Kinderhouse
Day Care of Children

Huntingdon Avenue
Dumfries
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Telephone: 01387 264 064

Type of inspection:
Unannounced

Completed on:
28 May 2026

Service provided by:
Kinderhouse Services Ltd

Service provider number:
SP2004005821

Service no:
CS2004059539

About the service

The service is based within Kinderhouse, a daycare of children and out-of-school care setting, and children are accommodated in one main playroom. Out-of-school care is in the same space. Children have access to an enclosed outdoor garden. Kinderhouse early years and out-of-school care is located in a residential area in the town of Dumfries. The service has sole use of the premises and the outdoor play area. Children can move between indoors and a secure outdoor area. The centre is within walking distance of local amenities.

The service is registered to provide day care for children, with a maximum of 35 children:

Annex - a maximum of 14 children of school age up to 14 years of age.
Main building - a maximum of 21 children up to the age of 14 years of age of whom no more than 13 are under three years of age, of whom no more than eight are under two years.

At the time of our inspection, 26 children were registered with the service; the annex was not in use.

About the inspection

This was an unannounced inspection which took place on Wednesday, 27 May and Thursday, 28 May 2026, between the hours of 09:00 and 17:00 on day one, and 08:30 to 17:00 on day two. 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 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:

- spoke with children using the service
- received completed electronic questionnaires from 11 families and two members of staff
- spoke with the staff and the management team
- observed practice and daily life
- reviewed documents
- assessed core assurances, including the physical environment.

As part of this inspection, we assessed 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.

During this inspection, we 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.

Key messages

- Children's views were listened to and valued.
- Self-evaluation, improvement planning, and quality assurance processes should be developed and embedded to improve children's outcomes and support continuous service improvement.
- Children needed to be able to access resources easily, so the environment supported their choices and developmental stage.
- Children were happy, settled, and relaxed in the setting.
- Staff were kind and warm and had built positive relationships with children.
- Cleaning routines should be reviewed to support effective infection prevention and control, and the volume of resources should be reduced.

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

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 vision, values and aims (VVA), and some aspects of these were beginning to be reflected in practice. Staff were aware that the VVA existed, and there was a shared commitment to developing a clearer understanding of how these should guide daily practice. Although staff were not yet fully confident in their ability to describe the VVA, they demonstrated a willingness to engage with this work. The VVA had been reviewed, and a more comprehensive review involving children, families, and wider stakeholders was planned for 2025-2026. This would provide a positive opportunity to strengthen shared ownership and ensure the VVA more effectively embeds the culture in the setting.

Self-evaluation and quality assurance processes were in their early stages of development. While formal consultation with children and families was limited, families who attended open days expressed that they valued the service. Staff regularly engaged in informal discussions with parents and responded sensitively to individual needs; for example, by supporting children who were less confident in certain types of play. Staff were encouraged during support and supervision to identify areas for improvement, and this created a foundation on which more structured evaluation processes could be built. We have therefore made an area for improvement to support the service in developing more consistent and meaningful approaches to self-evaluation (see area for improvement 1).

An improvement plan was in place, and staff were aware of the priorities identified. Some areas, such as environmental development and self-evaluation, had been carried forward from the previous year. While progress had not yet been fully evidenced, the service had systems in place to support reflection, and staff were motivated to build on them. Further development of staff confidence in using national frameworks and best-practice guidance would help ensure that planning, observations, and children's experiences were more clearly informed by recognised standards.

Parents shared mixed views about the communication received from the service. Some parents were satisfied with the level of communication. They told us, "They keep us involved through regular updates, conversations with staff and opportunities to give feedback," and "They provide great feedback regarding their day at pick-up times and are prompt in informing of concerns if my children are unwell or have had an accident during the day." However, some felt that communication could be more consistent, particularly regarding the use of the 'Famly app'. Parents said, "I would like some more pictures of their time during the day on the Famly app if possible," and "Use of the Famly app was advertised as a tool they use, but there have only been a handful of short posts, and it would appear this tool is definitely not utilised properly." The service should strengthen communication with parents by consistently using the Famly app to share regular updates on children's experiences, care, learning, and development.

Quality assurance systems were in place, with roles and responsibilities identified. Staff and management were committed to improving consistency, and there was recognition that strengthening oversight would help ensure tasks were completed reliably. With more regular checks and clearer monitoring, the service would be better placed to identify gaps and maintain high standards across practice.

Risk assessments were available and helped keep children safe. Some had not been reviewed to ensure they fully reflected current practice and supported staff in identifying and managing potential risks. Developing a wider range of risk assessments and reviewing these more regularly would further enhance children's safety. We have therefore made an area for improvement to support this work (see area for improvement 2).

Policies and procedures had been updated, and staff demonstrated an appropriate understanding of child protection, contributing to a safe environment for children.

Staff told us they felt well supported by an approachable management team. They felt their wellbeing was valued and that their ideas were listened to. Staff were enthusiastic about improving the service and committed to ongoing development. Parents also shared positive feedback, including: "Staff are always cheerful and welcoming. If there are ever any questions or comments, staff are always available for a chat and always let you know what your child has been doing that day."

Areas for improvement

1. The service should strengthen its self-evaluation and quality assurance processes to better understand what is working well and what needs to improve. This should include gathering feedback from children, families, and staff, and measuring the impact of any changes made. This will help ensure the service continues to develop in ways that benefit children.

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).

2. The manager should ensure that risk assessments are expanded, regularly reviewed, and fully embedded into daily practice. All staff should understand and follow these risk assessments to support consistent and effective approaches to keeping children safe.

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

'My environment is safe and secure' (HSCS 5.17).

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.

Staff were warm, kind, and caring in their interactions with children. They responded to children's needs and provided reassurance when required. While staff were not always at the children's level during interactions, they showed a genuine interest in the children's experiences and were beginning to develop

more effective communication approaches. Some staff demonstrated a good understanding of when to join in with play and when to step back, and the team would benefit from building greater consistency in this area.

There were examples of positive practice across the setting. Some staff used effective questioning and supported turn-taking well during games, helping children develop social skills and confidence. Not all staff used open-ended questions or allowed enough time for children to think and respond, which meant some opportunities for deeper learning were missed. With continued support and reflection, staff will be able to build on the strengths already present.

Children experienced child-led play and were happy, relaxed, and confident throughout our visit. They moved freely around the room and approached staff comfortably to request additional toys or support. A wide range of resources was available to support children's independence and choice. However, the volume of resources sometimes made it more difficult for staff to plan purposeful play.

School-aged children could freely access the toys and resources stored within the main playroom. For more age-appropriate and challenging toys and resources, children could request these from the office. We asked that the service review this to ensure children could easily choose and access a wider range of resources that stimulated their interests and extended play.

Planning for children's play was developing. Although children had clearly identified next steps for staff to review with parents, planning documents did not consistently include learning intentions, success criteria, or evaluations of learning. Floor books included photographs of children's experiences, and staff were beginning to use these to reflect on and plan learning; however, they were not always up to date and did not clearly demonstrate how children's ideas, interests, voices and progress informed planning. Planning should more clearly link to Curriculum for Excellence to support a shared understanding of children's progress and how best to support it. Strengthening planning to include children's voices, clearer learning intentions and links to national guidance would help staff provide experiences that build on children's interests and support steady, meaningful progress. We have therefore made an area for improvement to support this (see area for improvement 1).

Children were involved in setting up some play areas, which supported their motivation and sense of ownership. Many children were engaged in their play, and creativity increased on the second day when more painting opportunities were offered. Early literacy and numeracy features, such as a height chart and natural materials, were available and helped children develop early skills in a relaxed, supportive environment. Parents told us, "Inside the nursery, there seems to be a range of activities."

Areas for improvement

1. The service should improve its planning so that children's learning is clearly linked to the Curriculum for Excellence and Realising the Ambition. Planning should demonstrate how children's ideas, interests, and play patterns, including schematic play, are used to shape learning experiences. This will help staff identify meaningful learning intentions and next steps, ensuring children are supported to build the right skills, remain challenged, and make steady progress in their learning.

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 — 3 - Satisfactory / Adequate

Quality indicator: Nurturing care and support.

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

Building positive relationships with families was a clear strength within the service and supported secure attachments for children. All families who responded to our questionnaire agreed they had good relationships with staff. Parents described staff and management as supportive, and transitions were managed well, helping children settle confidently into new routines. Parents told us, "The staff are all friendly, approachable, caring, helpful and kind," and "I feel I have an excellent relationship with the staff at nursery."

Personal care routines were carried out with kindness, although some aspects required further development to fully support children's privacy and dignity. For example, the toilet door was occasionally left open, and staff sometimes spoke to children about changing from across the room. Staff were receptive to feedback and willing to improve these practices to better uphold children's rights.

Staff responded sensitively when children needed rest or sleep. They recognised children's cues, settled them calmly, and offered comfort when they woke. This contributed to children feeling safe and well cared for.

Mealtimes were calm, sociable, and enjoyable. Children helped set the table and tidy up, and they chatted confidently with staff and each other. This supported independence and social development. Children also had good access to drinking water indoors and outdoors. Staff understood medication procedures and recognised the importance of keeping children safe.

Some medication records required additional detail, such as clear signs and symptoms indicating when medication should be given. Strengthening recording systems, including ensuring that two staff members' signatures are required and clear emergency procedures are in place, will support staff in responding confidently and consistently. We have therefore made an area for improvement to support this (see area for improvement 1).

Personal plans were in place for all sampled children and were reviewed within the required timescales. Families were involved in discussions, and plans were shared with them, helping to build shared understanding. Some targets now need to be refreshed, as a few had been in place for an extended period. Updating these so they are realistic, meaningful, and developed with parents will help ensure children's progress is clearly monitored and supported.

The service had begun improving infection prevention and control (IPC) practices. Staff need to better understand the importance of maintaining a clean environment, and some improvements were made during the inspection. However, both indoor and outdoor areas contained a high volume of resources, making it more difficult to maintain cleanliness and reducing the quality of play. Baby resources also required more

consistent cleaning, particularly when items were dropped on the floor. A clear separation between adult and child toilet facilities will further support safe and hygienic practices. As current arrangements did not fully support effective infection control, this area for improvement will now be incorporated into a new requirement (see requirement 1).

Handwashing routines were developing but not yet fully embedded. Children were unsure where to find hand towels, and handwashing did not always occur at key times. Strengthening these routines will support children's health and independence.

Requirements

1. By 17 August 2026, the provider must ensure that effective infection prevention and control (IPC) measures are in place to keep children safe and healthy.

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

a) ensure indoor and outdoor environments are organised in a way that supports effective cleaning and reduces the spread of infection

b) review and reduce the volume of resources to ensure they can be cleaned regularly and maintained to an appropriate standard

c) ensure all baby resources are cleaned consistently, including when items are dropped on the floor

d) implement clear procedures for the cleaning, storage, and rotation of resources

e) ensure all staff understand and follow IPC guidance consistently across the setting.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 are consistent with the Health and Social Care Standards (HSCS) which state that:

'My environment is safe and secure' (HSCS 5.17); and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

Areas for improvement

1. The service should improve its medication procedures to ensure they follow current best practice guidance. Medication records must clearly state the signs and symptoms that indicate when medication should be given, along with clear instructions on what staff should do next. Strengthening recording systems, including ensuring two staff sign each administration, will help keep children safe and ensure staff can respond appropriately in an emergency.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24); 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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The manager should ensure staff maintain effective infection control measures. The environment should be improved in terms of clutter and cleanliness.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 6 September 2018.

Action taken since then

The area for improvement relating to infection control, cleanliness, and reducing clutter has not been met. Although some improvement was noted on day two, significant concerns remained.

The playroom was cluttered, and toys in the baby room, main playroom, and outdoor area required cleaning. This posed a potential hazard, as young children frequently put objects in their mouths.

Environmental areas such as the changing room, staff toilet, and children's toilet contained clutter, open containers, and exposed paper towels. The kitchen required a deep clean, though it was improved on day two.

These issues indicate that effective infection control and environmental cleanliness are not yet embedded.

This area for improvement is no longer in place and has been incorporated into a new requirement under the key question 'Children are supported to achieve'.

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

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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