

Little Clouds Nursery Day Care of Children

Nigg Kirk Road
Altens
Aberdeen
AB12 3DF

Telephone: 01224 899 965

Type of inspection:
Unannounced

Completed on:
17 July 2025

Service provided by:
Iona Nursery Limited

Service provider number:
SP2017012948

Service no:
CS2017358558

About the service

Little Clouds Nursery is situated in the Altens area of Aberdeen.

The service is registered to provide a care service to a maximum of 72 children at any one time, aged from 0 to an age to attend primary school, of whom no more than 21 are less than two years.

Children are cared for in three rooms downstairs and one upstairs. Children have access to an outdoor decked area for each of the rooms downstairs, and an enclosed split-level garden. The service is on a bus route and is near to local facilities.

About the inspection

This was an unannounced inspection which took place on 15 July 2025 between 09:30 and 17:15, and 16 July 2025 between 09:30 and 15:20. 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 complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spent time with children using the service
- spoke with four parents/carers
- received 45 responses to our request for feedback from parents and staff
- spoke with staff and the management team
- observed practice and children's experiences
- reviewed documents.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning.

This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Children experienced nurturing, supportive interactions which resulted in them feeling confident and happy in the setting.
- Staff knew children's needs well and planned for these effectively.
- Improvements to staff's knowledge of how to effectively support children's play and learning had impacted positively on experiences and outcomes for children.
- Children benefitted from an improved learning environment, where they had access to interesting resources and activities.
- Quality assurance practices had been improved and were impacting positively on children's experiences and outcomes.
- Managers and staff had undertaken training and used their learning to develop practices in promoting children's play, care and learning.
- Staff were deployed effectively to meet children's needs and support their care and learning.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very 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 different parts of this key question as good and very good.

Quality Indicator 1.1: Nurturing care and support

We evaluated this quality indicator as very good. We identified significant strengths in aspects of the care provided and how these supported positive outcomes for children.

Children experienced nurturing, supportive interactions. Cuddles and comfort were offered when appropriate, and staff modelled positive communication and relationships. Staff took steps to support children's individual needs. For example, by learning words and phrases in their own language when they spoke English as a second language, and using Makaton signs to support children with limited speech. This helped demonstrate that children were loved and cared for, and resulted in children who were confident and happy around staff.

Children were cared for by staff who knew them well. Personal plans were used to record information provided by parents. Most parents agreed that they were effectively involved in their children's care. They were asked to review information regularly; however, it was not always clear when this had been completed. We encouraged the service to review procedures to ensure reviews and updates of all information being used to support children's care was recorded at least every six months in line with guidance. When needed, the service liaised with relevant professionals to share information to promote a holistic approach to children's care and support. These measures resulted in positive outcomes for children.

Children's mealtimes were consistently positive across the setting. Food was appetising and children had opportunities to be independent. This included children helping to prepare and serve their own food and pouring their own drinks. Babies delighted in feeding themselves with appropriate support. Parents told us their children enjoyed a good variety of meals and had suitable alternatives when they had allergies. Staff were well organised, resulting in a relaxed atmosphere. They sat with children, supervised them closely, and managed allergies and preferences well. This resulted in pleasant, sociable mealtimes, which children enjoyed.

Children's personal care and sleep routines reflected their needs and preferences. Staff were attentive, noticing when children became tired or needed their noses wiped. During nappy changes, children were given choices and staff sought their permission before changing them. When children needed to sleep, they used comforters from home, and staff supervised them closely to promote a safe sleep experience.

Children's medication was well managed. Staff were knowledgeable about children's medical needs and how to respond to these. Information to support the safe administration of medication was recorded effectively and reviewed regularly to help ensure children's health and wellbeing.

Quality Indicator 1.3: Play and learning

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

Children benefitted from spontaneous, child led play opportunities.

Opportunities for children to investigate, explore and use their imagination had been developed. Children were engrossed in their play and this resulted in games lasting for sustained periods. Parents told us their children loved coming to nursery and enjoyed their activities.

Most staff supported children's play and learning well. They had attended training on child development, which helped them recognise children's patterns of play and how to support these. Some were more skilled than others and interacted with children effectively to promote learning. Others were less sure of how to help children extend their ideas and interests. Planning for learning had been developed and was still in the early stages in some rooms. Most staff were confident in recording observations of children's learning, which were shared with parents on an online platform. Management were continuing to support staff in planning for and responding to, children's learning needs to help ensure consistently positive outcomes for children.

Children had access to interesting resources to promote imagination and curiosity. These had been developed indoors, and in the garden, to provide a variety of open-ended play opportunities. These included sensory experiences such as, sand and water, where children dug, poured and scooped. A group of children experimented with making, "soup" and others experimented with leaves and water to make potions. We observed that staff frequently needed to refill the water trays to accommodate children's games. We suggested that a water source could be provided next to the mud kitchen to help foster further opportunities for children's independence and investigative play.

Children had opportunities to develop literacy, numeracy and language skills. Mark making resources indoors and out provided children with opportunities to draw and write. Spontaneous singing, enjoyed by staff and children, promoted language development. Resources such as, measuring tapes and scales provided real life opportunities for children to practice numeracy skills. The service could develop the use of environmental print and labels on resources further to promote recognition of numbers and early literacy for children.

How good is our setting?

5 - Very Good

We evaluated this key question as very good. We identified significant strengths in aspects of the care provided and how these supported positive outcomes for children.

Quality Indicator 2.2: Children experience high quality facilities

Children were cared for in an attractive, homely setting. Rooms had plenty of natural light and were well ventilated. All areas were furnished to a high standard and were developmentally appropriate. For example, children in the three to five room played in thoughtfully set up, "cubbies" each with their own theme. This contributed to a welcoming environment for children.

Free flow access to outdoors was managed very well. Younger children, cared for in the downstairs rooms, had access to decked areas which led to the garden. Older children in the upstairs room independently accessed the garden using stairs. The garden was on split levels, with a slope, which provided a variety of experiences for children. The garden was set up with many invitations to play. An art shed and areas for construction and water play were well used during the inspection. Children were able to choose where and how they played, resulting in child led experiences.

Children were supported to stay safe by competent staff and parents told us they felt confident their children were safe in the setting. Staff used risk assessments and daily checks to help identify and minimise potential hazards.

Practices, such as staff using walkie talkies to communicate when children went outdoors, contributed to children's safety. Children were supervised well and frequent head counts reassured staff that they were aware of where all children were. Staff reminded children of the rules and asked them questions to support them to think about safety. These measures helped foster a safe and secure environment for children.

Children's health and safety was promoted through effective infection prevention and control measures. This had improved since the previous inspection and staff told us they had found training and support from management helpful. Children's handwashing was supported well at key times of the day such as, after using the bathroom, before and after meals. All areas of the setting were clean and fresh. Staff used the correct PPE (Personal Protective Equipment) when changing nappies and followed food hygiene procedures.

Opportunities for children to explore their wider environment included, trips to the shop to buy snack and to local green spaces. Parents commented positively on these experiences and how they supported their children's learning.

How good is our leadership?

4 - Good

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

Quality Indicator 3.1: Quality assurance and improvement are led well

Children were cared for in a service with clear vision, values and aims which were shared with parents. We observed the safe, happy and stimulating ethos aspired to by the service reflected in staff's interactions with children.

Positive experiences for children were promoted through quality assurance practices. Managers roles had been reviewed and they had attended training, to support their practice in this area. They engaged fully with the inspection process and were keen to explore suggestions for improvement. Systems to evaluate the service and plan for improvements had been further developed since the last inspection and had resulted in improved outcomes for children.

Families had opportunities to share their views. Parents were regularly asked for feedback, including evaluations of events such as, stay and play sessions. Their suggestions were acted upon and results fed back to them. This had recently included the addition of more relaxed sessions where parents could play with their children and a stay and play session for children leaving to attend school. Children's feedback was gathered through evaluations of activities such as, 'Bookbug and Doodlebug' sessions offered by staff, use of floor books to capture their views, and staff observations of children's learning and engagement. This helped ensure children and families were able to engage in informing developments for the service.

Monitoring of practice and self-evaluation had been a focus for improvement for the service. Systems had been developed to observe and audit practice and identify successes, and where further development was needed. Some of these were in the early stages and were yet to be embedded in practice. A realistic and achievable improvement plan detailed how improvements were to be actioned. Managers should now ensure quality assurance practices and improvements are assessed for their effectiveness in achieving consistently positive outcomes for children.

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. We identified significant strengths in aspects of the care provided and how these supported positive outcomes for children.

Quality Indicator 4.3: Staff deployment

Children were cared for by a committed staff team, who had worked together to make improvements since the last inspection. A focus on staff wellbeing resulted in them feeling well supported by each other and by their managers. Staff roles had been defined to provide clarity about responsibilities, and we observed senior staff leading well, with clear expectations. This resulted in improved experiences for children.

Staff had been supported to attend training and undertake professional learning relevant to their roles. They spoke positively of their learning and welcomed opportunities to develop their skills and knowledge in promoting positive outcomes in children's care and learning.

Consistent care for children was maintained through staff working effectively together. Staff communicated well to meet children's needs. They moved around the setting, positioning themselves to supervise children effectively, and let each other know when they were moving from one area to another. This resulted in children being well supported throughout the day. Children's transitions in and out of the setting were safely managed, with one member of staff staying at the front door to welcome parents. Some parents mentioned that they felt arrangements could be improved at these times, as they sometimes had to wait outside in bad weather. Others spoke of appreciating the friendly welcome they received from, "approachable staff".

Staff breaks and absences were well managed. Breaks were planned to maintain continuity of care and experiences for children. Staff acknowledged that recent absences had been challenging. Systems were in place, however, to minimise disruption to children. Staff from within the team covered when colleagues were absent, and managers supported routines throughout the day. During the inspection, agency staff were used to maintain adult to child ratios. These staff received a basic induction and had a clear understanding of their responsibilities. These measures helped ensure continuity 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

To support children's learning and development the provider should ensure that children access a range of balanced, stimulating and child focused play experiences.

This should include but not be limited to:

- a) Ensuring children regularly access, a balance of spontaneous and planned play experiences as part of their day.
- b) Ensure children are provided with activities that are age and stage appropriate.
- c) Ensure activities and play and experiences provide sufficient challenge and engagement to promote children learning, curiosity and creativity.

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

'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 7 November 2024.

Action taken since then

Children benefitted from spontaneous, child led play opportunities. Opportunities for children to investigate, explore and use their imagination had been developed. Children were engrossed in their play, and this resulted in games lasting for sustained periods.

Most staff supported children's play and learning well. They had attended training on child development, which helped them recognise children's patterns of play and how to support these.

Planning for learning had been developed and was still in the early stages in some rooms. Management were continuing to support staff in planning for, and responding to children's learning needs to help ensure consistently positive outcomes for children.

Children had access to interesting resources to promote imagination and curiosity. These had been developed indoors, and in the garden, to provide a variety of open-ended play opportunities.

This area for improvement has been met.

Previous area for improvement 2

To support quality care and experiences for children, the provider should improve quality assurance and self-evaluation and embed this into practice.

This should include but not limited to:

- a) Ensuring children and families are meaningfully involved and influence changes within the setting.
- b) Ensuring quality assurance, 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 systems' (HSCS 4.19).

This area for improvement was made on 7 November 2024.

Action taken since then

Quality assurance practices had been developed. Managers had attended training to improve their knowledge and skills in effectively promoting improvement. Parents had opportunities to provide feedback through questionnaires and evaluations of events. Children's views and evaluations of their experiences were sought regularly in appropriate ways.

Monitoring and self-evaluation of practice had been developed. Some of this was still in the early stages.

Managers should now ensure quality assurance practices and improvements are assessed for their effectiveness in achieving consistently positive outcomes for children.

This area for improvement has been met.

Previous area for improvement 3

To support children's wellbeing, learning and development, the provider should ensure staff develop skills, knowledge and confidence in fulfilling their roles and responsibilities.

This should include but is not limited to, providing a safe environment for children and supporting children in their play and learning.

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).

This area for improvement was made on 7 November 2024.

Action taken since then

Staff and managers roles had been defined to provide clarity about responsibilities, and we observed senior staff leading well, with clear expectations. They had been supported to attend training and undertake professional learning relevant to their roles. They spoke positively of their learning and welcomed opportunities to develop their skills and knowledge in promoting positive outcomes in children's care and learning.

Children were supported to stay safe by competent staff. Staff used risk assessments and daily checks to help identify and minimise potential hazards. Practices, such as staff using walkie talkies to communicate when children went outdoors, contributed to children's safety. Children were supervised well and frequent head counts reassured staff that they were aware of where all children were. Staff reminded children of the rules and asked them questions to support them to think about safety. These measures helped foster a safe and secure environment for children.

Play and learning opportunities for children had improved, with children enjoying varied and interesting experiences which supported them to play, learn and practice new skills.

This area for improvement has been met.

Previous area for improvement 4

To support children's safety, wellbeing, learning and development, the provider should ensure staff develop skills, knowledge and confidence in fulfilling their roles and responsibilities.

This should include but is not limited to:

- a) Ensuring staff have protected time to attend key learning events.
- b) Ensuring staff can confidently carry out their role as per their responsibilities.
- c) Ensure staff are supported well in their individual learning and wellbeing needs.

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).

This area for improvement was made on 19 March 2025.

Action taken since then

A focus on staff wellbeing resulted in them feeling well supported by each other and by their managers. Staff and managers had been supported to attend training and undertake professional learning relevant to their roles. They spoke positively of their learning and welcomed opportunities to develop their skills and knowledge in promoting positive outcomes in children's care and learning.

This area for improvement has been met.

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?	4 - Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	4 - Good
How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very 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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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