

Treetops Nursery Day Care of Children

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Type of inspection:
Unannounced

Completed on:
20 February 2025

Service provided by:
Collin Care Limited

Service provider number:
SP2008009795

Service no:
CS2012306655

About the service

Treetops Nursery is registered to provide a daycare of children service to a maximum of 45 children aged from birth to those not yet attending primary school. Care is provided from a single storey property, which is located in a quiet residential area of Irvine, North Ayrshire. The service is close to shops, public transport routes and local amenities.

Care is provided from a birth to two room, with one further open-plan room divided into dedicated spaces for children aged two to three and three to five years old. Children also have access to outdoor play in enclosed garden areas.

About the inspection

This was an unannounced inspection which took place on 19 and 20 February 2025 between 09:00 and 15:30. 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 six of their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff knew children well and supported their individual needs.
- Children experienced warm and caring interactions, which helped them to feel nurtured and valued.
- Improvements had been made to the environment which had a positive impact on the outcomes for children. However, further improvements were needed both indoors and outdoors to further enhance stimulating and meaningful play experiences for children.
- Further development of staff's knowledge about play pedagogy would help support high quality experiences, and children's play and learning.
- Infection control practices needed to improve to help prevent the potential spread of infection.
- Quality assurance processes should be further developed to support continuous improvement in the service.
- Staff were flexible and supportive of each other. They worked well as a team to support and care for children as individuals.

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?	4 - Good
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

3 - Adequate

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

Quality indicator 1.1: Nurturing care and support

Overall, children experienced warm, nurturing care that promoted their wellbeing. We observed staff join in with play experiences, helping children have fun at nursery, for example, children enjoyed giggling with staff as they joined in with action songs. Comfort, cuddles, and reassurance were provided for children. This supported them to feel secure and valued. Parents told us staff were "really supportive, supporting both child and parent" and "my child is always happy to go to nursery and loves spending time there and with staff."

Staff knew children well and could talk about their individual needs and were aware of how to support them. Personal care needs were mostly delivered in a warm, kind and respectful manner. This included children being asked if they would like to have their nappy changed. We asked the manager to monitor this to ensure this approach was consistent.

Personal plans were in place for all children. Children with additional support needs had detailed personal plans that supported their progression and development within the service. These plans contained clear strategies to support and enhance children's learning. However, not all plans had the same level of detail. We asked the service to ensure that personal plans contained clear strategies to support all children's individual learning and development. Personal plans were frequently reviewed and next steps agreed with parents. Parents told us "staff are all friendly and I'm kept up to date with my child's progress" and "we get regular reviews of learning plans, so I know what is happening and where [my child's] progress is."

Mealtimes were mostly unhurried and were beginning to support children's independence, for example, older children were self serving and setting the table. One child told us "lunches are yummy. I get to pour my own drinks." Staff sat alongside children, positioning themselves well to offer support when required and engaged in natural conversations. These interactions supported children's language and communications skills. However, at times some staff were task orientated. Whilst mealtimes were a positive experience for older children, we discussed where this could be further developed for younger children. This could include, younger children self serving their lunches.

Water was available throughout the day to help ensure children were kept hydrated. We discussed how this could be further developed to ensure younger children could easily access this according to their needs. The service shared their plans to address this.

Staff were aware of children's individual needs and sleep arrangements reflected safe sleep practice. Younger children were supported to sleep within their own playrooms. Staff recognised their cues and were responsive to these. However, consideration should be given to how older children's needs can be met within their own playrooms. For example, developing spaces for children to sleep or rest within the 2-3 room according to their own needs. The manager actioned this on the second day of our inspection.

Medication was stored appropriately and easily accessible. However, we found some medication was not being reviewed regularly and forms were missing some details, for example, signs and symptoms.

We discussed where medication records could be further developed to ensure action plans were in place for children with complex medical needs. We also discussed where improvements were needed to ensure best practice in administration and managing medication. For example, developing systems to record, audit and review medication that is stored on the premises. (See Area for Improvement 1)

Quality indicator 1.3: Play and learning

Children played happily with their friends, while younger children were content playing on their own or alongside others. Children enjoyed playing with toys and materials available to them. They told us they liked "playing with my friends", "going on the bike" and "reading books." However, some areas of the nursery would benefit from additional resources to encourage imaginative play, spark curiosity and increase opportunities for children to extend and consolidate their play. For example, developing role play and outdoor areas. (See Area for Improvement 1 under key question 2).

Children were mostly leading their own play and learning through a range of planned and spontaneous experiences indoors. We discussed how the service could support children further when choosing between indoor and outdoor play. For example, use of visuals to support children's choices. A free-flow approach to play meant children could make meaningful play choices, promoting child led play. However, children's play was interrupted to support the transition between key parts of the day, for example, before lunchtime and snack times. We asked the service to review 'together time', to further enhance experiences offered, ensuring they are responsive to children's needs and interest.

Children's literacy and numeracy was supported through a variety of ways, for example, children enjoyed listening to stories and songs from staff. In addition, some children were engaged for a significant period of time making and exploring playdough. Staff interactions supported descriptive language and encouraged children to predict what might happen next.

Staff were cheerful, smiley and mostly engaged well with children. However, while their interactions were warm and caring, there were several missed opportunities for staff to use skilled questioning to support children's learning through meaningful conversations. Management should continue to support staff to develop their skills, confidence and knowledge in supporting and extending children's play. (See Area of Improvement 2).

Whilst we recognise that approaches to planning for play and learning were considered, we found that they were not always focused on the individual needs of children. Planning documentation outlined pre-set experiences, outcomes and expected achievements in skills for children, which has the potential to limit spontaneous creativity, curiosity and exploration. The service were in the process of supporting staff to ensure planning is play based and informed by children's choices, wishes and interests. We agreed this would be beneficial in supporting children's play.

Online learning journals (Family app) were being used to record observations of children's play and learning, which allowed staff to share progress with families. Children's voices was captured and reflected children's thoughts and feelings. We discussed how staff should be mindful of some language written within observations.

Areas for improvement

1. To ensure children's health needs are met, the provider should improve medication processes to ensure relevant information is gathered to administer medicine safely. This includes, but is not limited to, ensuring clear signs and symptoms are recorded and medication is regularly reviewed with parents.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

2. To support staff to develop their skills, knowledge and understanding of children's play, learning and development, the provider should arrange for staff to undertake related professional development activities. Staff should then reflect on their learning and embed it in their practice.

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

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.

Children were cared for in an environment which was bright and well ventilated. Play spaces were welcoming and children had individual space to store their jackets and bags, which helped to provide a sense of belonging.

Since the previous inspection careful consideration had been given to the layout of rooms to offer spaces for children to make choices, support their interest and develop their ideas. The freely chosen play opportunities mostly allowed children to lead and direct their own learning.

Playrooms had been reviewed and children had access to a range of play resources to support their play and stage of development. For example, block play within the 2-3 room had been developed. The service should continue with this approach to further develop areas, to ensure children have a rich, curious and stimulating environment to support their learning and development. For example, adding more authentic, cultural and real resources within the house corner and developing the baby room to be more homely. We also discussed developing schematic play resources in all areas. Therefore the previous area for improvement has been repeated at this inspection. (See Area for Improvement 1).

Older children's wellbeing was promoted through daily access to outdoors. However, younger children's outdoor play experiences were restricted. We discussed how children's access to outdoors could be further developed.

To further enhance children's play and learning, outdoor play spaces should be further developed. We found some areas of the garden had limited resources. We discussed how consideration should be given to the invitations to learning within outdoor spaces.

This would include adding further toys, resources and open ended materials to ensure children are appropriately challenged and consistently experience high quality play and learning experiences. For example, further development of loose parts outdoors would help support learning experiences that stimulates curiosity, exploration and risky play. The service were in the early stages of reviewing their outdoor play space. (See Area for Improvement 1).

General housekeeping should be considered. During our inspection we found some furniture and fixtures were dirty and worn. For example, skirting boards, flooring and dirt within extractors. The service should ensure robust procedures are in place to maintain a safe and hygienic environment. (See Area for Improvement 2).

Most nappy changing areas were clean with Personal Protective Equipment (PPE), nappies and other materials being stored appropriately. We identified some areas that would benefit from further action. For example, removing items that should not be stored in toilet areas. The manager agreed and had taken some actions to address this before the inspection was completed. At the time of inspection the baby changing room was not being used, due to a maintenance issue, and repairs were planned to take place. We discussed actions to minimise the potential spread of infection. For example, ensuring the door to the changing area remained closed at all times.

Suitable measures were in place to reduce the risk of infection being transmitted. For example, handwashing facilities for staff and children within all play rooms. However, we observed some inconsistencies with handwashing practice and asked the manager to ensure staff and children followed best practice for all handwashing routines. We also asked the manager to review the storage of toys and materials within younger playrooms to help minimise the risk of infection.

Children mostly benefitted from a safe and secure setting with a range of safety measures in place to ensure children didn't come to harm. This included, secure entry systems, clear boundary fencing, secure gates as well as regular headcounts and communication between staff. Risk assessments were in place and visual checks took place each day to help ensure the environment was safe for children. However, we identified some resources that had pieces missing and broken parts, as well as some areas that needed to be addressed outdoors. For example, rough wood and trip hazards. The manager should ensure risk assessment are meaningful and are followed by staff to identify and respond correctly to risk.

Areas for improvement

1. To help ensure children are able to access a variety of stimulating play opportunities, the toys and materials available to children should be improved to support child led play. This should include but is not limited to, ensuring a wide range of sensory opportunities to stimulate children's curiosity, creativity and imagination and increasing the range of toys and materials available outdoors.

This is to ensure care, play and learning is consistent with the Health and Social Care Standards (HSCS) which states that: '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 to my age and stage, which stimulate my natural curiosity, learning and creativity.' (HSCS 2.27).

2. The provider should ensure that children receive care in a clean, well looked after and well-maintained premises. This should include, but is not limited to, ensuring appropriate infection prevention and control practice is in place. For example, effective handwashing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that states: "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?

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.

There had been recent changes in management within the service. Management and staff had fostered good relationships and worked well together, helping to ensure a positive ethos within the setting. Management were welcoming during the inspection and responsive to feedback given to support improvements. They were committed to their role and keen to share their journey and plans going forward.

The nursery had a shared vision, values and aims that informed their practice, the manager shared with us that they would be reviewing this with children and their families to ensure an inclusive approach, valuing everyone's voice. This would also contribute to a shared understanding of what the service can provide to families and support the staff in understanding parents' expectations of the service.

Quality assurance processes in place included a clear improvement plan with realistic targets. Key focus areas within the improvement plan were in line with our inspection findings. This included developing play opportunities. Some of the planned improvements were in the early stages and had not yet been fully embedded in practice. However, the overall improvement plan was targeted at key practice areas, with clearly defined outcomes and criteria for what success would look like. This meant staff understood the role they would play in supporting improvements to children's care, play and learning.

Further opportunities for self-evaluation with the staff team will help create a shared approach to bring about positive changes to outcomes for children. We discussed the importance of ensuring these are underpinned by best practice guidance, this would support staff to develop their knowledge and skills, to sustain improvements.

Regular auditing and monitoring took place across a range of areas, helping to support and develop staff practice. We discussed where this could be further improved to ensure monitoring approaches were meaningful and supported the continuous development of the service. For example, reviewing personal plans, playroom monitoring approaches and reviewing outdoor play spaces.

Regular team meetings provided staff with opportunities to discuss practice. We discussed with the service how staff meetings could be more effective to support practice, providing opportunities for staff to identify and take forward areas for improvement and reflect on current guidance.

How good is our staff team?**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 4.3: Staff deployment.

Staff engaged well during the inspection and were open to receiving feedback to support their practice. They interacted during children's play in a supportive way and children enjoyed their involvement during experiences. Children were comfortable in the care of adults and sought support and reassurance if needed. Parents commented positively on the relationships their children had with staff and told us staff were "very helpful, polite and approachable" and "staff are always friendly."

The staffing model in place meant that staff mostly worked within the same room, this helped to ensure children were familiar with staff and supported continuity of care. Staff communicated regularly throughout the session with each other, which supported supervision of children and meant information was shared to support children's needs.

However, we discussed where staff deployment could be improved. For example, when providing one-to-one support for children. We also discussed reviewing the pace of the day to ensure this was supportive of children's individual needs. At times, daily routines were too rigid and resulted in children having limited play choices or waiting too long for their lunch meal.

There was a mix of staff skills and knowledge throughout the service. Training opportunities included child protection and loose parts training. Staff kept records on these and were beginning to reflect on the impact of training on their practice. We encouraged the service to further develop this to promote positive outcomes for children.

Newly appointed staff told us they had been warmly welcomed by the staff and management team. They commented that their induction was positive and helped them to understand their roles and responsibilities and also the expectations of the management team. The service effectively used the 'National Induction Resource' to support reflections and monitoring of practice during the initial stages of staff's employment. One staff member told us "new staff are paired with a staff member that are able to support and answer any questions for the new start in order to make them feel welcome and included."

Staff felt supported by the management team and that their views and suggestions mattered. Staff told us "the leaders within the setting care deeply about all of their staff and are always there to listen and support us whether that be regarding something within the setting or out with" and "management checks in with us."

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 support positive outcomes and improve all the children's play experiences management and staff should:

- a) Provide children with more opportunities through free play, open ended materials and loose parts play, to promote their curiosity and imagination, their sense of wellbeing, wonder and adventure.
- b) Ensure that resources and layouts provoke children's interest and extend their thoughts and learning.
- c) Continue to review and evaluate children's play spaces both indoors and outside with full consideration being given to the experiences for the younger children.
- d) Staff should regularly evaluate outdoor spaces to ensure they are filled with open-ended opportunities for example, loose parts materials, sand, water, clay, creative tools and imaginative props for children to explore, inquire and engage in energetic play

This is to ensure care, play and learning is consistent with the Health and Social Care Standards (HSCS) which states that: '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 to my age and stage, which stimulate my natural curiosity, learning and creativity.' (HSCS 2.27); and 'As a child, I play outdoors every day and regularly explore a natural environment.' (HSCS 1.32).

This area for improvement was made on 15 June 2023.

Action taken since then

Since the last inspection the service had reviewed their indoor play spaces to include more open-ended resources to support children's curiosity. Resources were presented well to children to support choice and child led play. However, we identified where this could be further improved to support children's creativity. For example, adding further resources to support imaginative play and exploration and discovery.

Whilst the service had developed indoor play spaces to support children's play and emerging skills. We discussed where further consideration to spaces, play opportunities and resources would support children play further. This would include developing opportunities for risky and schematic play, with a focus on developing the outdoor play spaces to support child led play.

This area for improvement has not been met and has been reworded.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
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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