

# J. Puddleducks @ Victoria Street Day Care of Children

162 Victoria Street  
Dyce  
Aberdeen  
AB21 7DN

Telephone: 01224 722 212

**Type of inspection:**  
Unannounced

**Completed on:**  
2 May 2024

**Service provided by:**  
J. Puddleducks Childcare Limited

**Service provider number:**  
SP2004006974

**Service no:**  
CS2008188409

## About the service

J. Puddleducks @ Victoria Street is a day care of children service. They are registered to provide care service to a maximum of 85 children aged from 0 to under 13 years at any one time of whom:

- no more than 19 are under 2 years of age
- no more than 27 may be aged 2 years to under 3 years and
- no more than 29 may be of an age not yet attending primary school
- no more than 10 may be of an age to attend primary school to under 13 years at the Breakfast Club.

The service is delivered from premises in a residential area of Dyce, close to local amenities such as shops, parks and schools. Children's care is provided from three rooms divided by age of the children. Children in two of the rooms have direct access to the large outdoor area.

## About the inspection

This was an unannounced inspection which took place on 30 April and 1 May 2024 between the times of 09:00 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.

In making our evaluations of the service we:

- spoke with children using the service and five of their parents/carers
- received seven responses to our request for feedback from parents via MS Forms
- spoke with the managers and staff
- reviewed 11 responses to our request for feedback from staff via MS Forms
- observed practice and children's experiences
- reviewed documents.

## Key messages

- Children benefitted from warm and nurturing interactions from staff.
- Managers should continue to progress development of personal planning until it clearly records information which supports staff in identifying and meeting individual children's needs.
- Children experienced encouraging interactions from staff during their play. Staff need to develop skills in identifying where there are opportunities to extend and broaden children's learning through play experiences.
- Children were having fun while playing indoors and outdoors during their time at the service. The environment promoted children's choice and supported them in leading their own play.
- A system of self-evaluation, quality assurance and planning for improvement had been implemented and had led to some improvements within the environment. The managers should continue to develop this to promote consistent and sustainable improvements across the service.
- Staff were committed to promoting positive outcomes for children, time and support is needed to develop skills, knowledge and understanding for less experienced staff.

## 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?	4 - Good
How good is our leadership?	4 - Good
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 benefitted from warm and nurturing interactions from staff which supported their wellbeing. Staff welcomed children into the service and supported them to participate in the activities offered. Children were encouraged and praised during their activities, supporting their confidence and self-esteem. Younger children received cuddles for comfort and reassurance supporting them to feel loved and cared for. Parents told us that they were happy with the care their children received with one saying, "The staff are all very friendly and caring. It's clear to see that my child enjoys going to nursery because of the fun, positive atmosphere and the care given by the staff".

When children needed personal care, such as nappy changing, this was carried out discreetly with warm and caring interactions. Children were given time to develop their independence and life skills in activities such as changing into outdoor clothes or serving their own meals or snacks.

Mealtime routines for toddlers and preschool children had recently been updated. Staff were sitting with the children as they ate creating opportunities for positive interaction with children. This helped build relationships and support children with eating. Increased opportunities for children to be routinely involved in the preparation of food would be beneficial to children's experiences. Staff should look at ways to include this in daily routines.

Babies also enjoyed a relaxed and unhurried lunch time but interactions in this room were more task orientated and less focused on the individual children. The managers and staff should now use learning from improvements and use it to inform changes across the whole service. Children who were being bottle fed had a positive and nurturing experience. Staff were focused on the child and took care to find a comfortable, quiet place to support positive interactions and experiences.

Information had been gathered to support staff in identifying children's support needs, preferences and interests. This was recorded in personal plans for each child which were accessible to staff within the rooms. Not all the information was up to date, for example, some plans stated children were not yet confident in walking when they were. In the plans that we sampled dates were not always recorded, or were unclear, when entries or signatures had been made. This meant that it may be difficult to clearly see when reviews were necessary or to know which was the most recent information. For some children, strategies of support to promote their development were not recorded in the plans. This meant that staff who did not know the children could not provide the support in the planned way. A previous area for improvement in this area has been carried forward. **(See the section 'What the service has done to meet any areas for improvement' further in the report.)**

Children's safety and wellbeing was promoted through staff understanding of their role in identifying and reporting any concerns they may have. Significant events in children's lives were being recorded to support staff in identifying where further support may be needed. In one case sampled there had been a delay in following up when information was shared about changes in the child's life. We advised that developing the recording format to include follow up actions would support staff in promoting children's wellbeing through prompt actions when necessary.

### Quality Indicator 1.3: Play and learning

Children were having fun and engaged in their play. They were confident in accessing different areas and resources available to them which supported their choice and ability to lead their own play.

Staff were responsive to children and supported their spontaneous play experiences. Staff were less skilled in extending these experiences for children to promote their learning. For example, children were helped to measure sticks but there was no discussion about the number, size or comparisons during this activity. Planned play was more successful as staff had taken opportunities to consider learning. School aged children had a very positive experience making pancakes where they discussed weight, number, more or less and how to keep safe while cooking. Managers should support all staff in developing skills in this area. A previous area for improvement has been carried forward. **(See the section 'What the service has done to meet any areas for improvement' further in the report.)**

Observations of children's experiences were recorded on a digital format which meant these could easily be shared with parents. Staff were beginning to understand the purpose of the observations and most included detail about the child's experience and identified the child's learning. Links were beginning to be made to curriculum and outcomes for children, but these were not always relevant to the observation made. For some children next steps had been identified to promote progression. However, it was not always clear why this had been identified or what strategies were to be used to support the child's achievement. Staff should further develop their skills in observations being used to plan activities to promote children's learning and progression. Introducing a system to record children's progress and achievements would support this.

Children had access to a variety of books in different areas of the playrooms which supported their early literacy skills. These were further promoted by spontaneous story telling for individuals and small groups of children. There were planned activities for painting and mark making, but limited opportunities for children to do this spontaneously within the different areas of the rooms. The addition of more mark making and writing materials would further support development of these skills.

Use was made of the local community for walks and outings. This supported children to feel confident and included in their community. Parents told us, "I like the outings that get planned and the family activities organised at Christmas".

### Areas for improvement

1. In order to consistently promote children's overall wellbeing, personal plans should be developed until they all contain sufficient information on children's needs and detail strategies on how they will be met.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices' (HSCS 1.15).

2. In order to promote progression in children's learning and development, the manager should ensure that all staff have sufficient skills and understanding of children's learning and development. This will include increasing competence and confidence in skilled interactions to extend play and learning.

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?

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 were comfortable and well settled in the homely and welcoming environment. The rooms were warm and well-ventilated to support children's health. Parents were invited into the playrooms when collecting their children, supporting children and families to feel valued and included.

Staff consistently reviewed the spaces and how children were using them. They changed the layout of the rooms when necessary to support children's play and engagement. Children were engaged with the resources that were available indoors and outdoors and these broadly reflected their current interests. Parents commented that their child was "Involved in sensory play, story books, singing songs and more" and that their child "Comes home every day happy and very content with their day (sometimes very sleepy too) - from playing in the garden, going on a nature walk, doing arts and crafts - there is always a conversation about his day and the things they have done".

Rooms were arranged into zones to support children's choice in how to play. Comfy sofas were available in the rooms to support children who may need to rest or want to cuddle up for story time. The rooms had "den" areas for children who may become overwhelmed or need some quiet time. Resources were accessible to children, supporting their choice and independence.

Children's health was promoted by access to the outdoors. Babies had an enclosed area of the garden with appropriate resources which kept them safe from the more boisterous play of the older children. Older children enjoyed access to the garden directly from their playrooms throughout most of the day.

Children's safety was promoted as risk assessments were being reviewed and were now taking account of the benefits of the activity to the children. Details of actions to take to reduce any risks were included in the assessments. Older children were involved in the ongoing risk assessments taking place. This raised their awareness of how to support their own safety and that of others.

Infection prevention and control measures such as handwashing and cleaning of surfaces within the playrooms supported children's health. Staff interactions to support children in effectively washing their hands were well timed and positive experiences for children.

Staff were proactive in maintaining the cleanliness of the rooms. For example, clearing away any clutter around sinks and ensuring children's toilet areas were refreshed throughout the day. In one room wipeable vinyl had been used to cover some areas where walls were more likely to become marked, such as beside bins. We suggested this be implemented in all rooms to ease effective cleaning.

During our visit baby's bottles were being prepared in the laundry area. Discussions were held with the managers as to why this was not appropriate and we signposted them to current guidance within the 'Space to Grow' document and to seek further advice from environmental health. Following this the bottles are now made up in the kitchen under guidance from environmental health and a new procedure has been written to support this practice.

Children's safety was protected by a secure entry system to the building and the garden. Children and their family's privacy was promoted by the secure storage of personal information.

## 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

A shared vision, values and aims for the setting had been further developed as part of a recent change to the delivery of the out of school care provided by the service. The expanded vision statement recognised important ways to meet the needs of the children. Future evaluation should now take place to ensure the service meets these goals and that parents, staff and children are fully involved in this process.

Opportunities to involve parents in the development of the setting were improving. A recent key area of development had been the outdoor play space for children. Parents were meaningfully involved in this and were asked for their thoughts and ideas on how to develop, what could at times be a muddy area. Managers took the time to feedback to parents and consider all suggestions. A successful solution of decking was agreed upon. This has worked well to provide a positive play space for children who enjoyed the area throughout their day in nursery.

Parents had a range of ways to provide feedback or be involved with the nursery. A new communication app had recently been implemented with increasing success. Monthly questionnaires relating to a specific area of evaluation set by the management team had been in place for the past three months. Most parents who returned our questionnaires told us this had been successful. Two parents commented that they would like more information about their child's day within the app, but most spoke positively about the communication from the service. Comments included, "Anytime the need for discussion with any questions or queries has arisen the team are there to discuss and help with whatever the matter may be" and " Really like the new monthly questionnaire, gives us a chance to let nursery know what we think and the feedback from nursery shows they really take on board what we say and either act on it or if they can't tell us why and suggest alternatives".

There had been some work done to involve children in the evaluation of the service including mind maps which noted comments on subjects such as snack menus. The staff and managers should continue to develop ways to involve children in the development of the service in meaningful ways.

A quality assurance calendar had been updated and had been in place since January 2024. The manager spoke about how this had been beneficial in creating a more realist schedule of monitoring and improvement goals for the setting. This along with planned audit work supported the ongoing self-evaluation of the service and involved staff at all levels.

Staff were now more involved in the self-evaluation of the service. A key area of development had been the layout of playrooms along with extending resources. Staff spoke confidently about the positive impacts this had had on children's play and engagement. Staff noted that children were playing together more, were more settled throughout the day and were seen to be enjoying their time at nursery. These developments had been recently implemented and should continue to be reviewed and evaluated.

The service should continue to embed the system for quality assurance, self-evaluation and improvement into daily practice. They have focused on the environment recently and should now use the system to progress improvement in other areas. We discussed the importance of keeping these systems manageable and removing any duplication to reduce the workload.

## How good is our staff team?

## 3 - Adequate

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

### Quality Indicator 4.3: Staff deployment

There was sufficient staff on duty to meet the expected minimum levels of adult to child ratios. Staff shift rotas and planned breaks promoted the minimum levels of staff. Some staff, however, told us that there were times when too many staff would be on break at the same time. This meant they were unable to effectively meet the needs of the children. Managers should review staff roles and deployment and support to ensure all staff feel confident and able to meet the ongoing and changing needs of children.

At times, there were gaps in the knowledge, skills and experience needed to support good quality care. For example, staff were not always confident in recognising when a child needed extra comfort or support. There had recently been a significant number of new staff employed. Managers explained that this was to cover staff who had recently left and also to enhance the number of staff available to care for children. New staff showed a keen interest in their role and had begun to get to know children and settle into the nursery. We found, however, that the lack of experienced staff in roles throughout the nursery led to times where children did not receive good quality of care. For example, there were missed opportunities to extend children's learning due to a lack of skilled interactions. An area for improvement was made at the previous inspection and has been restated. **(See 'What has the service done to meet previous areas for improvement' in this report.)**

A recent review of roles and responsibilities had resulted in the role of room leader being disbanded. The management team explained that this was to encourage a shared leadership within all staff. However, some staff explained that this caused extra responsibilities that they felt unable to meet. For example, agreeing when a colleague could go on break or distributing tasks such as audits or reviews.

Overall staff did not feel well supported by the management team. Although some explained that there had been recent improvements staff felt underappreciated and undervalued. This meant that generally staff morale was low. There is potential for this to negatively impact staff retention which may impact on children's attachments and consistent care.

The management team had explained that a new senior team and a development plan had now been put in place. Key developments included ongoing support for all staff through regular mentorship and role modelling. Staff at all levels were hopeful that this would have positive impact on team skills and morale.

Management should undertake ongoing reviews to ensure that staff feel secure, confident and well supported by management. This should also include further development work to retain staff longer term within their roles. **(See area for improvement 2.)**

Overall, staff at all levels were committed to providing appropriate opportunities and experiences for children and spoke of having children at the centre of their work. The staff team told us about bonding and supporting each other in their new teams. Staff at all levels were keen to learn and continue their professional development with many already involved in completing a childcare qualification or reaching higher levels such as a degree in childcare. Core training such as child protection was included as part of the induction for new staff. This helped support staff to meet some key health safety and wellbeing needs that may arise with children.

From the returns we received to our online questionnaire most parents told us that they were happy with the staff. One parent commented that there were too many staff changes and they weren't introduced to new staff. However, parents we spoke to on the day said they were introduced to new staff and a photo book was used to support them to recognise who was caring for their child. Other comments from parents included, "I feel the staff are all very approachable and are there to help wherever needed", "Brief daily updates on drop off and pick up but includes all info needed, they seem to have built a good relationship with my child" and "There's always plenty staff to chat to us about our child's day". The manager should ensure communication to parents regarding staff changes is consistent and accessible for all parents.

### Areas for improvement

1. In order to support positive attachments for children and consistent good quality care, the provider should ensure that the deployment of staff promotes a good balance of skilled and experienced staff in the playrooms.

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

'I am supported and cared for by people that I know so that I experience consistency and continuity' (HSCS 4.16).

2. In order to promote safe and high quality care for children the provider must ensure that systems are in place to support staff in developing knowledge and understanding of their role and to promote staff wellbeing.

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

'I experience stability in my care and support from people who know my needs, choices and wishes even if there are changes in the service or organisation' (HSCS 4.15).

## 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

In order to consistently promote children's overall wellbeing, personal plans should be developed until they all contain sufficient information on children's needs and detail strategies on how they will be met.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices' (HSCS 1.15).

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

#### Action taken since then

Each child had a personal plan which contained information regarding their preferences, needs, interests and stage of development. The format of some of those sampled had been developed to include a more holistic approach considering the wellbeing of the children. However, not all the plans had been kept up to date which meant staff could not rely on the information being the most relevant. Where updates and changes had been made this information was not always clearly dated. Therefore staff could not always be sure it was the most recent information or when a review was due. Most plans we sampled did not contain sufficient detail on strategies of support for children to promote staff knowledge of how to meet the child's needs.

**This area for improvement has not been met and will remain in place.**

#### Previous area for improvement 2

In order to support children's health the manager and provider should ensure that the information is easily accessible.

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

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

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

#### Action taken since then

Paperwork for children with medication was now easily accessible beside the medication and in their personal planning file. All staff knew where the information was and could access it when necessary.

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

### Previous area for improvement 3

In order to promote progression in children's learning and development the manager should ensure that all staff have sufficient skills and understanding of children's learning and development. This will include increasing competence and confidence in skilled interactions to extend play and learning.

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).

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

#### Action taken since then

Some progress had been made in this area. Staff had increased their understanding of the importance of their interactions to support children's play and some staff were linking this to children's learning. However, there were missed opportunities to expand on children's experiences and extend learning in the moment.

**This area for improvement has not been met and will remain in place.**

### Previous area for improvement 4

In order to provide a safe and stimulating environment, the manager should ensure that audits take place and are effective in instigating improvements. This will include but is not limited to;

- reflection on how areas and resources are maintained
- assessment of how well children are using resources
- evaluation on how well resources are reflecting children's interests and curiosities.

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, furnishing and equipment' (HSCS 5.22).

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

#### Action taken since then

Staff were now reflecting on the layout of the rooms and how children were using the spaces. They were confident in discussing changes they had made and the impact of these for the children's experiences. This had included which resources children were using and how children were accessing the resources. Children's interests were reflected in the resources available during our visit, for example, vehicles and dinosaurs available for small world play reflected individual children's noted interests.

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

### Previous area for improvement 5

To further promote children's safety, staff should develop their knowledge and understanding of assessing and mitigating any risks within the environment.

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 5.17).

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

### Action taken since then

Risk assessments were in the process of being reviewed. These were now detailed enough to support staff in knowing what they should do to keep children safe. We saw staff using the risk assessments throughout the day, referring to them and adding detail when appropriate. Staff were showing a better awareness of where there was higher risk, for example, in the climbing area outdoors, and positioning themselves to offer support for children.

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

### Previous area for improvement 6

To support positive outcomes and experiences for children the provider and manager should ensure that staff, children and parents are included in quality assurance and self-evaluation of the service which identifies and leads to meaningful improvements.

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).

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

### Action taken since then

A system of quality assurance and self-evaluation was being implemented and had led to improvements. For example, recent focus had been on assessing and changing the environment. This had led to improvements which increased children's engagement through well maintained resources which reflected their interests.

Staff were beginning to evaluate the provision within their individual rooms and to become involved in quality assurance of the service.

Parents were being asked for feedback and this was being collated and used within the self-evaluation system which was being implemented.

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

### Previous area for improvement 7

In order to support good attachments and consistent quality of care for children the manager and provider should ensure that the deployment of staff promotes a good balance of skilled and experienced staff in the playrooms.

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

'I am supported and cared for by people that I know so that I experience consistency and continuity' (HSCS 4.16).

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

#### Action taken since then

The number of new staff recruited had presented challenges in promoting a good balance of skilled and experienced staff in the playrooms. Staff were more consistent within each room but lacked the experience to identify times when children potentially needed more support and make decisions on how to deliver this.

**This area for improvement has not been met and will remain in place.**

## 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	3 - Adequate
1.3 Play and learning	3 - Adequate
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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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