PEACE Annanhill
Day Care of Children

Grange Community Wing
Grange Campus
Beech Avenue
Kilmarnock
KA1 2EW

Telephone: 01563 541870

Type of inspection:
Unannounced

Completed on:
10 June 2026

Service provided by:
PEACE Childcare

Service provider number:
SP2003000712

Service no:
CS2003038766

About the service

PEACE Annanhill registered with the Care Inspectorate on 01 April 2011. PEACE Childcare (PEACE) is the registered provider of this Day Care of Children service. PEACE is a charitable organisation managed by a voluntary Board of Directors (the board). The board has responsibility for the overall management of PEACE. This includes the provision of a sitter service, several out of school clubs operating throughout East Ayrshire and a full day holiday service based in Kilmarnock. The board delegates responsibility for the day-to-day running of the service to a suitably experienced services manager.

The service is registered to provide an out of school care service and holiday service. A maximum of 56 children of primary school age up to 16 years may attend at any one time when both the main hall and reception room are in use. When the main hall only is used the number shall be reduced to 40 children. At the time of our inspection, 55 children were registered with the service.

PEACE Annanhill is located the Grange Campus in Kilmarnock, East Ayrshire. The service uses the Community Wing and has access to an outdoor play space and some access to the school gym.

About the inspection

This was an unannounced inspection which took place between 08 and 10 June 2026, between 08:00 and 17:30. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included 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 the management team
Spoke with staff
Observed practice and daily life.
Reviewed documents.
Received feedback from three parents/carers.

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.

Key messages

- Children were well cared for and supported within a nurturing, respectful environment.

- Self-evaluation and improvement planning need to be more structured and inclusive to better support outcomes for children and families.

- Children were supported to led their play, although further development to core provision was needed to provide a rich, engaging environment.

- Planning processes would benefit from strengthening, showing how children's interests and voices are captured and used to support more responsive, progressive and engaging play experiences.

- Staff were kind, nurturing and child-centred, building warm, respectful relationships that helped children feel valued and safe.

- Personal plans were in place and regularly reviewed, supporting staff to meet children's individual health and wellbeing needs.

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	4 - Good

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

Leadership 3 - Satisfactory / Adequate

Quality Indicator: Leadership and management of staff and resources

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

The service had a clear vision, values and aims in place, with an emphasis on care, respect and safety. These were reflected in practice, with staff demonstrating respectful interactions and maintaining a clear focus on children's safety, including during outdoor play. Children were supporting one another, showing that these values were well understood and positively influencing behaviour and relationships. This contributed to a nurturing, inclusive environment and supported children's wellbeing. There was, however, scope to strengthen this further by reviewing the vision, values and aims in partnership with children and parents to ensure they fully reflect their aspirations and experiences.

There was some evidence of children's views being sought, for example through feedback on snacks and activities. This showed an understanding of participation and enabled children to influence aspects of the service, supporting engagement and enjoyment. However, this approach was not yet fully embedded or consistent. Further development of more regular and meaningful consultation would ensure children's voices are embedded within decision-making and lead to more responsive planning and improved experiences.

There was limited evidence of consultation with parents, which reduced opportunities to fully understand and respond to the needs and views of families. Engagement appeared informal and not consistently recorded, meaning valuable feedback may not have been captured or used to inform developments. Introducing a more structured approach, such as regular questionnaires, feedback forms or planned opportunities for discussion, alongside ongoing informal conversations, would support a better understanding of parent perspectives. Strengthening this engagement would help build more meaningful partnerships and ensure the service is more responsive to families, leading to improved experiences for children.

Some quality assurance and self-evaluation processes were in place, including the monitoring of medication, accidents and incidents, which supported children's health and safety. While this provided a basic level of oversight, self-evaluation was largely informal and lacked structure. As a result, systems and opportunities to identify strengths and areas for improvement were missed. Developing a more robust and regular approach to self-evaluation and involving staff, would lead to clearer, measurable improvements in outcomes for children and families. (See area for improvement 1).

An improvement plan was in place, demonstrating a commitment to developing the service and providing a structure for progress. However, targets were not always clearly outcome-focused or clearly informed by self-evaluation. There was limited evidence that staff were fully involved in setting improvement priorities. Strengthening staff involvement in identifying and shaping improvement plan targets, with a clear focus on what will make a positive difference to children and families, would support greater ownership and lead to more meaningful and impactful improvements.

Areas for improvement

1. To support continuous improvement the service should develop clear and consistent self-evaluation systems. This could include, but not be limited to:

(a) Reviewing Care Inspectorate guidance; 'A quality improvement frameworks for the early learning and childcare sectors: school-aged childcare.
(b) Developing documentation to support structured involvement of staff in reflective practice to identify strengths and areas for development.
(c) Gather feedback from children and families, and use this information to guide improvements.

Strengthening this approach could support the service to continue to improve and achieve high quality outcomes for children and families.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7), and '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

Quality Indicator: Playing, learning and developing

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

Children were relaxed and confidently led their own play. They made independent choices and mostly followed their interests, which supported their enjoyment and sense of ownership. Respectful relationships between staff and children were evident, with staff interacting warmly and responding appropriately to children's needs. This created a positive and inclusive environment where children felt safe, valued and able to express themselves.

The environment was generally well resourced, allowing children to independently select resources to support their play. However, there was missed opportunities for staff to actively enhance experiences for children through the use of purposeful provocations and invitations to play. Introducing more consistent core experiences, such as creative materials, books and construction alongside play opportunities linked to children's interests, would better support sustained play.

There was some evidence of planning, although this was mostly done after activities had taken place. Staff demonstrated an awareness of the need to reflect on experiences, which provided a positive foundation for development. While staff recognised children's interests in practice, these were not consistently recorded or used to inform future planning, including for outdoor play. This limited staff's ability to build on children's interests over time. As a result, opportunities to extend and sustain engagement were restricted. Developing clearer and more consistent approaches to capturing children's voices, such as through floor books or mind mapping, alongside improved planning documentation, would support more intentional, progressive and responsive play experiences. (See area for improvement 2).

Opportunities to support children's literacy, numeracy and digital skills were not fully maximised within play experiences.

There was a lack of digital resources to support children's curiosity and learning in this area, and limited use of environmental print, such as labels, signs or displays, to promote early literacy. Opportunities to naturally embed numeracy, such as counting, measuring or recognising numbers in play, could have been further developed. Strengthening these aspects within everyday play would help create a richer play environment and better support children to develop a wider range of skills through their play.

Children benefited from regular access to outdoor play and opportunities for physical activity, supporting their health and wellbeing. One parent told us: "My child loves playing outside and is encouraged to try new things." During the inspection children took part in games such as 'tig', promoting social skills and cooperation. They used larger equipment like the climbing frame to develop confidence, coordination and risk awareness. However, outdoor experiences were based mainly on the existing, fixed resources, with limited planned opportunities to extend play. We discussed with the manager that there is room to add more resources and plan outdoor play more carefully to keep children interested.

Areas for improvement

1. The service should improve planning processes to support children's play and development. Planning recording formats should include, but not be limited to:

(a) Show evidence of children's voices,
(b) Be reflective of children's interests, ideas and play patterns.
(c) Include evaluations of play to help staff identify clear next steps and ensure children are appropriately supported and challenged.

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

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.

Staff were kind and nurturing in their approach, showing a genuine understanding of children's individual needs. Interactions were warm, respectful and child-centred, with staff using rights-respecting language such as asking permission to join play or offering choice. This approach supported children to feel valued, and respected. One parent told us: "My child absolutely loves going to Peace Annanhill. The girls are all lovely and are always happy to have a chat or answer any questions I have."

Personal plans were in place and regularly reviewed, providing staff with relevant information to support individual children's health and wellbeing needs. Where children had identified additional support needs, these were recognised and planned for appropriately, with individual risk assessments in place to promote safety while supporting inclusion. However, there was scope to strengthen the quality of personal plans by including more detailed contributions from parents. This would provide a better understanding of each child and support parents to feel involved in their child's care.

Snack times were sociable and well organised, providing valuable opportunities for children to interact with their friends and develop communication and social skills. Staff demonstrated a clear awareness of best practice guidance: 'Setting the table' and promoted healthy eating, offering nutritious snacks and engaging children in positive conversations about food. One parent told us: "My child has tried new foods at peace which they then have asked for at home." Staff had a good understanding of children's allergies and planned for this accordingly. To enhance children's mealtime experience further, we discussed with the management team how further opportunities for independence should be encouraged. For example, children preparing their own snack. The manager agreed to monitor this.

Systems to support children's health and wellbeing were generally effective. Infection prevention and control measures were well embedded, with good hand hygiene practices actively encouraged and supported by staff. This helped to promote children's health and reduce the risk of illness. Medication policies and procedures were in place, however medication records were not always completed fully. We discussed with the manager how strengthening this would ensure safer and more robust practice.

Communication with parents was supported through informal discussions and the use of social media, such as Facebook, helping to keep families informed about the service. One parent told us. "Staff are lovely and always happy to update me on my daughters time at peace." As a result, parents felt valued and informed about children's time in the setting.

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

In order to promote children's health and wellbeing service the staff team, in consultation with children and parents, should review the breakfast menu and ensure that it reflects current nutritional guidance for school aged children.

National Care Standards for early education and childcare up to the age of 16 - Standard 3.4 Health and wellbeing.

This area for improvement was made on 11 July 2017.

Action taken since then

We visited the breakfast club as part of this inspection, the service offers a range of options that were in line with healthy eating policies and best practice guidance: 'Setting the table'. Therefore 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.scot.

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	4 - Good
Nurturing care and support	4 - Good

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