

Little Dreams Nursery Day Care of Children

42-44 Bon Accord Street
Aberdeen
AB11 6EL

Telephone: 01224 576 130

Type of inspection:
Unannounced

Completed on:
29 July 2024

Service provided by:
LD Nursery Ltd

Service provider number:
SP2011011656

Service no:
CS2011299582

About the service

Little Dreams Nursery is registered to provide a care service to a maximum of 53 children aged from birth to those not yet attending primary school. The service is registered to operate between the hours of 07:30 to 18:00 Monday to Friday. The service is provided from a two-storey building in the city centre of Aberdeen. It is located close to shops and green spaces and is very accessible by public transport.

The nursery comprises of five playrooms, two of which are located at basement level and three of which are located on the first floor. Children do not have direct access from the playroom to the outdoor space. A secure full enclosed garden area is used for outdoor play and there is parking available.

About the inspection

This was an unannounced inspection which took place on 24 July 2024 between 08:45 and 17:30 and 25 July 2024 between 09:00 and 16:30. Two inspectors from the Care Inspectorate carried out the inspection.

To prepare for 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:

- observed children using the service
- received feedback from seven families from our online questionnaire
- received feedback from three staff from our online questionnaire
- spoke with the staff and management team
- observed practice
- reviewed documents.

Key messages

- Staff knew children well which supported them to meet their needs.
- Mealtimes were a positive, unhurried experience offering children opportunities to be independent.
- Positive and safe sleep routines supported children's health and wellbeing.
- Quality assurance processes were mainly effective and had a positive impact on experiences for children and families.
- The provider and manager engaged well with the inspection process and were responsive to suggestions made.
- Interactions should be developed to support children's autonomy and critical thinking skills.
- Learning opportunities should be extended to provide sufficient challenge, curiosity and engagement for all children.

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?	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?

3 - Adequate

We made an evaluation of adequate for this quality indicator where strengths only just outweighed weaknesses.

Quality Indicator 1.1: Nurturing care and support

Overall, most children benefitted from warm and nurturing interactions from staff. Children were seen to be given cuddles and reassurance when they were tired and hungry. A parent commented, "I have known some of the staff since my child was one. All of them are very friendly." Another commented, "Friendly staff and care." However, some interactions with children did not always offer children opportunities to consent; for example, a child was lifted away from the water tray without being asked. As a result, children were not always offered autonomy.

Personal plans gathered information from families that was mostly relevant to the continued care and wellbeing of children. Staff knew children well and were able to talk about their needs. A parent told us, "Always reviewing personal plans." We found some information had not been updated which could result in missed opportunities to effectively support children. For example, information on children's sleep, toileting, and mealtimes.

Children's plans considered the SHANARRI indicators which are safe, healthy, achieving, nurtured, active, respected, responsible, and included. Personal planning could be developed further to ensure all children with additional support needs, such as English as an additional language or support with developing language have detailed care and support plans in place. This would ensure children experience consistent approaches from all staff, including relief staff members.

Mealtimes were a relaxed and unhurried experience for children. They benefitted from healthy and plentiful food choices. Where appropriate, the lunchtime experience offered children opportunities to develop independence and social skills. For example, children chose where they wanted to sit, poured their own drinks, served their food, and cleared their plates. Staff sat with children and chatted which resulted in a relaxed, social, and well supervised lunch experience. Most parents agreed with the statement, 'My child can choose from a healthy range of snacks and meals that reflect their individual cultural and dietary needs.'

Long-term medication was mainly stored and managed effectively. It had been reviewed with parents monthly. Medication processes did not always support children to be safe and healthy as paperwork did not always gather the required information to ensure effective management of medications. However, this had been addressed before the time of feedback.

Children benefitted from well managed procedures for intimate care and sleep routines. These supported the staff team to meet children's basic needs safely and effectively. As a result, children's rights were respected as they were clean, comfortable and had opportunities to rest and relax.

Children's safety was promoted through staff's understanding of their role in identifying, recording, and reporting any safeguarding concerns. Staff attended regular child protection training and a policy was in place to further support staff in the processes should they identify a concern.

Quality Indicator 1.3 Play and Learning

Most children were having fun and engaged in play experiences. Children had opportunities to lead their own play and were seen to access most resources independently. However, we identified missed opportunities where skilled intervention and effective questioning could have further extended children's engagement, curiosity and problem-solving skills. For example, children were interested in bugs in the garden and a child had shown a staff member a worm; however, staff did not extend this conversation any further. The manager was aware of the need to develop staff's knowledge and understanding of how to effectively extend children's play and learning. This would promote quality experiences for children. A previous area for improvement had been made and will be rewritten to support further improvement. **(See area for improvement 1.)**

Opportunities to explore literacy and numeracy were encouraged through play. Staff sang songs and read stories with children throughout the day, helping to develop their language and understanding. There were opportunities for children to mark make; however, there was scope for this to be extended; for example, the construction area in the three to five room. This would further support children to explore mark making materials in a purposeful manner.

Children's experiences were captured in online learning journals and shared with parents. All parents agreed with the statement, 'I have the opportunity to discuss my child's care, play and learning.' Most observations highlighted children's learning and included some next steps for development. Next steps did not always reflect the current development needs of children. We discussed developing this to help ensure individual children have access to experiences and learning that is right for them.

Although planning was in place in all rooms, there was scope to develop consistent approaches across the service. In some playrooms, staff were in the early stages of developing methods to provide a good balance of planned and timely spontaneous activities. In other rooms, planning had considered children's next steps and planned strategies were seen to be used. However, this should be extended to ensure all children are supported to reach their full potential.

Opportunities for play and learning were enhanced through connections to the wider community. Walks to local parks, library, museum, and fire station were utilised, resulting in children being connected to their local community.

How good is our setting?

4 - Good

We evaluated this quality indicator 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 an environment that was welcoming, well-ventilated with big windows offering natural light. Furnishings were of good quality and supported children to be comfortable. There was scope to develop areas to be softer and more homely. However, this had been identified in some rooms and staff shared plans and ideas to develop spaces.

The indoor environment was a mostly developmentally appropriate space, offering children a range of age and stage appropriate resources. There were some loose parts and open-ended resources which offered

children opportunity to be creative. However, there was further scope to fully embed this approach throughout the indoor environments. For example, in the three to five room, a group of children were interested in playing with 'Hot Wheels' and had pulled over an empty tough tray. Resources such as pipes, tubes and planks could have further extended their play.

The outdoor environment had been recently developed and a range of new resources and experiences were on offer. Children had space to play; however, at times the garden became quite busy which made it difficult for younger children to engage effectively. We discussed providing an area in the garden to support younger children's play when required. A child told us they liked going out to play in the garden. The service could now consider how challenge and depth of learning might be added, further supporting learning and progression.

Infection control practices minimised the potential spread of infection. Risk assessments were in place and were regularly updated. We suggested children could be more involved in risk assessing processes where appropriate, supporting them to be safe and included. A secure entry system and ring doorbell helped maintain children and staff's safety. A staff member commented, "A lot of safety measures have been introduced recently which are helpful, such as the door buzzer, inside gate locks and CCTV outdoors."

Children's information was managed by use of appropriate storage and systems to protect confidentiality. Online information was password protected to comply with data protection requirements.

How good is our leadership?

4 - Good

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

Quality Indicator 3.1: Quality assurances and improvements are well led

The service's vision, values and aims were displayed at the front entrance of the service and on their website. These were reflected in staff practice and included supporting integrity, collaboration and responsibility. These had been recently reviewed with children and families, supporting them to feel valued and included.

Children and family's views were actively sought to inform the development of the setting. Formal and informal consultations with families provided opportunities for them to influence service delivery. Feedback from parents led to improvements to the garden and outdoor play opportunities. Most parents either agreed or strongly agreed with the statement, 'My child and I are involved in a meaningful way to help develop the service'.

Positive communication with families contributed to quality care and improved outcomes for children. Regular stay and plays offered parents opportunities to spend time with their children. Staff took time to speak with parents, offering an informative handover. As a result, relationships between staff and parents were being developed and parents received good quality information about their child's day. A parent told us, "I am always greeted in a friendly and polite manner and the staff always ask how my child is and will give positive feedback at the end of each day."

Positive outcomes for children were promoted by quality assurance practices, including regular auditing and monitoring of staff practice. We discussed how the findings from audits and monitoring processes could be shared in support and supervision meetings with staff, to support individual staff practice and set goals. A

quality assurance calendar was used to support the manager and staff team to stay abreast of monitor and audits. These highlighted what was going well and areas that could be improved. We suggested quality assurance processes should be extended to include personal planning, children's observations, and staff interactions, supporting good quality outcomes and further support tracking of children's progression.

Staff were using current best practice guidance to evaluate the service, supporting them to identify strengths and areas for improvement. The staff team are reflecting on areas that are relevant to their current practice at the moment, for example, room monitoring and extending play. Self-evaluation and quality assurance processes findings should be continually reviewed and evaluated to track progress and support further improved experiences for children.

As a result of the last inspection and quality assurance processes, there were relevant and meaningful improvements planned. The nursery team were currently working on staff deployment, upskilling all staff to be confident in using open-ended questioning and extending play experiences for children. Current planned improvements would help ensure children experience quality care, play and learning experiences.

Policies and procedures had been recently reviewed and contained current and relevant information. Management had developed systems to gauge staff understanding of key policies and procedures and provide support where necessary.

How good is our staff team?

4 - Good

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

Quality Indicator 4.3: Staff deployment

Staff were friendly, caring, kind and committed to their roles. They communicated respectfully and offered support where required. Most staff interacted with children and each other in a respectful considerate manner. This promoted a relaxed and happy atmosphere for children to enjoy. A parent commented, "The staff are all so friendly and seem to genuinely care about my child and will always do their best for them."

Staff were appropriately deployed throughout the day and worked well together to ensure that they were available to support children across the setting. Staff breaks did not impact on the quality of children's care, play and learning. Walkie talkies were used to support effective communication between staff. Staff communicated when a task took them away from an area, for example, when they had to support children with personal care and accessing toilet facilities.

The service had encountered staffing challenges and the staff team had experienced several changes since our last inspection. At the time of inspection ratios were upheld. A bank of relief staff and a flexible staff team helped ensure the needs of the service were met. Management reported that they felt this had settled and we discussed the need to develop staff morale and relationships. Clear roles and routines supported staff to know what was expected each day. Their flexible approach supported continuity of care and enabled them to deploy themselves effectively across the setting. A staff member commented, "There are always enough hands to meet needs and all carers work as a team to fill gaps."

A mix of staff skills helped support children's care and wellbeing. All staff had basic training in place and most staff had completed a range of further training opportunities. Most staff were confident in discussing the impact training had on their practice and supporting positive outcomes for children. For example,

observation and outdoor play training. Training evaluations supported staff to consider the impact that training opportunities had on outcomes for children. However, these were not always fully completed. Some staff training opportunities had been identified as a result of quality assurance processes, helping ensure staff were accessing relevant training depending on their needs. We suggested some staff would benefit from training in MAKATON to further support children's language development. The provider and manager were responsive to this suggestion and had made contact with a training provider.

Most staff told us they felt well supported by management and their team members. An induction programme was completed by all new staff members. A staff member told us, "Room leader or supervisor will support through induction." Staff benefitted from regular meetings with management to discuss wellbeing and practice. These highlighted achievements and areas for improvement. We discussed how these could be developed further to consider structured goal setting, supporting staff 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 ensure children access experiences meaningful to them which help with their learning and provide increased opportunities to have fun and experience joy children should be supported to lead their own play and learning.

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

'As a child, I can direct my own play and activities in a way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27); and

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 18 August 2023.

Action taken since then

In response to the area for improvement, the service had developed an action plan. They had made some changes to the environment and children's access to the outdoor play area. This had started to impact positively on children's opportunities to have fun and lead their own play. Whilst we acknowledge there had been some improvement, this area for improvement had not been fully met.

In order to support further improvements, we have amended the area for improvement:

To ensure children access experiences meaningful to them which support their learning and provide increased opportunities to have fun and experience joy, children should be supported to lead their own play and learning.

This should include, but is not limited to:

- a) Further develop staff knowledge and understanding of child development, relevant theory and practice.
- b) Further develop loose parts play in the indoor environments to support children's play experiences.
- c) Further develop the staff teams understanding and use of high-quality interactions, extending children's thinking and widening their skills to support them in developing their curiosity, creativity and leading on their play and learning.

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

'As a child, I can direct my own play and activities in a way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27); and

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement has not been met and remains in place.

Previous area for improvement 2

To support children's needs and promote positive outcomes for children, the provider should improve the deployment of staff.

This is to ensure 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 18 August 2023.

Action taken since then

All areas within the nursery were appropriately staffed at all times. Staff breaks did not impact on the pace of the day. Consideration had been given to the skill set and experience of staff in each room. This helped ensure children received care from a staff team that knew them well.

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.

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?	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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