

Little Dreams Nursery Day Care of Children

42-44 Bon Accord Street
Aberdeen
AB11 6EL

Telephone: 01224 576 130

Type of inspection:
Unannounced

Completed on:
24 July 2025

Service provided by:
LD Nursery Ltd

Service provider number:
SP2011011656

Service no:
CS2011299582

About the service

Little Dreams Nursery is registered to provide a care service to a maximum of 53 children aged from birth to those not yet attending primary school. The service is registered to operate between the hours of 07:30 to 18:00 Monday to Friday.

The service is provided from a three-storey building in the city centre of Aberdeen. It is located close to shops and green spaces and is easily accessed by public transport. Children are cared for in five rooms, one of which is used as a dining room. Children have access to a fully enclosed garden area.

About the inspection

This was an unannounced inspection which took place on 21 July 2025 between 09:30 and 17:00, 22 July 2025 between 09:00 and 17:20, and 24 July 2025 between 09:00 and 10:40.

The inspection was carried out by one inspector from the Care Inspectorate. A Team Manager was also present at the inspection as part of the Care Inspectorate's quality assurance processes.

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 five parents/carers
- received nine responses to our request for feedback
- 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 mainly experienced kind, nurturing interactions and were happy in the setting.
- We identified issues with the management of medication which had the potential to compromise children's health and wellbeing.
- Planning for children's learning had improved since the last inspection and children had fun.
- Staff's skills and knowledge were varied, resulting in missed opportunities to support children's individual needs and learning.
- Children benefitted from a welcoming, homely environment.
- Improvements had been made to the learning environment to support positive experiences for children.
- Quality assurance practices helped promote positive outcomes for children.
- We identified issues with staff deployment which impacted on achieving positive outcomes for children.

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? | 4 - Good |
| How good is our leadership? | 4 - Good |
| How good is our staff team? | 3 - Adequate |

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

How good is our care, play and learning?

3 - Adequate

We evaluated different parts of this key question as adequate and good, with an overall evaluation of adequate. Whilst we identified a number of important strengths, these were compromised by weaknesses, where practice did not support positive outcomes for children.

Quality Indicator 1.1: Nurturing care and support

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

Children mainly experienced kind, nurturing interactions. They were happy and comfortable to approach staff, and staff cared about their wellbeing. This helped foster a positive, caring environment. However, some staff did not respond appropriately when some children would have benefitted from support.

Staff used information provided by parents to plan children's care. This was recorded in personal plans which held enough information to promote children's wellbeing. Parents were involved in reviewing their children's plans regularly and told us they were happy with how information was used to support their children. Some information on strategies being used to support children was general and not specific. This did not promote staff's understanding of how to meet children's needs and resulted in children being better supported at some times than others. We suggested developing personal plans further to foster a more effective and consistent approach to meeting children's individual needs.

Children experienced relaxed, unhurried mealtimes. Staff sat with children and supervised them well. Children had opportunities for developing independence such as, helping to set up and serving their own lunch. When we suggested further ways of promoting independence, staff made changes to the routine to encourage children to select their own seats. This helped support children's right to make choices. Water was provided at mealtimes and children were encouraged to drink throughout the day to help them stay hydrated. Food was appetising and children's allergies and preferences were catered for. Parents told us their children enjoyed their meals. At the time of inspection, menus were being reviewed, in consultation with families, to meet recently updated nutritional guidance. These measures resulted in enjoyable and relaxed mealtimes for children.

Children's personal care and sleep routines were managed sensitively. Staff chatted to children during nappy changes, helping them feel secure. Toddlers slept on mats in playrooms and were supervised closely by staff. The sleep room, which was designated for babies, was not used during the inspection. Staff told us monitors and regular checks were used to supervise babies as they slept. Although clean, some bedding was stained and needed replacing. We encouraged management to review arrangements and align them with those of older children. This would promote the same quality of safe and pleasant sleeping arrangements for all children.

Children's health needs were not always managed effectively. Not all information about children's allergies and medication was easily accessible to staff. Permission forms for medication were signed by parents, reviewed regularly and medication was stored correctly. However, some staff lacked clarity about children's medication needs, which could have impacted children's health and wellbeing. All required information was requested for short term medication, although some information was missing on long term medication records. The manager agreed to review procedures and update forms immediately to ensure children's health, safety and wellbeing. **(See Area for improvement 1)**

Quality Indicator 1.3: Play and learning

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

Children had fun and experienced a mixture of planned and spontaneous play. Parents told us their children enjoyed going to nursery and enjoyed activities such as, drawing and playing in the garden. Children were happy to chat to us about looking for bugs and painting pictures. Planning for learning had been improved since the previous inspection and took account of children's interests and stages of development. Younger children had individual learning needs planned for. Planning for older children could have been further developed to identify where individual learning needs were being met. Children's learning was shared with parents on an online platform and these observations identified progress and next steps for learning.

Children had opportunities to explore and use their imagination. A group of children were supported to explore the concepts of floating and sinking with, "tall ships" they had made, and others were engrossed in learning about bugs. Opportunities for sensory play were readily available indoors and out. These included play dough, sand, water and mud. Children had access to resources to help them develop numeracy and early literacy skills throughout the setting.

Staff's skills in supporting children's learning were varied. For example, one child was encouraged to investigate how an apple felt and smelled, with the staff member asking age-appropriate questions to support this. Some staff read stories and sang spontaneously, providing opportunities for language development. However, a group story did not meet children's needs, as they lost interest and struggled to listen. On several occasions, children's cues were not followed up, resulting in missed opportunities throughout the day to promote rich learning experiences for children. This was identified as an area for development by the service, and support for staff in this area was ongoing. **(See Area for improvement 2)**

Children had regular access to outdoor play. During the inspection, children were taken outside in groups, and staff were working to develop more regular opportunities for spontaneous access to the garden. Younger children were taken on walks and enjoyed a trip to a local green space, where they ran around and had fun. These measures gave children opportunities to run, climb, explore and develop physical skills.

Areas for improvement

1. To promote children's health, safety and wellbeing, the provider should ensure effective procedures to fully support children's health needs.

This should include but is not limited to:

- a) Ensure relevant information about children's health needs is available to all staff.
- b) Ensure all information about medication is easily accessed and understood by all staff.
- c) Ensure all records fully comply with relevant best practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14); and

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

2. To ensure children have the opportunity to experience positive interactions to support their play and learning, the provider should support staff to further develop their skills and knowledge.

This should include but is not limited to:

a) Provide opportunities to support and further develop staff's knowledge and understanding of child development and how children play and learn.

b) Provide opportunities to extend and develop staff skills to support high quality interactions and further develop children's play and learning.

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

'As a child, I can direct my own play and activities in a 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); and

'I can maintain and develop my interests, activities and what matters to me in a way that I like' (HSCS 2.22).

This area for improvement has been amended and continued. It was first made on 18 August 2023 and was first amended on 24 July 2024.

How good is our setting?

4 - Good

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

Quality Indicator 2.2: Children experience high quality facilities

Children benefitted from a welcoming, homely environment. The environment was comfortably furnished and provided a pleasant environment for children.

Children had access to a range of interesting resources to support their creativity. Indoor learning environments for children had been developed since the last inspection. Staff had developed the use of loose parts and real-life items which reflected the ages and stages of development of children. These included food packets in the home corner and natural resources such as, pinecones and wooden shapes. Outdoors, children enjoyed making ramps with wooden planks to balance on and run cars down. These measures resulted in an environment which enabled children to explore, learn and develop skills as they played.

Children were cared for in a safe environment. Risk assessments supported staff to identify and minimise any hazards.

These were being updated at the time of inspection and children were involved in helping to identify areas of risk. Staff spoke to children throughout the day about staying safe, offering explanations and asking questions to support children to think about safety. This helped children begin to understand managing risk for themselves. Parents told us they felt their children were safe. A few mentioned the positive steps staff took to ensure the gates were locked when children were outdoors, and that all access was well managed. These measures helped ensure children were kept safe in a secure environment.

Infection prevention and control practices generally promoted children's health and wellbeing. Children had their faces washed after lunch and regular handwashing helped reduce the risk of cross contamination. Dishwashing followed current guidance and areas were generally well kept. On the first day of the inspection however, we identified some areas which were not clean. The manager acknowledged that these did not meet expected standards. Immediate action was taken resulting in noticeable improvements by the second day of the inspection.

Children's information was appropriately stored, and systems were in place to protect confidentiality. Online information was password protected to comply with data protection requirements. This provided assurances that the rights of families to confidentiality was maintained.

How good is our leadership?

4 – Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children/people 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. These had been updated recently, in consultation with families. Staff practice in welcoming parents and fostering positive relationships clearly reflected the ethos of the service.

Families had opportunities to share their views. Parents were invited to attend regular events such as, stay and play sessions and sports day. A recent open day had been particularly successful and was enjoyed by many families. Parents were asked for feedback after each event, were consulted on changes and asked to complete regular evaluation questionnaires. The service fed back to them about actions they had taken as a result of their comments. Children's views were gathered during the evaluation of activities. They were asked about their preferences, for example, during the ongoing review of menus. This helped keep children and families meaningfully involved in the development of the service.

Improvements to children's experiences were supported by effective quality assurance practices. Managers carried out observations and monitored practice to evaluate how this supported positive outcomes for children. Where practice was identified as needing to improve, this were recorded on a realistic, achievable improvement plan. Annual appraisals and individual support and supervision meetings gave staff opportunities to reflect on their practice and identify areas for continuous professional development.

Staff were involved in evaluating the effectiveness of practice to identify strengths and areas for development against supporting guidance. This included a monthly evaluation of any developments to support improved outcomes for children. This helped promote positive experiences for children.

Identified improvements were detailed in a realistic and achievable plan. Ongoing improvements included increasing spontaneous access to outdoor play and improving interactions to support children's learning.

We observed progress in these areas, with continued work being needed to achieve consistently positive outcomes for children.

How good is our staff team?

3 - Adequate

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

Quality Indicator 4.3: Staff deployment

Children benefitted from effective communication between the service and families. Parents were welcomed into the setting when they dropped off and collected their children. Staff made good use of these times to foster positive relationships and share important information. Parents commented positively on the friendly, helpful staff caring for their children. This helped families feel welcome and valued.

Children's transitions as they progressed through the setting were effectively managed. Staff recognised the importance of positive transitions and shared information effectively to support children to settle in their new room. Arrangements were flexible to suit children's individual needs, helping to promote a sense of belonging. Parents were happy that their children were supported well at these times.

Staff generally communicated well to support the supervision of children. However, this was not effective when a number of children, from different rooms, were present in the garden. Staff did not know how many children were in this area, and this risked them not knowing if a child had gone missing. We raised this with the manager, who took immediate action. They spoke with all staff and introduced a board for them to record the numbers of children present. This helped maintain an environment where staff were equipped with the information, they needed to keep children safe.

Children were cared for by staff with varied experience, knowledge and skills. We identified some issues with the deployment of staff in meeting children's needs. A high proportion of inexperienced, unqualified staff worked alongside experienced practitioners. Experienced staff were responsible for maintaining good practice, supporting children's care and support, and for role modelling and supporting other staff. This negatively impacted on outcomes for children, where some of their care, play and learning needs were missed. Some staff told us they felt their wellbeing was not well supported, and some parents mentioned inexperienced and unconfident staff in feedback to us. We discussed the impact of staff deployment with management and encouraged them to explore ways of deploying staff more effectively throughout the building to reduce the impact on outcomes for children. **(See Area for improvement 1)**

Staff were recruited using safe recruitment practices. An induction package helped ensure they understood responsibilities in meeting children's needs. This included an identified mentor within the staff team. Staff told us they felt well supported to understand their responsibilities.

Areas for improvement

1. To support children's wellbeing, play, learning and development, the provider should ensure effective deployment of staff.

This should include but is not limited to:

- a) staff should be deployed effectively to meet the individual needs of children and promote high quality outcomes
- b) staff deployment should support effective mentoring and enable staff to support each other.

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

'My needs are met by the right number of people' (HSCS 3.15).

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 ensure children access experiences meaningful to them which support their learning and provide increased opportunities to have fun and experience joy, children should be supported to lead their own play and learning.

This should include but is not limited to:

- a) Further develop staff knowledge and understanding of child development, relevant theory and practice.
- b) Further develop loose parts play in the indoor environments to support children's play experiences.
- c) Further develop the staff teams understanding and use of high-quality interactions, extending children's thinking and widening their skills to support them in developing their curiosity, creativity and leading on their play and learning.

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

'As a child, I can direct my own play and activities in a 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); and

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was amended on 24 July 2024, having first been made on 18 August 2023.

This area for improvement was made on 18 August 2023.

Action taken since then

The service had made some progress in this area.

a) Staff had undergone training in enabling environments and effective interactions. Some members of staff demonstrated a greater understanding than others, which resulted in children's cues for support being missed. This had been identified by management and support for staff in this area is ongoing. This part of the area for improvement is not yet met.

b) Staff had developed the learning environment. Spaces were developmentally appropriate. Loose parts, natural items and real-life items provided children with opportunities for imaginative and investigative play. This part of the area for improvement has been met.

c) Throughout the day, staff missed children's cues for support, and some were not clear about specific strategies being used to promote individualised care and learning. Support from management in this area is ongoing. This part of the area for improvement has not been met.

This area for improvement has been partially met. It will be rewritten and continued as 'Area for improvement 2' in section 'How good is our care, play and learning?' of the report.

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

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| How good is our care, play and learning? | 3 - Adequate |
| 1.1 Nurturing care and support | 3 - Adequate |
| 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? | 3 - Adequate |
| 4.3 Staff deployment | 3 - Adequate |

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