

Cherrytrees Children's Nursery - Dunbar Day Care of Children

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Dunbar
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Type of inspection:
Unannounced

Completed on:
9 April 2025

Service provided by:
Cherrytrees Childrens Nurseries
Limited

Service provider number:
SP2003001989

Service no:
CS2004069338

About the service

Cherrytrees Children's Nursery - Dunbar provides a daycare of children service situated in the centre of Dunbar, close to local schools, shops and other amenities. The service is registered to provide care to a maximum of 83 children not yet attending primary school at any one time of whom no more than 23 are aged under two years.

The premises provides accommodation over two floors. The first floor provides play spaces, kitchen facilities, nappy changing and toilet facilities for children aged under 2 years. Children aged 2 -5 years use the ground floor where there are two separate play space for 2-3 year olds and 3-5 year olds. Children on the ground floor have direct access from their playrooms to the outdoor play spaces. Children under 2 years are brought downstairs to access their outdoor space.

About the inspection

This was an unannounced inspection which took place on 07 April 2025 between 9:00 and 17:30. 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 several children people using the service
- reviewed digital comments from 16 parents
- spoke with staff and the manager
- observed staff practice and daily experiences for children
- reviewed documents.

Key messages

- Children benefitted from being cared for by a consistent staff team who were kind and caring.
- Well organised personal planning was beginning to improve the support provided for individual children.
- The quality of play and learning experiences and environment for children under 3 years needed to be further developed and improved.
- The under foot surface and play and learning environment for children under 3 years needed to be improved to provide a safe, attractive and developmentally appropriate space for play.
- To ensure children's health and wellbeing infection prevention and control measures needed to be followed consistently in the setting.
- Quality assurance systems were resulting in some improvements across the service.
- Children were supported by staff who had been suitably deployed in the setting.

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

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

Quality indicator 1.1 - Nurturing care and support.

We evaluated this quality indicator as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Across the nursery there was evidence of kind and warm interactions with children. This was especially evident for children aged 3-5 years where there was an element of fun and playful engagement. There were warm interactions, such as offering hugs, which helped to foster a supportive and nurturing atmosphere.

On the whole staff working with children under 3 years had an understanding of nurture and some used this to support children. Staff practice needed to be more consistent in the observation and response to the subtle non-verbal cues from children when they needed help or support.

Children's health, wellbeing and development was supported by the range of information that had been collected by staff to help them meet children's needs. We refer to these as personal plans. Personal plans had been developed to take account of good practice guidance such as Getting it Right for Every Child (GIRFEC).

Staff had worked collaboratively with other professionals to help them develop strategies of support tailored to children's individual needs. However, there was inconsistency regarding how staff were using these strategies. For example, detailed information had been provided for communication strategies but staff were not clear what these were or if they were being implemented. Children would benefit from staff having a clear consistent approach to the use of support strategies.

Children aged 3-5 years experienced calm, relaxed and unhurried mealtime where they could eat at a pace which was right for them. Children had opportunities for independence such as pouring their own drinks and self-serving which helped to build their confidence. However, babies and some younger children had long transition periods before meals. As a result, they became unsettled or disengaged. Some children experienced a sociable mealtime as staff sat alongside them and chatted but there was scope for this to be more consistent for all children. We have asked that staff sit on chairs, rather than the floor to provide good role modelling and promote safety.

Medication was stored in individual boxes or bags which were clearly labelled. This supported staff to effectively manage medication. Medication permission forms were in place to support the administration of medication. Whilst information about children's medical needs was documented, this was not always consistently followed. For example, there was confusion as to when topical creams were to be used for skin conditions and a lack of clarity regarding the provision of alleviant medication. The manager was responsive to suggestions made during the inspection and agreed to improve the recording of information to effectively respond to children's medical needs.

Quality indicator 1.3 - Play and learning.

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Children in the 3-5 year old playroom were provided with well planned experiences which enabled them to lead their own play. Children were engaged in their play and having fun. Children benefitted from being able to choose indoor or outdoor play throughout the day. Both environments provided rich learning and well maintained play spaces. The provision for numeracy and literacy helped children to develop concepts such as weight, length, emergent mark making and letter recognition. While staff often asked children about their activities, providing opportunities for conversation, there was a lack of challenges to their thinking. However, from the children's accounts and floor books, it was clear that staff actively listened and extended their play.

Experiences for children aged 2-3 years needed to be significantly improved. Floor books provided evidence of activities and experiences that had taken place. However, on the day of our visit children did not have interesting opportunities for play and learning as experiences had not been fully planned or set out for use. Staff were unsure of a new planning system and were receiving support from senior staff and the local authority to increase their confidence in this area. To support planning, improvement was needed to the core provision, which would enable staff to make observations of children at play and use these to develop play and learning opportunities. We comment further on play environments in quality indicator 2.2.

The children under 2 years had access to a range of good resources that were age-appropriate and supportive of their development. Resources for play were arranged to enable children to make choices. Staff should continue to increase the open-ended, natural materials such as wooden toys, fabric items and sensory-rich resources to encourage creativity. Some staff supported children's play through their direct engagement and interactions, while some were more task focussed. Children would benefit from a more consistent approach to support their play and learning.

Children's learning was tracked through the use of local authority tools for 3-5 year olds. This helped staff to establish if there were gaps in a child's learning or where there were significant skills. There was some learning assessment carried out for younger children which was in the process of being rolled out across the two age groups.

In addition to tracking observations of children's play and learning experiences were shared with families on the Family digital platform. Some of these were infrequent and many families told us they would like more information about their child's progress. Observations varied in quality and did not always demonstrate children's significant learning and next steps. This meant that children's achievements and development may not always be recognised and celebrated.

Children's play and learning experiences were enhanced through connections to their local and wider community such as visits to local green spaces, harbour, beach and shops. This provided them with opportunities to follow their interests and supported them to learn about the world around them.

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 benefited from having bright well ventilated spaces for their play. The hallway to the 3-5 year old playroom provided a welcoming space for parents and children. The entrance hallway for children under 3

years was small but needed to be maintained to ensure that notice boards provided current information for parents.

Older children aged 3-5 years, were provided with an attractive and interesting place to play and be cared for in. Staff had adapted the environment to make it homely and welcoming. The use of indoor/outdoor play was well used and children were very familiar with the routine. There was a visible commitment to providing high-quality play experiences. This dedication was reflected in the positive outcomes for the children, who appeared both happy and actively involved in their play. The indoor and outdoor areas were well maintained by staff and children which promoted values of responsibility and respect. Staff had made good use of displays and information in the hallways and playroom about what children were doing, which prompted discussions with parents and enabled children to reflect on their activities.

The playroom for children under 2 years provided a pleasant place to play. The use of the several rooms enabled children to have the space needed for their play. It was clear that staff had put thought into the play spaces. These spaces allowed for a range of activities, including role play in the kitchen, ball play, practicing walking skills, playdough and stories with staff.

The playroom for 2-3 years consisted of two play spaces. The environment was not homely or welcoming and was not arranged to provide children with defined spaces for their play. The range of resources did not provide children with a wealth of play opportunities. Children could access some resources themselves, but these resources were limited. Work with the local authority to improve the staff understanding and provision of high quality environments was ongoing. We have restated an area for improvement, which was made at the last inspection (see area for improvement 1.)

The outdoor spaces used by children under 3 years needed significant improvement. The provider gave assurances regarding the underfoot surface, as this needed to be improved to remove trip hazards and address drainage issues. While we acknowledge that the condition of the ground required improvement, there were many opportunities for staff to enhance the outdoor environment and create engaging experiences for the children. Resources needed to be cleaned, paths and paved areas swept, planters filled and comfortable areas created for play and relaxation. Hanging resources from the pallets to create areas of interest for children and adding bird feeders could help draw more nature into the space and spark children's curiosity (see area for improvement 2.)

There was still inconsistency of practice and a lack of understanding regarding handwashing from staff. There was some handwashing before lunch and staff reminded children about handwashing after using the toilet. However, staff should understand that they wash their hands after taking their gloves off after nappy changing. Not all staff washed their hands on the occasions that they assisted with nose blowing. The cleanliness of some areas, especially in toilet and nappy changing areas could be further improved and monitored to ensure consistent infection prevention and control practice. We have restated an area for improvement, which was made at the last inspection (see area for improvement 3.)

There were risk assessments for some aspect of the service and children aged 3-5 years were being enabled to test out what they could do through appropriate risky play. Children told us that when they go out and about in the local community they wear safety clothing and talk about road safety. To support learning about safety across the service staff have carried out activities around the people who help us.

Areas for improvement

1. Children should be provided with rich and developmentally appropriate spaces for their care, play and learning. The manager and staff should evaluate children's experiences and environments using good practice guidance to make improvements to indoor environments.

This is to ensure that care and support are consistent 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)

2. Children under 3 years should have access to a safe, well maintained and resourced outdoor environment for their care, play and learning. To achieve this:

- The provider should ensure that the under foot surface is safe and well maintained to ensure the area can be used in all weathers.
- Staff should ensure that improvements are made to the cleanliness and maintenance of resources and, that the outdoor area provides a rich, varied and developmentally appropriate place for children to play.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state: 'My environment is safe and secure.' (HSCS 5.19.) and '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)

3. To support all children infection prevention and control measures should be shared with staff to ensure a firm understanding of procedures and expectations. These procedures should be followed consistently by staff to ensure good handwashing practice and clean toilet and nappy change areas.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state: 'My environment is safe and secure.' (HSCS 5.19.)

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.

The vision, values and aims for the service were shared with families and displayed in the service to support them understand the ethos of the service. The manager, leadership team and staff could continue to promote the values of safe, respect and support with parents and children.

The views of children were in evidence through some of the planning processes, which responded to individual interests as well as taking account of children's views through discussions and evaluating children's experiences in order to improve them. Staff working with children aged 3-5 years actively sought the views of children and had used these in the evaluations of the environment and play and learning

experiences.

Parents were welcomed into the service and there were some opportunities for parents to take part in 'stay and play' sessions. There had been a recent parent survey and the manager planned to provide feedback to parents in the form of a 'you said and we did' approach. The manager should consider including the views of parents in self-evaluation work as this could then feed into the service improvement plan.

There were processes in place for auditing procedures carried out in the service. An auditing calendar was being used to ensure that roles and responsibilities for auditing were clearly defined. Procedures for self-evaluation were becoming more embedded in practice and had resulted in improved outcomes for children.

An improvement plan was in place that clearly identified priorities that were relevant to the service. The local authority had provided considerable support for the manager and staff to develop self-evaluation and improvement planning. Some focus areas within the plan had been progressed, impacting on improved outcomes for children. For example, the significant improvements to personal planning. However, the pace of some improvements needed to be increased as the lack of progress impacted on the outcomes for children. For example, the continued need to improve the quality of play environments.

Staff needed to be further included in the processes for self-evaluation and monitoring of the improvement plan. This would help to ensure that they were included and understood their role in ensuring continuous improvement in the service.

A leadership team had been created in the service and defined responsibilities for their roles had been developed. We could see where these leaders were supporting staff but some staff were heavily reliant on them for direction and support. We have suggested that leadership training for these staff would enable them to develop confidence and self-reliance in their teams. This would lead to more consistent practice if the room leaders were not present.

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

There were arrangements in place to promote consistency of staffing and fill potential unplanned gaps in staffing if they occurred. This helped to build children's sense of security as they were familiar with those caring for them. Since our last inspection the staff group had been stable, this was impacting positively on team building.

Staff working in the setting had been encouraged to gain an early learning and childcare qualification to enhance their professional knowledge. Some consideration could be given to the distribution of qualified staff to ensure that all age groups have a good skill mix to further support children.

Some staff were active in developing their professional knowledge by attending training and using the local authority professional development resources. This was not consistent across the staff team. We have suggested that the appraisal system currently in place could be adapted to further support professional learning expectations. This would help to build staff confidence and improve some areas of practice.

On the whole staff worked well in their teams as they ensured they communicated with each other and gave assistance or support when it was needed. Breaks, to enable staff to rest and refresh, were well organised and did not impact on the experiences offered to children. In the playrooms for under 3 year olds there was a tendency to be task focussed at time of transition, such as preparation for lunch or clearing up after lunch. At those times staff did not engage with or effectively observe children. Further discussion in teams about how to lessen the impact of tasks on the quality of engagement and interaction with children would support high quality experiences for children.

There were some opportunities for playroom teams to come together to carry out planning of play and learning and take part in some aspects of self-evaluation. Outcomes and discussion points of these meetings needed to be carefully recorded to ensure that responsibilities for actions was noted and staff could review what was agreed. Staff are given some time for recording in personal plans, floor books and planning documents. This was having a positive impact on some aspects of the service.

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

Strategies to support children should be developed in line with good childcare practice. Strategies should be monitored regularly by keyworkers and senior staff to ensure on going progress.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19.)

This area for improvement was made on 25 July 2024.

Action taken since then

There was a more consistent range of information held in personal plans. Information was reviewed and where further information was needed from parents this was noted in the plan.

Overall, children who needed strategies had them. We have commented in quality indicator 1.1 that some of the information provided was not being used effectively at all times. However, there was clear improvement to the system for developing strategies.

This area for improvement was met.

Previous area for improvement 2

To support children's safety and wellbeing all staff should be familiar with and follow good practice guidance on choking prevention in young children. Where children are bottle fed this should follow a nursery procedure developed in line with good practice.

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

state: '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.)

This area for improvement was made on 25 July 2024.

Action taken since then

Safe food preparation practice had improved and a policy and procedure to support safe eating had been developed. We have asked the manager to share the policy and procedure with parents.

This area for improvement was met.

Previous area for improvement 3

To support children health and wellbeing staff who are responsible for the administration of medication and auditing of medication procedures should be familiar with good practice and carry out auditing effectively.

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

This area for improvement was made on 25 July 2024.

Action taken since then

The recording and storage of medication had improved. Medication sampled followed good practice guidelines. However we have asked for improved sharing of medication plans to ensure that the use of topical creams is consistent.

This area for improvement was met.

Previous area for improvement 4

The tracking and sharing of children's learning and development should be further supported by a consistent approach to the recording procedures. This should include guidance for all staff on the expectations of sharing development on the Family app and monitoring observation quality to ensure the effective tracking of children's development.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state: 'I am supported to achieve my potential in education and employment if this is right for me.' (HSCS 1.27.)

This area for improvement was made on 25 July 2024.

Action taken since then

All children now had their development tracked in some way. Staff were using local authority tools and providing parents with information through the digital platform used in the service.

Plans were in place to share learning and development with parents through parent consultations.

This area for improvement was met.

Previous area for improvement 5

Children should be provided with rich and developmentally appropriate spaces for their care, play and learning. The manager and staff should evaluate children's experiences and environments using good practice guidance to make improvements to indoor and outdoor environments.

This is to ensure that care and support are consistent 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)

This area for improvement was made on 25 July 2024.

Action taken since then

Some work had been carried out to evaluate environments and the quality of play and learning. However, it was not clear what positive impact the evaluations had for children in the 2-3 year old playroom or in the outdoor area for under 3's.

This area for improvement has been restated in this report. See Quality indicator 2.2 - Children experience high quality facilities.

This area for improvement was not met.

Previous area for improvement 6

To support all children infection prevention and control measures should be shared with staff to ensure a firm understanding of procedures and expectations. These procedures should be followed consistently by staff.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state: 'My environment is safe and secure.' (HSCS 5.19.)

This area for improvement was made on 25 July 2024.

Action taken since then

There were inconsistencies in the infection prevention and control practices.

This area for improvement has been restated in this report. See Quality indicator 2.2 - Children experience high quality facilities.

This area for improvement was not met.

Previous area for improvement 7

To ensure that children receive a high quality of care and support the childcare manager should develop an effective quality assurance system which includes self-evaluation. This system should be clearly understood by staff and include gathering the views of parents, children and where suitable external stakeholders. To enhance the self-evaluation process, systems for auditing the quality of children's environments and children's records should be implemented.

This is to ensure that care and support are consistent 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) 'I use a service and organisation that are well led and managed.' (HSCS 4.23).

This area for improvement was made on 25 July 2024.

Action taken since then

The local authority has supported the manager in the development of self-evaluation and quality assurance processes. This was beginning to have a positive impact on aspects of the service. Further work was needed to fully embed quality assurance with the staff team and actively seek the views of parents.

This area for improvement was met.

Previous area for improvement 8

To support a clear leadership structure the manager and provider should review the leadership team roles and responsibilities. This will help to ensure that playroom co-ordinators have a clear focus on the leadership of their teams to support high-quality care and support for children.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state 'I use a service and organisation that are well led and managed.' (HSCS 4.23)

This area for improvement was made on 25 July 2024.

Action taken since then

The leadership structure had been defined to ensure that there were clear roles and remits. At the time of our visit this was working well to support staff. Some further leadership training would enhance the capacity of co-ordinators to build the confidence of their teams and enable them to be less reliant on direction.

This area for improvement was met.

Previous area for improvement 9

To enable a consistent team approach increased opportunities for playroom teams to gather and discuss operational developments, provide peer support and take part in reflective practice discussions should be provided.

This is to ensure that care and support are consistent 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 25 July 2024.

Action taken since then

Staff told us that they now had regular meetings and time had been allocated for them to carry out recording in personal plans or other pieces of paperwork. We have suggested that minutes of meetings need to be clear to enable staff to reflect on what has been agreed.

This area for improvement was met.

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	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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