

Red Squirrel Nursery Day Care of Children

West Green Park
Liff
Dundee
DD2 5NF

Telephone: 01382 585 378

Type of inspection:
Unannounced

Completed on:
3 September 2024

Service provided by:
The Red Squirrel Nursery Ltd

Service provider number:
SP2006008490

Service no:
CS2006131515

About the service

Red Squirrel Nursery is registered to provide a day care of children service to a maximum of 71 children under 12 years at any one time, of whom no more than 24 are under 2 years of age. The nursery operates from a purpose-built setting in a housing estate in Liff, on the outskirts of Dundee.

The children are accommodated within five playrooms which are designated for different age groups of children. The children have access to fully enclosed outdoor spaces, including an outdoor forest area. Some of the playrooms have direct access to outdoor areas. The nursery has a secure door entry system in place.

About the inspection

This was an unannounced inspection which took place on 02 and 03 September 2024, with feedback provided at the end of the second day of inspection. The inspection was carried out by two inspectors from the Care Inspectorate, with a third inspector participating in a shadowing opportunity on day one of the inspection.

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 and reviewed feedback from eight parents who use the service;
- spoke with staff and management;
- observed practice and children's experiences;
- reviewed documents.

Key messages

- Children were happy, confident and actively involved in leading their play and learning.
- Staff used kind and nurturing approaches which supported children to feel welcome, safe and secure, and contributed to positive relationships.
- Management and staff should continue to review the systems in place for planning and observations of children's play and learning. This would support children's progress within their learning.
- Whilst children had daily opportunities to play outdoors, children's health and wellbeing would benefit from having regular free-flow access to the outdoors.
- Children benefitted from a skilled staff team who worked well together.
- Staff interactions with children were skilled, which supported children's engagement in their learning and promoted children's thinking.
- The staff team were motivated and enthusiastic about their roles and were keen to undertake training to develop their practice.
- Quality assurance processes should be further developed to support continuous improvement of the service. This should include monitoring approaches to risk assessing and more frequent monitoring of staff practice.

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?	5 - Very 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 experienced warm and nurturing care. They were settled, happy and appeared relaxed. Staff provided cuddles and reassurance when children became tired and upset, which contributed to children feeling loved and secure. Staff were consistently kind and caring in their approach, and engaged with children in a respectful way. For example, staff asked children's permission before carrying out any personal care. Staff recognised and celebrated children's achievements which helped children feel valued and promoted children's self-esteem. We could see that positive attachments had been formed.

Staff encouraged children to talk about their feelings, with some of the team using a restorative approach to help children manage conflict and understand their emotions. This helped children to build relationships with their peers and develop resilience. This could be developed further across the team to provide a consistent approach for all children.

Personal plans included up to date all about me forms detailing information specific to children, including routines, likes and dislikes and health information. Some plans outlined children's needs and how these would be supported using the wellbeing indicators (Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included). It would be beneficial to use these within all plans to capture the individual needs of children and how staff would support these. Plans were reviewed and updated with families to ensure information was current and remained relevant

Where children required additional support, detailed plans were in place which highlighted where there were barriers to learning and identified strategies to help meet care and learning needs. While plans detailed clear strategies for children and our discussions with staff highlighted that they knew the children well, we observed some opportunities when strategies could have been used that were missed. The service should ensure that identified strategies are consistently used to meet children's individual needs and support them to progress within their learning.

The service had effective systems in place for the administration, monitoring and storage of children's medication. Staff were knowledgeable about children's health needs, resulting in children being safe and well.

Children experienced nurturing environments to rest and sleep. Staff were aware of the home sleeping routines of children and reflected these in practice. This supported children's overall wellbeing. The transition times for some children meant that they were waiting for longer periods before being helped to settle to sleep. We asked that the service review these times to ensure routines are consistently responsive and calm.

Overall, children experienced positive mealtimes. Healthy options provided children with nutritious meals and snacks. Allergies and food preferences were managed well which meant children ate food that was safe and they enjoyed. Children had opportunities to be independent through serving their food and clearing away when finished. This allowed them to develop their self-help skills and have ownership of routines. Children sat together with friends and with staff, promoting good social experiences. However, this could be

further developed within some rooms, as at times staff were undertaking tasks which meant they could not consistently spend time sitting with children.

Staff understood their roles and responsibilities in relation to keeping children protected from harm. The management team had clear processes in place to evaluate staff understanding of child protection, including using scenario-based training. This contributed to children being safe and healthy. Chronologies were available as part of children's personal planning documents and captured significant events in children's lives. This supported the team in assessing when to reach out to relevant agencies to seek further advice and support.

Quality indicator 1.3: Play and learning

There were opportunities for children to lead their play and explore their ideas and interests. Children were having fun and independently accessed a range of activities and resources that were available to engage in their chosen play. A balance of planned and spontaneous activities accounted for children's ideas and helped staff to extend play and learning. For example, a recent interest in minibeasts was well supported through a variety of learning provocations (objects to spark interest and curiosity) to allow children to investigate their interest further. This included bug hunts, creating bug hotels and opportunities for children to observe insects in their natural habitat.

There were some missed opportunities to extend experiences for children and support their choice in play. For example, one child showed a keen interest in football. They explored some of the resources available indoors to practice their skills, but couldn't access outdoors when they had requested. This meant they were unable to develop their choice in play further.

Access to outdoors was more readily available on day two of the inspection. Children experienced long periods of uninterrupted play, including opportunities to explore the natural environment of the 'forest' spaces of the setting. Children were engaged in a variety of rich learning which allowed them to explore their ideas and interests at their own pace. The service should ensure that outdoor experiences are available throughout the day to support the quality of play and enable staff to provide a more responsive approach to learning.

The service should review some of the transition times and group activities. There were occasions that these interrupted play and did not support engaging children in meaningful learning. We observed several children during these times who were not focussed and engaged.

Language, literacy and numeracy experiences were good and woven throughout the provision. These included environmental print, story resources and a variety of mark making materials available indoors and outside to support children's early writing skills. Staff were encouraging numeracy during play, counting resources and encouraging number recognition. Children enjoyed stories and songs individually and in groups. This supported the children's early language, literacy and numeracy development.

Staff were skilled at extending children's play through effective interactions to deepen learning. Interactions promoted children's thinking skills, problem solving and creativity. Staff had a good awareness of when to step in to extend play and when to allow children's play to develop naturally. This meant that children experienced rich and meaningful interactions and highlighted that staff valued children's right to play.

Staff were continuing to develop planning approaches. Planning was based around key learning frameworks and curriculums, with spontaneous activities provided in response to children's interests. This was in the early stages and staff need to develop their confidence in the process. The management team had identified this as an area for improvement and discussed processes that were in place to improve the

current systems, for example, further staff training and audits of learning documents.

Observations of children's learning and progress were captured in online journals, which were shared with parents to include them in their child's learning. However, some parents shared that they felt these could be updated more regularly and felt they did not get enough updates on their child's progress. When asked what would make the service better, one parent said, "More regular updates on learning journals to document my child's progression and development". Floor books had been used to gather children's ideas and interests. These were used to stimulate discussions with children and to support including them in documenting their learning. The quality of these varied which the management team recognised. It would be beneficial to make floor books readily available to children to support them to access and revisit learning.

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 experienced welcoming, spacious and inviting play spaces. Children appeared confident and at ease within the setting. The lay-out of spaces ensured that children could move around areas with ease and could access resources independently. Children were confident in moving around spaces to explore their interests and had the freedom to transport resources to extend their ideas further.

Displays of artwork, creations and photographs contributed to a sense of belonging for children and provided the message they mattered. Homely touches and neutral décor contributed to a welcoming and calming feel.

Resources promoted children's enquiry, curiosity and problem solving. A good mix of loose parts and open-ended resources enhanced the opportunities for children to develop their imaginations and creativity. We discussed how this could be further developed by introducing more real life objects throughout the setting.

Children had access to secure outdoor spaces. Since the previous inspection, the team had taken measures to enhance the security of outdoor play spaces by heightening fences. We asked that they review the gate of the forest area as this was of a lower height and had the potential for children to climb over. Daily opportunities for outdoor learning contributed positively to children's health and wellbeing. The outdoor environments offered choice, challenge, and enhanced children's creativity and curiosity.

Quiet spaces had been well-considered to support and allow children to rest and relax. This provided a calm and nurturing space away from busy play experiences and allowed children to access quieter activities and enjoy time in smaller groups or time alone if they wanted. In the rooms for younger children, adult-sized comfortable chairs supported staff to cuddle up with children to enjoy quiet time together.

Systems were in place to support keep children safe. Secure entry systems and risk assessments helped staff to mitigate risks and enhanced children's safety. Children were supported in developing their skills and awareness of staying safe through well supported risk benefit play, for example, physical play opportunities, including obstacle course building and during walks in the community. The service used the Care Inspectorate's SIMOA campaign, allowing staff to reflect and review safety systems and helping children to understand risk.

We observed some hanging cables from lamps within the playrooms, which could be a potential hazard. Whilst these had been identified as hazards within the service risk assessments, staff have not taken appropriate action to mitigate the risk. We discussed this with the service manager to ensure effective assessments were taking place. This was undertaken by day two of the inspection and cables were secured. **(See area for improvement 1).**

Accident and incident procedures were reviewed during the inspection. These were documented well and used effectively to inform quality assurance. Audits were carried out to identify recurring issues and trends, supporting to address possible safety issues.

Infection prevention and control measures had improved since the previous inspection. As a result, children experienced a clean and well-maintained setting. Staff carried out effective handwashing and children were sensitively supported to follow good hand hygiene routines. This helped to minimise the spread of germs and protected children's health. The setting was well ventilated to provide fresh air throughout the day. To ensure effective cleaning of sleep equipment, we asked that cot mattresses have a waterproof covering that can be laundered or wiped down in between infant sleeps.

Areas for improvement

1. Robust risk assessment of play spaces should be carried out and mitigations put in place to ensure children experience a safe environment. The service manager should ensure that staff are confident in undertaking risk assessments and environmental checks to promote the safety of children.

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

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

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 values and aims set out a clear vision for the setting, with children's wellbeing and right to play at the heart of the service provided. Staff, families, and children were consulted in development of the service vision, promoting shared aspirations and collaborative working.

The team were motivated and committed to ensuring positive outcomes for children and their families. They had used identified requirements and areas for improvement from the previous inspection as key focuses for development. As a result, positive change had taken place and outcomes for children had improved.

Quality assurance processes supported to inform improvements and helped to maintain high-quality service delivery. An up-to-date quality assurance calendar allowed the team to plan and carry out tasks in a timely and effective way, promoting a culture of continuous improvement. Staff had regular opportunities to have professional discussions and time together to identify what was going well and plan developments. Some quality assurance processes could be further developed to ensure they are robust and embedded, for

example, the service's approach to risk assessments and more regular monitoring of staff practice. This would support to further assess the quality and safety of practice and provision, and identify where change is needed. **(See area for improvement 1).**

Self-evaluation was beginning to be routinely carried out and supported to assess the quality of the service. An improvement plan identified key priorities for development. The progress of improvements were evaluated and tracked, allowing the team to recognise their achievements and effectively plan the next steps of their journey. This had influenced changes within the service and contributed to positive outcomes for children. Staff were involved in the self-evaluation of the service and were aware of the service's improvement priorities and how they were working towards these. By including staff this promoted a collaborative approach to change and provided ownership across the team.

Communication with families included the use of online platforms, surveys and questionnaires. Feedback was encouraged from families to inform future improvements and evaluate the service. This contributed to families feeling valued and listened to. One parent told us, "Parents have been asked regularly their thoughts on upcoming menu ideas, stay and play sessions where we can be involved in our child's room etc. I feel that more recently the nursery have really taken parents' views and thoughts into account". Another parent shared, "Staff listen and respond to conversations we have and are supportive of my child".

To build on the positive relationships the team had with families, there were opportunities for families to attend the setting to participate in stay and play and some parents had themselves, attended to deliver play and learning sessions. It would be beneficial to extend the opportunities to welcome families into the service. We discussed how allowing families to come into the service as part of their child's daily routine would strengthen connections and build stronger and meaningful relationships. We signposted the manager to the Care Inspectorate document, 'Me, my family and my childcare setting: A practice note for building stronger connections and meaningful relationships'.

Areas for improvement

1. To improve outcomes for children the manager should ensure that robust quality assurance systems are in place, to effectively monitor children's play and learning experiences, monitor of staff practice and evaluating and improving the nursery as a whole.

This is to ensure that management and leadership 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).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 4.3: Staff deployment

Children were kept safe and protected through the safe recruitment of staff. Pre-employment checks were carried out and new staff were supported by an effective induction programme. New staff felt welcomed into the team and were supported well by other colleagues who modelled good practice and helped new

members settle into their role.

Staff shared with us that they were happy at their work and have enjoyed working together to improve children's experiences and promote positive outcomes. Staff were observed communicating well with each other when leaving areas of the environment. The use of walkie talkies supported communication across the setting. Staff shared key messages communicated by families, which helped them to meet children's needs. The nurturing and caring approaches staff had for both children and their colleagues helped create a positive atmosphere in the service.

The feedback we received from parents highlighted the positive relationships that had been established with the team. One parent shared, "I know the staff caring for my child by name and they know my child and are always happy to see him. They exhibit clear knowledge of my child's preferences and usual character and update me when he seems to not be his usual self". Another told us, "The bond my child has made with the staff is lovely to see".

The service was well staffed ensuring ratios were maintained consistently. During times of staff absence, the leadership team supported staff to care for children and where needed core cover staff were available, if needed. This helped to maintain ratios and provided consistency and familiarity for children and families. The team were deployed effectively across the day which contributed to the quality of engagement with children. Staff shifts and breaks were flexible which helped to minimise impact on children.

Staff were committed to their own professional development. Some staff had achieved further qualifications in childcare and other team members were about to commence with their studies. A variety of training opportunities ensured that the skills and practice of staff continued to develop, which influenced improvements. The management team had a good training overview which supported them to identify what future support and learning was needed. This ensured training was adapted to meet the needs of the team and to account for staff skills and areas of interest. The team kept training reflections which allowed them to assess the impact their learning had on their practice and how it contributed to better outcomes for children.

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

Requirements

Requirement 1

By 6 November 2023, the provider must ensure children's medical needs are safely managed.

To do this the provider must at a minimum ensure:

- a) comprehensive medical protocols are in place for children who require them;
- b) medical permission forms are fully completed by parents and carers prior to the administration of medication;
- c) medication administered is accurately recorded;
- d) staff are knowledgeable and competent in relation to the recording and storage of medication.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

This requirement was made on 20 September 2023.

Action taken on previous requirement

Medication procedures were in place and effective in supporting to meet the medical and health needs of children.

Staff were knowledgeable in regards to children's health and medical needs and understood medication procedures.

Met - within timescales

Requirement 2

By 6 November 2023, the provider must ensure children are kept safe, both indoors and outdoors.

To support this improvement the service should at a minimum ensure:

- a) staff are fully aware of the factors which raise the potential risk of children leaving the environment unsupervised and take action to prevent any occurrences;
- b) robust risk assessments and audits of accidents and incidents are implemented to ensure areas for improvement are identified. Effective mitigations must be put into place immediately, to reduce risk of harm to children and staff.

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

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

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

This requirement was made on 20 September 2023.

Action taken on previous requirement

Staff displayed good awareness of the factors that could raise the potential risk of children leaving the service unsupervised. Mitigations including, deployment of staff and a good overview of children supported effective supervision and support of children. Staff were familiar with the Care Inspectorate's SIMOA campaign and used this to reflect on and inform their practice.

Audits of accidents and incidents had improved and used well to support staff to identify recurring trends quickly in order to put mitigations in place.

Risk assessments had improved and were more detailed. Whilst staff carried out checks of the environment prior to children's arrival to support them to make the environment safe, our observations of staff practice highlighted that some risks had not been mitigated effectively. We asked that the management team ensure that staff are carrying out thorough risk assessments of the environment and understand their role in mitigating risk. It would be beneficial for the management team to carry out monitoring of staff practice in relation to the service's approach to risk assessment to ensure staff have the appropriate skills and knowledge.

While we are satisfied that the service has taken action to meet this requirement, we have made this an area for improvement in terms of risk assessment approaches and monitoring in Quality indicator 2.2: Children experience high quality facilities.

Met - within timescales

Requirement 3

By 6 November 2023, the provider must improve children's health and safety, by promoting and embedding effective infection prevention and control practices.

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

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

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

This requirement was made on 20 September 2023.

Action taken on previous requirement

Infection prevention and control practices were effective and embedded. These were fully understood by the staff team. As a result, children experienced a clean and well-maintained environment.

Met - within timescales

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

The provider should review the paperwork relating to personal plans, to ensure that the information being recorded is meaningful, individualised and enables effective monitoring of children's learning, development

needs and progress. This includes, but is not limited to chronologies and clearly detailed support strategies for all children.

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 20 September 2023.

Action taken since then

Personal plans contained meaningful and individualised information in relation to each child's current needs, including monitoring children's developmental and learning needs. Chronologies were included within personal planning documents and significant information recorded, where appropriate.

Previous area for improvement 2

To improve outcomes for children the manager should ensure that robust quality assurance systems are in place, to effectively monitor children's play and learning experiences, monitor of staff practice and evaluating and improving the nursery as a whole.

This is to ensure that management and leadership 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 20 September 2023.

Action taken since then

The service had taken action to improve their quality assurance systems, which were beginning to result in positive change. This included self evaluation, audits and improvement planning. However, there were still some gaps in quality processes. Practice monitoring was not being carried out regularly. The service manager should include regular monitoring within quality assurance procedures to identify inconsistencies in practice and assess the quality of children's experiences.

This area for improvement will continue.

Previous area for improvement 3

To ensure children receive high quality care, play and learning the provider must implement and embed a robust and effective induction, that ensures consideration is given to 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 20 September 2023.

Action taken since then

Induction procedures were effective and robust. Through the use of the Scottish Government National Induction Resource and through the service's own Induction handbook, new staff members were guided and supported well. Procedures provided opportunities for staff to shadow experienced colleagues and had time to reflect on their practice and participate in professional discussions.

Previous area for improvement 4

To support children's care and support the provider should improve staffing arrangements, to ensure children's individual care and support needs are considered.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14).

This area for improvement was made on 20 September 2023.

Action taken since then

Staffing arrangements supported children's safety and wellbeing, with the deployment of staff effective in meeting children's care, play and learning needs. This was consistent across the day.

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?	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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.