

Queen's Cross Nursery Limited Day Care of Children

Queen's Cross Church
Albyn Place
Aberdeen
AB10 1YN

Telephone: 07857511436

Type of inspection:
Announced

Completed on:
20 February 2025

Service provided by:
Queen's Cross Nursery Limited a
private company limited by guarantee

Service provider number:
SP2018013077

Service no:
CS2018364865

About the service

Queen's Cross Nursery Limited provides a daycare service within the city centre area of Aberdeen. The service provides care for a maximum of 16 children from 2 years to not yet of an age to attend primary school at any one time. When there are no children aged 2 years, the service can be provided to a maximum of 22 children from 3 years to not yet of an age to attend primary school at any one time.

The nursery consists of a secure entrance area, small playroom, and outdoor play area. Children toilets and nappy changing facilities are easily accessible directly from the playroom. A small kitchen area within the church building allows staff to prepare snacks and lunches in a safe area. Lunches are provided by an outside catering company. Access to the nursery is by foot, car, or local bus route. The nursery is in a residential area with limited parking.

About the inspection

This was an announced inspection which took place on 17, 18 and 19 February 2025. Times varied each day between the hours of 08.30 and 16.00. This was a shared visit with Education Scotland. The inspection was carried out by one inspector 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.

To inform our evaluation we:

- spoke with children and families;
- received 13 completed questionnaires;
- spoke with staff and management;
- observed children's experiences;
- reviewed documents;
- spoke with members of the board.

Key messages

- Staff were welcoming to children and families and had formed positive relationships.
- Personal care routines did not always provide children with privacy and dignity.
- Children's overall well-being was not supported through the effective use of personal planning.
- Lunch times for children need to improve to create a social but calm experience.
- Children were able to have fun through play and make some choices about their learning such as where to play and how to spend their time.
- Indoor and outdoor spaces underordering change to layout or a full refurbishment which created positive spaces for children.
- The culture of self-evaluation and quality assurance was in the early stages of development.
- There was not always effective leadership or knowledgeable, skilled staff to ensure high 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?	2 - Weak
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	2 - Weak

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

How good is our care, play and learning?

2 - Weak

We evaluated different parts of this key question as weak and adequate with an overall grade of weak. Whilst we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children, we made several requirements for improvement.

1.1 Nurturing care and support

Staff were welcoming to children and families. Children generally experienced warm and caring approaches by staff throughout their day. For example, staff gave big smiles and hugs in a caring way. Most staff were respectful to individual children who required additional support with their difficult emotions, by giving them space and gentle encouragement. This helped children feel secure and happy.

Arrival and departure times for children and families was carried out in the entrance hall. Parents did not routinely enter the playroom. Whilst this may be the preference for some, there were a few occasions where inviting a parent into the playroom may have helped children settle into their day at nursery. We discussed with the leadership team the importance of parents regularly being welcomed into the playroom.

Personal care routines did not always provide children with privacy and dignity. Some children accessed the toilet independently while others were given support by staff. However, doors to toilet cubicles remained open at all times. This meant that others walking by could view the child on the toilet. On a few occasions this caused upset for the child present. Children were seen to be upset by another child going in and out of the space or by passers by watching. We spoke to the leadership team about ways in which this could be addressed while maintaining good supervision. One parent told us they felt their child was not always well supported to clean themselves after a visit to the toilet. **(See area for improvement 1).**

A rolling snack was provided during the morning. This gave children the opportunity to choose when to eat, beginning to understand when they felt hungry. Children had opportunities to learn new skills by helping to prepare snack items such as chopping fruit for others. Children were familiar with the routine of washing hands before eating. Snack times were well supervised and an unhurried positive experience for children. Lunch time was not as well organised, this was provided altogether as a class. A few children found lunch time difficult to cope with and this was not well managed by staff. Staff had identified this, however, were not consistent in the strategies used to help and support. This then meant that lunch became chaotic, noisy and many children did not eat well. Staff spent some time sitting at tables with children, however, this time was used to eat their own lunch (see additional information on staff breaks under section 'how good is our staff team'). This meant they were not always focused on the needs of the children. On day two of our visit soup was served that was too hot for children to eat. Staff were mindful of this telling child to be careful and blow to cool it down. This raised the potential for children to be harmed by scalds or injuries. The manager agreed this was not acceptable and would take action to ensure the safe serving of food. **(See area for improvement 2).**

Children's overall wellbeing was not supported by effective personal planning. This meant there was no clear direction for staff to provide care that was consistent and meeting children's individual needs. Whilst personal plans were based on wellbeing indicators they were not always completed or held up to date information. Some had recently been reviewed, however, still held out of date information about the needs of children. Some had not been signed by parents. Some had blank spaces where important information should have been recorded. In some cases, key information such as GP and health visitor information was blank. Those children who required additional support in areas such as development, language or dealing

with difficult emotions did not have any plans in place on how this should be done. Approaches on how the setting worked with other agencies in a child's life was not recorded or shared. This all meant that staff did not hold the right information to provide children with the individual care that may be needed in a consistent way. Information was not available or shared to support sensitive and responsive care. **(See requirement 1).**

We carried out a medication audit and found that medication was stored safely and in place for those children who required it. Review dates were signed and dated in advance. This meant there could be possible confusion on when and how a medication had been reviewed to ensure it remained up to date. Senior staff should have a clear understanding of how long-term medication should be reviewed. We discussed this with the leadership team who agreed to take action.

Children had opportunities for sleep or rest times throughout the day. One child fell asleep as they were feeling unwell. This was sensitively handled by a member of staff who ensured the child was safe and comfortable until they could be collected. Other children enjoyed quiet times reading stories in the story corner, lying on soft cushions and furnishings or spending time in a quieter area of the nursery using IT equipment with a member of staff. This helped children cope with their busy day at nursery.

1.3 Play and learning

Children were able to have fun through play and make some choices about their learning, such as where to play and how to spend their time. Children enjoyed a variety of activities that were planned by staff both indoors and out. We could see that children enjoyed activities such as sensory play with water or sand, making play dough, painting with a variety of materials such as flowers, brushes and for some their hands. Children enjoyed construction and building as well as small world play such as dinosaurs and cars. Staff were kind and caring and spent time with children joining in with some of the play, however, this did not always promote learning at the right level for children.

Staff interactions to engage and motivate children were inconsistent. This meant that although most children had fun, they were not always well supported in progressing their learning. A few staff demonstrated positive interactions and supported the children well. Most staff missed opportunities to extend children's learning. They did not always use effective questions and conversations to promote children to extend their thoughts, ideas, or problem-solving skills. On a few occasions staff would leave activities with children during their play or conversation without understanding their role to extend on the child's play. **(See area for improvement 3).**

Children had some opportunities to develop language, literacy, and numeracy skills. A welcoming book area meant that children enjoyed stories and books, reading on their own and with staff. Some children enjoyed using pencils and pens at a writing table and chalk on the chalkboard. Painting gave children the opportunity to mark make both indoors and outside in the garden area. Recipe books and magazines had been added to the recently developed house play area. This should be further developed to meet the needs of children. For example, some staff wrote children's name for them without encouraging children to also try. A few children were skilled in their letter and number recognition, however, activities to extend this were not always suitable. We discussed with the senior leadership team ways in which this can be further developed by considering the purpose of writing and maths activities and how these can be extended. **(See area for improvement 3).**

Planning and assessing for children's learning was in the early stages of development. Staff had recently implemented a new approach to planning for children's learning. Progress had been made on intentional planning for children. This meant that there was a growing range of experiences and activities for children and an increasing variety of ways to play and learn. Development now needs to be on how to promote the

depth of learning in a way that meets the individual needs and capabilities of each child. This is to ensure that children can be fully supported to progress well. Staff had taken part in training around observing and assessing children at play. This was in the very early stages of impacting progress. Observations were recorded using a newly introduced app called see saw. These observations were not yet plentiful or detailed enough to highlight children's individual learning and progress. Most children did not have next steps in place and those that did were not appropriate to promote progress. **(See area for improvement 3).**

Requirements

1.
By 30 April 2025 the provider and manager must ensure children are supported with nurturing care that meets their care needs and emotional wellbeing.

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

- a) Ensure children's personal plans are up-to-date, and parents have been fully involved in this process.
- b) Ensure all children have the appropriate level of information in their personal plan to meet their needs
- c) Ensure staff are well informed about the children and use the personal planning information to provide individualised and responsive care relevant to their needs.

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

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

'My 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)

Areas for improvement

1. To ensure the dignity and privacy of children staff should ensure that children are well supervised and supported in a way that meets their needs with children being in distress.

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

'If I require intimate personal care, this is carried out in a dignified way with my privacy and personal preferences respected'. (HSCS 1.4)

2. To ensure children are nurtured and supported through their daily experiences, the provider, manager, and staff should ensure that mealtimes are a safe, calm, and meaningful experience that meets the individual needs of children.

This should include, but not be limited to ensuring that:

- a) Food provided to children is of safe temperatures.
- b) The lunch time routine in place meets the needs of individual children.

- c) Staff have a consistent approach to supporting all children.
- d) Staff join in with lunch in a way that supports a positive experience.

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 meets my needs and is right for me.' (HSCS 1.19); and
 'I can enjoy an unhurried snack and mealtimes in as relaxed atmosphere as possible'. (HSCS 1.35).

3. To ensure children experience high quality play, learning and development opportunities the provider, manager, and staff should;

- a) Ensure all staff are skilled in understanding their role in supporting children through meaningful engagement.
- b) Ensure that staff demonstrate an understanding of child development and how to use play to support children's learning and development.
- c) Ensure planning processes are effective to promote children's individual learning.
- d) Ensure that observation and assessment of children's individual learning supports and identifies progress.

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

'I am supported to achieve my potential in my education and employment if this is right for me'. (HSCS 1.27).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact on outcomes for children, key areas need to improve.

2.2 Children experience high quality facilities

The setting for children was well furnished, comfortable and had homely touches. This helps children feel safe and secure in their surroundings. Furnishings were of a good standard and allowed children to access resources easily. The playroom was filled with natural light. It was clean and tidy which helped support children's wellbeing. On day one of our visit the room temperature was too cold for children. Some children had cold hands, and the room thermometer showed low temperatures. This was due to the door to the garden play area being left open to encourage children to free flow play outdoors. We discussed with the leadership team ways in which this could be managed to ensure room temperatures remained at a suitable level all year round. The leadership team agreed to action this.

(See area for improvement 1).

Staff had developed the indoor spaces and had made successful changes to the layout and areas for play. They spoke to us about how this had positively impacted on how children played and used the space. There was now more space for children to explore their play in areas such as construction. The story area had been developed to create a cosy space with cushions, rugs, soft lighting, and a den style canopy. Children enjoyed using this area throughout the day for rest and quieter times. Sensory lights were used in areas such as the entrance way into the main playroom which gave a sense of being welcomed and calmness. Wall displays showed children's artwork and past learning giving them a sense of ownership of the space. Staff should now continue to develop and evaluate the space to ensure they continue to meet the needs of

the children.

Outdoors had recently undergone a full refurbishment. This created a more usable space for children to play, including safe ground surfaces, a large sand pit, a Wendy house and a small grassy area. Outdoors was still an area to be further developed. Children had helped plant a small vegetable garden and were excited to care for and watch their seedlings grow. Larger loose parts such as tyres and logs had begun to be incorporated into play. Outdoor areas were not always well set up for play. For example, on day one of our visit there was limited resources in the sand pit, and the mud kitchen has no mud or like materials to be used by the children. **(See area for improvement 2).**

The provider had taken action following previous concerns raised to ensure the outside perimeter was safe and secure. We followed this up at the time and could see that these measures were still in place to provide children with a secure place to be. Staff were consistent when ensuring safe entry by families or visitors into the building and the main playroom. Staff did not always understand potential risks to children throughout the day. We raised a concern about an old Christmas tree log with many sharp sawn-off branches sticking out. This posed a risk to children should they fall and injure themselves on it. We worked with staff to ensure this was removed immediately. One child had unsupervised access to adult scissors that had not been put away safely. When noticed a staff member removed these. As described in the section 'how good is our care play and learning,' soup was served too hot for children to eat. **(See area for improvement 3).**

Areas for improvement

1. To ensure the comfort and wellbeing of children the provider, manager and staff must ensure that playrooms are of a suitable temperature for children.

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

'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes'. (HSCS 5.21).

2. To ensure children learn and develop using outdoor spaces the provider, manager and staff should ensure that outdoor play areas provide high quality continuous provision and experiences for children.

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

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials'. (HSCS 1.31).

3.

To ensure children's safety the provider, manager and staff should ensure that all staff knowledgeable and competent in assessing potential hazards and risks and take appropriate action to keep children safe.

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

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

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact on outcomes for children, key areas need to improve.

3.1 Quality assurance and improvement are led well

Following staff training around play pedagogy (teaching through play) staff reviewed the settings aims and values. This was shared with parents and gave staff a shared goal and vision for the service. Staff practice was not yet consistently meeting these and we suggested that these be used as part of staff self-evaluation practices. **(See area for improvement 1).**

Effective quality assurance was not in place to ensure high quality care outcomes and experiences for the children. While some work had been completed following the last inspection, such as asking children what they like about nursery or parents completing a feedback questionnaire, a consistent approach to quality assurance had not been embedded into practice throughout the year. Lead staff would benefit from continued professional development and support on how to lead and manage effective change.

(See area for improvement 1).

Purposeful self-evaluation had not resulted in consistent ongoing improvements. Following the last inspection, staff had begun to look at what play, and learning meant to them and how they could use this to support children. Staff had participated in learning around guidance and best practice such as 'Building the ambition' and observation and assessment. Much of this work had been completed some time ago and had not been embedded into practice. Staff had recently begun to use some self-evaluation to make positive changes to the service. For example, staff each had a role in evaluating play areas and identifying changes to be made. This positively impacted on the play environment for children. Staff spoke about the benefit of team meetings, however, these were not held regularly enough to fully benefit the ongoing self-evaluation and work by the staff team. **(See area for improvement 1).**

There were limited opportunities for families and children to be involved in developing the service. Some families who returned our questionnaire gave examples of being involved such as spending time in nursery reading a story time or bringing in clothes for donation. Others told us they disagreed and did not feel involved. A few parents spoke with staff during arrival or departure time. This led to some sharing of information; however, the small foyer made it difficult for confidential discussions with staff. **(See area for improvement 1).**

Areas for improvement

1. To ensure there is a strong ethos of continuous improvement which enhances the delivery of high quality practice the provider, manager and staff should:
 - a) Ensure children and families are meaningfully involved and influence changes within the setting.
 - b) Ensure quality assurance, including self-evaluation and improvement plans lead to high quality care and support.

This is to ensure that 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).

How good is our staff team?

2 - Weak

We evaluated this key question as weak. Whilst we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children, we made several requirements for improvement.

4.3 Staff deployment

The provider was committed to ensuring the service was appropriately staffed. A high adult to child ratio was in place. Staff had a range of childcare qualifications and experience. A co- manager had been employed to share the role and leadership duties. This was not yet effective, and we discussed with the leadership team how clear roles and remits were needed to ensure all staff understood their responsibilities and how this should lead to ongoing improvements. At the time of publishing this report, further changes had been made, and one manager was now in place and responsible for the service. The provider and manager were committed to the ongoing improvement of the service.

Arrangements were in place to promote continuity of care for children by staff they were familiar with. Shift rotas allowed for regular patterns of work. Duty rotas such as snack, welcome and departure times meant that children had familiar routines and welcoming adults. On most occasions staff absence was covered by the high adult to child ratio or by staff working well together to work extra shifts. This helped provide children with consistent care from familiar staff who they had built positive relationships with. On one occasion the nursery had to close due to an illness outbreak. This was not reported to the Care Inspectorate at the time. We gave the leadership team information on all records and notifications that must be submitted. The manager completed this retrospectively.

Staff told us they enjoyed working at the setting and liked working with the children. This helped create a positive environment for children to be present in. There was not always effective leadership or knowledgeable, skilled staff to ensure high quality care. Some staff were not yet working proactively to understand where gaps in children's care were occurring throughout the day. Lead staff were not yet consistently and effectively deploying, supporting, and managing staff throughout the day. This meant there were times when children were not as well supervised or supported in the moment as they should have been. Busier times of day such as lunch time were not well planned for. Some staff recognised there was a need to support children, but no effective plan was in place. As a result, some times of the day for children were chaotic and noisy with staff unsure on how to deal with this.

(See area for improvement 1).

Staff were not provided with suitable breaks to ensure they were rested and refreshed to enable them to fully support children. Some staff were not given the length of break they were entitled to for the number of hours worked. Others told us they would regularly not take a break and carry on with work. We raised this with the provider who was unaware. They told us they were committed to making immediate changes to ensure all staff took suitable breaks. **(See requirement 1).**

Some core training for staff had been put in place. All staff had completed child protection training and were aware of steps to take if they had any concerns about a child's welfare. We suggested that leadership staff undertake additional training to help support them in their extended role as child protection co-ordinators. All staff had completed a paediatric first aid course. No staff had up to date training in food

hygiene or infection control. This meant there was a risk to children who were being served food by staff. We asked for a risk assessment be submitted to us which was provided. We asked for all staff to undertake training as soon as possible. At the time of publishing this report, this had been completed.

(See area for improvement 2).

Staff had participated in continued professional development opportunities. For some this included completing a childcare qualification or a further degree in childhood practice. All staff had taken part in group training around practice areas such as the introduction of the see saw communication app, realising the ambition, pedagogy, observation, and planning. This was beginning to have some positive impacts on the experiences for children, but this was in the very early stages. As detailed within this report this was not yet successful in providing high quality care for children.

Requirements

1.
By 30 April 2025 the provider and manager must ensure children's care and support needs are met.

To do this they must, at a minimum:

- a) Ensure staffing arrangements are safe and effective.
- b) Ensure staff receive essential breaks to support their wellbeing.

This is to comply with section 1(1)(b)(v) (guiding principles for health and care staffing) 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 use a service and organisation that are well led and managed'. (HSCS 4.23)

Areas for improvement

1. To ensure children receive high quality care that meets their needs the provider, manager and staff should ensure that staff are deployed effectively.

This should include but not be limited to:

- a) Ensure staff have the skills and knowledge to carry out their role.
- b) Ensure that staff are deployed effectively to meet the individual needs of children throughout the day.

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) ;

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

2. To ensure the safety and wellbeing of children the provider, manager and staff should ensure that all staff have appropriate training and skills in core areas of practice.

This includes but not exhaustive to:

- a) Child protection;
- b) Paediatric first aid;
- c) Food hygiene;
- d) Infection control.

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 practise and follow their professional and organisational codes'.

(HSCS 3.14)

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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
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?	2 - Weak
4.3 Staff deployment	2 - Weak

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