Happy Days - Dalkeith
Day Care of Children

127 High Street
Dalkeith
EH22 1BE

Telephone: 01316 634 280

Type of inspection:
Unannounced

Completed on:
28 August 2026

Service provided by:
Genesis (J & T) Limited

Service provider number:
SP2010011218

Service no:
CS2010274508

About the service

Happy Days Dalkeith is registered to provide a care service to a maximum of 137 children under the age of 12 years of whom 42 children may be under the age of three years. A maximum of 60 primary school age children will be cared for at the Masonic Lodge, 129 High Street, Dalkeith.

The service is provided from a detached Georgian house in Dalkeith, Midlothian. The premises provides playrooms over two floors, toilets, and nappy changing areas, two soft play/multi-sensory rooms, kitchen, staff room and office space. The building is surrounded by three enclosed outdoor play areas.

The school aged children use the Masonic Lodge, next to the nursery property. The premises provides a large hall, access to a garden area, toilets and kitchen facilities.

About the inspection

This was an unannounced inspection which took place on 25 August 2026 between 08:00 and 18:00. 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.

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. We comment on some areas of improvement needed to the environment which are linked to core assurances and the quality improvement framework.

In making our evaluations of the service we:

- spoke with several children during their play
- reviewed comments made by parents through our care standard questionnaire
- spoke with the staff group and leadership team
- observed staff practice and daily experiences for children
- reviewed documents
- assessed core assurances, including the physical environment.

Key messages

• Children in the setting were happy, confident and had good relationships with staff.

• Babies received very good quality experiences and care.

• The leadership team had developed very good self-evaluation processes. These included consultation with the staff team and were resulting in sustained improvements.

• Although some play experiences could be improved on the whole children were having fun with a good range of activities.

• Improvements had been made to the range of play activities and experiences for school aged children.

•Staff could further consider how to support transitions though out the day to support children's sense of security.

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	5 - Very 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 5 - Very Good

We found major strengths in this aspect of the setting's work and identified very few areas for improvement, therefore we evaluated this quality indicator as very good.

Quality indicator - Leadership and management of staff and resources

A shared statement of the vision, values and aims had recently been redeveloped. These focused on continuous improvement and positive outcomes for children, families and staff. Skilled, Honesty, Inclusive, Nurture, Excellence (SHINE) had been developed in collaboration with the staff group and was being shared with children and parents. As SHINE had recently been developed work was continuing to further embed the values into practice. Discussions at team meetings were used to identify good practice from staff related to the vision, values and aims and going forward they would be used in staff performance reviews. To further strengthen children's understanding of SHINE we suggested further familiarisation work could be carried out with school aged children. This would help them to understand their purpose and how they and staff could work towards their achievement.

Systems for self-evaluation were well organised and having a positive impact on the outcomes for children. Self-evaluation was led by the leadership team with staff being regularly involved through whole team and room senior meetings. These meeting included discussions regarding benchmarking quality against good practice documents, reflection of practice and identifying improvement. The self-evaluation process had been used to develop action or improvement plans. These were well monitored to evidence sustained improvement. Information was shared with parents through displays and some reference in parent communications. A current improvement priority was strengthening consultation and collaboration with parents. Further work could be undertaken to ensure the views of parents and families are meaningfully included in self-evaluation processes and service development.

Quality assurance and monitoring processes were in place to ensure that a number of procedures, which influenced safety, quality of care and the environment were being followed. Some auditing had been devolved to room seniors as part of their leadership development. Aspects of auditing were resulting in improved outcomes. For example, accidents were monitored to identify patterns or need for further risk assessment. Some areas of auditing needed to be more consistent to ensure the maintenance of high-quality outcomes. For example, the auditing of planning for play and learning to ensure it was complete and up to date.

Children's welfare and safety was promoted through the very good procedures for recruitment of staff. Recruitment documentation evidenced that national safer recruitment practices were followed. The interview process had been developed to include a value-based element to ensure that staff were a good fit for the setting and their vision, values and aims.

Staff commented that the well organised induction process had prepared them for their role in the setting. The induction programme had been developed using the 'Early learning and childcare: national induction resource'. It had been adapted to ensure it met the individual learning styles and needs of staff. This ensured that there were suitable levels of support for staff new to the setting.

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.

Overall, across the setting staff had a good understanding of how children learn and develop and were using this to provide a good range of play experiences. Staff working with the babies provided an environment that encouraged curiosity, offered comfortable spaces and supported a range of learning experiences. They used their knowledge of child development and schematic play effectively to deliver high-quality play opportunities and meaningful engagement for the youngest children. Play experiences and the layout of the play environment for school-aged children had improved since the previous inspection, contributing to a calm and engaging atmosphere. Further enhancements to outdoor play opportunities, alongside consideration of the environment and play experiences available during morning sessions, would help increase children's enjoyment, participation and engagement.

Children aged 3-5 years were observed having fun and enjoying their play throughout the day. To further enhance engagement and learning, staff should ensure resources consistently provide rich learning opportunities and effectively support language, literacy and numeracy development. Play experiences could be planned and prepared in advance, with a range of adaptable resources that encourage children to lead and extend their own play. Some children in the 2-3 year age group were less engaged in their play. While suitable resources were available, staff should continue to consider how both indoor and outdoor environments can better support children's engagement and learning. Providing greater opportunities for children to move freely between indoor and outdoor spaces would further promote engagement by enabling them to follow their interests and preferences.

Staff working with the babies were very a tuned to non-verbal communication and staff spoke to children throughout their play encouraging, praising and laughing. Staff working with children aged 2-5 years should continue to develop their skills in observation and the interpretation of children's non-verbal communication. This would help them to provide developmental and emotional support. Staff working with school aged children knew them well and supported self-regulation well. They interacted with children in a fun and appropriate manner. One child said 'Staff are fun. They help us and we have a laugh.'

The leadership team recognised that staff had varying levels of skill and confidence in supporting children's learning through interactions. While some staff responded effectively and used their experience to extend children's thinking, this was not yet consistent across the team. For example, some interactions limited opportunities for children to think independently, as staff were too quick to provide answers or solve problems rather than allowing children time and space to explore solutions for themselves.

Across the setting children's ideas and interests along with intentional promotions formed the basis of planning for play and learning. Auditing of the planning documents would ensure that they were complete and that all staff took responsibility for the completion of evaluations.

Children's development and progress was shared with parents through the My Learning Profile (MLP). The MLP's in the baby room were of a very good standard with consistent recording of children's achievements.

Across other age groups information on children's learning had been gathered but not added to the MLP. This resulted in some gaps in recording and tracking and development of relevant next steps for learning.

Information on activities and in the setting and when out in the community were shared with parents. Parents were invited to consultation events with staff to discuss their child's learning and could talk to their child's keyworker regarding their children's learning progress. This helped parents share in children's successes and experiences in the setting.

Children are supported to achieve 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 - Nurturing care and support

Throughout the setting children experienced warm and responsive care. Parents and children gave positive comments about staff. "The service is great. My son loves it. It's great to have and everyone is so nice." "I like *** they tell really bad jokes." "Most staff are very friendly. Staff working with my child know them well."

Overall, staff were kind, calm and engaged with children who they knew well. This helped children feel secure within their environment and develop positive relationships with staff. For example, babies confidently explored the outdoor area at a distance from staff, babbling to one another and to visitors while enjoying fun, well-supported play experiences.

In some playrooms, staff could be more organised and place greater focus on interactions with children rather than tasks, as this impacted on children's engagement. We discussed with the leadership team the importance of staffing consistency throughout the day. A better balance was needed between ensuring children become familiar with the wider staff team and enabling them to build secure attachments with a smaller number of consistent caregivers.

Transitions throughout the day were, on the whole, well planned. Children knew the routine and what was happening next. More consideration of daily routines was needed to support children who had recently transitioned from the 2-3 age group to the 3-5 age group. They had moved into a larger, noisier group where there were more opportunities for independence and choice. Some children needed support with this transition. For example, adapting the meal routine while children became familiar with rolling lunch system.

Across all age groups, children's privacy and dignity was well supported, with personal care routines managed sensitively and respectfully. Staff ensured school-aged children had opportunities for privacy and access to spaces where they could choose to play alone or with others. There were good opportunities for children to develop independence at meal and snack times. School-aged children and those aged 3-5 years could choose whether to play indoors or outdoors. To further support choice and engagement, children aged 2-3 years should be provided with greater opportunities to access both indoor and outdoor play environments.

The mealtime for babies was a calm, supported and social experience where children ate well and were given time to enjoy their meal. Staff were organised, provided children with a choice of what they wanted to eat and gave assistance and encouragement where necessary. Staff should review and evaluate the experiences at mealtimes for children aged 2-5 years to ensure that meal and snack times were a meaningful, well-paced and social part of the day. Some aspects of the meal experience were not well

supported by staff and a significant number of children did not fully understand the routine. Observation and support for children needed to be better. This would help staff to assess if children had enough to eat and maintain safety aspects, such as sitting down when eating.

Staff had gathered information on children to ensure that they could meet their care and support needs. The leadership team needed to ensure that the recordings in personal plans were consistent across the setting. For example, staff could describe children's care needs well but some chronologies or wellbeing sheets had not been fully completed.

Leadership staff working with children aged 3-5 years had developed clear support plans for children. These now needed to be shared with the staff working directly with those children and regularly evaluated to ensure that they improved outcomes. Some children aged 2-3 years would have benefitted from strategies to ensure a consistent approach to their support. For example, where children struggled with aspects of their day such as settling in, making relationships or personal care routines.

Parents received a good range of information about activities, the vision, values and aims and the improvement plan. They received regular updates through the Famly app and had opportunities to come to Stay and Play sessions. The setting wanted to involve parents more in the evaluation of aspects of the setting and to develop this partnerships with parents was an area that the setting had identified as part of their improvement plan.

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 ensure that children receive high quality support. Staff should develop support plans for all children who need them. These plans should be developed in agreement with parents and monitored and evaluated to ensure that they have a positive impact on children's development and progress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me.' (HSCS 1.14).

This area for improvement was made on 1 May 2025.

Action taken since then

Staff had developed strategies of support for the majority of children who needed them. Across the setting staff could evidence that they knew children well and were using this knowledge to support some individual children. In some cases staff needed to increase the recording of this support to ensure that it was provided consistently and was having a positive impact.

This area for improvement was met.

Previous area for improvement 2

Children's health and wellbeing should be supported by fully embedded medication policies and procedures which reflect current good practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me.' (HSCS 1.14).

This area for improvement was made on 1 May 2025.

Action taken since then

Procedures for medication were well organised and regularly audited to ensure that medication policies and procedures were consistently followed.

This area for improvement was 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	5 - Very Good
Leadership and management of staff and resources	5 - Very 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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