement 2**).

The service welcomed families and provided regular opportunities for communication at drop off and pick up times. One parent told us, "They are always welcoming and give feedback about how my child has been during the day" Information was also shared through newsletters and daily informal conversations. This supported positive relationships and helped families feel included. This showed children and families were included and felt valued.

Areas for improvement

1. 1. To enable children to benefit from a sociable and enjoyable experience while eating, the service should review their policy and procedures for mealtimes. This should include, but is not limited to, ensuring children have opportunities to speak with staff and other children during mealtimes.

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

2. To ensure children's safety and wellbeing, the service should review their medication procedures in line with Care Inspectorate guidance 'Management of medication in daycare of children and childminding services'. This should include but not limited to:

- a) ensure medication is appropriately stored to reduce the risk of children accessing medication unsupervised
- b) ensure that medication is reviewed by families every three months or term and that forms are updated accordingly.

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).

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
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Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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