

Cherry Blossom Nursery School Day Care of Children

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Dundee
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Telephone: 01382 526 258

Type of inspection:
Unannounced

Completed on:
18 October 2024

Service provided by:
Daisies Kindergarten Limited

Service provider number:
SP2003000113

Service no:
CS2010270080

About the service

Cherry Blossom Nursery School is a 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 three years. Of those 29, no more than 10 are aged under one year.

The service is located 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 staff room.

About the inspection

This was an unannounced inspection which took place on Thursday 17 October between 08:30 and 17:30. The inspection was carried out by two inspectors from the Care Inspectorate. Feedback was given to the manager and provider on Friday 18 October 2024.

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 since the last inspection.

In making our evaluations of the service we:

- spent time with the children using the service
- spoke with or received feedback from nine parents
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children experienced mostly nurturing and caring interactions.
- Staff knew children well as individuals.
- Children's creativity and problem solving was supported through a wide range of quality resources.
- Mostly effective self-evaluation meant that improvements were well led and impacted positively on children.
- The service should ensure consistent strategies are used which respect children's rights.
- Shared leadership approaches were supporting the improvement of the service.
- Children benefitted from a leadership team that was committed to continuous improvement.

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 children's outcomes and clearly outweighed areas for improvement

Quality Indicator 1.1: Nurturing care and support

Children experienced mostly warm and nurturing approaches from a caring staff team. Staff understood the importance of developing positive relationships with children and families. One parent told us, "There are many staff members we feel we know well, and who really seem to love and care for our son. They take the time to make us feel welcome and a part of the nursery". This demonstrated that positive relationships had been formed.

On occasion, some younger children did not always experience warm, caring interactions across their day, resulting in personal preferences not being met. We encouraged the service to ensure children's rights were always respected throughout the day. To promote children's rights and choices, the service should ensure that interactions are consistently nurturing and respectful (**see area for improvement 1**).

Children benefitted from effective personal planning that were completed in partnership with parents. One parent told us, "We update his care plan every so often. And out with that time we can let the staff know of any changes and it's dealt with". All families stated that they agreed they were involved in developing their child's personal plan. Staff used this information to plan for children's experiences and to meet their needs. For example, if a child had allergies, there were specific, appropriate plans in place. We suggested the service further consider where personal plans are stored to ensure that staff have easy access to this information.

Most children benefitted from a calm, relaxed, social mealtime experience. Children's independence was well supported as they self-served and poured their own drinks in some of the rooms. During most lunch time experiences, staff sat with children and had meaningful conversations with them. At times, staff were focused on daily tasks, which took them away from their time with children. We encouraged the setting to continue to develop this to ensure staff are available to interact with children at lunch time and provide effective supervision. This would further ensure that mealtimes are fun, safe, social experiences.

Children's emotional wellbeing was supported as they had opportunities to rest and relax in all of the rooms. Some spaces had been developed in the rooms to ensure there were opportunities to rest and relax. For children that slept, staff worked closely with families to ensure they were getting it right for the child in line with their own routine and preferences. Systems for recording medication were in place, including parental permissions, storage information and records of administration. Medications were stored appropriately, and staff were confident to discuss children's medical needs. We asked the service to further develop their medication forms to ensure they include the length of a time a medication is to be given. This would ensure that children's individual medical needs were fully considered.

Quality Indicator 1.3: Play and learning

Children had fun and enjoyed their time in the setting. This was encouraged through a balance of spontaneous and planned, quality experiences that promoted children's choice and independence. The opportunities in the setting for children to explore were well considered. This promoted children's engagement and supported them to feel valued.

Most children were able to choose where they would like to play. There were times when children's play was stopped. For example, after snack time, younger children sat in a group for an extended period. This meant it was a less calm experience for children and did not promote their choice. We encouraged the service to further review the routine of the day. This will ensure children continue to benefit from the calm and nurturing experiences observed the rest of the session.

Children were mostly happy and busy in their play in most rooms. Opportunities for children to develop their literacy and numeracy were supported through mostly effective interactions and appropriate resources. Staff were developing approaches to record children's progress in these areas to highlight their individual strengths and next steps. Resources in the setting supported the development of literacy and numeracy. For example, a range of books were on offer for children to explore and we observed staff counting with children in their play. As a result, children were making good progress.

Children's learning and achievements were celebrated and displayed attractively throughout most of the play spaces. Children had individual journals and floor books which promoted their learning and supported them to share these experiences with their families. These opportunities allowed children to revisit, share their learning and take pride in their achievements.

Areas for improvement

1. To promote children's rights and choices, the service should ensure that interactions are consistently nurturing and respectful. This should include, but is not limited to, developing sensitive and compassionate responses to children's actions and ensure that children's choices are respected.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

How good is our setting?

4 - Good

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

Quality Indicator 2.2: Children experience high quality facilities

Children benefitted from a bright and welcoming environment. They had access to five playrooms where some had direct access to the large enclosed outdoor spaces. Outdoor spaces offered a range of resources and experiences for children which were age and stage appropriate. This supported children's choice and gave them access to interesting, meaningful resources.

Spaces in some rooms inside could be further developed to ensure children consistently benefitted from a high quality environment. For example, in one room, there were minimal spaces for children to rest and relax. The manager highlighted that some spaces inside had been identified as an area of continuing development. We encouraged the service to continue with their plans to improve these spaces, as it would offer children richer experiences which support their learning.

Resources and spaces within the environment represented children's current interest and needs. For example, a sensory room space in the 0-2 room enhanced children's experience. Floor books highlighted where children's interest had been extended in the environment and through spaces. This supported children to remain engaged in meaningful play.

Children's creativity and problem solving was well supported through a range of natural resources. Children shared their creations with us, for example, one child used different materials such as bricks and scarves to make a present and give it as a gift. This promoted children's creative thinking and enhanced their problem solving skills.

Regularly reviewed risk assessments were in place and effectively highlighted hazards and appropriate actions to minimise potential risks to children and staff. Most children benefitted from a risk benefit approach from the staff team which valued meaningful real-life experiences such as climbing trees. We suggested the service build on this to ensure it is consistent across the team.

Staff implemented infection, prevention and control routines to keep children healthy and safe. Hand washing was promoted indoors and outdoors. Areas were easily cleaned as they were free from clutter. This promoted children's health as the risk of infection had been minimised. The provider and manager had relevant policies in place to support the use of CCTV. One parent shared with us that they were concerned about the use of CCTV in the service. We shared this with the provider who agreed they would continue to review their own policy and procedures.

How good is our leadership?**4 - Good**

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

Quality Indicator 3.1: Quality assurance and improvement are led well

The setting had developed a clear vision, values and aims which represented the aspirations of families, children and staff. This put children at the heart of developments within the service.

Children benefited from an experienced, committed leadership team. Effective leadership meant that the staff team felt listened to and empowered to take on leadership roles. Staff told us that the management team were approachable and supportive. This supported the team to provide quality play experiences and positive outcomes for children and their families.

Mostly effective communication with families was supporting positive outcomes for children. The manager and team ensured that there were regular opportunities to speak with parents about their child's development. They sent out questionnaires and spoke with families, regularly informed them of any changes to staffing or the service. Children's learning journals were sent home regularly and parents contributed to these. Some parents wished there was more detailed communication regarding the developments of the service. We shared this information with the leadership team who agreed to further consider this.

Self-evaluation processes were leading to improved experiences for children. The continuous improvement of the service was evident in action plans and evaluations. Staff took part in regular activities to evaluate the quality of their service and inform improvements. The current improvement plan was targeted and focused on outcomes for children. As a result, children experienced a service that continually developed and improved.

A shared leadership approach to improvements was developing. Key areas of development were led by different staff members. This was still at the early stages and recent staff changes meant that this was currently developing.

To ensure that children continually experience high quality care, the service could further develop some quality assurance processes. For example, to ensure all staff are registered with the appropriate professional body within the agreed timescale. This would ensure children continue to experience high quality care.

There had been recent changes to the staff team. The provider and manager worked together to minimise the impact this had on experiences for children. The service had developed induction plans to ensure a shared approach. We encouraged the service to continue to develop their approach to induction to ensure it is consistent and targeted for staff.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on children's outcomes and clearly outweighed areas for improvement

Quality Indicator 4.3: Staff deployment

Staff were respectful and supportive of each other. They were very warm, caring, and sensitive in their approach and demonstrated positive team working. Staff told us they felt well supported in their role and worked together well. This promoted a happy and secure environment for children.

Children benefited from a caring and committed staff team. Positive relationships had been developed between children, families and staff. One parent told us, "The staff know straight away when I walk in at home time who I'm there to collect. Their handovers with me are thorough and enjoyable. I also feel really happy leaving my children with them at the door in the morning, and the children are too...". This showed that staff valued and prioritised connections with families.

Regular team meetings and staff training opportunities helped staff to reflect on their practice, learning and development. This enhanced children's experience within the setting. Staff told us they felt valued and supported by management and the wider team.

The management team recognised and valued the importance of ensuring that the service was appropriately staffed throughout the full day. Staff breaks were planned in a way that minimised the impact on children, while allowing staff to rest and be refreshed. Staffing levels allowed for staff to focus on quality interactions with children while ensuring good supervision.

At times, children's experiences were not well supported by the effective deployment of staff. For example, children did not always have access to the outdoor spaces throughout the session. We shared this with the management team and asked them to further consider this area. This would further ensure that children consistently benefit from the quality outdoor spaces that had been developed.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

Requirement 1: By 21 June 2024, the provider must ensure children's medication is administered as instructed on the medication label. To do this, the provider must, at a minimum: a) ensure staff are confident and aware of the importance of adhering to medication administration instructions b) ensure staff gain knowledge and understanding of the dangers of overmedicating c) provide further training for timely completion of medication administration records.

To be completed by: 21 June 2024.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This is in order 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 requirement was made on 29 May 2024.

Action taken on previous requirement

Children benefitted from staff that spoke confidently about their individual medical needs. Appropriate policies and procedures were in place to support the safe administration of medication. Training was in place for staff to ensure a consistent approach to the administration and management of medication. This meant children's medical needs were met.

Met - within timescales

Requirement 2

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).

This requirement was made on 9 February 2023.

Action taken on previous requirement

Medical protocols and procedures to support children's individual health needs were now in place. Appropriate policies and procedures were in place and supported the safe administration of medication. Staff spoke confidently about children's individual medical needs. This meant that children's health was promoted as their medical needs were well considered.

Met - outwith timescales

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

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).

This area for improvement was made on 9 February 2023.

Action taken since then

Children's health was promoted as effective infection, prevention and control practices were in place. The provider had updated the nappy changing facilities to ensure that they met best practice guidance. Staff's approach to supporting children with their personal care needs was nurturing and supportive. As a result, children's dignity and respect was promoted. Therefore, **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	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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