Kiddiwinks Playgroup
Day Care of Children

Kemnay Cricket Pavilion
Bogbeth Park
Bogbeth Road
KEMNAY
AB51 5RJ

Telephone: 07925 959 474

Type of inspection:
Unannounced

Completed on:
10 June 2026

Service provided by:
Kiddiwinks Playgroup

Service provider number:
SP2003000504

Service no:
CS2003002640

About the service

Kiddiwinks Playgroup is registered to care for a maximum of 15 children at any one time aged from two years to not yet attending primary school. The service is provided from Bogbeth Cricket Pavilion in Kemnay, Aberdeenshire.

Children have access to a playroom with direct access to an enclosed garden. The service is close to parks and green spaces, shops, and other amenities.

About the inspection

This was an unannounced inspection which took place on 9 June 2026 between 09:30 and 16:00 and 10 June 2026 between 09:25 and 13:00. 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 information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spent time with children using the service
- spoke with two of their parents/carers
- received seven responses to our request for feedback from parents/carers and staff through our online questionnaire
- spoke with the provider and staff
- assessed core assurances, including the physical environment
- 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, improvements were identified relating to core assurances. We have reported where improvement is necessary within 'Children are supported to achieve'.

Key messages

- Children experienced consistently kind and caring interactions from staff who knew them well.
- Families felt more involved in decision making and influencing change.
- Daily opportunities to spend time outdoors supported children's health and wellbeing.
- Children experienced calm and unhurried snack times.
- Children's play was supported through meaningful and skilled staff interactions.
- Children's learning and progress should be recorded more effectively to promote depth and challenge in learning.
- Children should be encouraged to access the bathroom independently and safely, when needed.

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	4 - Good
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

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

Leadership 4 - Good

Quality indicator: Leadership and management of staff and resources
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's vision, values, and aims were displayed and shared with families to support them to know what to expect. These included being "An inclusive setting that has a place for everyone." This was reflected within staff practice and the ethos of the setting through a welcoming and friendly atmosphere. We highlighted the benefits of reviewing the vision, values, and aims in consultation with staff, children, and families. This would ensure there is a clear, shared direction for the club that reflects their aspirations.

Children and families were involved in decision making and influencing change. Parents felt there were now more ways of giving feedback, such as through daily conversations, questionnaires, and digital platforms. They commented, "A suggestions form is available to put forward new ideas" and "An improved questionnaire sent out recently." Communication was given to families to evidence how their views were used to support improvement. It was evident that some feedback had been used to influence change, with parents now receiving daily updates through children's learning journals with an overview of their day.

Quality assurance processes had been developed and supported improved outcomes for children, including the use of monitoring. This helped staff develop their skills and promoted consistency across the team. A quality assurance calendar was in place and promoted staff involvement, such as carrying out audits of key documents, including accidents and incidents. The manager had plans in place to further involve staff in self evaluation against best practice guidance. This would support them in identifying strengths and areas of development across the setting.

Outcomes for children were supported by a relevant and achievable improvement plan. This was aligned with key priorities identified at the previous inspection. A positive ethos helped to ensure that staff were working towards shared goals and progress was benefitting children's experiences. Current improvement priorities focused on implementing the new planning format and strengthening staff interactions to support high quality play. These priorities were having a positive impact on children's experiences, with improved interactions extending children's thinking and responding effectively to their ideas. Further time should be taken to evaluate these improvements and measure their impact on outcomes for children.

A supportive induction process for new members of staff helped them grow in confidence and become competent in their role. Recently recruited staff spoke positively about their induction and valued having opportunities to get to know the children and routines. 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.

Children play and learn 4 - Good

Quality indicator: Playing, learning, and developing
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 were busy and having fun as they played. They had freedom to choose where they played and what they used, which supported their independence and choice. This meant children had opportunities to lead their own play and follow their interests. Staff consistently spent time at children's level, engaging with them and showing an interest in their experiences. This supported children taking part in meaningful play. An improved range of open-ended materials, such as keyboards and phones, supported children to link play to real life experiences. We discussed how ensuring resources are accessible to all children throughout the session would support their play experiences further.

A balance of planned and spontaneous play opportunities supported different types of play. Children spent time exploring at their own pace. Staff were responsive to children's ideas and cues, following up on these to promote children's interests and ideas. For example, many children chose to play outside and showed an interest in using water. Staff supported this through modelling using the water wall, watering plants, and having a 'car wash'. This promoted use of imagination and creativity, as well as supported children's interests.

Play experiences reflected children's individual interests and needs. Staff were mostly responsive and offered opportunities to explore their interests further. Their interactions were kind, supportive, and tailored to children's individual stages of development. Since the last inspection, staff had developed approaches such as open-ended questioning and 'wondering aloud' to effectively extend children's thinking and ideas. These strategies challenged children in their play and learning.

Planning approaches had changed and staff spoke positively about the impact on children's learning experiences and levels of engagement. Since the last inspection, a new planning format had been implemented and staff were developing confidence in using this effectively. Responsive and intentional planning was used and displayed on a shared planning wall in the playroom. Staff shared that they felt more involved and confident in contributing ideas based on children's interests. Staff planned experiences based on children's interests and engagement, and promoted these further. For example, staff shared children's recent interest in different foods and shared how this was promoted through play experiences, evidenced in the digital floor book. This included making 'healthy eating' plates and growing their own fruit and vegetables.

Observations shared with families celebrated children's special moments. Parents valued receiving these, however a recent questionnaire had highlighted that families would benefit from more frequent updates. Observations varied in quality and were mostly descriptive, which did not consistently identify children's progress or next steps. Improving consistency across the team in recording meaningful observations and next steps would further support children's individual progress and promote greater depth and challenge in learning (see area for improvement 1).

Children's play and learning was enhanced through strong connections to the local community. Children regularly visited different places within the local community, such as the care home and library. Staff were considering how further community links could be developed. These experiences supported children to build valuable connections and promoted their sense of belonging. Parents commented positively on the improved range of experiences beyond the setting. Their comments included, "[My child] loves the garden and going on walks" and "[My child] enjoys local walks and going to the woods."

Areas for improvement

1. To support children's learning and development, the provider should provide support and development opportunities to further develop staff knowledge and skills in observations and recording. This should

include, but is not limited to, effective use of observation and assessment to identify children's learning and promote their progress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27); and 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

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 consistently experienced warm and nurturing interactions from staff, helping them feel safe and secure. Staff knew children well and provided appropriate comfort and reassurance, including cuddles and closeness when needed. Positive relationships were evident, with children confidently seeking support and staff responding effectively to their individual needs and cues. Parents valued the positive relationships that had been formed. Their comments included, "They are always very warm with my child and if ever unsettled I am given feedback as to when they are settled," "[Staff] are all very friendly and kind," and "Welcoming and personalised care given to individual child. The bonds built between child and staff is lovely."

Children's wellbeing was supported through the effective use of personal planning. Each child had a personal plan which contained information that was individual to them. These were reviewed regularly with parents, which ensured information was kept up-to-date and relevant. Clear strategies of support had been identified and staff had a good knowledge of children's individual plans. Where children had more specific additional support needs there was a more targeted support plan in place. We suggested breaking down the information further and having an overview of the key details. This would support staff to be consistent in meeting children's individual needs.

Routines were tailored to meet children's individual needs, promoting consistency between the setting and home. Embedded routines created predictability, helping children understand what to expect. Children were appropriately prepared for transitions between areas and activities, supporting smooth, calm movement throughout the setting. Where rest or sleep was required, children were provided with a calm, quiet space that followed 'Safer Sleep' guidance, ensuring their comfort and wellbeing.

Children were supported with personal care in a respectful manner, with consideration given to infection prevention and control measures. The addition of a sink in the main playroom promoted independence through handwashing, supported by staff in an age-appropriate way. Nappy changing followed guidance and was carried out respectfully, with children reassured throughout. While children were supported to use the toilet when needed, opportunities for independent access were limited. Further consideration should be considered to enhance independent bathroom access in order to promote children's dignity and independence and strengthen infection control practices (see area for improvement 1).

Children experienced calm and unhurried snack and mealtimes. Staff sat alongside children to promote social skills and positive eating habits. Children could choose from a variety of healthy and nutritious snacks and a packed lunch policy was in place to promote healthy eating at lunch. Children had access to water throughout the session and were encouraged to drink, helping them stay hydrated.

Positive relationships between staff, children, and families were evident throughout the setting, contributing to a warm and inclusive ethos. Families were welcomed into the setting and staff made time to speak with them individually. Staff valued contributions and ideas from families to support children's experiences. Parents commented, "[Staff] encourage me to come into the setting when my child is there," "They really helped my child settle in, letting me stay initially to help the process," and "My child looks forward to Kiddiwinks and comes out of each session with a big smile."

Areas for improvement

1. To support children's health and wellbeing, the provider should strengthen infection prevention and control procedures. This should include, but is not limited to, supporting children to access the bathroom independently and safely, when needed.

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

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

a) Ensuring staff interactions support and extend children's learning and development.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I have fun as I develop my skills in understanding, thinking and investigation, and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

This area for improvement was made on 27 September 2024.

Action taken since then

Staff interactions consistently extended children's learning and interests. Staff used skilled interactions and had developed approaches to respond effectively to children's cues and promote their curiosity. Children's interests were mostly well responded to, with staff promoting these further through their interactions.

This area for improvement has been met.

Previous area for improvement 2

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

a) Promoting opportunities for developing children's social language and communication skills.

b) Carrying out regular audits of mealtimes.

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

This area for improvement was made on 13 May 2025.

Action taken since then

Children experienced snack and mealtimes which were calm and sociable. Staff sat alongside children to promote positive eating habits and support children's conversation skills in an age-appropriate way.

Mealtime audits were being developed through the service's quality assurance approaches and the manager had plans in place to embed this to support sustained improvement.

This area for improvement has been met.

Previous area for improvement 3

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

a) Children can access the bathroom independently and safely.

b) Children have more immediate access to handwashing facilities.

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

This area for improvement was made on 13 May 2025.

Action taken since then

A sink had been added to the main playroom which supported effective handwashing to promote infection prevention and control measures. Established routines and staff support in an age-appropriate way supported this.

Children were supported to access the bathroom area when needed or to receive personal care. Further consideration should be given to this to promote effective infection prevention and control measures where more than one child may need access to the toilet at the same time.

This area for improvement has been partly met and a new area for improvement has been made under 'Children are supported to achieve' to address outstanding issues.

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	4 - Good
Leadership and management of staff and resources	4 - Good

Children play and learn	4 - Good
Playing, learning and developing	4 - Good

Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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