

# Jack & Jill's Elite Nursery Limited

## Day Care of Children

Eco Park  
Carsview Road  
Forfar  
DD8 3BS

Telephone: 01307 461002

**Type of inspection:**  
Unannounced

**Completed on:**  
14 March 2024

**Service provided by:**  
Jack & Jill's Elite Nursery Limited

**Service provider number:**  
SP2019013301

**Service no:**  
CS2019374766

## About the service

Jack & Jill's Elite Nursery Limited is registered to provide a daycare of children service to a maximum of 38 children not yet attending primary school at any one time.

There are two playrooms with direct access to enclosed outdoor play spaces. Each playroom has a toilet and nappy changing facilities.

The nursery is situated in Forfar and is close to local amenities.

## About the inspection

This was an unannounced inspection which took place on 13 March 2024, between 09:30 and 16:15. 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 feedback from sixteen families;
- spoke with staff and management;
- observed practice and children's experiences;
- reviewed documents.

## Key messages

- Children benefited from warm and nurturing care from the staff team.
- Staff knew children well and had developed positive relationships with them.
- Children were happy, confident and actively involved in leading their play and learning.
- Medication records should be reviewed to ensure the service holds the most up to date information to support children's health needs
- Children benefitted from a staff team with a good mix of skills, knowledge and experience.
- Self-evaluation and improvement planning were beginning to have a positive impact on outcomes for children and their families.
- Quality assurance procedures could be developed further to support improvements.

## 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?	4 - Good
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, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality indicator 1.1: Nurturing care and support

Staff were kind, caring and warm in their approach. As a result, children were settled, happy and confident. They sought staff for cuddles and closeness which highlighted that children felt secure and positive attachments had been formed.

Staff knew children well and confidently discussed children's interests, personalities and preferences. This helped to provide care to meet individual needs. Children were spoken to and listened to in ways that encouraged them to feel valued and respected. For example, staff asked children's permission before carrying out personal care and also sought their permission before taking photographs as they played.

Mealtimes were a relaxed experience, allowing children to eat at a pace that suited them. Staff sat with children as they ate, promoting a sociable experience and providing effective supervision to keep them safe. There were opportunities for children to be independent and develop life skills, through serving food and clearing away dishes. We discussed how the service could extend these opportunities to include all children. Whilst healthy food options were available, the service should review some of the choices provided as these were higher in sugar content. It would be beneficial to revisit key nutritional guidance to support with menu planning to ensure food options are consistently nutritious.

Personal plans were reviewed with parents, which contributed to a continuity of care for children and ensured information held was current. Additional support plans were in place where appropriate, including strategies to help meet children's needs. Whilst we could see examples of strategies being used in practice, these were not consistently used throughout the team. If children have identified strategies in place, the team should ensure these are used.

Whilst staff were knowledgeable about children's health needs, the level of information captured in records to support safely manage medical needs needed improvement. For example, effective reviews and updates to medical information had not taken place. This could compromise the care, health and wellbeing of children who required medication.

(See area for improvement 1).

Children were kept safe by effective child protection procedures and staff who were confident in safeguarding. Staff were proactive in reaching out to external agencies to seek advice and input. This allowed the team to develop strategies and adapt care to meet children's needs.

### Quality indicator 1.3 Play and learning

There was a good balance of planned and spontaneous play experiences for children. Planning was responsive to children's interests and current needs. As a result, children experienced play that was meaningful. Children benefitted from a range of experiences and resources that were suitable for their age and stage of development, including a variety of loose parts and real-life objects. This supported children to freely investigate their interests and explore role play. One parent shared, "Staff are aware of my child's interests and needs which are followed up on plans and through the observations".

Children were confident and had fun as they explored a range of quality experiences. Most staff had the skills and awareness of when to step in to support children's play. This provided children with appropriate challenge and enriched their experiences. The team should develop this consistently to enhance the responsive approach to play and learning.

Children had opportunities to develop their skills in literacy and numeracy. For example, they explored numbers and counted as they played. Mark making materials promoted children's early writing skills and books were available throughout the environment. We discussed how literacy and numeracy could be developed further, in particular within the 3-5 age group.

Children's language and communication development was encouraged using a variety of approaches. For example, the use of MAKATON, core boards and staff adapting their interactional style to support children's stage of development. This helped children's engagement in their learning. However, these approaches could be embedded further to ensure children experience the most appropriate form of communication to meet their needs.

Children's journals captured significant learning and identified appropriate next steps to support them to achieve and reach their full potential. There were opportunities to include parents within their child's learning through class dojo and progress meetings. This allowed parents to be part of their child's learning journey. One parent told us, "I receive weekly observations of my child's learning and development. My child's keyworker has regular review meetings with us to discuss our child's progress and any questions we may have".

Whilst the service used class dojo to capture learning and share with parents, the team recognised that paper journals and floor books promoted children's involvement and ownership of their learning. To promote ownership further we would suggest that all journals are accessible and easy for children to identify. This would allow them to revisit and reflect on their experiences.

## Areas for improvement

1. Medication records should be reviewed with parents/carers every three months in line with current best practice guidance. Any changes to children's medical needs should be documented within their records to ensure the service have the most up to date information to support managing children's health needs safely.

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).

## How good is our setting?

**4 - Good**

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

### Quality indicator 2.2 Children experience high quality facilities

Natural lighting and homely touches, such as fairy lights, soft furnishings and natural resources promoted a sense of calm and provided welcoming spaces for children to explore and learn. There was ample space for children to move around, allowing them to explore comfortably and support their physical needs.

Most spaces were inviting, well considered and reflected children's interests. We did identify that some areas and surfaces were cluttered and at times hindered children's independence. For example, clutter in the cloak room area resulted in children having difficulty to hang up their belongings. Staff should ensure all areas of the setting are well cared for and supportive of children's needs.

Staff observed children's engagement within their play spaces and were proactive in developing areas to support children's interests. For example, staff were in the process of adapting some of the play areas. Children could confidently tell us about these changes and why they were being made. This highlighted that children were involved and had ownership in developing their environment.

Daily access to outdoor experiences benefitted children's overall health and wellbeing. Since the last inspection the addition of cabins in both garden areas extended children's play experiences and provided shelter on poorer weather days. Free flow access to outdoors supported children to choose where they wanted to play.

Effective infection prevention and control (IPC) measures were in place to keep children safe. Personal protective equipment (PPE) was used appropriately and children were supported to wash hands at key times of the day, minimising the risk of infection spread.

A risk benefit approach was used to carry out risk assessments, which accounted for risk whilst recognising the benefits of children's play experiences. Children had opportunities to manage and explore risk appropriately with staff supporting them to have a good understanding of risk and play. As a result, children were confident and developing awareness of how to keep themselves and others safe. Accident and incident records were documented and shared with parents. Monthly audits were completed to identify any areas of potential risk or concern.

Some of the feedback we had received from staff and parents prior to our visit had highlighted concerns around the security of the entrance gate, including the gate not being closed when families entered or left the service. We shared this with the management team. The service had measures in place to support the security of the setting and children's safety, including the deployment of staff to monitor the gate and risk assessments. The service provider had plans to update the entry/locking system. We would encourage the service to complete work as a priority, this would further ensure children's safety.

## How good is our leadership?

4 - Good

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

### Quality indicator 3.1 Quality assurance and improvement are led well

The service had been through a period of significant change over the past year due to staffing. This had resulted in improvement priorities not yet having the impact staff had aspired them to have. However, a well thought out improvement plan had been developed, with clear goals and actions to support the team to drive change. It would be beneficial for the service to document their progress, to highlight achievements and measure the impact changes have on outcomes for children. This would allow staff to celebrate their successes and plan improvements more effectively.

Quality assurance processes, including self-evaluation were in place and leading to improvement. For

example, audits to evaluate the quality of the play spaces enabled staff to assess the environment and make changes to enhance provision. Some quality assurance processes could be improved to ensure children's care, health and wellbeing are supported by procedures. For example, audits of medication and regularly reviewing policies. We discussed how a quality assurance calendar and defined roles within the team would allow plan and complete tasks more effectively.

It would be beneficial for the service to implement more formal methods to carry out the support and supervision of staff practice. This would help the leadership team to identify any targeted support or training required. Some staff shared that they would welcome opportunities for one to one meetings with management and felt this was an area that could be improved.

The service sought the views of families and children using a variety of feedback methods, supporting families influence change. Children's suggestions were captured within planning and their ideas were acted upon. This meant that children were included in matters that affected them. A variety of ways to support involving parents included, meetings, questionnaires and transition visits. These contributed to building positive relationships with families and helped them feel valued.

The feedback we received from parents highlighted that they felt communication could improve. For example, "I feel that there needs to be more communication. We used to get a monthly newsletter but have not had this in months. When communicating via email, I am often waiting a while before I get a response" and "Overall the communication from the nursery could be improved". The team had identified parental engagement as part of their improvement plan and we would encourage them to continue to explore and develop this.

## How good is our staff team?

4 - Good

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

### Quality indicator 4.3 Staff deployment

A warm and friendly approach promoted a happy environment for children and their families. Staff worked well together and told us they enjoyed working in the setting. This contributed to a positive atmosphere and provided children and families with a welcoming and happy ethos. Parents shared, "They (staff) have always been so welcoming/friendly to us as parents and to our child" and "The staff are extremely friendly".

The service was appropriately staffed to provide care to children, with ratios being considered and adhered to. This was maintained throughout busier times of the day, for example, mealtimes and staff breaks. Staff moved with children throughout the day to support their play, learning and interests. Children were well supervised, with staff accounting for children's whereabouts throughout their sessions, including being aware of children's attendance patterns. Staff communicated well which helped them share key information to support children's needs and offer support to colleagues. Overall, the team planned tasks well which did not impact on the level of care children received.

Children benefitted from a staff team with a range of skills, knowledge and experience, which supported children's care and learning. Staff were enthusiastic in their role and committed to developing their practice. A variety of professional development opportunities influenced improvements and resulted in positive experiences and outcomes for children. This included learning to support the individual needs of children attending. For example, speech and language therapy training.

Children were kept safe and protected through the safe recruitment of staff. New staff were supported into their role through settling visits and the national induction resource.

Recent staffing changes had resulted in delegated leadership roles being unclear. It would be beneficial for the leadership team to discuss and clarify roles and responsibilities within the team. This would ensure staff understood the expectations around different roles and carrying out tasks to support improvement.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	4 - Good
2.2 Children experience high quality facilities	4 - Good
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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