

Flexible Childcare Services Scotland (Cummings Park) Day Care of Children

Cummings Park Nursery
Cummings Park Crescent
ABERDEEN
AB16 7AS

Telephone: 07502055023

Type of inspection:
Unannounced

Completed on:
24 April 2024

Service provided by:
Flexible Childcare Services Scotland
SCIO

Service provider number:
SP2019013370

Service no:
CS2022000029

About the service

Flexible Childcare Services Scotland (Cummings Park) is registered to provide a care service to a maximum of 80 children at any one time, from the age of two years to not yet attending primary school.

The service is provided from a purpose-built nursery within the residential area of Northfield in Aberdeen. The children have access to two large playrooms with integral kitchens and toilets. There is direct access from the playrooms to a large outdoor play area.

About the inspection

This was an unannounced inspection which took place on 22 April 2024 between the hours of 08:30 and 18:00 and 23 April 2024 between the hours of 08:30 and 13:00. 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with children during their play.
- Spoke with parents as they collected their children.
- Received thirteen parent/carer online questionnaires.
- Received nine staff online questionnaires.
- Spoke with staff and management.
- Observed practice.
- Reviewed documents.
- Spoke with visiting professionals.

Key messages

- Staff were kind, warm, and nurturing in their approach with children.
- Staff knew the children and their families well, supported their individual needs, and acted on cues for comfort and reassurance.
- Children led their own play through a well balanced mix of activities, both indoors and outside.
- Staff were passionate about their role and were keen to extend their professional development to further improve outcomes for children.
- To ensure positive and nurturing mealtime across the setting, staff in the two's room should consider staff deployment and the age, stage and development of children when encouraging self service.
- To ensure high quality care and experiences for children quality assurance, including effective audits and monitoring should be embedded into practice.

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.

Staff were gentle, warm, and caring in their approach. They were in tune with children and their needs, responding to children's requests and picking up on their cues. Comfort, reassurance, and support were given when needed, contributing to positive attachments being formed. Parents told us they had a strong connection with the staff caring for their children. One parent said "Me and my child have a strong bond with all staff members within the nursery including management". Another parent said "The bond my child has with staff members makes putting them into nursery all the easier".

When speaking to staff it was clear that they knew the children well and were able to discuss personalities, sensitivities, likes and dislikes, and anything they were supporting them with. This allowed experiences, care, and support to be tailored to children's individual needs which supported them to feel safe and secure.

Children's wellbeing and progress was supported through effective personal planning. Plans contained information which captured the children's likes, dislikes, routines, and interests. Personal planning documents were individualised for each child. The wellbeing indicators captured individualised information and supported the children's progression. This ensured a holistic approach to care and allowed staff to effectively track children's progress in relation to their health and wellbeing. Support plans were in place for children with additional support needs. This ensured all staff were clear on sensitivities and how these were being supported as well as outlining any triggers and strategies being used. Plans highlighted a good level of agency working, with the team having been proactive in reaching out to and seeking advice from agencies and professionals. This ensured good support was in place for children and families.

Parents told us that they were fully involved in their child's care including developing and reviewing their personal plans. One parent told us "Regular updates on my child's progress and regular updates on their plan which ensures they are reaching their full potential". Another parent said "Have had regular meetings and updates with staff discussing goals and expectations. Staff promoted toilet training when we informed them we were starting this at home".

All staff had undertaken child protection training and were clear on their roles and responsibilities surrounding this. Chronologies were being used to capture significant events in the children's lives. These highlighted that staff were aware of potential safeguarding and wellbeing issues and that action had been taken, when appropriate.

The setting's policy detailed how they would safely manage the administration of medication. Medication was stored appropriately in the original packaging, however not all medication was clearly labelled with the child's name. Management took immediate action to rectify this. Medication forms contained accurate information; however we asked that more details around administering medication were included; for example when using inhalers. Providing clear details for staff to follow would contribute to children being safe and well.

We recognised mealtimes had been an improvement focus for the setting and could see the team were striving to provide a nurturing, unhurried experience for the children. Children benefited from healthy and plentiful mealtime options including fresh drinks. This supported them to be healthy and nourished. Parents told us their children could choose from a healthy range of snacks and meals that reflected their culture and dietary needs. There were opportunities for the children to be independent through serving food and drink, using cutlery, and scraping and putting away plates after their meal. This supported the development of important life skills. Staff sat with the children, chatting to them, and supporting them well with skills, such as using their cutlery. Staff within the two's room should take into account the children's age and stage of development when promoting independence. This would ensure tasks were achievable and right for them.

(Area for improvement 1 reinstated)

We observed nappy changing to be a nurturing and relaxed experience for the children. Staff took time to talk to children about what they were doing and involved them in the process. Staff were respectful in their approach, asking children if they could change their nappy. Staff wore personal protective equipment (PPE) in line with best practice guidance which helped to ensure that children were safe and protected from infection. This supported the health and wellbeing of children and staff.

Children slept in the two's room during our visit as part of their daily routine. The setting was equipped with mats and cosy spaces where lights could be dimmed. Staff took time to sit with children to settle and supervise them which supported the children rest comfortably and safely. We asked that they consider the distance between the mats to reduce risk of infection. Parents told us that their child could rest, sleep or relax when they needed to.

Quality indicator 1.3: Play and learning

Children were engaged in play throughout their day. A good range of age-appropriate resources, including loose parts and open-ended resources were on offer, in both indoor and outdoor environments. These promoted children's curiosity and encouraged them to be creative, problem solve, and use their imagination. For example, a group of children were building with the wooden blocks in the construction area. Children were trying to balance wedges on the top of towers and were being supported by a staff member to try different ways. They then went onto rolling the cars down them and were enjoying trying to make them go faster. The children were seen to be engaging well with this experience, which supported their current interests, allowing them to experiment and problem solve together. We highlighted that the use of open questions would have extended the children's thinking, rather than staff giving the children suggestions.

A child-led approach to learning had been implemented. Children were seen to be independent and could choose where and what they played with. We could see lots of shelves and baskets on offer with a variety of resources to choose from. Children accessed these well and knew where to find resources to support their play and learning. Parents told us that their child's development was supported through interesting and fun play experiences. One parent said "They play in the garden, role play and dolls. Also gets to do messy play, painting and sand tray". Another parent said "Outdoor play, games involving their interests like dancing and drawing while also learning numbers and letters. They've also got a lot better at playing with and sharing with friends outside of nursery and I believe being at nursery helped that skill develop".

Opportunities to explore literacy and numeracy were naturally embedded within the setting. There were real resources, such as environmental print, phones, clock and magazines for the children to explore in the house corner. We observed children enjoying stories and singing songs with adults on a one-to-one basis and in a group.

Children were using chalk outdoors to draw around each other, make games like hop scotch and create number lines. These resources and activities supported the development of early literacy and numeracy skills.

The setting used a planning wall to display current planning. All staff were encouraged to contribute. Staff explained their approach to planning and we could see that responsive and intentional planning were taken into account. We discussed the benefits of including the children's interests into the experiences and outcomes to ensure staff were not missing opportunities and to allow for extending learning and deeper thinking. The setting had already recognised the need to track children to support them better and to monitor development. Putting this in place would help identify gaps in learning and enable staff to have a clearer understanding of the children's progress and put support in place if needed. Floor books were being used to capture the child's voice and plan for next steps. These also allowed children to look back and reflect on their experiences which supported them to build on life skills, such as questioning, memory, investigating, and explaining.

The 'Caerus' App was used to document observations and capture individual children's learning. These contained an overview of child development and observations under curricular areas. We found the learning outcomes identified were not always relevant to the observation and for some children observations did not reflect highlights in their personal plans. We suggested monitoring of observations to ensure these are significant to the children and their learning. Children's opportunities were enhanced through connections with the wider community.

Children regularly visited a local care home. This intergenerational connection allowed children and older people to come together to share activities they enjoyed, such as crafts and games. Children also had the opportunity to explore the local area and visit the parks and the shops. This encouraged children to get involved within the community and feel a sense of belonging. Management and staff had highlighted that they would like to develop this further making connections with Northfield Community Flat to support them utilise a grant they were awarded recently through planting with the children.

Areas for improvement

1. To ensure children experience positive and nurturing mealtimes, the manager and staff should ensure they are well planned to meet children's individual needs. This should include but not be limited to:

- a) There are enough staff at mealtimes to effectively supervise and support children.
- b) Staff consider the age, stage, and development of children when encouraging children to self serve.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

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

The environment was well maintained and secure with plenty of natural light and ventilation. Children were observed to move around the setting with confidence and could choose where they played. They had direct access to the toilets and had the opportunity to play indoors or out with an effective free-flow system in place most of the time. Parents told us their children had the opportunity to play outdoors. One parent said "My child is always in the garden exploring the mini beasts, painting or doing the obstacle course and risky play". Another parent said "The doors at nursery are almost never closed, they do so much in the garden but also visit the park and the shops and walks in the community".

Indoors was set up thoughtfully using furniture to create areas which were inviting for the children to explore and to ensure staff could see all children playing. There was variety of resources to support different play experiences. Resources were accessible in baskets and on shelves. Materials, such as hessian and greenery, were used to soften the environment. Children's photos and art work were displayed at their level. This helped create a homely, welcoming feel to the service.

The family room was a good additional space. We saw that the room was well used to support parents and for meetings with visiting professionals. This was an inviting and a comfortable space to meet.

Outdoors was set up to ensure children were given daily opportunities for outdoor learning experiences in all weathers. There was a range of resources to support learning, including open-ended resources such as wooden planks, reels, a digging area, mud kitchen, paths for children to use their balance bikes and a shelter. Children were seen to use this area and the resources well which supported their current interests such as climbing and balancing.

The infection control measures in place helped ensure a safe environment for children. We observed hand washing being carried out by both staff and children at appropriate times. Children were wiping their hands and faces on face cloths following mealtimes, we highlighted the importance of hand washing using running water following mealtimes inline with best practice guidance. Personal protective equipment was worn when required, for example, during personal care, nappy changing, and food preparation. This ensured that children were kept safe and well.

Accidents and incidents were appropriately recorded and shared with parents. Regular reflection and auditing of accidents and incidents were shared with the staff team. This identified and raised awareness of potential risks. Children were supported to be safe through staff having assessed and eliminated potential risks.

Risk assessments were in place for indoor and outdoor environments to support the safety and wellbeing of the children. These documented potential risks and measures in place to support a safe environment. We discussed updating risk assessments to reflect benefits and support risky play, such as climbing, in line with the experiences offered to children.

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

Flexible Childcare Services Scotland have a vision which the company aspires to achieve, however the setting had created aims, personal to their service, involving staff, children and parents. This reflected the aspirations of everyone and supported them to feel valued and included.

Children and families views were valued which supported the service's ongoing improvements. They were consulted through questionnaires carried out on survey monkey, news updates and face to face chats about key aspects of the nursery. The setting used 'you said, we did' style displays in the cloakroom area to highlight to parents how their views had influenced change in the setting. Management spoke about additional ideas they planned to implement to gather views and suggestions, such as a parents group. This ensured families were valued partners in ongoing improvements within the nursery. Most parents felt they were involved in a meaningful way to develop the setting. One parent said "I've signed up to be part of the parents and carers group to discuss changes and future plans within the service and awaiting the date for the 1st meeting".

Staff expressed that they felt well supported by management. Staff 'strongly agreed' or 'agreed' that their wellbeing needs were recognised and supported by leaders. One staff member said "I feel valued as a staff member and feel that my input is considered and valued. I also feel if I had any needs that I would be able to confidently discuss these with my managers and they would do what they could to help me fulfil these needs such as more training or improved communications". Another member of staff said "My leaders are always supportive and provide me with help when needed". This ensured staff felt supported and valued.

Staff observations and monitoring of practice were in place. We saw that this was supporting staff identify strengths and consider what could be improved on to support improvement within the service. This was encouraging staff reflect on their practice to bring about improved outcomes for children and families.

The setting had documented their improvement journey using floor books to support staff. Engaging with recognised audit tools, such as the quality framework, had allowed them to recognise what they were doing well and identify areas for improvement. An improvement plan was used to support improvement and document developments. The setting should now use their success criteria to evaluate their improvements and consider whether there is a need for further development or if the outcome had influenced further improvements. Reflecting on this as team would support staff to be clear on the settings focus for improvement.

The setting was using a quality assurance calendar to support the procedures, audits and monitoring within the nursery. These were evaluated and shared with staff to ensure everyone was clear and knew the outcome and the impact of these. As a result of our findings, for example around medication, we suggested some additional audit checks be undertaken which would ensure that they were more robust and effective.

(Area for improvement 1 reinstated)

Areas for improvement

1. To support positive and improved outcomes for children and families, the provider and manager should ensure effective quality assurance systems are fully embedded into practice. This should include but not be limited to:

- a) Audits of medications administered.
- b) Audits of children's chronologies.
- c) Monitoring of staff practice, including interactions to support children's learning.

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

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

Staff were warm and responsive in their approach. They joined in children's play and followed children's interests. All staff knew the individual needs and interests of the children which allowed them to offer individualised support and care.

Children appeared confident, happy, and engaged in their play supported by staff who were observed to be taking a genuine interest and chatting to the children about what they were doing. We observed that positive relationships had been formed between staff and the children who had fun together. There was lots of laughter, encouragement, and celebrating success.

Staff were flexible and moved with children dependant on their interests and needs. Staff communicated well with each other and staffing levels throughout the day supported the wellbeing and safety of children using the service. At busier times, such as lunchtime in the two's room, not all staff were clear about their role, some being task-focused for example cleaning and serving food. This meant they weren't able to spend quality time engaging with the children, supporting their needs. **(See area for improvement 1.1)**

We found the staff team to be motivated and passionate about their roles. Staff were appropriately qualified, some working towards gaining further qualifications and had a good knowledge of child development. They were able to discuss how they had identified areas for development and were supporting children with their social skills, confidence, and speech. One parent told us "My child's confidence is growing and their speech is coming along well since starting". Another parent said "They are a much better eater and also trying a lot more foods. They have come on a lot more with their learning and speech; they also deal a lot better with their emotions".

Staff had the opportunity to take part in training and were enthusiastic about continuing with their professional development. They were reflecting on their practice and were able to discuss the impact training had on outcomes for children.

For example, a staff member talked about recent training on autism and how developing their knowledge and understanding had helped them understand the behaviours and put effective strategies in place to support.

New staff also spoke about benefiting from an induction which contributed to them feeling settled in their new role. The setting used the 'Early Learning and Childcare National Induction Resource' to support inductions, encourage questions and reflection. We saw that during a staff induction, a lot of information had been given in one day. We discussed the importance of checking that when information is shared, it is fully understood. This would support staff to have a better understanding of their roles, responsibilities, and effective ways of working.

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 support children's health and wellbeing, the provider and manager should ensure children are provided with the individual care they need. This should include but not be limited to:

- a) Ensuring children's up-to-date care and support needs are included within their personal plan and staff use this information to effectively support them.
- b) Ensuring staff are knowledgeable and competent in GIRFEC (Getting it Right for Every Child) and use this information to provide individualised and responsive care relevant to children's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met and my wishes and choices are respected' (HSCS 1.23). This area for improvement was made on 2 June 2023.

This area for improvement was made on 2 June 2023.

Action taken since then

When speaking to staff it was clear that they knew the children well and what they were supporting them with. This allowed experiences, care, and support to be tailored to children's individual needs.

Children's wellbeing and progress was supported through effective personal planning. Personal planning documents were individualised for each child. Support plans were in place for children with additional support needs. This ensured all staff were clear on sensitivities and how these were being supported as well as outlining any triggers and strategies being used. **(This area for improvement has been met)**

Previous area for improvement 2

To ensure children experience positive and nurturing mealtimes, the manager and staff should ensure they are well planned to meet children's individual needs. This should include but not be limited to:

- a) There are enough staff at mealtimes to effectively supervise and support children.
- b) Staff consider the age, stage, and development of children when encouraging children to self serve.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

This area for improvement was made on 2 June 2023.

Action taken since then

Staff in the three to five room encouraged independence, sat with the children, chatting to them, and supporting them well with skills, such as using their cutlery. Staff within the two's room should take into account the children's age and stage of development when promoting independence. This would ensure tasks were achievable and right for them. **(This area for improvement has not been met)**

Previous area for improvement 3

To support children's learning and development, the manager and staff should ensure children experience high quality play and learning relevant to their age and stage of development. In order to do this, the provider should ensure staff are knowledgeable and trained in supporting children's learning and use this to plan meaningful play experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I have fun as I develop my skills in understanding, thinking, investigation, and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

This area for improvement was made on 2 June 2023.

Action taken since then

Children were engaged in play throughout their day. A good range of age-appropriate resources, including loose parts and open-ended resources were on offer, in both indoor and outdoor environments. These promoted children's curiosity and encouraged them to be creative, problem solve, and use their imagination. We saw staff interacting well with children during play, modelling and using questions to support this. We highlighted that the use of more open ended questions would extended the children's thinking. **(This area for improvement has been met)**

Previous area for improvement 4

To support positive and improved outcomes for children and families, the provider and manager should ensure effective quality assurance systems are fully embedded into practice. This should include but not be limited to:

- a) Audits of medications administered.
- b) Audits of children's chronologies.
- c) Monitoring of staff practice, including interactions to support children's learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 2 June 2023.

Action taken since then

The setting was using a quality assurance calendar to support the procedures, audits and monitoring within the nursery. These were evaluated and shared with staff to ensure everyone was clear and knew the outcome and the impact of these. As a result of our findings, for example around medication, we suggested some additional audit checks be undertaken which would ensure that they were more robust and effective.

(This area for improvement has not been met)

Previous area for improvement 5

To ensure children are provided with consistent nurturing interactions to support their health, welfare, and development, the provider and manager should ensure staff are effectively deployed to provide high quality outcomes for children.

This should include but not be limited to:

- a) Ensuring children are fully supported at mealtimes by skilled and experienced staff.
- b) Ensuring children are supported by staff skilled in developing their learning.
- c) Ensuring children are supervised when playing outdoors to keep them safe and well.

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

This area for improvement was made on 2 June 2023.

Action taken since then

Children were provided with consistent nurturing interactions to support their health, welfare, and development by skilled and experienced staff throughout the day. This ensured children were kept safe and well. **(This area for improvement was met)**

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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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