

University of Dundee Nursery Day Care of Children

DUSA Building
University of Dundee
Balfour Street
Dundee
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Telephone: 01382 345 188

Type of inspection:
Unannounced

Completed on:
15 August 2025

Service provided by:
University of Dundee Nursery

Service provider number:
SP2003000108

Service no:
CS2003000697

About the service

University of Dundee Nursery provides a daycare of children service in Dundee. The service is registered to provide care to a maximum of 129 children at the following locations.

For the premises at DUSA Building, Balfour Street, Dundee the following conditions will apply:

- a) The care service will be provided to a maximum of 40 children
- b) The age range of the children will be from 2 years to those not yet attending primary school
- c) The maximum number of children aged 2 to under 3 years will be 10

For the premises at 8-10 Airlie Place, Dundee the following conditions will apply:

- a) The care service will be provided to a maximum of 89 children
- b) The age range of the children will be from birth to those not yet attending primary school.

The service is located on the University of Dundee campus and is close to local shops, parks, and the city centre. The nursery is currently being provided from the Airlie place setting. It currently consists of two playrooms, one on the ground floor and one on the second floor, there is a kitchen, an office and an outdoor play area for children to access.

About the inspection

This was an unannounced inspection which took place on 13 and 14 August between 08:30 and 16:30. Feedback was shared with the service on 15 August 2025.

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 registration 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;
- received six completed questionnaires from parents and staff members;
- spoke with staff and the management team;
- observed practice and daily life;
- 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 were happy and having fun during some of their play experiences.
- The service needs to further develop their approach to quality assurance and self-evaluation.
- The management of staffing levels should be developed to fully meet the needs of children.
- Risk assessments should be developed to ensure all environments are safe for children and staff.
- Staff had formed positive attachments with 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?	3 - Adequate
How good is our leadership?	2 - Weak
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 this key question as adequate, where strengths only just outweighed weaknesses

Quality Indicator 1.1 Nurturing care and support

Children experienced kind and nurturing interactions from staff. One parent shared, 'always feel very welcome by both office staff and playroom staff.' Staff were down at the child's level during interactions and play. Staff encouraged independence and offered support, when required, to promote development. Positive attachments had been developed between staff and children and they were seen confidently going to staff for cuddles and reassurance. This encouraged children to progress and develop in an environment that they felt safe and secure in.

Personal plans were in place for each child and these were regularly reviewed to keep information accurate and up to date. A parent commented, 'the care plans are regularly updated.' We discussed with the service that it would be beneficial for the plans to be streamlined to ensure all information was easily accessible to fully meet children's needs. Chronologies had been developed which included a range of information. The service should be mindful of the information recorded. The purpose of a chronology is to draw together important information, highlighting early indications of emerging patterns of concern. This would ensure children were safeguarded and their needs were being met.

Mealtimes were relaxed and provided a sociable experience for children. Most staff sat with children and engaged in conversations of interest with them. There were limited opportunities for children to develop independence and life skills. The service had identified this and had plans to develop the mealtime experience.

Staff showed understanding of the child protection procedures in place to safeguard children. They identified possible concerns and raised these with the management team when necessary. Some staff expressed that they did not always feel concerns were addressed appropriately by management. We reminded staff of their individual responsibility to escalate concerns through appropriate channels if they believe issues are not being dealt with effectively. This would ensure that children are protected from harm or abuse and that safeguarding procedures are upheld.

Systems were in place to manage medication. We identified that one child's medication did not have appropriate consents or plans in place. We also discussed the safe storage of medication with management as not all medication was stored safely and securely. We signposted management to current guidance to ensure children's health and wellbeing needs were met. A previous area for improvement has not been met and this will be included within a requirement in key question 3 How good is our leadership?

QI 1.3 Children's play and learning

Children were heard laughing and having fun during some of their play experiences. Children moved around the playrooms and chose where to play and what to play with. A range of resources supported children to be curious and develop their imagination, for example, dinosaurs and water play. A parent commented, 'My child loves arts and crafts and does this often. Also has a keen interest in nature and has been lucky enough to watch tadpoles turn into frogs and caterpillars to butterflies in the last couple of months.' Staff had an understanding of children's current interests and supported these, where possible, through the use of appropriate resources. This encouraged children to develop their learning opportunities through play.

Children had the opportunity to spend time outdoors when staffing allowed. They accessed bikes and scooters, climbing equipment and were creative in the outdoor classroom. Further resources outdoors would provide more depth to children's learning experiences. This would encourage the development of children's imagination, curiosity, problem solving and creative skills.

Planning was inconsistent across the service. The younger children benefitted from a balance of spontaneous and planned activities to support development and progression. Staff were responsive to current interests and extended play and learning when resources were available. The planning in the 3-5 room was not consistent due to recent changes within the staff team. Staff were not supported to document or track children's play and learning, which resulted in missed opportunities to extend play and support progression.

Observations of the younger children's play were clearly recorded and identified specific learning. Next steps were recorded and keyworkers had an overview of these and reviewed them to show progress made. Children's learning and development in the 3-5 room was not being recorded or tracked effectively. This resulted in current interests not being effectively recorded or extended to support their play and learning experiences. To help children to reach their full potential, regular observations and next steps should be recorded and identified. This would ensure that children had the support they required to progress and achieve at a pace that is right for them. See area for improvement one which has been continued from the last report.

Floor books were currently being developed in both rooms, which highlighted specific play and learning that had taken place. Photographs, observations and the child's voice were used to identify specific learning. These books provided an opportunity for children to look at photographs and discuss previous play and learning experiences with peers, staff and parents.

When staffing allowed, children had the opportunity to visit a local park and the University campus. Management should consider the value of these play experiences when planning the deployment of staff to ensure children are provided with a broad range of learning experiences and environments to support their progression.

Areas for improvement

1. To ensure children continue to progress in their learning, the manager should ensure that children's next steps are meaningful, clear, and reviewed regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

How good is our setting?

3 - Adequate

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

QI 2.2 Children experience high quality facilities

The playrooms were welcoming for children and their families. Children's artwork was on show within the rooms and photographs of families were displayed. This helped children to feel valued and respected.

The playrooms both had a range of child height furniture and comfortable spaces for children to rest and relax. A range of resources were provided to support children's play and learning opportunities. The service would benefit from reviewing and expanding current resources to support staff to extend play and learning experiences for children.

Outdoors provided the opportunity for children to be active and explore a natural environment. An outdoor classroom provided shelter and opportunities for floor play and tabletop activities. The outdoor play space would also benefit from a review of resources. This would develop play and learning opportunities for children.

The service was clean and infection prevention and control measures were in place and being followed. This minimised any potential risk of spread of infection.

To maintain the safety of children and staff at all times, risk assessments should be further developed to include specific areas and potential risks. Management should ensure that all broken resources and boxes are moved out of corridors and away from stairs to provide a safe environment for service users. The service should also review the outdoor play space to ensure all areas are safe for children to play in. For example, trip hazards should be removed and the positioning of resources, including loose parts, should be considered to prevent the opportunity for children to climb onto boundary walls. This would ensure that the environment was safe and secure for children. **See area for improvement one.**

The service used an online portal to notify the University estates team of any maintenance needing carried out. Most maintenance was completed within a timely manner and the progress and completion was updated within the portal.

Accidents and incidents were recorded and shared with parents. The service should ensure that these documents included when they contacted parents to inform them of head knocks and if further medical treatment was required. These forms were audited regularly to identify any potential triggers and patterns. This supported the staff team to keep children safe.

Areas for improvement

1. To ensure the service are managing risks effectively, and providing a safe environment for children, management should further develop their risk assessment documents to include all areas of the service and all potential risks.

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

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses

QI 3.1 Quality assurance and improvement are led well

The service had a vision, values and aims in place. These were currently being reviewed through consultation with families. This would provide the service with shared expectations and values.

Parents were invited into the service at pick up and drop off times, which provided the opportunity for them to develop positive relationships with staff and maintain communications. Most parents stated that they felt involved in the service, some disagreed with this statement. One parent shared, 'limited communication, emails don't always get answered.' Management should improve communications with parents to ensure all families feel equally informed and supported.

Management were currently developing this year's improvement plan to support development within the service. Staff were not yet aware of the improvement priorities for the year ahead, but there were plans to discuss these with staff at a team meeting in September.

A quality assurance calendar was broken down into monthly tasks to support ongoing quality assurance and self-evaluation of the service. There was some monitoring of the environment, play and practice taking place; however, these were inconsistent and feedback was not shared with staff. Audits of medication, accidents and incidents and personal plans were being completed. These needed to be completed more effectively to accurately identify inaccuracies and areas for improvement. The further development of quality assurance and self-evaluation should support management to develop the service and improve outcomes for children. See requirement one.

To meet the health and wellbeing needs of children and to keep children safe, policies should be reviewed and updated. For example, the medication policy should be reviewed to reflect current guidance and support the safe handling and management of medication within the service. These updated policies should be shared with staff and families to make them aware of changes to practice. A previous area for improvement has not been met and this will now be included within a requirement. **See requirement one.**

Staff recruitment and induction files were in place for the staff team. The service was unable to provide evidence that all safer recruitment checks had been completed prior to new staff starting in the service. Safer recruitment checks must be completed and recorded to ensure all newly recruited staff are safe to work with children. This was currently being developed by management. Induction checklists were in place, some were being completed within one day and others were not consistently completed. Management should consider how to effectively support newly recruited staff over a longer period of time. This would assist staff to have the time to retain information, be supported by an identified mentor and take part in regular review meetings to develop professionally. This would ensure staff had the relevant knowledge and skills to fully meet the needs of children in their care. **See requirement one.**

There had not been any recent appraisal or wellbeing meetings to support the staff team within their roles. The wellbeing of staff and management should be effectively supported along with the opportunity to discuss and support professional development within the team.

The management team should develop their knowledge of how and when to make referrals to relevant agencies. This includes making referrals to the relevant local authority child protection teams when protection concerns are raised. The service had not been submitting relevant notifications to Care Inspectorate. Management must now ensure that the Care Inspectorate are notified appropriately and in a timely manner of all protection concerns, allegations of misconduct and incidents. This would ensure the effective safeguarding of children. **See requirement one.**

Requirements

1. By 28 November 2025, the provider must ensure that the approach to quality assurance is developed to keep children safe from harm, improve outcomes for children and support ongoing improvement within the service.

To do this the provider must, at a minimum ensure:

- a) child protection policy is followed, and all referrals are made to relevant agencies when a concern is raised
- b) all required notifications are submitted to the Care Inspectorate
- c) policies, including medication and whistleblowing, are reviewed and updated to reflect current guidance and include the safe storage of medication
- d) safer recruitment guidance is followed and evidenced, and staff are well supported through effective induction programmes
- e) effective and well managed quality assurance and self-evaluation process including monitoring of practice and audits, are in place to support on going improvement and to keep children safe from harm.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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

There was a mix of skills, knowledge and experience within the staff team. Staff were flexible and were supportive of each other. They worked well together to provide play and learning experiences to support children's learning and development. A practitioner who worked part time supported over busier periods of the day, for example, over lunchtime. The team communicated well with each other to ensure colleagues were aware of their movement between areas. This enabled staff to work well together.

On occasions, the younger children and older children played together in one room due to staffing levels. Management should be mindful of the needs of children and should ensure that each child is appropriately supported in a familiar environment. Children should be cared for by consistent staff members to ensure they feel safe and secure during their play.

Overall, ratios were maintained throughout the service. However, the management of staffing levels within both rooms should be further developed. This would ensure that children's personal care needs were met, children had choice and staff were well supported. Some parents shared with us that they can be turned away at the door in the morning due to there not being enough staff to meet the ratios for children attending that day. This was having a detrimental effect on the childcare needs of families and outcomes for children. See area for improvement one which has been continued from the last report.

Areas for improvement

1. To promote consistently positive experiences for all children, the provider should support the management team to effectively review the deployment of staff responsively across the day. Staffing arrangements should be well planned to ensure that children can regularly access outdoor spaces, have a range of experiences across the day and have all personal care needs met.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

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's individual health and wellbeing needs are met, the provider should review their medication policy and procedures to ensure they reflect current guidance. This should include, but is not limited to, ensuring any medication held on the premises should be supplied by parents/carers to the service. The service should not keep a stock of non-prescribed medicines for children who attend the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 6 February 2025.

Action taken since then

The service no longer appear to hold emergency non-prescribed medication, however the medication policy still states that non-prescribed medication will be held and used. This policy has not been reviewed since the last inspection.

This area for improvement has not been met and has now been included in a requirement under key question 3 How good is our leadership?

Previous area for improvement 2

To ensure children continue to progress in their learning, the manager should ensure that children's next steps are meaningful, clear and reviewed regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 6 February 2025.

Action taken since then

The planning and recording of learning and next steps to support progression is not consistent across both playrooms. This is resulting in missed opportunities to support learning, development and progression.

This area for improvement has not been met and will be continued within this report.

Previous area for improvement 3

To ensure children continue to experience high-quality care, the provider should review some policies and procedures to ensure they are specific to the service, reflect current best practice guidance and are implemented consistently. This should include, but is not limited to:

- a. updating the medication policy and whistle blowing policies to reflect best practice
- b. ensuring staff understand and implement policies consistently
- c. notifying the Care Inspectorate of any significant events, such as accidents, incidents or allegations of abuse or misconduct.

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

This area for improvement was made on 6 February 2025.

Action taken since then

The medication policy and whistleblowing policy have not been reviewed or updated since the last inspection.

Staff shared that they have access to policies, however, knowledge of these policies needs to be further developed.

The management team need to become familiar with the notification guidance to ensure all protection concerns, incidents and allegations of misconduct are submitted to the Care Inspectorate.

This area for improvement has not been met and has now been included in a requirement under key question 3 How good is our leadership?

Previous area for improvement 4

To promote consistently positive experiences for all children, the provider should support the management team to effectively review the deployment of staff responsively across the day. Staffing arrangements should be well planned to ensure that children can regularly access outdoor spaces and a range of experiences across the day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 6 February 2025.

Action taken since then

The current issues around staffing levels are impacting on children's experiences and daily family lives. Parents have been turned away at the door in the morning due to staffing levels and no child care has been provided for them that day.

Children cannot always access outdoors at a time of their choice due to staffing levels. Busier times of the day including mealtimes should be planned for more effectively on some occasions to fully meet the needs of all children.

This area for improvement has not been met and will be continued within this 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

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
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?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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