

Little Trees Day Care of Children

Campus 3, Balgownie Science And Technology Park Balgownie Drive Bridge Of Don Aberdeen AB22 8GW

Telephone: 07427587324

Type of inspection:

Unannounced

Completed on:

1 August 2025

Service provided by:

Little Trees Children's Nursery Ltd

Service provider number:

SP2023000170

Service no:

CS2023000268



About the service

Little Trees is registered to provide care to a maximum of 64 children at one time, aged from 0 to an age to attend primary school, of whom no more than 18 are less than two years of age. There were up to 38 children present during the inspection.

The service is situated in the Balgownie Science and Technology Park in the Bridge of Don area of Aberdeen. It is close to local facilities, bus routes and green spaces. Children are cared for in three playrooms, which each have toilets and nappy change areas accessible to children. A large outdoor play area is accessed from the playrooms, with the youngest children having a dedicated garden space. A soft play area in the centre of the building is used by children with support and supervision from staff.

About the inspection

This was an unannounced inspection which took place on 29 and 30 July 2025 between the times of 08:30 and 18:20. 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 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 31 completed questionnaires from staff and parents
- spoke with staff and management
- · 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's wellbeing benefitted from kind, nurturing interactions from staff who knew them well.
- Staff were developing their skills and confidence in extending children's experiences and learning through interactions.
- Children's health benefitted from daily access to the outdoors.
- There was an ethos of continuous improvement which promoted positive experiences for children.
- Staff had formed a strong team and worked well together to promote children's safety and meet their needs.

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 promoted by kind and nurturing interactions from staff. Children were confident in approaching staff for support, reassurance or to include them in their play. Staff we spoke to showed a good knowledge of individual children. They confidently told us about children's stage of development, interests and preferences as well as any strategies of support. This supported a consistent approach to children's care.

Children's privacy and dignity were promoted during personal care, such as changing or supporting them in blowing their noses or toileting. Where appropriate, staff gave children time to try to do these tasks themselves before offering support, promoting their skills and independence.

Most children enjoyed a relaxed and sociable experience at mealtimes. Babies had meals in their room and older children ate in a separate dining room. Staff sat with the children, supporting communication skills and building of relationships. There were some moments within the routine which could be improved. For example, the transition back to play when children finish eating and ensuring that those children who eat more slowly receive positive interactions throughout. We discussed this with the manager and saw improvements during the inspection visits.

Children's health was supported as staff recognised the importance of sleep. Babies slept in cots in a separate sleep room and older children accessed sleep mats in designated sleep areas. These areas were comfortable and inviting for the children. For example, lighting was low and the areas were quieter. Staff knew how children liked to be settled and were able to reflect parents' wishes and home routines.

Personal plans were in place for all children and contained information to support staff in promoting children's health and wellbeing. This included details of any medical or additional support needs as well as information about home routines and interests. Most parents who responded to our request for feedback said they felt involved in their child's care. This included developing and reviewing their personal plans. All of the records we sampled had been reviewed and updated regularly. The manager and staff should ensure that parents have clear opportunities to discuss and review their child's information. Where there were agreed strategies of support this was recorded in children's plans. However, the format for recording was not consistent which meant some records were more detailed than others. Staff should work on developing this until they are confident that the records consistently reflect the strategies of support planned for all children.

Staff worked well with any other agencies involved in children's care. This enabled a consistent approach and supported children's development. Children were kept safe as the managers and staff had a good understanding of their role in protecting and safeguarding children.

Quality Indicator 1.3 - Play and learning

Children were happy and having fun in their play and learning. They were able to choose which areas of the

rooms to play in and accessed most resources independently. This enabled them to lead their own play and follow their interests.

Planned activities were based around observed interests of children and identified topics. Staff were beginning to track children's learning and use this to inform planning and promote progression. They should continue to develop this until it is having a clear impact across all age groups.

Children had opportunities to develop their skills in literacy and language. This included singing, storytelling and mark making. Staff modelled appropriate use of language in their discussion with children. They had access to books and story prompts, such as spoons and stones with pictures. Numeracy skills were promoted through the use of number in stories and songs as well as labels of number and shape. This could be further developed, for example, more opportunities for measuring and comparison during waterplay and more literacy during outdoor play.

Staff were responsive to children's cues during their play, offering assistance and participating in children's games. However, some staff needed to develop their skills in extending children's learning through interactions. For example, supporting children to consider and problem solve or ensuring that accessories needed were available for each activity.

Time was taken at the end of the day to tell parents about children's experiences and achievements. Observations of children's participation and learning were shared with parents via an online platform. Some parents told us that this could be better used, with more photos or more regularly updated, but most were happy with the communication. They told us that staff made time to discuss their child's development and share ideas. Next steps had been identified to support children's progression. There was a lack of detail in how these would be achieved and how they were followed up was inconsistent. Staff were undertaking training in planning, assessment and observation of learning which will support them to develop confidence in this area. They should ensure that the impact of this training is evaluated and supports a consistent quality of meaningful learning opportunities for children.

There were some opportunities for children to access the nearby environment and facilities. These included visits to the library and parks/greenspaces. Older children attending the holiday club visited the beach during the inspection. This extended children's experiences and supported them to feel confident in their community.

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 safety was promoted as the individual rooms were accessed from the vestibule via secure entry codes. Parents told us that they felt welcomed into the building. The entrance vestibule was furnished with seating areas and displays of information. Parents could use this area to chat to staff or other families. However, there was not always someone in this area meaning that people could enter the building unnoticed. The manager agreed to ensure the entrance door is locked when there is no one in the area. This will prevent anyone being in the building unobserved.

Playrooms were bright and airy with ample space for children to play. They were welcoming to children,

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with soft furnishings to promote a homely feel. The zoning of areas and independent access to resources supported children to explore their interests. Children's health and wellbeing was promoted through access to outdoor play. All the rooms had direct access to garden areas, with the babies having a designated area. At the time of the inspection the largest area was undergoing refurbishment. Children accessed the other outdoor areas at this time.

Resources were generally well cared for and developmentally appropriate for children, supporting their play and promoting their safety. Staff showed an enthusiasm for developing children's engagement through regular review of environment and resources to reflect their interests. Older children had access to a variety of real-life resources such as magazines, recipe books, pots, old telephones. This supported children's imaginative play, we suggested that this be further developed for the younger children. Staff should consider how to use resources to develop children's learning through play in the outdoor areas. For example, by ensuring that there are the relevant resources available, such as spades near the digging area and small balls with the racquets. The extension of learning in the outdoors was part of the service improvement plan. Staff should ensure that this includes skills in literacy and numeracy.

Almost all parents agreed that children were cared for in a safe, secure and well-maintained environment. They commented, "I am happy with the security at Little Trees, all classes are locked with a buzzer system. The new gate at the front door is a recent upgrade I appreciate" and "I have noticed that the facility is being kept in a very clean and well-maintained condition".

Infection prevention and control measures such as the regular cleaning of surfaces were in place. Staff showed a good understanding of their role in maintaining a clean environment to promote children's health. Children were encouraged to wash their hands at appropriate times to support their health. This was carried out successfully at most times with staff using songs and rhymes to support children's understanding. However, there were a few children who did not wash their hands effectively or at appropriate times such as after eating. The manager agreed that staff would promote a consistent approach to this going forward.

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 had a vision, values and aims statement which reflected the care provided. It was shared with staff and parents and supported them in knowing what was important for the service to meet the needs of children.

Most parents agreed that they and their children were involved in developing the service. They commented that, "Children are actively involved, especially by management in improving and maintaining their nursery" and "Parent's involvement is sought out, feedback welcome and staff (are) approachable". There were a variety of ways for families to be involved, including stay and play sessions, surveys and parent meetings. The manager was looking at ways to further develop parental engagement and in capturing children's voice. Staff told us they felt involved in the evaluation of the service and implementation of change. They spoke enthusiastically about changes implemented and the impact for children.

Quality assurance processes were in place to support evaluation of the care provided. These had been

successful in identifying areas where change was needed. In most cases follow up actions had been identified and carried out. This information along with feedback from staff, parents, children and other professionals had been used in the evaluation of the service. We suggested that an increased use of best practice guidance would further support evaluation and identification of areas that could be developed.

Action plans had been developed and were regularly reviewed to support the pace of change. Informal evaluation of the impact of changes had been made. Recording when reviews took place and a short evaluation would support the identification of any barriers and celebration of successes.

The manager was committed to the development of the service. They were enthusiastic and shared this with staff which created an atmosphere of continuous improvement. When complaints, suggestions or feedback were given, these were acted on efficiently.

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

Children's wellbeing and safety was promoted as the manager and staff understood the importance of ensuring the service was appropriately staffed. The manager aimed for a good balance of skills and experience in each room. There were some challenges to this due to an increase in the number of staff. However, this was mitigated by experienced staff guiding those who were new to the role.

Staff took time to welcome children into the rooms, supporting positive transition into the service. There was time to speak to parents at this point and when they collected their children. This supported information sharing about children's experiences.

Procedures were in place to minimise the impact of staff absence and breaks on children's experiences. These were largely successful but there were times when the absence of a senior member of staff meant the quality of interactions or experiences dipped. The manager was supporting all staff to develop confidence in their role through training and mentorship. The use of familiar staff to provide cover meant that children's attachments and relationships were supported. Almost all parents agreed that they had a positive relationship with staff looking after their child. They told us, "Staff and management team are approachable, smiley and helpful!" and "Staff are all lovely but there's a lot of new faces now that I don't recognise". Photos were displayed to support parents to recognise staff members and the manager was looking at ways to introduce new staff effectively.

There was an understanding of the need to deploy staff effectively with staff communicating well with each other to support this. For example, letting their colleagues know if they were leaving an area or a room. Walkie talkies were used to facilitate this in the outdoors. Staff were flexible but some less experienced staff needed time to build confidence in being proactive in filling gaps that may exist. For example, in moving to particular areas of the room or intervening to extend children's experiences without being prompted. Busier times of the day such as mealtimes or arrival and departure times were planned for, so that staff had time to meet the needs of children and talk to families.

Processes were in place to recruit staff appropriately and therefore support the safety of children. We discussed with the manager ways to better record this to aid audits of the process. Staff told us they felt

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proud to be part of the team and well supported by colleagues and managers. An induction process was in place, this was aligned with the National Induction Resource. Most staff agreed that this had helped them feel confident in their role.

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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