

# Flexible Childcare Services - Dundee Day Care of Children

Fintry Mains Nursery  
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Fintry  
Dundee  
DD4 9EZ

Telephone: 01382506629

**Type of inspection:**  
Unannounced

**Completed on:**  
15 May 2024

**Service provided by:**  
Flexible Childcare Services Scotland  
SCIO

**Service provider number:**  
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**Service no:**  
CS2019376978

## About the service

Flexible Childcare Services - Dundee was registered 20 December 2019 as a day care service for children. Their conditions of registration state that they are to provide a care service to a maximum of 68 children at any one time. Of those 68: No more than 19 children may be under the age of 2 years. No more than 8 children of school age may be cared for in the outdoor space with the Eco Pod as a base.

The nursery operates from a two storey detached premises in the Fintry area of Dundee. The children are accommodated within four playrooms, designated for different age groups of children and an outdoor Eco Pod for school aged children. There is an office and a separate small staff room. The cook prepares meals and snacks in the nursery kitchen. The children have access to a large outdoor area that is solely accessible from the main entrance.

## About the inspection

This was an unannounced inspection which took place on 13 and 14 May 2023 between the times of 09:00 and 17:00. 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 and three of their parents/carers
- received 32 responses to our request for feedback from parents via MS Forms
- spoke with the manager and staff
- observed practice and children's experiences
- reviewed documents.

**Key messages**

- Children received warm and nurturing interactions from staff supporting their confidence and wellbeing.
- Children were having fun and were engaged in their play activities.
- Children's health was promoted by an environment that had plenty natural light and was well ventilated.
- A quality assurance system was in place which had been effective in identifying areas for improvement.
- An improvement plan had been developed but should be revisited to ensure that it is manageable and leading to improvement in a timely manner.
- Children had formed positive relationships with the staff team who were confident in their roles.

**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

Children were confident and well settled at the service, they were supported by warm and nurturing interactions from staff. This included giving praise and encouragement as well as cuddles and reassurance, for example, when children were tired.

Parents who responded to our online request for feedback told us that they were happy with the care provided, with comments including; "The staff recognise and remember details about my husband, myself and other family members who occasionally do pick up. They are caring and genuinely care about not just our child but the family".

Children's health was supported by the provision of nutritious snacks and meals which considered any allergies or dietary preferences and restrictions. Meal and snack times were relaxed sociable experiences for the children. They benefitted at these times with opportunities to develop self-help skills and independence. This included older children serving their own food and drink and younger children having the time to try and feed themselves.

Staff sat with children during their mealtimes and at most times they were focused on the children. This provided opportunities for promoting the building of relationships as well as protecting children from hazards such as choking. There were one or two occasions when staff were less focused on children such as when clearing or serving the meal. We discussed this with the management team who agreed to monitor mealtimes to promote consistently good practice.

Information had been gathered to support the staff in promoting children's wellbeing. This included details such as emergency contacts, home routines and any medical conditions. This information was kept in a personal plan for each child which was reviewed at least every six months, in line with legislation. Staff used the information to identify where children may need further support, for example, when children's home routines changed. The plans that we sampled did not all contain the detail on how this support was to be given. Staff should continue to update the format to ensure that this is recorded in order to promote a consistent approach to supporting children.

Children's health was supported by safe management of medication. For one of the children whose files we sampled there were minor discrepancies in some of the information. This meant that some of the detail was not immediately clear. We raised this with the staff who took action to clarify the correct information with the parent and ensure this was recorded.

Children's safety and wellbeing was supported by staff knowledge and understanding of their role in protecting children from harm. They showed a good understanding of times when children and their families may need extra support and an awareness of how this could be offered.

### Quality Indicator 1.3: Play and learning

Children were having fun and were engaged in their play and activities. Staff were responsive to their interests, talking about characters on their clothing or offering activities around favourite stories. Children had opportunities to lead their own play by selecting from a range of resources within each room as well as planned opportunities for play such as sensory foam or beastie hunts.

Children benefitted from patient and encouraging interactions from staff. These supported them to participate in the activities offered as well as assisting children to follow their interests. For example, through starting an informal song time, encouraging a child to try something new or reading a story. While some staff showed ability in supporting children's learning through skilled interactions this was not yet consistent. This led to some opportunities for learning to be missed as staff did not extend the experience. For example, asking children to wonder why something had happened or discuss what would happen if something was added or taken away. We discussed this with the management team who shared that support for this is planned in order to build confidence and skills in this area.

Children's skills in literacy and communication were generally supported by opportunities for storytelling, singing and discussions with staff. Opportunities to develop numeracy skills were available but not well used. We discussed how resources such as scales, measuring tapes, rulers etc throughout the playrooms would provide opportunities to use numerical language such as bigger/smaller, heavy/light as well as counting.

The format for recording planning was becoming established and showed that staff based their plans around children's observed interests. Staff were becoming more confident in the planning processes and told us recent changes had been positive as they felt children were more engaged.

Floorbooks were being used to record children's experiences as well as some of the planning for future activities. These were available to parents to support them in knowing what their child was doing. More individual observations of children were recorded and shared via the "Caerus" app. These observations gave information on children's individual experiences and achievements. Staff were building their confidence in identifying children's learning within these. Some of the observations had identified possible goals for children to support their learning and development. These were at the early stages and did not yet consistently contain enough detail to support staff in promoting progression for all children. Further training is planned for the staff team on observations and planning which will promote their confidence in this area.

### 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

Children benefitted from spending time in rooms that were bright with lots of natural light and ventilation to support their health and wellbeing. The décor of the rooms and entrances supported children and their families to feel welcomed into the service.

Indoor and outdoor spaces were resourced appropriately to generally reflect children's interests. Resources

were well presented and maintained. They were arranged to support children's independent access, promoting children's choice and independence.

Most parents mentioned the outdoor play as a highlight for their children saying "...Loves being out in all weathers, mostly to get wet and dirty" and "My child loves going outdoors and has recently been on a few local trips in the community and to the park. They enjoy lots of messy play and loves the developed story and home corner areas". Children were not able to independently access the outdoor area, but staff took them out each day. Older children were able to influence the timing of this.

Children were enjoying the physical and active play outdoors. After observing a young child climbing on seating we discussed with the management team the possibility of more suitable climbing opportunities for the youngest children. They shared plans to develop the garden further for the younger age group.

We found the environment to be safe and secure for children at this time. This was supported by a secure entry to the building and staff supervision of children while in the outdoor area. Risk assessments were in place for ongoing building work as well as routine activities such as outings and activities. These identified any hazards and the actions staff should take to reduce any risk to an acceptable level.

Following the inspection, one parent raised a concern over the security of the access gate to the outdoor play area. We discussed with the manager recent changes made to this, including the gate being moved and a loop being used at the very top in addition to the sliding closure to minimise possibility of children opening the gate. The manager agreed to continue to monitor the effectiveness of these changes as well as the need for further amendments as necessary. This may include things such as changes in weather or children's needs or abilities.

Children's health was supported by staff who worked together to identify and remove any risks to the children such as broken equipment. They showed an understanding of the cleaning procedures and their role in promoting infection prevention and control within the environment. However, we noted that some older children did not always follow the recommended method for handwashing and younger children were not consistently supported to wash hands after nappy changing. The management team took our comments on board and agreed to revisit handwashing routines to reduce the risk of cross infection.

## 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 was part of a larger organisation and therefore had overarching aims and values as well as specific ones. These were displayed within the entrance of the building promoting awareness of what was important for the service with parents and staff.

The improvement plan for the service was shared with staff who felt involved in the changes and able to contribute to the plan. This enabled them to feel included in the development of the service.

Parents told us that they were happy with communication about any changes to the service and that there were opportunities for them to provide feedback. However, some parents did feel that communication in general could be improved. We discussed this with the management team. They shared plans to build

awareness of the online communication system, Caerus, with parents and to hold information evenings. These actions should contribute to parents consistently feeling well informed.

Staff were currently exploring ways to gather children's views about the care and experiences they received. We discussed how this could then be included within the evaluation and improvement process once established.

A quality assurance system was in place which included audits of children's records and reviews of staff practice. These were identifying where there were issues and leading to improvements. For example, ensuring that there were personal plans in place for all children within 28 days of starting with the service.

An improvement plan had been developed and was in place. However, this did not reflect the changes that had been made and showed that some planned developments had not been progressed. The service is currently recruiting for the manager position which had an impact on the progression of some of the improvements planned. We asked that the management team revisit the improvement plan and review it to ensure that it is manageable and would support planned improvements being progressed in a timely manner. **(See area for improvement 1.)**

## Areas for improvement

1. In order to support good quality experiences and outcomes for children the provider should ensure that improvement processes are effective. This should include but is not limited to:

- ensuring there are clear criteria for success which focus on outcomes for children
- promoting the involvement of children, staff and families in the processes
- ensuring that the processes lead to meaningful improvement through reflection and evaluation
- promoting progression of improvements in a timely manner.

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 systems' (HSCS 4.19).

## 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

The management team appreciated the importance of adequate staffing levels to promote children's wellbeing. Core staff within each room were consistent to support positive attachments with children. There was a mix of qualifications, skills and experience in each of the rooms which supported positive interactions and experiences for children.

Parents told us that they knew the staff and felt they were approachable. Although one parent commented that they felt staff turnover was too high saying, "Longer term staff would add security that my child isn't building relationships and trust with his caretakers for them to be replaced every couple of months or so",

most commented positively about the staff saying, "The staff that work and have worked with my child are amazing so supportive and they love coming in to nursery" and "Staff are really friendly and welcoming". Other parents told us that the relationship between children and staff was a highlight of the service.

Staff breaks were planned to minimise their impact on children's experiences. Staff absence was covered where possible by people who knew the children and were familiar with the routines of the service. These actions further supported positive relationships with children and their families as well as a consistent approach to care.

Staff communicated well and worked together as a team to support children. There were clear roles within the rooms supporting staff to know what was expected each day. Staff treated each other with courtesy and respect which promoted a positive and relaxed atmosphere for children.

At busier times of the day, such as mealtimes, staff were aware of where they needed to be to support children's safety through adequate supervision. However, there were occasions when staff focus was on tasks. This led to a dip in the quality of their interactions with children, for example, not sitting with a child who was eating. We discussed this with the management team who agreed to review practice at these times.

New staff told us that they found the induction process useful in promoting their confidence in their role. Regular meetings with management team members promoted staff to reflect on their practice and where they may need support. Team meetings and a "buddy" system provided opportunities for staff to share their experiences and ideas. This promoted positive experiences for children through a reflective approach to staff practice and support for professional development.

## 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 promote high quality outcomes for children the provider should measure the impact of the induction process, to ensure it impacts positively on children's care, play and learning needs.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

**This area for improvement was made on 8 December 2023.**

#### Action taken since then

Staff spoke positively of the induction process, and how they felt it increased their knowledge and confidence.



The manager has sought feedback and staff have told her that they have found it helpful and like having a buddy. The manager was confident in telling us how they speak to staff during support and supervision meetings and reflect on what has come from the induction, identifying any areas for further development.

The impact of induction on individual staff is being evaluated against how staff feel it supports them in meeting the needs of children and promoting their wellbeing.

**This area for improvement has been met.**

## 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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