

University of Dundee Nursery Day Care of Children

DUSA Building
University of Dundee
Balfour Street
Dundee
DD1 4HN

Telephone: 01382 345 188

Type of inspection:
Unannounced

Completed on:
6 February 2025

Service provided by:
University of Dundee Nursery

Service provider number:
SP2003000108

Service no:
CS2003000697

About the service

University of Dundee Nursery is a day care of children service, registered to provide care for up to 129 children at the following locations.

1. For the premises at DUSA Building, Balfour Street, Dundee, the following conditions will apply:

- a) the care service will be provided to a maximum of 40 children
- b) the age range of the children will be from two years to those not yet attending primary school
- c) the maximum number of children aged two to under three years will be 10.

2. For the premises at 8-10 Airlie Place, Dundee, the following conditions will apply:

- a) the care service will be provided to a maximum of 89 children
- b) the age range of the children will be from birth to those not yet attending primary school.

The nursery operates from two separate sites on the University of Dundee campus. At the time of inspection, all children were cared for at Airlie Place premises. Children have supervised access to an outdoor garden area as well as a shared outdoor space situated between the two sites, known as the muddy garden. However, this was not in use at the time of inspection.

The nursery is located centrally in Dundee and provides a variety of local community-based facilities, including libraries and parks.

About the inspection

This was an unannounced inspection which took place on 5 February and 6 February 2025. The inspection was carried out by one inspector from the Care Inspectorate. Feedback was provided to the manager, provider and a representative from the local authority at the end 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:

- spent time with the children using the service
- spoke with or received feedback from 12 of their family members
- spoke with staff members and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children experienced nurturing care and support from staff that knew them very well as individuals.
- Positive and nurturing attachments had been formed between staff and children.
- Personal plans were completed in partnership with parents which ensured that children's supports were tailored to their individual needs.
- Children's next steps should be reviewed regularly and more specific to support children's progress.
- Committed leadership supported positive outcomes for children.
- To ensure consistently positive care for children, policies should be updated and implemented consistently.
- Staff deployment could be further considered at busier times of the day to ensure children consistently benefit from quality care.

From this inspection we evaluated this service as:

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

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on children's outcomes and clearly outweighed areas for improvement.

Quality Indicator 1.1 - Nurturing care and support

Children experienced nurturing care and support from staff that knew them well as individuals. Staff took time to interact with children in their play and listen to what they had to say. One parent shared, "They are so friendly and update me with everything that's happened during the day with them. I can see how proud they get when the children accomplish something new and it honestly melts my heart. I know my children are in great care." This showed that staff valued their time with children.

Personal plans supported children's individual care and were completed in partnership with families. Almost all parents stated that they felt involved in their child's personal plans. Opportunities were in place for parents to come into the service to discuss their children's progress. Some specific strategies were in place to support children's individual care needs; for example, in some rooms staff used MAKATON (signing words) to support children's developing communication. This meant that children received care that was right for them.

Children benefitted from healthy choices at mealtimes and their own individual dietary needs and preferences were well considered. Mealtimes were mostly social experiences and there were some opportunities to develop children's independence. Experiences were not consistent across all playrooms. For example, at times staff became focused on tasks and this meant that children did not benefit from a social experience. There was scope to further develop this to ensure that mealtimes were a positive social experience across all rooms. This would ensure children are supported to develop a positive relationship with food.

Children's emotional wellbeing was mostly well considered. Staff had a good understanding of safe sleeping guidance and ensured that children's individual routines were respected. This meant that children were supported to rest and relax, promoting their wellbeing.

Medication was stored safely and appropriate forms were in place to support the safe administration of children's prescribed medication. The medication policy should be updated to ensure that it reflects current best practice. For example, it is not recommended practice that services purchase and keep a stock of non-prescribed medicines for children who attend the service. Medication should only be given to a child if it is provided by the parent/carer. To ensure children's health is consistently promoted, the service should further develop their policy and procedures around medication (**see area for improvement 1**).

Quality Indicator 1.3 - Play and learning

Children were mostly engaged in meaningful play throughout the day. They enjoyed their time with staff and had fun as they explored their learning environments. Children were confident to talk about their learning and experiences with us. This showed that children were meaningfully involved in their learning.

Children were supported to reflect on their learning and experiences through a variety of opportunities. Floor books had been developed in each room and all children had their own learning journal. Some of the floor books and journals had not been updated consistently. The management team were aware of this and had plans in place to ensure that these were updated regularly and meaningful to children. We encouraged the management team to continue with their plans. This would support children across the service to reflect on their learning and share their experiences with their families and peers.

Children benefitted from staff that knew them well as individuals. They spoke confidently about their individual next steps and how these were supported. One parent shared, "My child doesn't always tell us the full range but when we chat with the staff they tell us about their interests in nursery." We asked the service to ensure that next steps are recorded and reviewed regularly. This would further support children's continued progress in their learning (**see area for improvement 2**).

Children's experiences were guided by well-considered approaches to planning. In some rooms, the planning approach was embedded and having a positive impact on children's experiences. For example, there were clear links to home learning and how this influenced and impacted positively on the opportunities for children. In some rooms, this was at the earlier stages of development. The service had plans in place to ensure that the approach was consistent across all rooms. We encouraged the service to continue with their plans as this would ensure children continually experienced high-quality play and learning.

Children's developing literacy and numeracy were supported well throughout the service. Staff enjoyed their time reading stories with children and taking opportunities in their play to count. This meant that children were making good progress in literacy and numeracy.

The service had worked hard to develop links with the local community. They had been on trips around the local campus; for example, to the botanical garden. Some families shared that they would like the service to take children out in the local community more. We shared this with the service and asked them to further consider the feedback from families. This would ensure families and children experience meaningful links to their local community.

Areas for improvement

1. To ensure children's individual health and wellbeing needs are met, the provider should review their medication policy and procedures to ensure they reflect current guidance. This should include, but is not limited to, ensuring any medication held on the premises should be supplied by parents/carers to the service. The service should not keep a stock of non-prescribed medicines for children who attend the service.

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).

2. To ensure children continue to progress in their learning, the manager should ensure that children's next steps are meaningful, clear and reviewed regularly.

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).

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on children's outcomes and clearly outweighed areas for improvement.

Quality Indicator 2.2 - Children experience high quality facilities

Children had fun as they explored the indoor and outdoor spaces. Children told us they liked going outside. The staff had developed spaces outside for children to explore their natural environment. They climbed trees, played on tyre swings and read stories in the garden with staff. This meant children benefitted from regular access to outside spaces which supported their connection with nature and promoted their wellbeing.

Children had access to three play rooms within the service. These were situated over three floors. All rooms were well ventilated and bright. Most rooms had developed homely, nurturing spaces. The service had developed areas in some of the rooms for children to rest and relax. These spaces were very well considered. We asked the service to continue to build on this as they develop more cosy, nurturing spaces across the three rooms. This would further promote children's wellbeing.

Children's interests were reflected in the resources and opportunities in the environment. For example, some children had shown a recent interest in building ramps and pushing different types of cars down these ramps. Staff observed this play and extended on this through effective interactions and appropriate resources. This showed children were listened to and valued.

Children were kept safe from harm as appropriate risk assessments were in place to minimise the risk from potential hazards. The staff team had a good understanding of the benefits of risk and play; for example, as children climbed trees outside. Staff used skilful approaches and questioning to support children to develop their understanding of how to keep themselves safe. This supported children's independence and critical thinking.

Children's health was promoted through effective infection prevention control practice. Staff supported children to wash their hands at key times; for example, before and after changing their nappy. The environment was clean and free from clutter. As a result, the risk to spread of infection was minimised.

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on children's outcomes and clearly outweighed areas for improvement.

Quality Indicator 3.1 - Quality assurance and improvements are led well

Children and families experienced a service that reflected their views and values. A shared vision and values were in place which put families and children at the heart of the service. One staff member said, "We are friendly, caring and compassionate. Staff support each other as much as possible." One parent shared, "Staff have a warm and welcoming nature." This showed that children and families benefitted from shared values which put children first.

The leadership team were reflective and open to feedback throughout the inspection process. They were proactive and took actions to ensure children received good quality care. This showed that children benefitted from a service that was committed to continuous improvement.

A clear improvement plan was in place to support continued improvements in the care provided for children. For example, the service had identified planning for play and learning as a priority for improvement. They had organised training for staff and continued to reflect on their approach to planning to improve experiences for children. This meant that improvements were focused and meaningful.

Quality assurance processes ensured children experienced good quality care. For example, the leadership team audited medication, planning, and accidents and incidents regularly. Staff were involved in self-evaluating their service to highlight strengths and identify areas for further development. This showed that the service's self-evaluation was effective and meaningful.

Most staff were confident to discuss the policies that were in place. However, at times, staff were not confident to follow policies robustly. Some policies that were in place did not reflect best practice. For example, the whistle blowing policy should be reviewed and shared with the staff team to ensure a clear understanding. To ensure children experience a quality service, the provider should ensure that policies and procedures are reviewed regularly and that staff are confident to implement these effectively. This would further ensure children are safe and well cared for (**see area for improvement 1**).

Areas for improvement

1. To ensure children continue to experience high-quality care, the provider should review some policies and procedures to ensure they are specific to the service, reflect current best practice guidance and are implemented consistently. This should include, but is not limited to:

- a. updating the medication policy and whistle blowing policies to reflect best practice
- b. ensuring staff understand and implement policies consistently
- c. notifying the Care Inspectorate of any significant events, such as accidents, incidents or allegations of abuse or misconduct.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on children's outcomes and clearly outweighed areas for improvement.

Quality Indicator 4.3 - Staff deployment

There was a positive staff ethos, with staff working and communicating respectfully with each other as a team. They were enthusiastic about their roles and spoke positively about their work. Regular staff meetings were in place and supported effective communication within the team. This ensured key information about children and the day-to-day running of the service was shared.

Staff took part in regular training opportunities which were linked to improvement priorities. They valued the positive relationships that had developed within their team and felt mostly supported by each other. Some staff shared that at times, they felt like their wellbeing was not fully considered by management. We shared this with the leadership team that agreed to take further action. This would support staff to feel valued and help provide a positive and warm atmosphere for children.

Staff had developed positive relationships with families. One parent told us, "All the staff I have met are very approachable and friendly and knowledgeable about my child." Families were welcomed into the service each day, spending time chatting with staff. This supported families to feel included and respected as they heard about children's experiences and achievements. Staff were keen to work together with families to make improvements and develop practices to support children.

Staff were mostly proactive in deploying themselves throughout the service. For example, at lunch time in most rooms, staff were able to ensure nurturing, positive experiences for children. There was scope to further develop staff deployment at some points throughout the day to ensure children benefitted from all of the setting's indoor and outdoor spaces. For example, children did not have access to the outside space for parts of the day. To ensure children benefit from a range of experiences and continuity of care, the provider should ensure staff are deployed effectively (**see area for improvement 1**).

Areas for improvement

1. To promote consistently positive experiences for all children, the provider should support the management team to effectively review the deployment of staff responsively across the day. Staffing arrangements should be well planned to ensure that children can regularly access outdoor spaces and a range of experiences across the day.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

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 ensure children's care, play and learning needs are accurately captured in personal plans and include how these needs 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 29 November 2023.

Action taken since then

Personal plans had been updated regularly and ensured children's individual care was well considered. These were completed in partnership with families. Where appropriate, specific strategies were in place to ensure children's needs were met and their care was consistent. This meant that children benefitted from individualised care that was right for them.

Staff knew children well and spoke confidently about their next steps. However, this was not always recorded or reviewed consistently. We shared this with the service that had identified children's next steps as an area for development. We encouraged the service to continue with their plans. This would support children's progress and development.

This area for improvement has not been met. We have rewritten this area for improvement under Quality indicator 1.3 - Play and learning, to highlight the progress made.

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?	4 - Good
4.3 Staff deployment	4 - Good

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