

Roseangle House Day Care of Children

27 Roseangle
Dundee
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Telephone: 01382 205570

Type of inspection:
Unannounced

Completed on:
23 January 2025

Service provided by:
Roseangle House Nursery Limited

Service provider number:
SP2013012033

Service no:
CS2013315972

About the service

Roseangle House provides a daycare of children service in Dundee. The service is registered to provide care to a maximum of 60 children not yet attending primary school at any one time, of whom no more than 24 can be aged under 2 years.

The service is located in a residential area of Dundee and is close to the city centre, local shops, train station and airport. The nursery environment has playrooms over the lower and upper floor, with a secure outdoor play area to the rear of the service.

About the inspection

This was an unannounced inspection which took place on Tuesday 21 January 2025 between 08:45 and 16:30 and Wednesday 22 January 2025 between 08:00 and 11:45. 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 reviewed MS Forms feedback from 29 of their parents/carers;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- Children were happy, settled and enjoying their time at nursery.
- Children were cared for by kind and caring staff.
- Positive relationships were developing between staff and families.
- Staff knowledge of child protection concerns and procedures must be developed to ensure all staff have a thorough understanding to keep children safe and protected.
- Quality assurance processes should be further developed to support the improvement of the service.
- Staff deployment should be reviewed to ensure all of the children's needs are met.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning?

3 - Adequate

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

Quality Indicator 1.1 Nurturing care and support

Children were happy and settled in the service. The children who were new to the nursery were supported to settle by the staff. The staff were warm and caring, with most of the team nurturing, offering children comfort, reassurance and cuddles if they were wanted. The younger children had developed attachments with staff or were beginning to as the new children settled, resulting in children feeling safe and secure. Staff caring for the older children were kind and caring as they interacted with them, encouraging confidence and independence. The staff in these rooms were new to the setting and would benefit from support to develop more nurturing practice and attachments, which would help build strong, positive relationships between children and staff. A parent shared "Our child is always very excited to go to nursery, the staff are always welcoming and friendly".

There were opportunities for children to be independent. They all freely choose where to play and with what resources. They washed their hands when needed, some with support from staff to ensure good handwashing, particularly with the younger children. The younger children served their own snack, helping themselves to cereal and fruit. They were asked by staff if they would like help to pour their milk and water, with two children capably pouring it themselves. The older children were also encouraged to be independent throughout their time in the service. They put their wellies and coats on to play outdoors and removed these when they came back indoors, with some assisted by staff when required. The children served their own snack and set the lunch table with cutlery and glasses. Staff should consider further opportunities to encourage children's independence whilst they attend nursery.

Personal plans were in place for the children and included information to help staff get to know and support them. We asked that dates of birth be included on the plans as this information is beneficial when considering children's individual needs, developmental milestones and progression. Staff should ensure that the plans are reviewed with parents before the end of the six month timeline so that children's information is current and remains relevant. We asked management to review the information recorded within the children's chronologies as some information would be more relevant within personal plans to help aid staff in caring for and supporting the children's needs. Staff may find accessing 'Guide for Providers on Personal Planning, Early Learning and Childcare' and 'Practice guide to Chronologies,' beneficial for developing their knowledge and understanding of the information required in personal plans and chronologies. Regular audits should be undertaken of personal plans to ensure that they are up to date and remain relevant to the child. **(See area for improvement 1).**

Medication was appropriately stored with parental consents gained before medication was administered. Staff should ensure that detailed information is recorded regarding signs and symptoms so that they can identify when medication may be required by the child. Medication records should be reviewed at least every three months, with staff ensuring all paperwork is completed fully and updates made when required, for example, when medication is no longer required that should be written on the medication record and medication returned to the parent. When medication is administered to a child, the dosage given should also be recorded. These measures would keep children safe when receiving medication. **(See area for improvement 2).**

Children who had a sleep, had their own bedding within their storage boxes. This was laundered when the

children's weekly sessions were finished or before, if dirty. Children slept in cots or mats on the floor, with their comforters. A member of staff soothed them as they went off to sleep. Staff used a monitor and visual checks to ensure children remained safe and comfortable. We observed staff cuddle and gently speak to a baby when they wakened from sleep, allowing them to take their time to waken fully before they joined in play.

Staff knowledge of child protection and procedure was mixed. Not all staff were confident in who to contact and the procedures to follow if the nursery child protection officers were not available. While training had been undertaken already, refresher training to develop staff knowledge and understanding was required to ensure children were kept safe and protected (**See requirement 1**).

The lunch time experience provided some opportunities for the children to be independent, for example, the older children set the table with cutlery and glasses and poured their drinks, while the younger children poured their drinks or were supported by staff to do this. We asked management to review the lunch time experience, considering further opportunities for independence and the deployment of staff during lunch time and as the younger children prepare to go for a sleep or rest. Staff should revisit 'Good practice guidance: prevention and management of choking episodes in babies and children' to develop their knowledge and understanding and keep children safe whilst eating. Staff should ensure confidentiality is maintained for children regarding allergy information.

Quality Indicator 1.3 Play and learning

Children had fun in the nursery as they played and learned through a range of planned and spontaneous experiences. They independently chose where they wanted to play and with what toy/resource. Some of the older children were seen to flit around the nursery during their session. A small group of older children were leading their play and learning through loose parts to make cakes, which generated much discussion amongst them. A brief discussion about money took place between staff and children. There were missed opportunities throughout the session to extend the older children's learning during play. The babies enjoyed a painting activity with fruits and yoghurt. When one child was jumping and climbing around the room, staff were responsive to this and introduced soft play into the room to support the child and their interest. Some of the children aged 2-3 enjoyed a story together with a member of staff. The children's interest in the story was extended to painting the 'Gruffalo' after the children had decided on the paint colours and painting utensils. We saw children have fun, develop knowledge and skills, as they participated in planned activities with specialists who visited the service, such as Mini Professors and Tot Stars. A parent shared "My son likes all the activities provided by the staff and there are so many different ones every day".

Staff knew children's interests and ensured these were supported with resources available, for example, dolls in the younger rooms, small wooden bricks and music playing for children to dance to. Staff interacted with the children in all rooms, with some were more skilled in questioning and extending children's learning. Management should continue to support staff to develop skills, confidence and knowledge in questioning and extending children's learning. Staff discussed their developing knowledge of the planning approach to children's learning, which came from children's interests and staff observations. The resources throughout the service were age appropriate and easily accessible to children at their height, or placed on the floor.

A group of the older children enjoyed time outdoors in the garden, some were digging, while others had fun on the equipment. The younger children went out in the afternoon for a walk to the park. The staff should consider how all children are provided with opportunities to access fresh air and outdoors daily, as some of the children who attended in the morning had gone home before the afternoon trip. A parent said "For the smaller kids, outdoor activities tend to be either a walk (with an opportunity to get out of the pram for those already walking, in the pedestrian path near the trainline, at Magdalen green, or one of the little

neighbourhood greens closer) or a trip out into the garden. Garden visits have been rare lately due to the refurbishments, but I would love to see them pick up again."

Written observations were undertaken by staff and shared with parents through an online app. Next steps in development and learning were identified when appropriate. Photographs of the children involved in various activities and experiences were also shared with parents to keep them included in their child's life at nursery. The new staff team should continue to develop their observation recording as there was a mix of recording styles.

Requirements

1. By 1 July 2025, children must be safeguarded and kept safe from harm or abuse.

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

- a) Instruct staff on how to record and report child protection concerns appropriately and ensure they have access to up-to-date guidance and key contact details for local child protection teams.
- b) Ensure that all staff have undertaken and are implementing appropriate child protection training to develop their knowledge and skills.

This is to comply with section 8 of the Health and Care (Staffing) Scotland Act 2019.

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).

Areas for improvement

1. To ensure children's health and wellbeing is supported and individual needs met, the management and staff team should ensure information gathered for all the children within personal plans is relevant and up to date. This information should be reviewed at least every six months, within that timescale, with children and parents/carers.

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. To ensure children's health and wellbeing is supported, the management and staff should ensure medication and administration records are completed in full with appropriate details when needed. The medication records should be reviewed every three months or sooner and updates recorded. Parents should sign and date the records promptly.

This is to ensure that 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).

How good is our setting?

3 - Adequate

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

Quality Indicator 2.2 Children experience high quality facilities

The nursery entrance was secure with parents ringing the doorbell to gain entry to the nursery through the front door. A fully enclosed garden at the rear of the setting was currently being developed. These security measures ensured children and staff were kept safe.

Children played and learned within designated playrooms depending on their age and stage of development, where friendships were developing amongst them. Staff should ensure there is adequate ventilation throughout the service as the indoor environment becomes warmer. Providing ventilation and fresh air will minimise the spread of infections.

The nursery is in need of some repair and redecoration as discussed with management, to ensure it is comfortable and safe for the children attending. For example, repairs should be made to the skirting in the baby room where fingers can access the gap and securing of the cable running down the wall. **(See area for improvement 1)**

We had a discussion with the manager regarding the radiators and children's safety as some were very hot and children could easily touch them. We were reassured that the radiator covers were ordered and would be fitted as soon as they were delivered. Staff in the meantime should turn down the temperature of the radiators as appropriate to ensure children's safety and to create a comfortable environment.

Written risk assessments were in place and reviewed annually. Risk assessing should be dynamic and continuous, identifying issues, such as the cable and gap in the skirting and addressing these to minimise risks and hazards. Staff should be mindful that they are not adding to the risk, as when we arrived on day two, there was a pile of drawings sitting on the warm radiator in the 3-5 room.

Children were moving around freely within the playrooms, with the older children accessing outdoors as part of free flow. A parent said "Our child loves to be outdoors and staff will try to ensure children have access to outdoor play as often as possible. Obviously with the baby room this is more difficult due to needs of the younger children". The outdoor space was currently being developed and a risk assessment was in place to reflect this, supporting children and staff in keeping safe outside. Children were having fun outside, enjoying various experiences, such as digging and climbing a small pile of soil.

Age appropriate resources were within the playrooms, with some new resources recently introduced such as the small wooden blocks and the wild and farm animals, which were meeting children's interests. The indoor environment should also be further developed in consultation with children. Staff should consider providing a comfortable area for the children aged 3-5 where they can relax and have a quieter space if wanted.

Infection prevention and control measures were in place, for example, handwashing by children and staff and the use of Personal Protective Equipment (PPE) when needed. The playrooms, toilets and nappy changing area were clean during the inspection. Management should address any areas within the service which may encourage the spread of infection, such as the loose sealant around the sinks and the marked

shelving in the toilets within the 3-5 room.

Areas for improvement

1. To ensure children's health, wellbeing and safety is supported, the provider should have repairs, maintenance and redecoration undertaken when needed.

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

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

How good is our leadership?

3 - Adequate

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

Quality Indicator 3.1 Quality assurance and improvement are led well

The aims and objectives of the service were in place and informed staff practice and the direction of the service. A quality assurance calendar was in place to support the quality assurance system and the improvement journey.

The service communicated with parents face to face, through the app and parents' forums to ensure they were kept informed and included.

Quality assurance systems were in place and aimed to support continuous improvement, however, these were at an early stage. Management and staff had undertaken some evaluation within the setting and audits had been carried out for medication, accidents and incidents. Consultations with children and families were beginning to take place and inform improvements. A parent shared "We have been invited to multiple events and asked for feedback and input on what and where we would like to develop for our child".

Another parent told us "I do feel staff have taken concerns on board and are actively trying to make more forums etc". A better understanding of self-evaluation tools would support staff in undertaking more meaningful evaluations and reflections to inform improvements. Staff may find 'self-evaluation for improvement - your guide' and the bite size sessions on the improvement section of the Care Inspectorate HUB helpful in developing their knowledge of self-evaluation and quality assurance. This area for improvement has been continued from the last inspection. **(See area for improvement 1).**

An improvement plan was in place with identified priorities from the previous inspection report to support improvement of the service. Consultations with parents and children had been undertaken and were influencing developments within the setting.

Policies and procedures were in place which underpinned the service. Some of these should be reviewed to ensure they contain the necessary detail and follow current best practice guidance, to support the new staff team and their practice.

This was a new manager and staff team since the last inspection. We discussed the importance of following the safer recruitment guidance when employing staff as this had not been followed thoroughly when new staff had been recruited. Although two references had been gained for each member of staff, these had not

all been received before staff had taken up post. Safety checks had not been carried out for all staff before they had started working within the service. It is important that Protecting Vulnerable Group (PVG) checks are undertaken for all staff as part of the recruitment process and before they take up post. This is to ensure all children and staff are kept safe and protected. Putting risk assessments in place for staff should be in extreme circumstances and not become routine. This area for improvement has been continued since the last inspection. **(See area for improvement 2).**

We discussed with management the notifications they should make to the Care Inspectorate and the records they should keep as they were unaware of some instances when notifications should have been submitted. We signposted management to guidance to support notification reporting, 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.'

Areas for improvement

1. To improve outcomes for children, the provider should implement a more robust system to further develop quality assurance and self-evaluation to support ongoing improvement within the service.

This should include but is not limited to:

- a) using an appropriate benchmarking document to develop self-evaluation, reflection and ongoing improvement to support positive outcomes for children;
- b) further development of the system used to complete monitoring and supervision of staff practice, environments and play experiences for children;
- c) developing a robust approach to take forward actions and areas for improvement and recording and evaluating the impact on outcomes for children.

This is to ensure 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).

2. To ensure the safety of children, the provider should further develop the systems in place relating to safer recruitment.

This should include but is not limited to:

- a) ensuring that they are in receipt of two satisfactory references prior to a newly recruited staff member starting work within the service;
- b) ensuring that all the required information is recorded and held within staff recruitment files;
- c) developing their knowledge of the 'Safer Recruitment Through Better Recruitment' best practice guidance.

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

'I am confident that people who support and care for me have been appropriately and safely recruited'. (HSCS 4.24).

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

Management recognised the importance of ensuring the service was appropriately staffed throughout the day with staff lunches planned to minimise any impact on the children.

The adult:child ratios were met in relation to their conditions. Staff and management should ensure there is effective deployment throughout the nursery to meet the needs of the children, for example, on the lower floor during the children's session and in the 2-3 room as children finish lunch and some go to the sleep room, while others prepare to go home.

This was mostly a new staff team due to recent high staff turnover. There was a mix of skills and experience within the team. A new manager had also taken up post since the last inspection. Staff were respectful of each other when they communicated and were getting to know each other. The new staff working in the 3-5 room were developing as a team. Staff appeared flexible and were seen to engage with the children. Staff in the baby room and 2-3 room worked well together, supporting and meeting the needs of the individual children in their care. A parent said "The staff looking after my child are fantastic. Caring, thoughtful, enthusiastic, patient and supportive. They are a big part of why my child loves going to nursery".

An induction process was in place for new staff to support them in taking up their posts and developing their roles and responsibilities. There were mixed views on how this was progressing during our discussions with the staff. Management shared how staff were supported through the induction programme, individually and collectively.

Staff new in post were working through mandatory training, while the existing staff team had undertaken refresher training in child protection. A training plan had been created to inform and support staff training. We discussed the importance of staff knowledge and confidence and further training would support this. **(See area for improvement 1).**

Areas for improvement

1. To support the development of staff knowledge, confidence and positive outcomes for children, the provider should ensure staff undertake relevant training, with learning reflected upon and embedded into practice.

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).

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 improve outcomes for children, the provider should implement a more robust system to further develop quality assurance and self-evaluation to support ongoing improvement within the service.

This should include but is not limited to:

- a) using an appropriate benchmarking document to develop self-evaluation, reflection and ongoing improvement to support positive outcomes for children;
- b) further development of the system used to complete monitoring and supervision of staff practice, environments and play experiences for children;
- c) developing a robust approach to take forward actions and areas for improvement and recording and evaluating the impact on outcomes for children.

This is to ensure 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 23 February 2024.

Action taken since then

A quality assurance process was in place, although at an early stage. Staff were developing their knowledge of frameworks to support evaluation of the service. Monitoring, auditing and supervisions were carried out and were supporting the improvement of the service. This process should be further developed to ensure it is robust, continuous and self evaluation is embedded into practice.

This area for improvement has been continued from the previous inspection.

Previous area for improvement 2

To ensure the safety of children, the provider should further develop the systems in place relating to safer recruitment.

This should include but is not limited to:

- a) ensuring that they are in receipt of two satisfactory references prior to a newly recruited staff member starting work within the service;
- b) ensuring that all the required information is recorded and held within staff recruitment files;
- c) developing their knowledge of the 'Safer Recruitment Through Better Recruitment' best practice guidance.

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

'I am confident that people who support and care for me have been appropriately and safely recruited'. (HSCS 4.24).

This area for improvement was made on 23 February 2024.

Action taken since then

Management should ensure they have a thorough understanding of the safer recruitment guidance to ensure stringent checks are conducted before staff are employed and take up their post. While recruitment files contained required information about the staff, we saw that not all references and PVGs (Protecting Vulnerable Groups) had been obtained before staff took up their post. While risk assessments had been put in place for these staff, they should only be put in place in exceptional circumstances. All checks must be gained before staff take up post.

This area for improvement has been continued from the previous inspection.

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

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