

Little Clouds Nursery Day Care of Children

Nigg Kirk Road
Altens
Aberdeen
AB12 3DF

Telephone: 01224 899 965

Type of inspection:
Unannounced

Completed on:
15 February 2024

Service provided by:
Iona Nursery Limited

Service provider number:
SP2017012948

Service no:
CS2017358558

About the service

Little Clouds Nursery is situated in the Altens area of Aberdeen.

The service is registered to provide a care service to a maximum of 72 children at any one time, aged from 0 to an age to primary school, of whom no more than 21 are less than two years.

Children are cared for in three rooms downstairs, and one upstairs. The downstairs rooms are separated by low level gates and can be easily converted to open plan. Children have access to an outdoor decked area for each of the rooms downstairs, and an enclosed split-level garden. The service is on a bus route and is near to local facilities.

About the inspection

This was an unannounced inspection which took place on 13 February between 10:30 and 17:45, and 14 February between 08:20 and 15:00.

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.

In making our evaluations of the service we:

- spoke with children using the service
- spoke with four families
- reviewed responses to feedback questionnaires from 37 families
- spoke with staff and the manager
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children were supported through kind, caring interactions.
- Children experienced a range of planned and spontaneous play opportunities.
- Children's play spaces were comfortable and welcoming.
- Infection control procedures and nappy changing arrangements needed to be improved in line with guidance.
- Staff communicated well with families and fostered positive relationships.

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

How good is our care, play and learning?	4 - Good
How good is our setting?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

4 - Good

We evaluated this key question as good. We identified several strengths, which impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Children benefitted from kind, caring interactions with adults. Staff recognised when children needed comfort and offered cuddles. Achievements were recognised and children received lots of praise and encouragement. This helped them feel cared for and valued.

Children's personal care was well supported. During nappy changes, staff chatted to children, helping them feel comfortable. Staff encouraged effective handwashing by washing their own hands alongside the children, promoting independence and self-care. Children's sleep routines were managed well. Babies slept in cots in a sleep room adjacent to their playroom and toddlers slept in an adapted outdoor room. We found that sleep mats in this area were placed too close together and management agreed to review these arrangements to promote children's privacy and dignity. Children knew care routines well and appeared relaxed and happy.

Children ate nutritious, healthy meals in line with nutritional guidance. Alternatives were offered where necessary, and water was offered throughout the day to help children stay hydrated. Children had some opportunities to develop independence, with older children self-serving and helping to cut fruit. Staff sat with children to supervise and support them. These measures helped provide a safe mealtime experience for children. Some staff interactions, however, were task-focused and did not promote a sociable experience for children. Noise levels were high at times, and staff lunch breaks impacted on continuity for some children. Management agreed to review lunch time routines to provide a consistently positive, calm, sociable experience for all children.

Children's care was promoted by staff's knowledge of their needs. Personal plans held information shared by parents and these supported staff's knowledge and understanding of children's needs and preferences. Children with additional needs had appropriate support plans in place and staff knew the strategies being used to support children. This included joint working with other agencies, where appropriate. This helped ensure that children's care and support was individualised and effective.

Children's wellbeing was supported by staff practice. Staff were knowledgeable about children's allergies and medical needs, and children were supported sensitively when receiving medication. The storage of medication could be improved, however. Although appropriate records were kept, these were not always available for use beside each child's medication. Emergency medications were stored under other items, making them less easy to access in a hurry. Management agreed to review these arrangements to help ensure children's health and safety at all times.

Quality indicator 1.3: Play and Learning

Children benefitted from a mixture of planned and spontaneous play activities. Planned activities followed children's interests and staff were continuing to develop their approaches to planning. Observations of children's learning were shared with parents on the 'Family' app. Parents were able to contribute, helping support continuity between home and the service. Parents told us they found this helpful in supporting their children's learning and keeping them up to date.

Children were able to choose what they wanted to play with and how they wanted to play. Activities were responsive to children's interests. These included tinkering with old appliances, playing with real life items and sensory experiences using play dough, sand and pasta. These provided opportunities for promoting children's curiosity and interest.

Children had opportunities to develop language, literacy and numeracy skills through activities such as singing, storytelling and mark making. Further opportunities such as measuring and literacy embedded in the routines and provision of the setting would benefit children's learning. Not all opportunities were age appropriate. For example, we observed the youngest children being gathered in a group to listen to a story which was too advanced for them to understand. Staff should continue to develop their skills and knowledge to provide for and extend children's learning.

Children benefitted from a range of experiences. Staff with specific skills offered planned activities, and parents had been invited to share experiences, such as telling stories in different languages, with children. Visits to nearby facilities and venues had included a walk to the nearby 'Gramps' and the nursery allotment. Links with local charities and businesses such as the nearby vet surgery and care home provided children with varied learning opportunities and a connection to the wider community.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. Whilst we identified some strengths, these only just outweighed weaknesses.

Quality indicator 2.2: Children experience high quality facilities

Children benefitted from bright, welcoming spaces. Playrooms were well-ventilated with plenty of natural light and furnishings in each room were suitable for the children's age groups and abilities. Cosy dens with soft furnishings gave children areas to relax and be comfortable. These measures helped children feel welcome and valued.

Children easily accessed well-presented play resources. The use of low-level units and baskets meant that children knew where to find what they wanted to play with. Some areas were cluttered, however, and we encouraged management to review where items were placed to maximise the space available, maintain a consistent level of accessibility for children.

Children had regular opportunities to play outdoors. All age groups had their own decked area outside their room. The younger children played in this area daily, with regular access to the wider garden. Older children had free flow access to the garden throughout the day, providing opportunities for exploration and physical play.

Children's health and safety was promoted by some measures. Risk assessment of some areas had successfully identified and reduced risks, such as high door handles and a surrounding fence helped keep children secure. However, some potential hazards had not been identified. Children could access gate latches, which risked them gaining unsupervised access to outdoor storage areas. Management planned to address this by fitting keypad locks to gates immediately following the inspection. Ongoing risks such as tripping hazards and open storage cupboards were not always identified by staff throughout the day. This risked the potential for children to be injured and management agreed to review current risk assessment arrangements to help ensure children's safety at all times **(see area for improvement 1)**.

Infection prevention and control practices were not sufficient to promote children's health and safety. Some dishes were washed in multi-purpose sinks in the playrooms, and staff did not always follow guidelines for good hygiene when children dropped cups on the floor. One child accessed food that had been dropped on the floor, and disinfectant spray was used when children were present. Staff did not have a full understanding of the correct personal protective equipment to use. These measures did not keep children safe from the risks of cross infection **(see area for improvement 2)**.

Children's nappy changing facilities did not meet current guidance. A changing unit was being utilised in an adult accessible toilet and management agreed to cease this practice to reduce the risk of cross contamination and comply with guidance. We have asked the provider to submit an action plan as to how they intend to upgrade changing facilities to meet current guidelines **(see area for improvement 3)**.

Areas for improvement

1. To support children's health, safety and wellbeing, the provider should improve risk assessment practices.

This should include, but is not limited to:

- a) ensuring that all staff have a full understanding of how to carry out and implement risk assessments to identify and minimise risks for children.
- b) auditing of risk assessments and staff practice to ensure all hazards are identified and removed.

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

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

2. To support children's health, safety and wellbeing, the provider should improve infection prevention and control practices.

This should include, but is not limited to:

- a) ensuring that all staff have a full understanding of the correct use of personal protective equipment (PPE).
- b) ensuring that all staff have a full understanding of cleaning procedures and the proper use of cleaning materials.
- c) improving dish washing arrangements to meet current guidelines.

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

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

3. To support children's health, safety and wellbeing, and reduce the risk of cross contamination, the provider should ensure that nappy changing arrangements comply with current guidance. This should include, but not be limited to the provision of suitable nappy changing facilities.

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

'If I require intimate personal care, there is a suitable area for this, including a sink if needed' (HSCS 5.4).

How good is our leadership?

4 - Good

We evaluated this key question as good. We identified several strengths, which impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator: Quality assurance and improvement are led well

Children were cared for in a service with a clear ethos of children learning through play, which was displayed for parents and staff. We encouraged management to further develop this to include vision, values and aims alongside all staff and parents to help ensure that these reflect the current aspirations of all stakeholders.

Families had opportunities to be involved in the development of the service. Parents were consulted and told us of the feedback questionnaires they were asked to complete. Newly introduced 'Stay and Play' sessions were very positively received by parents. Informative notice boards and activities such as home-link bears, and staff sharing songbooks on the 'Family' app provided further opportunities for involvement. Some children's views were gathered about activities and management planned to further develop ways of giving children opportunities to be meaningfully involved in the development of the service.

Positive experiences and outcomes for children and families were promoted through quality assurance practices. Audits were in place to support practice and mostly supported self-evaluation and identification of where improvement was needed. However, there were some areas where the audits had not been effective. For example the review of medication paperwork had not flagged that paperwork was not kept with the medication as stated in the setting's policy. Monitoring of staff practice identified what was going well and areas for improvement. This included some monitoring of individual staff and we encouraged management to further develop this to help identify individual development needs. This would support continuing professional development and lead to improved experiences for children. An improvement plan with clear objectives supported ongoing developments, which were relevant and supported positive outcomes for children and families.

Children's welfare was promoted through staff's understanding and knowledge of child protection procedures. A policy was in place to support staff knowledge and practice. We suggested that this be developed to include a reference to the most recent child protection guidance. Management agreed to address this to ensure comprehensive information was available to staff to fully support them in protecting children.

Complaints and incidents had been investigated, and the Care Inspectorate had been notified when this was needed. We clarified the required timings of some of these notifications to ensure that they are submitted timeously. We signposted the management team to supporting guidance: 'Records that all registered children and young people's care services must keep' and guidance on notification reporting on the Care Inspectorate Hub to support their understanding.

How good is our staff team?

4 - Good

We evaluated this key question as good. We identified several strengths, which impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator: 4.3 Staff deployment

Children were cared for by staff with a mix of skills, knowledge and experience. When staff had moved rooms, they were supported by colleagues to get to know the children, their needs and care routines. They told us they felt well supported by each other and management. These measures helped provide consistently positive outcomes for children throughout the service.

Children's care was supported by positive relationships with families. Children and their parents were welcomed at the door, where staff chatted with them, children received cuddles and were encouraged to wave goodbye. Parents spoke positively of the relationships that staff had built with them and their children. They were not, however, routinely admitted into the building at pick up and drop off times. We asked management to consider ways of making the service more accessible to parents at these times to help promote parental involvement and strong links for children between the service and home.

Families benefitted from the sharing of information. Notice boards outside, on the approach to the building, provided a wealth of information, including staff photos, information about local services and charities, and links to children's learning. Parents told us they felt well informed, with one commenting on the 'excellent communication', which supported their child's care.

Staff absences were well managed to limit impact on children's experiences. Absences were covered within the staff team to provide consistency, and staff breaks were generally planned to minimise disruption. We identified, however, that staff breaks during children's lunches caused some interruptions, and management agreed to look at this to maximise opportunities for promoting continuity of care for children.

Children were cared for by a staff team who worked well together. They communicated with each other throughout the day to ensure that information about children's care needs was passed on. They shared routine tasks to ensure that these were carried out. This did, at times, however, lead to children being passed around staff to have their needs met. Management agreed to explore this with staff to help promote consistency for children.

Children's safety was promoted through the setting's recruitment practices. New staff completed an effective induction, where they were supported to understand their roles, and their knowledge and skills were assessed. We encouraged management to make use of the Scottish Government's 'National Induction Resource' to further enhance the induction process and support all staff in identifying areas for development and improving their knowledge and skills.

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

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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