Riverbank Nursery
Day Care of Children

2 Citadel Place
Ayr
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Telephone: 01292 268 014

Type of inspection:
Unannounced

Completed on:
10 June 2026

Service provided by:
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Service provider number:
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Service no:
CS2003005179

About the service

Riverbank Nursery provides a care service for a maximum of 73 children up to 10 years of age, allocated as follows:

18 children aged 0-2 years
25 children aged 2 to under 3 years
30 children aged 3-10 years

The service operates Monday to Friday, from 7.45am to 6.15pm, 52 weeks of the year. It is run by a private provider and works in partnership with South Ayrshire Council to deliver funded early learning and childcare places for eligible children aged two to five years.

The nursery is managed by the owner alongside a designated manager. Clear roles and delegated responsibilities support the effective day-to-day running of the service.

Located in the town of Ayr, the nursery comprises six playrooms arranged over two floors, in addition to a kitchen and a secure outdoor play area.

The service benefits from a convenient location, with easy access to local amenities, including shops, public transport links, and a range of community facilities.

At the time of inspection, 93 children were registered with the service and 42 were in attendance.

About the inspection

This was an unannounced inspection which took place on Tuesday 9 and Wednesday 10 June 2026 between 09:45 and 17:45. Feedback was provided to the service on Wednesday 10 June 2026. The inspection was carried out by three inspectors 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.

In making our evaluations of the service we:

- spoke with children using the service
- reviewed electronic feedback from 17 parents/carers
- spoke with staff, the senior leadership team and early learning and childcare representatives from the local authority
- observed practice and daily life for children
- reviewed documents
- assessed core assurances, including the physical environment.

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. We have reported where improvement is necessary within the Leadership and Management of Staff and Resources section.

Key messages

- Overall, children experienced warm and nurturing interactions from staff, which helped them feel secure, supported and valued.
- Care planning, staged intervention and mealtime practices should be strengthened to ensure children's individual needs are consistently met and reviewed.
- Children were happy, engaged in their play and benefited from opportunities to make choices and lead their own learning.
- The quality and range of learning experiences, resources and approaches to assessing children's progress should be strengthened to better support learning and development.
- Leaders had identified priorities for improvement and had begun to introduce systems to support quality assurance and service development.
- Self-evaluation, quality assurance and leadership processes should be strengthened to ensure improvements lead to consistently positive outcomes for children.
- The service had made improvements to child protection, safeguarding and whistleblowing practices. Staff demonstrated an improved understanding of reporting procedures and responsibilities, helping to support the health, welfare and safety of children.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

Leadership	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
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 key question as adequate. While the strengths had a positive impact, key areas need to improve.

Leadership and management of staff and resources

There was some evidence that the service's vision, values and aims had been developed in consultation with staff, children and families. These focused on empathy, respect for rights, collaboration and achievement. The values reflected the service's aspirations for children and provided a shared framework to support positive relationships. They were displayed in the service and contributed to a welcoming environment. Children appeared settled and secure in their surroundings. However, opportunities to revisit and reflect on the vision and values with the current leadership team, staff, children and families were not yet fully established. As a result, there was limited evidence of how they consistently informed practice, decision-making and improvement priorities across the service.

An improvement plan was in place and identified appropriate priorities, including rights-based pedagogy, the quality of experiences and spaces, and self-evaluation. Leaders had identified key areas for development and had begun to introduce quality assurance processes. They demonstrated a commitment to improvement and had identified appropriate priorities for the service. This provided a foundation for ongoing development and showed an awareness of priority areas needing further attention.

Self-evaluation was at an early stage of development. There was limited evidence of how self-evaluation activities was used to drive improvements or led to measurable benefits for children. As a result, leaders could not consistently demonstrate the impact of improvement activity on children's experiences and outcomes. This was particularly evident in the evaluation of learning environments. The service should continue to develop approaches to gathering and responding to feedback in a timely way. This would support more informed decision-making and improve outcomes for children (see area for improvement 1).

Quality assurance processes had been introduced and there was some evidence that monitoring and audits relating to infection prevention and control, accidents and incidents were undertaken regularly. This supported a clean and safe environment for children. Leaders had begun to use monitoring activities to identify areas for improvement. However, there were gaps in the monitoring of personal planning and the evaluation of planning for children's learning. These areas had not been reviewed robustly to identify and meet inconsistencies in practice. As a result, leaders could not be assured that children were receiving a consistent quality of care, play and learning across playrooms. Monitoring processes should be strengthened to ensure identified actions are followed through and their impact on outcomes for children can be clearly demonstrated (see area for Improvement 1).

Communication systems, including daily conversations, noticeboards and newsletters, supported information sharing with families. Families had access to a range of information about the service, helping them to remain informed about children's experiences and nursery life. Many parents valued daily conversations with staff and described staff as approachable and welcoming. However, some parents wanted more consistent communication about changes within the service and greater opportunities to be involved in service development. Plans were in place to introduce a digital app to strengthen communication further and provide more timely updates about children's care, play and learning. This had the potential to improve partnership working and support continuity between home and the setting.

Appropriate arrangements were in place to support safer recruitment and compliance with SSSC registration requirements. Staff leadership responsibilities had been introduced, including 'rights protector', outdoor lead and events coordinator roles. This provided staff with opportunities to contribute to service development and begin to take ownership of specific improvement priorities. These roles were in the early stages of development and their impact on practice and outcomes for children could not yet be clearly demonstrated. Targeted training, effective supervision and evaluation of learning could support staff to develop confidence in their leadership responsibilities, contribute more effectively to service improvement and demonstrate improved outcomes for children (see area for improvement 1).

Areas for improvement

1. To support improved outcomes for children, the service should strengthen monitoring and evaluation approaches. This should ensure identified areas for improvement are systematically implemented and reviewed. The impact on children's care, play and learning should be clearly demonstrated. This should include, but not be limited to, personal planning, planning for children's learning, the quality of children's experiences and environments, leadership roles and professional learning.

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 play and learn — 3 - Satisfactory / Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Playing, learning and developing

Children were settled, confident and happy within the setting. They were able to lead much of their own play and make choices about how they spent their time. Daily access to outdoor play supported children's physical development and wellbeing. As a result, children benefited from regular opportunities to access fresh air and engage in active play. Parents told us that their children enjoyed attending the service, had developed friendships and benefited from a range of experiences. Many described their children as happy and eager to attend. This supported children's confidence, wellbeing and sense of belonging.

Overall, staff were warm, caring and responsive in their interactions with children. They offered reassurance when needed and responded appropriately to children's verbal and non-verbal cues. Staff demonstrated some understanding of how children develop, learn and progress. They generally recognised when to join children's play and when to step back. This supported children's confidence, curiosity and emotional wellbeing.

Some opportunities were available for younger children to develop and extend their schemas, such as transporting and collecting objects as they explored and learned about the world around them. Younger children accessed heuristic materials, including everyday and natural objects that promoted curiosity and discovery through open-ended play. This was not always recognised or supported by all staff. As a result, opportunities to extend learning through transporting, collecting and exploring materials in different ways were not always maximised. Some sensory materials, including playdough, were available across the playrooms. However, the regular provision of sand, water, paint and other open-ended materials in sufficient quantities needed further development. As a result, opportunities for children to investigate, experiment, solve problems and express their ideas creatively were sometimes limited (see area for Improvement 1).

On the second day of the inspection, some children aged three to five years experienced more intentional and responsive learning opportunities. These included a visit to St John's Tower to release butterflies and creative experiences using clay. Children who took part were engaged and interested in their learning. Staff encouraged children to share their ideas and supported conversations about what they were doing. This helped children remain engaged in their learning. However, these experiences involved a small group of children and were not consistently available to all older children. Parents spoke positively about opportunities such as 'beach school', library visits, community outings and creative experiences, which children often discussed at home. These experiences helped children develop confidence, curiosity and connections with their local community.

There was some evidence of literacy experiences, including mark-making opportunities and stories being read to younger children. Children accessed books independently and younger children participated in familiar stories and songs. These experiences supported early communication and language development. Opportunities to develop literacy and numeracy skills were limited across playrooms. As a result, children had fewer opportunities to develop language, early mathematical thinking and problem-solving skills through meaningful play experiences (see area for improvement 1).

Staff shared children's learning through learning journals, observations and "WOW" moments. These provided families with some information about children's experiences and achievements. However, the quality of these records varied. Information about children's learning was not always shared effectively across the staff team. This limited continuity in children's learning and progression. Clear expectations for learning, teaching and assessment had not yet been consistently established or communicated by the leadership team. As a result, practice was not always consistent across playrooms, limiting children's access to high-quality learning experiences.

Systems to support children's learning were in place. However, opportunities to build on learning from home and previous experiences within the setting were not maximised. Planning, observations and evaluation were at an early stage of development. There was limited evidence that children's interests, views and prior learning consistently informed planning. As a result, children's progress, skills and next steps were not always clearly identified or tracked over time (see area for improvement 1).

Support from the visiting early years teacher in South Ayrshire Council provided opportunities for staff to develop their skills. This included the use of questioning to extend children's thinking and encourage problem-solving. Children were encouraged to explore their ideas and reflect on previous learning. However, these opportunities had not been fully maximised for wider staff development. Support was largely focused within the creative room. As a result, opportunities for staff to develop and apply effective learning and teaching approaches consistently across playrooms were missed. This limited the overall impact on children's learning experiences and outcomes.

Checklists were in place for outdoor play and outings, supporting staff to identify and manage risks and helping to keep children safe. Further development of risk assessment processes, including children's involvement, could support children to recognise everyday hazards, make informed choices and develop responsibility appropriate to their age and stage of development.

Areas for improvement

1. To ensure children make appropriate progress and achieve positive outcomes, the service should improve the quality of learning experiences. This should be achieved through a wider range of stimulating resources and effective approaches to planning, observation and assessment. This should include, but not be limited to, the quality and range of resources, planning for learning, observation, assessment of progress and identification of next steps. It should also include the development of more personalised learning experiences.

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

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials' (HSCS 1.31).

Children are supported to achieve — 3 - Satisfactory / Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Nurturing care and support

Overall, staff demonstrated an understanding of the importance of nurturing relationships in supporting children's wellbeing and development. Children experienced warm and responsive care from staff, who offered reassurance when needed and responded appropriately to children's emotional cues. This helped children feel secure, supported and able to express themselves. We observed examples of younger children receiving comfort, reassurance and sensitive support from staff, which promoted their emotional wellbeing. Parents also spoke positively about the relationships their children had developed with staff. Many described their children as happy, settled and eager to attend the service. This supported children's wellbeing and confidence.

The environment was welcoming and inclusive. Children appeared comfortable in their surroundings and were familiar with daily routines. However, the organisation of some spaces did not always fully reflect children's individual needs and preferences, particularly in relation to the current use of indoor and outdoor areas. As a result, some children were unable to fully benefit from outdoor play, and opportunities for choice, peer interaction and engagement in experiences that reflected their interests were not always maximised.

Children were supported with personal care routines. However, greater consideration was needed to ensure children's dignity and respect were consistently maintained. Transitions throughout the day also needed further development. Children were not always supported by familiar adults or predictable routines during periods of change. As a result, opportunities to promote security and continuity of care were sometimes missed.

Care planning systems were in place and included information relating to children's health and wellbeing, literacy and numeracy. Some plans reflected children's views and identified appropriate next steps. For example, plans identified some strategies to support children's emotional wellbeing at home and within the setting. However, the intended outcomes of care planning and the impact on children's experiences were not always clear. This made it difficult to evaluate whether identified needs had been met or whether strategies had improved outcomes for children (see area for Improvement 1).

Where children required additional support, staged intervention approaches had been introduced to complement care planning arrangements. Staff demonstrated a commitment to supporting children's individual needs and partnerships with other agencies were evident. However, identified strategies were often too broad and were not always implemented in practice. As a result, children did not always receive a coherent approach to supporting their care and learning needs (see area for improvement 1).

Parents were welcomed into the service at drop-off and collection times. This provided opportunities to share information about children's day and build positive relationships with staff. However, not all families routinely accessed playrooms across the service. As a result, some families did not always have a full understanding of children's experiences and learning.

Mealtimes provided children with healthy and nutritious food. Allergens and dietary needs were managed appropriately, and drinking water was available throughout the day. Staff supported younger children to develop feeding skills suitable for their age and stage. However, supervision, noise levels and opportunities for independence needed further consideration. The lunchtime routine began during the mid-morning period, reducing time for sustained play and learning. Children were not always encouraged to take part in tasks such as serving food or clearing away. As a result, opportunities to promote responsibility, choice and uninterrupted learning were sometimes limited (see area for Improvement 2).

To keep children safe, the service had taken action to develop safeguarding procedures. Child protection procedures had been reviewed and were being followed in practice. Staff had completed additional safeguarding training and demonstrated an improved understanding of reporting responsibilities, escalation procedures and the importance of promptly sharing information. Records showed that information was being documented and communicated more effectively, supporting the timely identification and response to concerns. As a result, there was increased assurance that risks to children were recognised, recorded, shared and acted upon appropriately, reducing the likelihood of delays and helping to keep children safe.

Medication was stored safely and procedures were generally appropriate. Permission forms were in place and medication was clearly labelled. This helped support children's health, wellbeing and safety.

Areas for improvement

1. To support improved outcomes for children, the service should strengthen staged intervention and care planning processes. This should include, but not be limited to, ensuring support strategies are clearly identified within care plans, consistently implemented by staff and evaluated regularly to demonstrate a positive and measurable impact on outcomes for children.

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) and 'My care and support meets my needs and is right for me' (HSCS 1:19).

2. To support improved outcomes for children, the service should strengthen supervision and overall practice at mealtimes. This should include, but not be limited to, ensuring staff provide appropriate support and supervision to create calm, safe and positive mealtime experiences that promote children's independence and wellbeing.

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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).

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

Requirements

Requirement 1

By 22 June 2026, the provider must make proper provision for the health, welfare, and safety of children. To achieve this, the provider must, at a minimum ensure:

a) the service's child protection policy and procedures are followed at all times
b) to update the child protection policy to clearly identify who staff must report child protection concerns to, ensuring concerns are reported promptly to the appropriate internal leads and external agencies, including Police Scotland and Social Work.
c) to build a competent picture of events by effectively recording all relevant information and share this information with the appropriate agencies/relevant individuals.
d) all staff receive further training relating to all aspects of child protection and demonstrate an understanding of child protection procedures.

In completing child protection training, specific attention must be made to:

i)the procedures to be followed should an allegation be made against a member of staff.
ii) the consequences towards children of delaying the reporting of incidents.
To be completed by: 22 June 2026.

This is in order to comply with:

Health and Social Care Standard 3.20: I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 20 April 2026.

Action taken on previous requirement

Improvements had been made to ensure appropriate provision for the health, welfare and safety of children. The service's child protection and safeguarding procedures had been reviewed and were being followed in practice. The child protection policy had been updated to clearly identify reporting responsibilities and the requirement to report concerns promptly to the appropriate external lead agencies. Records demonstrated that relevant information was being recorded more effectively and shared appropriately to support a clear understanding of events. All staff had completed additional child protection and safeguarding training and demonstrated an improved understanding of reporting pathways, escalation procedures, the management of allegations, including those against staff, and the importance of reporting concerns without delay to reduce risks to children.

Met - within timescales

Requirement 2

By 22 June 2026, the provider must have effective arrangements in place to ensure staff are confident, supported, and able to raise concerns through whistleblowing procedures in a timely and appropriate manner. To achieve this, the provider must, at a minimum ensure:

a) whistleblowing procedures are fully embedded through staff induction, regular reminders, and ongoing communication, ensuring all staff understand their responsibilities and feel confident to raise concerns without fear of reprisal.
b) staff receive training relating to whistleblowing and professional accountability, including:

i) how to recognise poor, unsafe, or abusive practice.
ii) the procedures to follow when concerns involve a colleague or management; and
iii) the importance of prompt reporting and the potential impact on children if concerns are not raised without delay.

To be completed by: 22 June 2026.

This is in order to comply with:

Health and Social Care Standard 3.20: I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 20 April 2026.

Action taken on previous requirement

Improvements had been made to ensure appropriate arrangements were in place for staff to recognise, report and escalate concerns. Whistleblowing procedures had been strengthened through updated policies, ongoing communication and staff discussions. Staff demonstrated an understanding of their responsibilities and were aware of the processes available to raise concerns. The whistleblowing policy had been updated to identify relevant internal contacts, including safeguarding leads, and external agencies, providing clear routes for escalation. We were satisfied that staff were confident in using the whistleblowing process and understood when and how to raise concerns. This helped to promote a culture of openness, accountability and safeguarding within the service. Staff had also completed additional training on whistleblowing, professional accountability and safeguarding, demonstrating an improved understanding of how to identify poor, unsafe or abusive practice, raise concerns about colleagues or management, and act promptly to safeguard children.

Met - within timescales

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate

Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate

Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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