

KingsWellies Nursery Day Care of Children

Plot 8
Prime Four Business Park
Kingswells
Aberdeen
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Telephone: 01224 741 175

Type of inspection:
Unannounced

Completed on:
24 October 2024

Service provided by:
KingsWellies Nursery Limited

Service provider number:
SP2014012334

Service no:
CS2014328470

About the service

KingsWellies Nursery is situated within the Prime Four Business Park in Kingswells, Aberdeen. The service is registered to provide a care service to a maximum of 173 children at any one time aged from birth to those not yet attending primary school with room maximum numbers and ages as follows:

- Welly Babies - 24 children who have not yet reached their second birthday
- Welly Tots - 45 children aged from 18 months to three years
- Welly Beans - 54 children aged from two and a half years to not yet attending primary school
- KingsWellies Too (known as Wellie Jellies) - 50 children aged from three years to not yet attending primary school.

Up to 122 children were present during the inspection.

The service is provided over three playrooms in the main building. "Wellie Jellies", situated nearby on the Prime Four complex, houses further provision for children aged three to five years. A large outdoor area and pavilion within the business park provide opportunities for outdoor play. Children have access to local facilities including parks and greenspaces.

About the inspection

This was an unannounced inspection which took place between 09:20 on 22 October 2024 and 16:30 on 24 October 2024.

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:

- spent time with children using the service and spoke to four of their parents/carers
- received 65 responses to our request for feedback
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Staff knew children well and generally used caring, nurturing approaches in their interactions with children.
- Children were supported well during mealtimes and personal care routines.
- We identified some issues with recording of medication.
- Most children were happy and engaged in their play.
- Staff supported children in their play. However, some opportunities to support children to extend their learning were missed.
- Children were cared for in a welcoming environment, with age-appropriate play spaces.
- Most quality assurance practices were effective in supporting positive outcomes for children. These could be developed further to more consistently identify areas for improvement.
- Children were cared for by a well-supported staff team who worked effectively together.

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?	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. We identified several strengths, which impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Children were cared for by staff who were kind, caring and supportive. Parents we spoke to told us they felt they knew the staff, and that staff knew their children well. Most staff had positive relationships with children which supported children to feel secure in the setting. Some interactions were not sustained, however, meaning that at times opportunities to fully support children were missed.

Children's general wellbeing was supported by the use of information recorded in personal plans. The information in these could have been clearer. For example, they could have had more detail on children's current support needs and how these were being met. When we discussed this with management they made some immediate changes. They also agreed to consider our suggestion of developing personal plans further to more fully promote staff's knowledge of children's needs and preferences. This will help ensure that the support offered to children fully meets their current needs.

Children experienced unhurried and sociable mealtimes. Food was appetising and met current nutritional guidelines. Water was offered at mealtimes and throughout the day to support children's health through hydration. Staff sat with children for most of the mealtime, promoting a safe experience. In the older rooms staff left the tables to carry out tasks. Although this was for short periods of time it meant that opportunities to support interactions were disrupted. Older children had opportunities for independence through serving their lunch and preparing snacks. We encouraged staff to develop similar opportunities for the toddler group as appropriate to their abilities. Staff in the baby room remained focused on the children throughout their mealtimes. However, on the first day of inspection babies waited a lengthy period for their meal. On the second day staff had already begun to review the mealtime routine to promote a more positive experience.

Children's personal care was carried out in a supportive, positive manner. Older children were encouraged to be independent when washing their hands and wiping their noses. Younger children were supported appropriately. These measures helped children develop self-help skills and independence.

Children's individual needs were met by responsive sleep routines. Babies followed routines from home, and children who were tired were able to sleep through mealtimes and eat when they awoke. Staff provided comfort and used agreed strategies to settle children to sleep.

Staff were knowledgeable about children's medication and health needs. We identified some issues in the management of medication. This included a lack of clarity in some information recorded, and the storage of medication not meeting current guidance. This meant there was the potential for children's health not to be fully supported should they need medication.

Positive outcomes for children were promoted through relationships with other professionals. This included sharing information with schools to support positive transitions. Professionals had been invited to provide staff with training to support staff's understanding of specific needs. This helped promote individualised care that supported children's health and wellbeing.

1.3 Play and Learning

Most children were happy and engaged in their play. Opportunities for child led play had been developed since the last inspection. This meant that children had some opportunities to lead their own play, particularly in the outdoor play area. Children's experiences were planned around themes. At the time of inspection these included Halloween and Autumn. Children's views and interests had been captured through the use of floor books and some activities reflected those interests. However, some activities were adult led and it was not always obvious where planned activities met the learning needs of individual children. Management agreed to continue to support the development of staff skills in this area. This should enable staff to more fully support children in leading their own play and learning.

Children had opportunities to develop language, literacy and numeracy skills. These were embedded throughout the setting. For example, environmental print and writing materials were available in different areas, including construction areas and role play. Staff read stories and sang with children. Some children who spoke more than one language were being supported through a "language of the week" project, which staff hoped to develop further. Opportunities to support children's learning were missed, however, when some staff did not chat to children during daily routines. Management should continue to support staff in further developing their knowledge, skills and practice in this area. This will help ensure children are fully supported in extending their interests and learning.

Children benefitted from strong links with the local community. They had opportunities to participate in activities in the Prime 4 campus, such as planting flowers outside the neighbouring hotel. The service had strong links with local schools and businesses, providing opportunities for children to attend events and use facilities. Organised classes such as yoga, dancing and music provided a variety of opportunities to enhance children's experiences.

How good is our setting?

4 - Good

We evaluated this key question as good. We identified several strengths, which impacted positively on outcomes for children and clearly outweighed areas for improvement.

2.2 Children experience high quality facilities

Children played in developmentally appropriate play spaces. Rooms were bright and airy, with plenty of room for children to move about during play. Cosy areas furnished with cushions and rugs provided children with comfortable spaces to rest and relax. Continual development of the environment helped ensure that it supported positive experiences for children and met their needs.

Children had regular access to outdoor spaces. These included the nursery garden, local parks, greenspaces and the sport's court within the Prime Four campus. Children aged from 2-5 years in the main building had freeflow access to the outdoor area for most of the day, whilst children in the "Wellie Jellies" were accompanied to this area to join their peers. Babies were taken on walks, and staff told us they had opportunities to play in the nursery garden during quieter times. These opportunities supported children to explore, have fun and develop physical skills in mixed age groups.

Children's play was supported by a range of age-appropriate resources. Indoors these were easily accessed by children, supporting them to make choices in their play.

Loose parts and real-life items were available indoors and outdoors and we encouraged the service to continue to develop these to promote open ended play. Children had access to junk modelling and sensory play materials such as sand and water. The outdoor water station was particularly popular, providing opportunities for children to experiment and explore. Parents commented positively on the range of activities and resources available to their children.

Children were cared for in an environment where infection prevention and control measures were mainly effective. We identified a couple of instances where this could be improved. For example, some equipment was grubby and needed cleaned. When we pointed this out, immediate action was taken to remedy the situation, which gave assurances of staff's commitment to providing a high-quality environment. On a couple of occasions staff did not follow recommended infection prevention and control guidance. This included not washing hands between assisting children to wipe their noses and incorrect use of PPE (personal protective equipment) during a nappy change. This had the potential for cross contamination and management agreed to monitor practices more closely to ensure these fully.

Children's health and wellbeing was promoted by staff practice. Risk assessments were used to identify and minimise risks. Children were included in assessing risks, such as crossing the road on a trip to a local green space. We suggested that further opportunities could be developed to include children in identifying potential hazards and how to manage these. We identified some issues where staff had not recognised the potential for harm. This included sharp pencils being available to the youngest children. When we raised this with management, they took immediate action to remove these and arranged a more suitable alternative.

How good is our leadership?

4 - Good

We evaluated this key question as good. We identified several strengths, which impacted positively on outcomes for children and clearly outweighed areas for improvement.

3.1 Quality assurance and improvement are led well

Children are cared for in a service with a clear vision, values and aims. These were updated recently, in consultation with parents and staff to help ensure that all stakeholders views were represented.

Parents had opportunities to be meaningfully involved in developing the service. During the development of the outdoor area, some parents contributed their time and resources. Newsletters and emails provided regular updates and asked for feedback. Questionnaires and consultations on the service provided, as well as specific topics, allowed parents to share their ideas and suggestions. Not all parents found this to be effective, and management agreed to continue to consider a wide range of methods of gathering feedback to support parental engagement.

Children's experiences were evaluated in a variety of ways. Staff used guidance documents such as Education Scotland's "How Good is Our Early Learning and Childcare" and the Care Inspectorate's "Quality framework for daycare of children, childminding and school-aged childcare" to support self-evaluation. They had identified strengths, and management were supporting them to identify where practice could be improved. This will help promote consistently positive outcomes for children.

Quality assurance processes were in place to monitor provision. Although these were effective in identifying where some practice needed to be improved, some areas were missed. Management were fully engaged in the inspection process and took action to remedy these immediately. For example, when we identified that some recording of medication did not meet guidance, immediate action was taken to rectify this.

This gave assurances that managers were committed to robust quality assurance to support improved outcomes for children.

Improvements to children's experiences were supported by a comprehensive improvement plan. This identified tasks and demonstrated progress for the whole organisation. This made evaluating progress in individual areas difficult. We suggested reducing tasks into smaller plans relevant to the staff completing them. This would help staff take ownership of improvements, help them share this information with families and simplify evaluating progress and outcomes. Management agreed to implement this suggestion.

How good is our staff team?

5 - Very Good

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

4.3 Staff deployment

Children were cared for by a staff team with a variety of skills, knowledge and experience. Deployment of staff made good use of where their skills and interest lay. Staff told us they had been consulted about which age groups they preferred to work with and before they were moved around the setting. Mentoring and 'buddy' systems where experienced staff supported less confident members of the team, promoted positive experiences for children.

Children's transitions were managed well. Staff welcomed families and communicated well with parents at drop off and collection times. One parent commented that "Most of the staff are also lovely and approachable and you can tell that they care about their job and the children in their care". This helped build strong connections between home and the setting. When children moved from room to room, they had visits and staff provided transition reports to support consistency of care.

Staff absences were managed to cause minimal disruption to children's routines. Rotas were in place to help staff understand where they were needed throughout the day. Breaks were managed well, and absences were generally covered by staff within the setting. Where this was not possible, staff from other settings in the "Wellies" organisation were deployed. These measures helped provide continuity for children. Most parents told us they knew the staff caring for their children. When new staff joined the service, parents were informed using an online platform. Some parents told us they were not familiar with staff changes, and we suggested the addition of photos to these notifications to help with recognition of staff.

Children were kept safe as they moved around the setting. Allocated staff manned the doors when children arrived at the setting and left for home. When children played outdoors and went on outings, staff counted them in and out of the building. The appropriate number of staff were deployed to supervise throughout the day, helping to ensure children's safety and wellbeing.

Children were cared for by staff who had been recruited safely. Management mainly followed correct procedures for safe recruitment. Where they had misunderstood how to implement one pre-employment check, they immediately adjusted their practice to fully comply with guidance. New staff were supported through an induction programme, and all staff met regularly with leaders to discuss performance and professional development. Where issues were identified, these were addressed effectively, and this included supportive conversations. These measures helped ensure a staff team with appropriate skills and knowledge for their roles.

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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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