

# Parkview Nursery School Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
26 April 2024

**Service provided by:**  
Parkview Nursery School Ltd

**Service provider number:**  
SP2018013193

**Service no:**  
CS2018369993

## About the service

Parkview Nursery School is registered to provide a day care of children service to a maximum of 80 children at any one time who are not yet attending primary school. Of those 80, no more than 20 are aged under 2. The service provider is Parkview Nursery School Ltd. The service is in partnership with Dundee City Council to provide funded childcare to eligible children.

The service is located near the centre of Dundee and has good access to local amenities including, parks, shops and public transport links. The setting comprises of three nursery rooms which have direct access to enclosed outdoor areas.

## About the inspection

Following a visit from a registration inspector from the Care Inspectorate on 16 April 2024, a serious concern letter was issued to the provider on 19 April 2024. As a result, an onsite inspection took place on 23 and 24 April 2024. This was carried out by two inspectors from the Care Inspectorate. A registration inspector visited the service, alongside the inspection team, to determine if requirements made in the serious concern letter had been met.

To prepare for the inspection, we reviewed information about the service. This included registration information, information submitted by the service and intelligence gathered since the last inspection.

To inform our evaluation of the service we:

- observed practice and daily life;
- spoke with children using the service;
- gathered the views of parents;
- reviewed documents; and
- spoke with the provider, manager and staff.

**Key messages**

- Interactions with children were positive and caring. Staff were kind and warm in their approach.
- Staff had developed positive relationships with children and families.
- Children benefited from opportunities to lead their own play and learning.
- The approach to planning children's play and learning needs improvement to ensure they are given support to reach their full potential.
- Following the issue of a serious concern letter, the provider had taken immediate action to make improvements to the environment and children's experiences.
- Families' views and suggestions were valued and regularly sought.
- Quality assurance processes need to be developed and embedded to secure sustained improvements.
- Staff were not always effectively deployed to meet children's needs and offer appropriate supervision.

**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?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

## How good is our care, play and learning?

## 3 - Adequate

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

### Quality indicator 1.1: Nurturing care and support

Children and their families were warmly greeted by all staff, who created a welcoming ethos. Staff had secured positive relationships with children and knew them well. Interactions were nurturing and caring, with comfort and cuddles provided. This supported children to feel safe and secure. Children and staff chatted and played together; this contributed to children feeling valued and having a sense of belonging. As a result, children were confident and settled. Personal care was carried out respectfully and sensitively, supporting children's rights, privacy and dignity.

Staff knew children well and confidently told us about children's preferences, personalities and aspects of their care. Most personal planning documents were detailed and contained a variety of information to plan for children's care, including health and medical details. Staff worked closely with families to gather a range of information to support children's needs. This contributed to a continuity of care and enabled staff to access information to help provide care that reflected the current needs of children. We did highlight where plans, on occasion, could have contained more detail to support staff to plan care more effectively, based on children's needs.

Effective communication with families meant partnership working was well established. Staff took time to share information about children's care and learning experiences with parents and understood the importance of engagement with families. This included, the use of online platforms, stay and play sessions and daily discussions to liaise with families and include them. One parent told us, "Any time I've had something to discuss about my child someone is always ready to listen and implement. I feel heard". Another parent shared, "Staff are friendly and easy to approach. I feel like I can ask anything and am kept up to date".

Food options were nutritious and allowed children to try a variety of foods. Meal time planning accounted for children's dietary needs, preferences and sensitivities, which meant children ate food that was safe and which they enjoyed. Children had some opportunities to develop their self-help skills through serving some of the food provided. However, at times children waited too long to serve their food due to the limited number of serving dishes available on the day. The service should continue to develop mealtimes to provide more opportunities for children to develop their self-help skills and enable children to have better ownership of the routine.

Medication was stored and administered in line with best practice guidance. This meant when children needed medication it was stored and administered safely in line with their needs.

Children were kept safe by effective child protection procedures and staff who understood their role in safeguarding. Staff undertook annual child protection training and were confident in recognising and reporting concerns. Chronologies were well documented and supported the team to assess children's wellbeing needs. The team were proactive in reaching out to external agencies to get the right support for children and their families when needed.

### Quality indicator 1.3: Play and learning

Overall, children were happy, having fun and appeared to enjoy their time in the setting. Children could

choose where they wanted to play and were able to access resources available independently. This allowed them to lead their experiences and explore their ideas. The pace of the day was unhurried and relaxed with minimal interruptions to children's play.

Staff consulted with children and responded to their suggestions by making resources available to account for their interests. For example, one staff member included children in setting up an activity in the 3-5 provision and respected children's request to have pots, pans and pasta on the table. This had resulted in the group of children being engaged in a role play café experience for a sustained time and demonstrated that children's ideas were valued and included.

However, we found that responsive planning approaches were not fully established and should be developed to enhance the quality of children's play and learning. Whilst staff encouraged children to lead their play through their daily experiences, the team did not effectively plan and evaluate learning. This meant experiences, at times, lacked challenge and did not always extend children's interests and build on learning. **(See area for improvement 1).**

Although there were resources available to document planning and evaluate experiences, these did not support the overall learning and development of children. Some had not been used or updated for a significant period of time. Discussions with staff highlighted that they lacked confidence in planning and using the planning tools available. Staff would benefit from further training and support to develop their skills and confidence.

Staff interactions with children were positive and caring. Children appeared to enjoy spending time with staff during activities, who offered praise and encouragement, which helped create a supportive environment. Some staff used open-ended questions during children's play to support children's engagement. The team should continue to develop the quality of their interactions to help extend children's thinking and promote problem solving and curiosity.

Children benefited from some opportunities to develop their skills in language, literacy and numeracy. Environmental print was displayed within playrooms and children used loose part materials to compare size. However, where some areas had been set up to promote literacy, resources were not always available and some were of a poor quality. For example, there were no writing materials at the writing table and mark making areas, and some books were torn.

Children had opportunities to participate in trips and outings. This enabled them to make connections to their own and wider community and provided a variety of learning outwith the nursery setting. This included walks, visits to the park and local sensory garden.

## Areas for improvement

1. The approach to planning should be developed to ensure that children experience high quality play and learning, and are supported to reach their full potential. This should include, but not be limited to, evaluating learning and tracking children's development and progress.

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).

## How good is our setting?

## 3 - Adequate

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

### **Quality indicator 2.2: Children experience high quality facilities**

Children benefitted from a secure and welcoming environment. Most areas within the service were bright and well-ventilated, which contributed positively to children's well-being. We discussed with the manager that the sensory room in the Bamboo's room could have been better ventilated to support airflow as it felt stuffy and warm.

Children's artwork and photographs were displayed, promoting a sense of belonging and inclusion. Soft furnishings and lighting promoted a calming ethos and the use of real life objects created a home from home feel. The team could develop this further to enhance homely touches throughout the setting.

The layout of playrooms provided children with ample space to explore and play comfortably. They had the freedom to move around play spaces, which enabled them to direct their play. Children were confident to transport their resources, allowing them to investigate their ideas further. Free flow access to outdoor areas further promoted choice in where children played and supported their health and wellbeing.

The quality of furniture and resources varied across the setting. Whilst some were a good standard, we found that some of the resources and furniture were showing signs of wear and tear. There were also some play spaces that were lacking resources and did not support high quality play. For example, limited resources were available in the home corner in the 3-5 provision and the digging/planting area outdoors. As a result, children didn't visit or engage in play within these spaces. This was discussed with the manager and by day two of the inspection, staff had begun to replenish spaces and we observed children having fun participating in role play in the home corner. The team should continue to review play spaces to ensure they are inviting and appropriately resourced.

On 16 April 2024 the service was visited by a registration inspector from the Care Inspectorate. During the visit concerns were raised regarding the cleanliness of the service, the safety of some equipment and practices which had the potential to put children at risk. As a result, a serious concern letter was issued to the provider (see 'What the service has done to meet previous requirements' for details). We were satisfied that requirements made were met. Practice must now be sustained to ensure children consistently experience a safe, clean and hygienic environment.

Risk assessments were in place to support staff to identify hazards within play spaces and children's experiences. Assessments highlighted that consideration had been given to potential risks to children and measures identified to support safety. However, we found some issues within the environment where there was potential risk. For example, the positioning of some larger resources in the decking area in the 0-2s provision posed the risk of children climbing on and potentially falling from a height over the balcony barrier. We asked that the manager ensure that staff are confident in identifying hazards and can effectively carry out risk assessments to maintain children's safety.

## How good is our leadership?

## 3 - Adequate

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

**Quality indicator 3.1: Quality assurance and improvements are led well**

The service's vision, values and aims were displayed in the foyer of the setting which helped families understand what to expect from the service. They had been developed since the previous inspection and reviewed with children and families. This promoted shared aspirations and supported them to feel valued and included.

Consultation with families, both formal and informal, provided opportunities for them to be included within the service and influence change. Partnership working with families was enhanced through a parent's committee, which encouraged families to share their ideas and suggestions for improvements. Parents who shared feedback with us all felt that they were meaningfully involved in developing the service. Comments included:

"The service keeps us up to date on planned changes and improvements and asks for feedback from us".

"As parents we are always involved in decisions that are required to implement and ameliorate the service including type of food provided, activities, opinion and ideas for any change/improvement needed".

Some aspects of quality assurance were not robust and embedded. Audits of medication and of accidents and incidents helped to identify where improvements could be made and kept children safe and well. However, monitoring of staff practice and audits of the environment were not consistent and should be more frequently carried out. This would help to identify any inconsistencies, support, assess the quality of the service and identify where improvements were needed. **(See area for improvement 1).**

The service is in the early stages of supporting staff with leadership and champion roles. A shared leadership could support staff individual strengths and contribute to a whole team approach to shaping improvements and influencing change, which would improve experiences for children.

Improvement plans identified relevant priorities to be developed within the setting and were informed through staff discussions and self-evaluation of the service. Improvement plans were beginning to result in some positive outcomes, for example, more opportunities to include parents within the setting. It would be beneficial for the service to evaluate their progress within improvement plans to highlight achievements and measure the impact changes have on outcomes for children. This would allow staff to plan improvements more effectively. We suggested using, 'A quality framework for daycare of children, childminding and school-aged children', to identify gaps in provision and support to evaluate the service.

**Areas for improvement**

1.

To ensure the quality of children's experiences and improved outcomes, the provider and manager should implement robust quality assurance processes. This should include, but not be limited to, monitoring staff practice, audits of the environment and evaluating children's experiences.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and

'I use a service and organisation that are well led and managed.' (HSCS 4.23).

## How good is our staff team?

### 3 - Adequate

Staff created a positive ethos for children and their families through their kind and caring approaches. This resulted in a welcoming and relaxed atmosphere. Parents spoke highly of the staff team. One parent told us, "I cannot praise the nursery enough for the warm welcome me and my daughter receive each day". Another parent shared, "Staff are very friendly and supportive". Staff told us they enjoyed their role and felt valued and listened to.

Children were kept safe and protected through the safe recruitment of staff. New staff were supported into their role through the use of the National Induction Resource. We recognise that some staff are at the early stages of their career and would benefit from further mentoring and targeted support to develop their skills and practice

Staff engaged in a range of training to develop their skills. This included undertaking professional qualifications. To improve outcomes for children, we discussed with management how further opportunities for the team to discuss and reflect on key guidance documents would support to inform and develop practice.

The deployment of staff was inconsistent and did not always offer appropriate supervision and meet children's needs. On one occasion during inspection an inspector had to alert staff in the outdoor area that children had been left unsupervised in the playroom. There were times that staff did not have an good overview of children's whereabouts during outdoor play. We observed some children playing in areas of the garden that could not be seen by staff. Whilst there were sufficient numbers of staff in place for the number of children attending, the deployment of staff needs to ensure that children are effectively supervised and kept safe.

**(See area for improvement 1).**

## Areas for improvement

1. To ensure children are supervised effectively and there are the right number of staff to meet children's needs and keep them safe, management should monitor and review the deployment and positioning of staff.

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

'My needs are met by the right number of people.' (HSCS 3.15); and

'My care and support is consistent and stable because people work together well.' (HSCS 3.19).



## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

The provider must ensure children are safe and protected from harm by undertaking rigorous safety checks.

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

- a) ensure that all dangerous substances are safely stored and kept out of reach of children;
- b) ensure all safe sleep practices are adhered to and fully understood by all staff
- c) service requires full deep clean;
- d) all outdoor equipment is made safe and secure or removed from the area;
- e) all debris is cleared from outdoor area including broken toys and equipment.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Regulation 4(1)(a), Regulation 4(1)(d) and Regulation 10(2)(b) Welfare of users.

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

"My environment is secure and safe." (HSCS 5.19).

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.24).

**This requirement was made on 19 April 2024.**

#### Action taken on previous requirement

- a) Ensure that all dangerous substances are safely stored and kept out of reach of children

On the day of the follow-up, all dangerous substances had been removed from cupboards in all playrooms. Child-safe locks were placed on all cupboards. The utility room had been fitted with a child-safe lock and all chemicals were now labelled. The manager should ensure that the child-safe locks are checked regularly to ensure they are not broken or damaged.

- b) Ensure all safe sleep practices are adhered to and fully understood by all staff

The manager informed us she had conducted a staff meeting to discuss safe sleep, after the issue of the letter of serious concern. The manager explained she had discussed the Scottish cot death trust booklet and initiated staff discussion to ensure they were all clear of the guidance. The service's safe sleep policy was updated after the meeting and this was on display in the 2-3 playroom. Five members of staff were questioned regarding safe sleep. All could answer that children should be on a flat surface placed on their backs to sleep. They all said that babies should not have anything in their cots with them, like toys or pillows. Most staff articulated that if children were to fall asleep in a buggy then they would be transferred to a flat surface as soon as possible. Staff indicated they had just received their safe sleep training from the manager. The manager should regularly review safe sleep with staff to ensure they are aware of all current guidance.

## c) Service requires full deep clean

The service had been cleaned since the unannounced visit on Tuesday 16 April. Floors had been cleaned in each area of the service. Each of the playrooms had trailing wires from electrical devices removed. The sleep room in the 0-1 room has had curtains removed. Sheets had been removed from cots. It should be noted that despite all floors being clean there remains a number of soft furnishings around the premises. The manager must ensure that these are cleaned to ensure good infection prevention control.

## d) All outdoor equipment is made safe and secure or removed from the area

The climbing frame outside that was incorrectly fixed to the ground had been bolted down. The swing was also removed from the climbing frame until further bolts were added to ensure safety. There was now a bike helmet rack in the centre of the wheeled area and children were seen wearing helmets. A member of staff was witnessed carrying out a risk assessment outside prior to children going outside. Moving forward, the manager must ensure that this is carried out daily and all broken equipment is immediately fixed or removed.

## e) All debris is cleared from outdoor area including broken toys and equipment.

The significant debris had been removed from underneath the ramped area. The outdoor area had some broken toys removed. The service must continually ensure, through their daily risk assessment, that the outdoor area is clear of all broken toys and equipment.

## Met - within timescales

### Requirement 2

The provider must maintain high levels of infection prevention and control practices.

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

- a) improve the cleanliness of all toilet areas;
- b) ensure suitable storage of nappies and wipes and PPE are stored appropriately and in line with current guidance;
- c) have in place a clear cleaning schedule that is strictly adhered to in order to meet infection prevention control guidance.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Regulation 4(1)(d) Welfare of users.

This is to ensure that care and support is consistent with 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 5.24).

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27).

**This requirement was made on 19 April 2024.**

**Action taken on previous requirement**

a) Improve the cleanliness of all toilet areas

We were informed by the manager that the mould within the 3-5 toilets had been treated before being painted. We were told the reason for this damp had been a significant build-up of leaves and debris on the outside. This has now been removed. The main wall in this bathroom had been painted. All soaps and paper towel dispensers were filled.

All toilet areas had been cleaned. There was a warning sign displayed on the door of the disabled toilet to indicate it was broken and out of use. The laundry has been removed in order to prevent cross contamination and adhere to infection prevention guidance.

b) Ensure suitable storage of nappies and wipes and PPE are stored appropriately and in line with current guidance

The nappy change rooms in both the 0-1 room and 2-3 room had been tidied. Nappies were not on the floor but now on shelf units. All other materials required for nappy changing were in labelled boxes. All PPE was appropriately stored in dispensers. Soap and paper towel dispensers were also full. Staff must continue to ensure that cleaning schedules are adhered to at all times.

c) Have in place a clear cleaning schedule that is strictly adhered to in order to meet infection prevention control guidance

On the day of the follow-up the cleaning schedules for each area was in place in each room of the nursery. The manager and provider were both insistent that this will be strictly adhered to. This will be followed up again during further discussion with the registration team.

**Met - within timescales**

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

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