

Flexible Childcare Services - Dundee Day Care of Children

Fintry Mains Nursery
Fintry Road
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Dundee
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Telephone: 01382506629

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Flexible Childcare Services Scotland
SCIO

Service provider number:
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Service no:
CS2019376978

About the service

Flexible Childcare Services - Dundee is a day care of children service provided by Flexible Childcare Services Scotland. They are registered to provide care to a maximum of 68 children at any one time. Of those 68: No more than 19 children may be under the age of 2 years. No more than 8 children of school age may be cared for in the outdoor space with the Eco Pod as a base. There were up to 31 children present during the inspection visits.

The nursery operates from a two storey detached premises in the Fintry area of Dundee. The children are accommodated within four playrooms, designated for different age groups of children and an outdoor Eco Pod for school aged children. There is an office and a separate small staff room. The cook prepares meals and snacks in the nursery kitchen. The children have access to a large outdoor area that is solely accessible from the main entrance.

About the inspection

This was an unannounced inspection which took place on 22 April 2025 between 13:45 and 15:40, 23 April 2025 between 09:20 and 18:00 and 24 April 2025 between 09:10 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 and complaint 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 four of their parents/carers
- received 21 completed questionnaires from parents/carers and staff
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children benefitted from nurturing and warm interactions from staff who knew them well.
- To promote children's learning and development a system to consistently support the planning and tracking of their progress should be implemented.
- Children were kept safe as the premises were secure and well maintained.
- An improvement plan was in place and supporting positive outcomes for children through change.
- Staff worked as part of an established team and had formed strong connections with children and their families.

From this inspection we evaluated this service as:

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

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

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

How good is our care, play and learning?

4 - Good

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

Quality Indicator 1.1 - Nurturing care and support

Children's wellbeing was supported through warm interactions from staff who knew them well. Parents all agreed that they had a strong connection with the staff looking after their children, showing that good relationships had been formed with families. This promoted effective information sharing which supported a continuity of care for children. Parents told us that they were happy with the care provided for their children. One commented that they were, "Really happy with the service and grateful for all the staff support and everything they do" and another said they enjoyed the, "Friendly atmosphere. Safe environment".

Children's privacy and dignity was supported by the respectful care given by staff. This included reassuring and comforting interactions during nappy changes and ensuring that children's noses and faces were wiped as necessary. We noticed that this dipped slightly when outdoors and suggested that staff ensure tissues were available at these times.

Children's health was supported by healthy and nutritious meals. These were cooked on the premises and were appetising for children. Staff awareness of any allergies or dietary restrictions that children may have, supported their health. Mealtimes were relaxed and a sociable experience for children. Staff sat with them supporting communication skills and the forming of relationships. A few children had to wait longer than necessary for their food to be served. At most times staff were focused on children who were eating, supporting their safety. However, at the beginning of the meal, while younger children were being settled and supported, this could have been more consistent. We discussed these situations with the manager and there was immediate improvement on the second day.

The processes in place for the storage and administration of medication adhered to current guidance and promoted children's health. For two of the records we sampled, the information was correct but could have been more clearly recorded. This was immediately changed when we discussed it with the manager.

Children's wellbeing was promoted as staff recognised the importance of sleep and rest. Staff knew individual children's sleep routines. For example, when and how long they slept or if they needed a comforter. This promoted a continuity of care between home and the nursery. If children needed to be woken from their sleep this was done gently and reassuringly, supporting children to feel safe and secure.

Personal plans were in place and contained information to support staff in keeping children safe. This included contact details for parents and information on any medical needs for example. Some of the plans we sampled contained information about the strategies being used to support children, but this was not consistent. We asked that all plans should reflect the knowledge that staff showed on how they were promoting positive experiences for children. The managers were aware of this and considering how best to support staff in effective recording of strategies.

Children's safety was promoted as staff had attended training on child protection. They were confident in

discussing signs that would cause concern and the process they should follow. A continuity of approach was supported as senior staff linked with any other agencies involved in children's care.

Quality Indicator 1.3 - Play and learning

Children were happy and having fun. Most of the children were well settled and confident in moving between activities. Children who were new to the service were being supported to develop confidence through staff interactions. This included reassurance, comfort and encouragement. Children invited adults into their play and the staff showed a genuine interest in the children and their activities.

Most of the resources were accessible to children independently, promoting their ability to follow their own interests. Staff were generally responsive in providing support or further resources to encourage children's engagement. Staff had noted children's interests and used these in their planning. For example, children had shown an interest in colour mixing and various activities had been planned to explore this.

How planning for children's learning was carried out and recorded had been recently changed for older children. The planning supported children's input and reflection of learning but was in the early stages. Some staff were more confident than others in implementing the system and work was being done to support a consistent approach.

There were opportunities available for children to develop skills in literacy and language. Storytelling and singing took place individually and in groups. The use of environmental print such as labels on artwork was being used to support children's understanding of writing for purpose. Older children had access to a range of mark making and art materials. Access to this type of resource was more limited for the younger children and we asked staff to consider how to increase these opportunities. There were also opportunities to develop skills in numeracy through use of measurement and mathematical language such as bigger, smaller, longer and shorter. These opportunities could be built on with more consistent use of resources across all areas of the playrooms.

Connections were in place to support children to feel confident in their local community. This included visits to the local library and green spaces. Services such as the fire service were invited to visit the children. Wider reaching events such as the Community Christmas Fayre further promoted these links.

Some staff showed skilled interactions which supported children's learning. For example, encouraging them to count and compare or to explore their interests. Some staff were less confident in this. Training was taking place to promote consistent skills in extending children's learning across the whole staff team.

The recording and tracking of children's learning, along with planning for progression through "next steps" was an area that was being developed. We found that observations were taking place which identified children's learning. However, these were not yet happening regularly for all children. For some children next steps had been identified and strategies to support achievement were in place. Staff were beginning to use the information to identify any gaps in children's learning. There was not yet a robust system in place for this. The managers and staff should continue with work to develop these areas.

How good is our setting?

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 2.2 - Children experience high quality facilities

Children's wellbeing was supported as they were cared for in an inviting and comfortable environment. Playrooms had plenty of natural light and ventilation to support children's health. There was ample space for children's play. Some soft seating and the creation of cosy corners using cushions and rugs supported comfort and promoted a more homely feel to the rooms.

Individual playrooms were zoned into different play areas, supporting children's use of space and choice in how to play. The resources within the rooms reflected children's current interests but there could have been more challenge. For example, developing the construction resources to allow children to use these in more imaginative and complex ways. Children's artwork was attractively displayed, supporting them to feel valued and respected.

Children had access to a large and secure outdoor play area, supporting their health and wellbeing. This was mostly grass and supported a range of activities for children. These included the use of cars and balance bikes, climbing frames, sand pits, dens and planting. Plans for further development of this area to support children's literacy and numeracy were currently being implemented. This included the use of signage and the development of a reading den. These changes should be continued and evaluated to gauge their impact on children's experiences. Children had daily access to the outdoor area, but it could have been used more. We asked that managers and staff to consider how they could ensure that children had access which was more responsive to their interests.

Children's safety was promoted with a buzzer entry system to the building. Parents had commented that at times the door was held open to ease entry. Staff were reminding parents not to do this so that they knew who was entering the building. During our visit this seemed to be working well. Safety in the outdoors was promoted with additional loops on the gate to the outdoor area to prevent children from opening it. The building and outdoor area were well maintained with an onsite caretaker to support this. Risk assessments were in place to identify hazards and actions to be taken to minimise any risks they posed.

Infection prevention and control measures were in place to support children's health. This included regular wiping of surfaces and personal hygiene such as handwashing for children and staff. Staff were aware of their role in maintaining a clean and safe environment for children.

The privacy of children and their families was supported through the safe storage of information. Written documents were kept in locked files and information stored digitally was password protected.

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 service was part of a larger organisation and therefore had overreaching aims and values as well as specific ones. These were displayed within the entrance of the building promoting awareness of what was important for the service with parents and staff. We reminded the managers to involve parents and children in reviews of the vision statement going forward. This will support the organisation and families accessing the service in identifying what is important to meet the needs of children.

Most parents who responded to our request for feedback were happy with communication and opportunities to be involved in the development of the service. They commented, "I am in the Facebook closed page and get updated regularly of things and emails" and "There are questionnaires sent out regularly to get families and carers involved in ways the nursery can develop". However, some told us they would like more information on what their children were doing. Some parents seemed unaware of the Caerus system which was used to share observations of children's activities and learning. The managers agreed to continue to raise parental awareness and use of this system. Staff currently gathered children's views through observations and discussion on what individual activities they enjoyed. There were plans to build on this so children were influencing the overall development of the service.

Staff had been involved in the self-evaluation of the service and the improvement plans were shared with the whole staff team. This supported them to feel involved in any changes and confident in making any suggestions.

Children were benefitting as quality assurance systems were identifying where improvement was needed. This meant staff and managers could implement change in those areas. For example, the quality of information in children's personal care plans. Some issues though had not been identified through those audits, such as lack of clarity or consistent information in two of the plans we sampled. The managers had rectified this immediately and added reviews to the audit system.

The service's improvement plan had been reviewed and streamlined since the last inspection. It now more accurately reflected changes that had been made as well as those that were being implemented. Regular reviews were taking place to support the rate of change, meaning children were benefitting from improvements. Success criteria based on outcomes for children had been identified. However, the system of measuring the success was unclear. This meant that evaluation of the changes was more difficult. We discussed ways to support consistent evaluation with the managers who agreed to review this.

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

The management team appreciated the importance of adequate staffing levels to promote children's wellbeing. Core staff within each room were consistent to support positive attachments with children. There was a mix of qualifications, skills and experience in each of the rooms which supported positive interactions and experiences for children.

Parents told us that they knew the staff and felt they were approachable. With all of those who provided feedback saying they felt they had a strong connection with the staff. Some commented on how welcoming the staff were saying, "The staff are lovely, they are always welcoming, friendly and give lots of feedback about how my child has been", and that there were, "Friendly staff who seem to genuinely care about your child". Another parent mentioned the staff as a strength of the service saying they were, "Really happy with the service and grateful for all the staff support and everything they do".

Staff absence was covered where possible by people who knew the children and were familiar with the routines of the service. These actions further supported positive relationships with children and their families as well as a consistent approach to care. Staff breaks were planned to minimise their impact on children's experiences. We noted however, that staff could communicate better at these busier times. For example, in explaining where help was needed when staff went to a new room to cover a break.

At most times though staff communicated well and worked together as a team to support children. There were clear roles within the rooms, meaning staff knew what was expected each day. Staff treated each other with courtesy and respect which promoted a positive and relaxed atmosphere for children. Staff took time to communicate with parents at handover times, promoting a positive transition for children. Information was shared at this time to support a continuity of care. For example, how the child had slept or what they had eaten.

At busier times of the day staff were aware of where they needed to be to support children's safety through adequate supervision. However, there were occasions when staff focus was on tasks rather than interactions with the children. This led to a dip in the quality of those interactions for short periods of time. This was usually around lunch time and the managers agreed to support better communication and deployment at these times.

Staff had opportunities to share their experiences and ideas through informal chats, digital communication and meetings. There was a strong ethos of mentoring and support which staff told us had helped them become confident in their role and in achieving qualifications. This promoted an enthusiastic and caring staff team who created a happy and welcoming environment for children.

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

In order to support good quality experiences and outcomes for children the provider should ensure that improvement processes are effective. This should include but is not limited to:

- ensuring there are clear criteria for success which focus on outcomes for children
- promoting the involvement of children, staff and families in the processes
- ensuring that the processes lead to meaningful improvement through reflection and evaluation
- promoting progression of improvements in a timely manner.

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 systems' (HSCS 4.19).

This area for improvement was made on 11 June 2024.

Action taken since then

The improvement plan had been reviewed since the last inspection and was more focused with clear areas for improvement and actions to be taken.

There was a success criteria in place which was based around the impact of change on children's outcomes. The managers should now consider how best to measure the success.

Staff and parents had opportunities to be involved in the development of the service. Although in the early stages, children's voice was also being gathered to influence self-evaluation.

Regular reviews and reflection were taking place as part of the development of the service.

While the focus areas were still being developed, changes were already improving children's experiences.

Timescales were supporting the progress of change but we suggested that these could be more defined for some actions.

This area for improvement has been 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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good

How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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