

Cherry Blossom Nursery School Day Care of Children

33 Seafield Road
Dundee
DD1 4NR

Telephone: 01382 526 258

Type of inspection:
Unannounced

Completed on:
9 February 2023

Service provided by:
Daisies Kindergarten Limited

Service provider number:
SP2003000113

Service no:
CS2010270080

About the service

Cherry Blossom Nursery School is daycare of children service, registered to provide care to a maximum of 60 children aged from birth to those not yet attending primary school. Of those 60 no more than 29 are aged under 3 years. Of those 29 no more than 10 are aged under 1 year.

Based close to the centre of Dundee, this purpose-built nursery provides full and part-time places. The accommodation consists of five playrooms, sleep room, kitchen, and large outdoor play areas providing a variety of experiences for children. There is a small office and a separate small staff room. The nursery has a secure door entry system in place.

Other conditions unique to the service include, there must be a minimum of two staff on duty at all times.

About the inspection

This was an unannounced inspection which took place on 8 and 9 February 2023 between 09:30 and 17:00. One inspector carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered.

In making our evaluations of the service we:

- spoke with children and 11 parents using the service
- spoke with staff and management
- observed practice and children's experiences.
- reviewed documents.

Key messages

- A good mixture of skills, knowledge and experience in the staff team contributed to positive interactions for children. Parents knew staff and told us they were approachable and knowledgeable.
- Quality assurance was carried out regularly. Some monitoring of practices, such as medication and progression of children's learning, missed opportunities to identify areas of improvement.
- The setting was well furnished, comfortable and welcoming. Children benefitted from a warm, nurturing environment created by staff. Staff told us they felt empowered to adapt and develop spaces to ensure they were right for the children using them.
- The management of medication within the service required improvement.
- Children would benefit from staff recording strategies for their care and support in partnership with them as part of their personal care plan. This would promote a consistent approach and allow for achievements to be recognised and celebrated.

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

1.1 Nurturing care and support

Children were nurtured through daily experiences. Staff were kind and warm to children which promoted positive relationships. Children had formed good relationships with staff, allowing them to feel settled and happy within the setting.

The management of medication within the service required improvement. Most medication was being held for children without a reason, such as a specific illness or incident. This increased the risk of children being given treatment that was not safe or effective as staff did not always know what medication was for. We found inconsistencies in permission forms, for example expiry dates of medication were not always recorded and signatures were not included to ensure information was accurate. The services policy was to return any medication after three months. Medication waiting to go home, was stored in a basket at the front door, in reach of children. Whilst we recognise children are more likely to be supervised in this area, medication should always be stored out of reach of children. This ensures children are kept safe. **See requirement 1.**

Children's privacy and dignity was not always supported during personal care, such as nappy changing. The nappy changing area was not within a self-contained space. It was based within toilets which were shared between two rooms. This did not offer privacy to those who were being changed and increased the potential spread of infection. We signposted the manager to 'Nappy changing facilities for early learning and childcare services' guidance to support improvement for children, and staff's health and wellbeing. **See area for improvement 1.**

Personal plans were in place and reviewed regularly by staff. They captured children and parent's likes and wishes for their care, play and learning. Staff did not always respond with how they would meet their needs and wishes. Children would benefit from staff recording strategies for their care and support in partnership with them. This would promote a consistent approach and allow for achievements to be recognised and celebrated. This would also ensure that if a child requires additional support, this is identified and acted upon at the earliest opportunity.

The majority of parents were very happy with the care and support their child received. They found staff to be supportive and knowledgeable and always keen to share their ideas to help their children thrive. Most parents told us their child settled in quickly to the service as a result of staff's patience and skilful interactions. Communication was seen as a strength within the service, with most parents enjoying the regular updates they received through the service's Facebook page. This resulted in families feeling well supported and included.

1.3 Play and Learning

Children had various opportunities to have fun through play and learning. Staff were responsive to children's interests. For example, an aeroplane had been created in the role play area, but interests changed so staff worked with the children to change this into an office space the next day. This allowed children to

express their ideas and trust that adults would listen to them and support their visions. As a result, children could feel valued and included.

Literacy, language and numeracy could be further developed throughout the service. Staff had added numeracy items to the preschool environment to enhance children's learning opportunities. Children would benefit from staff promoting these items more and incorporating additional opportunities within children's everyday experiences, for example, during snack or lunch times. Activities and areas set up for play and learning did not always include books to support children's learning and interests. This would empower children to follow their interests and build on their curiosities.

Staff recorded observations and management shared that these were being reviewed as part of their moderation process. Next steps within learning were tracked and monitored to support progress and achievement. Staff should consider how observations and next steps link together to provide a full picture of children's learning and progress. This would ensure that children's learning and development is responsive to their individual needs.

Requirements

1. By 14 April 2023, the provider must ensure children's medical needs are safely managed. To do this, the provider must, at a minimum ensure:

- a) comprehensive medical protocols are in place for children who require them.
- b) medical permission forms are fully completed by parents and carers prior to the administration of medication.
- c) medication administered is accurately recorded.
- d) Staff are knowledgeable and competent in relation to the recording and storage of medication.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure 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).

Areas for improvement

1. Children should experience care and support that keeps them safe and respects their privacy and dignity. The provider should improve nappy changing facilities to ensure they meet current best practice.

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

- a) children receive a nurturing and supportive experience during personal care; and
- b) staff carry out effective infection prevention and control practices to keep children and staff safe.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'If I require personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.' (HSCS 1.4).

How good is our setting?

5 - Very Good

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

2.2 Children experience high quality facilities.

The setting was well furnished, comfortable and welcoming. Children benefitted from a warm, nurturing environment created by staff. Staff told us they felt empowered to adapt and develop spaces to ensure they were right for the children using them. For example, staff in the baby room told us about recent changes they had made and how this positively impacted children experiences and outcomes. This ensured children's environment supported them to reach their full potential.

Staff designed outdoor play and learning opportunities around children's age and stage of development. They were committed to ensure children had daily opportunities to get fresh air and take part in active play. Children were excited and engaged while playing outdoors. This impacted positively on children's health and wellbeing.

The setting was safe and secure for children. A robust procedure was in the place for the recording and monitoring of maintenance. This ensured that staff could report damaged items and they would be quickly removed or replaced.

Staff had worked well to respond to risks in the environment. Learning had been shared in relation to our Keeping Children Safe, Think, Look, Act campaign, also known as SIMOA. As a result, children were accounted for at all times, both in the setting and in the wider community if they went on walks. Children were encouraged to be a part of risk assessing to allow them to think about risks and how they could manage them safely. This promoted a safe, inclusive environment.

Appropriate systems were in place to manager electronic data safely. As a result, children's personal information was safely stored, in line with relevant best practice.

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.

3.1: Quality assurance and improvement are led well

Children were able to influence change within the service. Staff used their views and opinions to adapt spaces and shape their experiences. Parents were encouraged to share their views through discussions and questionnaires. Questionnaires consisted of mostly closed questions, reducing opportunities for parents to share information that may be important to them. We suggested using a mixture of open and closed questions to enhance their partnership working. This would provide further opportunities to identify strengths and areas for improvement within the service. Parents told us staff are responsive to their thoughts and opinions, which resulted in children getting support that impacted them positively. Some parents told us they would like to have access to the nursery to feel more a part of their child's experiences. We shared this with management and asked them to work in partnership with parents to address this.

Quality assurance was carried out regularly. The manager was organised and had a quality assurance calendar to support this. Some monitoring of practices, such as medication and progression of children's

learning missed opportunities to identify areas of improvement. This resulted in standards not being raised. We encouraged the manager to read our Self-Evaluation guide to build their reflective practices.

An improvement plan was in place; however, it did not include clear, measurable goals to raise standards within the service. This provided limited opportunity for children, parents or staff to follow improvements or reflect on their impact. We signposted the manager to bitesize sessions, such as identifying a quality issue and PDSA cycles, as part of the early learning and childcare programme to enhance their knowledge and understanding of quality improvement.

Leadership roles were in the early stages of development. Some staff were keen to tell us about their work for example, in tracking, and how they planned to drive improvement. They were committed to developing the service to ensure children were provided with high quality experiences.

How good is our staff team?

5 - Very Good

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

4.3 Staff deployment

The deployment and levels of staff within the service were appropriate to ensure effective care and support for all children throughout the day. The manager supported this by monitoring staff deployment on a regular basis to ensure a consistent approach.

Staff were confident in their roles and communicated well as a team when tasks took them away from their areas of responsibility. For example, staff breaks were planned to minimise disruption and provide support for children at busy times of the day such as mealtimes. They worked well together to maintain quality engagement with children and were flexible and responsive. This contributed to effective supervision and continuity of care in meeting the needs of each child.

There was a clear commitment to professional development. Staff regularly took part in discussions about best practice and guidance, such as SIMOA and SHANARRI. They highlighted the positive changes and outcomes for children and families as a result, for example improved awareness of children's safety and rights. We saw the impact this was having on children's experiences in supporting them to experience a safe and nurturing service.

Staff told us they felt well supported by the management team. A good mixture of skills, knowledge and experience in the staff team contributed to positive interactions and play and learning experiences for children. Parents knew staff well and told us they were approachable and knowledgeable. This enabled them to feel assured that their children were safe and cared for by people who knew them well.

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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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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