

Cherry Tree Nursery Day Care of Children

2 Lainshaw Drive
Glasgow
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Type of inspection:
Unannounced

Completed on:
25 February 2025

Service provided by:
Cherrytree Glasgow Ltd

Service provider number:
SP2023000068

Service no:
CS2023000093

About the service

Cherry Tree Nursery is a private nursery provided by Cherry Tree Glasgow Ltd. The nursery is registered to provide a care service to a maximum of 76 children not yet attending primary school at any one time. At the time of inspection 54 children were in attendance.

The service is located in the south of Glasgow close to local amenities such as shops, parks and schools. Children were cared for in three playrooms and had access to a large outdoor area.

About the inspection

This was an unannounced inspection which took place on Monday 24 and Tuesday 25 February 2025. 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
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- received electronic feedback from 9 parents/carers

Key messages

- Children enjoyed the play experiences provided by staff; they were engaged and having fun. This meant that children were happy and relaxed at the service.
- The manager and staff should review procedures for children's access between indoors and outside without impacting on their rights.
- Staff knew children and families well, and provided the support and care they required in a kind and nurturing way.
- Children were able to lead their own play and learning.
- The manager should further develop procedures for recording child protection concerns to support children's safety.
- Management should review staff training to support staff to deliver best outcomes for children and meet their individual needs.

From this inspection we evaluated this service as:

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

How good is our care, play and learning?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning?

3 - Adequate

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

Quality indicator 1.1: Nurturing care and support

Staff were kind, warm and nurturing in their approach with children and knew the children well. Children were having fun, and we could see clear friendships had formed between children which enhanced their well-being. Staff knew children well and were mostly attentive to their needs. One parent commented, 'My child seems incredibly happy at the nursery and has clearly developed strong bonds with all of the staff.' Positive relationships with the children supported staff to offer care which met their needs.

Lunch was a relaxed, unhurried and sociable experience. Children had opportunities to develop life skills and independence through self-serving. Staff sat with children engaging them in conversation throughout and supporting them to eat lunch safely. Lunch for older children had missed opportunities for children to develop social skills and communication and language. We discussed with management that they should review the lunch experience for older children to ensure that it suits all children's needs.

Personal plans were in place for all children. The plans contained information which supported staff to know the children well and support their care. Regular updates meant that staff knew changes and events in children's lives. The plans did not contain enough detail to support meeting children's needs. We discussed with management that strategies should be identified to support staff to meet children's needs, including those with additional support needs.

Staff had participated in child protection training and staff were aware of the correct procedures to follow if there were any child protection concerns. Child protection concerns and chronology records should be stored appropriately with child protection records. We found that there were some discrepancies in the recording of previous child protection concerns. Child protection concerns should be reported to appropriate agencies and outcomes recorded, and we have made an area for improvement to address this.

(See area for improvement 1).

Older children benefitted from attending PATHS (Promoting Alternative Thinking Strategies) sessions. These sessions supported children to develop emotional awareness and problem-solving skills. During our visit we could see the positive impact of these on the children. Making sessions available to all children would support them in a day-to-day basis to regulate their emotions.

Quality indicator 1.3: Play and learning

We observed that children were having fun with staff and were fully engaged in their play. Children had the opportunity to participate in a mix of spontaneous and planned activities including physical play, games and baking. Children had access to a range of resources that supported their play and were developmentally appropriate. These included sensory experiences for younger children and loose parts and block play for older children.

Children had the opportunity to lead their own play, and some play experiences supported the development of literacy and numeracy skills. For example, singing songs, puzzles and stories for younger children. Older

children experienced storytelling with puppets, matching games with colours and dominoes. One parent commented, 'I'm always delighted to see all the different activities and crafts they do during the day, and I know I couldn't provide that same level of variation, inspiration or endless enthusiasm that the staff can.'

Children had the opportunity to experience outdoor play, and all children participated in outdoor play during our visit where they took part in physical play. This included, mud kitchens, climbing frames and loose parts. We discussed with management that staff should ensure they were not impacting on children's right to play or have choice by being more responsive to certain situations. For example, if more children want to sit at lunch, or come in from outdoors, and we have made an area for improvement to address this.

(See area for improvement 2).

Planning for children was based on their interests and staff observations. Staff planned responsively for younger children, supporting their interests and learning needs. Trackers were in place for older children to understand progression and development. We discussed with management that children would benefit from systems in place which supported staff to identify children's skills and offer challenging experiences to further their development.

Children's observations were shared online with parents supporting them to be involved in their children's learning experiences. Management should review observations to ensure that the information shared is using appropriate language and are individualised to children. We discussed with management that children should also have access to journals and be supported to be involved in the planning process. This would support their independence and right to choose their own play experiences.

Areas for improvement

1. To support children's health, safety and wellbeing, child protection recording and reporting procedures should be updated to meet best practice guidance.

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

"My future care and support needs are anticipated as part of my assessment" (HSCS 1.14).

2. To support children's care, play and learning, management and staff should ensure that children's right to play is supported by them being able to choose when to access the indoor and outdoor environments.

This is to ensure the service complies with the Health and Social Care Standards (HSCS) which state:

"As a child, I can direct my own play and activities in the 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).

How good is our setting?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality indicator 2.2: Children experience high quality facilities

Children were cared for in a spacious, bright and welcoming environment. The large rooms had ample space to meet children's needs. The environments were structured to take account of children's stages of development. There were cosy areas for children to rest and relax and ceilings had been lowered to reduce noise levels within the 3-5 room.

Children benefitted from a large, spacious outdoor area and toddlers had direct access to outdoors. The outdoor areas offered opportunities for risky and challenging play with loose parts and crates and climbing frames. A new bike area had been created where children could ride and follow tracks. One parent commented, 'They have a fantastic outdoor area. With bikes mud kitchens climbing areas and much more my daughter often comes home with a well used puddle suit all signs of a happy girl playing.' Regular access to outdoors supported children's health and wellbeing.

Resources available were age and stage appropriate. For example, a smaller sand tray had been introduced for babies and there were lots of sensory experiences for younger children. One parent commented, 'There are lots of sensory play activities, with touch and sound, and recently there has been different types of painting and crafts'. Older children had access to a house corner with real crockery and sink. We spoke to management about reviewing the level of resources to support children's play experiences. For example, more pasta in the house corner so all children in that area can have access. Resources were easily accessible for children which supported their rights to choose and ability to lead their own play.

Risk assessments were completed daily to support children's safety. Equipment was clean and well maintained. Staff carried out risk assessments which supported children's safety. Infection prevention and control procedures were followed with staff washing hands after cleaning noses and encouraging children to wash hands when they came in from outdoors and before eating.

How good is our leadership?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvement are led well

The management team were friendly, approachable and engaged well with the inspection process. Staff told us they also found management to be supportive and approachable. One staff member commented, 'Leadership within the setting demonstrates an awareness of staff wellbeing by providing support when needed. There are opportunities for open communication, and efforts are made to maintain a positive and inclusive work environment.' This helped staff to feel supported in their role to offer better outcomes for children.

An improvement plan was in place which was developed with staff and shared with parents. One staff member told us, 'Our voices and opinions are listened to in terms of things that need to be improved within the nursery. We have regular staff meetings to make sure that we are all on the same page.' The improvement plan identified areas for development within the service. We saw evidence of progress in

some areas such as the development of home link resources, stay and play sessions and visits to the local community. Staff had areas of responsibility for the improvement plan such as developing home links, parental engagement and community links. Staff were enthusiastic when discussing these areas with us and understood the impact development of these would have on the service, children and families.

As part of the quality assurance process, auditing and monitoring took place within the service including accidents, medication and planning. We found other areas where monitoring was not as robust. For example, some personal plans had not been reviewed within six months. Not all plans had the necessary information to meet children's needs and children had not been involved in process. We have therefore made an area for improvement to address this

(See area for improvement 1).

The service understood the importance of parent and staff contribution in the self-evaluation and improvement process. Team meetings gave staff the opportunity to review and discuss the improvement plan action points as well as any issues or concerns that they had. The service should involve children in their self-evaluation and improvements to develop their ownership of the service. Feeding back to children and families about their views would support them to understand the value and impact of their opinions.

Areas for improvement

1. To support children's care and development, as part of the quality assurance procedures the manager, in partnership with parents, staff and children, should continually audit and review children's records, particularly personal plans.

This is to ensure the service complies with the Health and Social Care Standards (HSCS) which state:

"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?

3 - Adequate

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

Quality indicator 4.3: Staff deployment

During our inspection we found that there were enough staff to meet ratios, but at times the staff deployment did not support staff to meet children's individual needs. There were some inconsistencies within the approach to care for older children. There were missed times when children needed support with regulating, resolving conflict, care after an accident, changing clothes and wiping faces. For more vulnerable children who could not communicate it is important for key workers to be vigilant of wet socks and wet clothes. Staff development was encouraged within the service and staff had attended a variety of training including child protection, block play, early literacy and mark making. Training on additional support needs, trauma informed practice and observations would support staff to meet children's individual needs, and we have made an area for improvement to address this.

(See area for improvement 1).

There was a mix of skills and experience within the service. A keyworker system was in place which supported staff to know the children in their care. Staff told us they worked well together, and we observed this in practice. Staff communicated well when leaving areas or when sharing information about children. This supported children's safety and wellbeing.

We reviewed the policies and procedures for staff recruitment. There were some discrepancies in the recruitment procedures. We discussed with management they should review safe recruitment procedures in line with best practice guidance to support them in recruiting safely.

The service understood the importance of positive relationships with families. One staff member told us, 'I feel that there is a fantastic relationship with both staff and parents. We work in partnership to make sure that the children's needs are at the heart of the nursery ethos.' We saw parents being welcomed into the service and discussing with staff about their child and their day at nursery. Parents agreed that they had strong, positive relationships with staff in the service. One parent told us, 'The staff are always keen and willing to give you updates on how she is doing and seem really vested in her development and growth. From the very first initiation visit we have felt comfortable leaving our daughter in their care and continue to trust them implicitly.' Knowing the families and children well supported staff to offer care which met their individual needs and interests.

Areas for improvement

1. To support children's wellbeing, learning and development, the provider should identify and access suitable training and development for staff, particularly in regard to supporting children with additional support needs and trauma informed practice. The provider must ensure staff are trained, competent, skilled and able to reflect on their practice.

This is to ensure the service complies with the Health and Social Care Standards (HSCS) which state:

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11)

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

As part of the quality assurance procedures the manager, in partnership with parents, staff and children, should continually audit and review children's records. Having a clear improvement agenda will allow the service to monitor and audit records appropriately.

This is to ensure the service complies with the Health and Social Care Standards (HSCS) which state:

"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 12 January 2024.

Action taken since then

When assessing this area for improvement we found that a monitoring calendar was in place, which management used to audit and review aspects of the service.

Medication, accidents and planning were monitored regularly. Some personal plans had not been reviewed within six months. Not all plans had necessary information and children had not been involved in process.

This area for improvement has not been met and has been amended to reflect improvements needed

(See quality indicator 3.1).

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?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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