

# Flexible Childcare Services Scotland (Tillydrone) Day Care of Children

Tillydrone Nursery  
Gort Road  
Aberdeen  
AB24 2YS

Telephone: 01224002445

**Type of inspection:**  
Unannounced

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10 October 2023

**Service provided by:**  
Flexible Childcare Services Scotland  
SCIO

**Service provider number:**  
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CS2022000006

## About the service

Flexible Childcare Services Scotland (Tillydrone) is registered to provide a care service to a maximum of 56 children from the age of two, not yet attending primary school at any one time.

The service is accommodated in a purpose built nursery, located in the Tillydrone area of Aberdeen, close to local amenities like shops and parks and one of the local primary schools.

## About the inspection

This was an unannounced inspection which took place on 09 and 10 October 2023. 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:

- made contact with 16 parents of children who attended
- spoke with the children, staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Most children were settled and happily engaged in play and learning.
- Children led their own play through a well balanced mix of activities both indoors and outside.
- Most children received nurturing care and support from staff who knew them well.
- Management should ensure risk assessments in place are relevant, clear and adhered to by all staff.
- The staff team were motivated and enthusiastic about their roles and were keen to take on training to develop their practice.
- Management should ensure that staffing levels consistently meet the needs of all children throughout the day to ensure they are supported to reach their potential.

## 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?	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?

4 - Good

### Quality Indicator 1.1: Nurturing care and support children

We evaluated this quality indicator as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

A nurturing and inclusive ethos had been established within the service and staff knew children well. Most children were happy and settled as staff interacted with them and supported them during their time at nursery. Other children would have benefitted from more reassurance and attention throughout the day to help them to feel safe and secure within their environment. On the first day of our visit, the manager recognised that there were not always enough staff to effectively meet the needs of all children. On the second day, we found there were more staff available to support children throughout their daily experience. This helped to create a nurturing environment for all children. All parents strongly agreed or agreed that they were happy with the care and support their child received in the setting.

Children's health and wellbeing was supported by use of personal planning. Individual plans were linked to the wellbeing indicators, giving a holistic overview of the children's health and wellbeing. Management recognised the importance of staff having a good awareness of all the information held for individual children. To ensure this was in place, management had accessed the Care Inspectorate Hub and put together training for staff to support effective personal planning. We reinforced the importance of regularly reviewing and updating these plans with parents to ensure all information was up to date.

Children with additional support needs had support plans in place. This aimed to ensure all staff were fully aware of sensitivities and how these were being supported, outlining any triggers and strategies being used. We discussed the importance of having these in place for any child who the team felt would benefit from this, to ensure their needs were being effectively met. Chronologies captured significant events in children's lives, which meant that staff had the right information to meet children's wellbeing needs. We talked about the benefits of including chronologies in regular audits, to ensure any actions required had been undertaken. This would support children to be safe and well.

Older children benefitted from unhurried and well organised meal and snack times. Independence was well supported with opportunities to set up, self-serve food and drinks, spread food, and scrape plates when finished. Staff sat with children and used mealtimes as an opportunity to role model good table manners. Children were relaxed, as they chatted with staff and friends, whilst enjoying their food and developing life skills. Children benefitted from healthy and plentiful mealtime options and fresh drinks. This supported them to be healthy and nourished. All parents strongly agreed or agreed that their child could choose from a range of healthy snacks and meals every day. Some younger children required extra support to sit and eat their lunch calmly and comfortably. We found that these children did not experience an unhurried, relaxed lunchtime due to insufficient staff being available to meet their needs.

We observed nappy changing to be a nurturing, relaxed experience for the children. Staff took time to talk to the children and involve them in the process. Staff wore personal protective equipment (PPE) in line with best practice guidance, which helped ensure that children were safe from infection.

Children slept after lunch in the younger children's play area. This space had not been suitably prepared for the children to enjoy a restful sleep. Children slept on mats without sheets in an area cluttered with toys. The setting should now consider creating a calm, cosy, comfortable space for the children who need to sleep or rest as part of their daily routine. Views from parents were mixed regarding their child resting or sleeping experiences. One parent said, "my child sleeps most days at nursery and has done since their first day there. They feel safe and comfortable there."

The setting's policy detailed how they would safely manage the administration of medication. This was stored appropriately in the original packaging, clearly labelled with the child's name. Medication forms had recently been updated to allow signs and symptoms to be recorded. For the forms to be effective, we highlighted the importance of obtaining this information from parents, to ensure accurate information was contained for staff to follow. This would contribute to children being safe and well.

### **Quality Indicator 1.3: play and learning**

We evaluated this quality indicator as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Most children were busy and were leading their own play. They enjoyed exploring and investigating a variety of resources, both indoors and outside. Children's interests were supported and extended by staff. For example, a group of boys were playing in the construction area, building a house with cardboard boxes, and wanted to make somewhere to sleep. A staff member suggested making it bigger and provided additional resources such as more building bricks, cardboard boxes and 'Sellotape' to create a bigger space. 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.

Children's imagination and curiosity were supported using loose parts, real and open ended resources indoors and outside. Children were seen to move resources around to support their play. Two children used loose parts to create a house for the dolls, spending lots of time thinking about the resources they could use, noting these down and arranging them carefully. Most parents felt that their child had access to a good range of quality toys and play materials. One parent said, "The children are encouraged free play so they can choose what they want to play with and there are staff nearby to encourage activities in the area or to watch over the children in case they need help." Another said, "fantastic setting with a wide range of opportunities for all the children daily. They always have new experiences and fun things planned. The children are always involved in helping to plan activities too."

Language, literacy and numeracy experiences were good and woven throughout the provision. We saw staff encouraging mathematical language during play, such as counting and comparing the sizes of loose parts. Staff sang with the children during play and sat reading stories to children. There was a variety of mark making materials available including pencils, crayons and chalk outdoors. Children were seen to be using these well, with mark making supporting imaginative play in different areas throughout the nursery. This supported the children's early literacy and numeracy development.

The setting had introduced the use of floor books with the younger children; this provided them with the opportunity to be involved in planning their play and learning. They now planned to offer the same experiences to the older children to capture and record their participation and experiences. We discussed how this could be developed further to ensure planning and learning experiences are effectively recorded, helping ensure children have a breadth and depth of learning.

Having referred to: 'Realising the Ambition' document, a new planning format had recently been developed. This new format supported staff to consider experiences, spaces and interactions across the curriculum. We highlighted the importance of evaluating the effectiveness of children's learning and development.

We noted that staff had been observing children's experiences within the setting and these had been captured using the: 'Caerus software.' Next steps had been identified for children, however, it was not clear how these had been carried forward. We discussed how staff could ensure next steps are considered in future planning. This would help ensure children's learning and achievements are effectively recorded and allow staff to track individual children's progression (**see area for improvement 1**). Most parents felt fully involved and informed about their child's development, with a small percentage disagreeing.

Children's opportunities were enhanced through connections with the wider community. Children regularly visited a local care home and residents came to visit the nursery. 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 places such as the library, 'Earth and Worm' and the zoology building. This encouraged children to get involved within the community and feel a sense of belonging. A parent said, "the nursery does outings with the children where they take them to the pensioners' home which I think is fantastic."

## Areas for improvement

1. To further promote children's learning and development, the provider should ensure that an effective system is in place to support staff in identifying, assessing and recording children's learning and planning for their progression.

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

'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

## How good is our setting?

4 - Good

### Quality Indicator 2.2: Children experience high quality facilities

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

The setting was well furnished, cosy and comfortable. It was well ventilated and benefitted from lots of natural light. There was ample space indoors and outdoors for children to play and explore, together or alone, if they chose to do so. The playrooms were spacious and reflected children's interests and planned learning experiences. Children's artwork was displayed around the setting, giving children the strong message that they mattered.

The indoor areas were sensitively structured and took account of children's age and stage of development. Resources were easily accessible, promoting children's ownership of their chosen play experiences. Children benefitted from free flow to the outdoor environment, supporting their ability to choose where they wanted to play. One parent said, "I love the settings open door approach, where the children have plenty of time to play and explore outdoors." Another parent said, "my child loves outdoor play, so the nursery is perfect for my child."

We noted that risk assessments were not always referred to when changes were made to the layout of the play areas. For example, it stated within the risk assessments that pallets within the playroom were secured to furniture. We found that, following recent movement of furniture, this was not the case. We saw pallets falling over in areas where the children were playing, posing a risk of injury. Adhering to robust risk assessments would ensure staff were more aware of risks and children would be safe from harm. The setting should ensure risk assessments in place are relevant, clear and all staff understand and have an awareness of risk. We discussed the benefits of risky play, as it was clear the setting had several children who enjoyed climbing, jumping and lying on furniture. The setting had considered alternatives outdoors and directed the children here, giving them the opportunity to develop their motor skills and teach them about their own limits. We talked about the careful placement of furniture indoors possibly reducing risk and providing small tents or dens for some children who appeared to enjoy being in an enclosed space. This would also support children's emotional security.

At times we observed children moving around the setting with scissors, climbing on furniture, pulling materials from the ceiling and leaving toys lying on the floor on main walkways. In most situations staff responded, however, they should take time to risk assess with children and open conversations around risk and being safe. Consistently using language such as, 'Is this safe?' and 'what could you do?' rather than just moving children would support them to develop an understanding of their own safety and minimise risk within the setting.

The effective 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. Personal protective equipment (PPE) 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 with the staff team identified and raised awareness of potential risks, supporting children to be safe.

## How good is our leadership?

4 - Good

### Quality Indicator 3.1: Quality assurances and improvements are well led

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

Flexible Childcare had recently updated their vision involving staff, however, Tillydrone had recognised the importance of developing this as a setting to reflect their own vision, values and aims. Management planned to do this through gathering views of their staff, families and children which would reflect the aspirations of everyone and support them to feel valued and included.

Children and families views were valued. They were consulted through questionnaires and face to face chats about key aspects of the nursery. Management spoke about additional ideas they planned to implement to gather views and suggestions to support the service's ongoing improvements. This would ensure families were valued partners in ongoing improvements within the nursery. Most parents strongly agreed or agreed that they were involved in a meaningful way to help develop the setting and that their ideas and suggestions were used to influence change.

The service valued the importance of working in partnership with families through clear communication and building positive relationships. Families were welcomed into the setting and staff took time to talk with them. They received regular updates through their online platform, daily face to face discussions, Facebook and newsletters. One parent told us, "I like the report at the end of the day, so you know what they have eaten or done that day." Another parent said, "I also like the little updates you get at the end of the day to let me know what my child has done during the day and what they had to eat during their meal and snack times".

Quality assurance systems, including self-evaluation and improvement plans were in place. A floor book approach effectively supported the staff team to identify areas for improvement and plan changes to support the development of practice. We discussed how improvement plans could be developed further to include other areas the setting had been developing. We saw evidence of staff using good practice documents such as the 'Quality Framework for day care of children, childminding and school-aged children' and Care Inspectorate practice notes to support self-evaluation. We talked about further promoting opportunities for children and families to feedback. This would support positive outcomes for children by informing meaningful change (**see area for improvement 1**).

## Areas for improvement

1. To support positive outcomes and experiences for children through continuous improvement, the provider and manager should establish systems for the quality assurance and self-evaluation of the service. They should promote opportunities for effective feedback from stakeholders including families, children and other agencies.

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?

3 - Adequate

### Quality Indicator 4.3: Staff deployment

We evaluated this key question as adequate, where strengths only just out weighted weaknesses.

We found staff to be proactive. They were able to recognise when most children required support and communicated well with each other to ensure children were cared for. However, due to staff absences, planned and unplanned, staffing levels were not consistent enough to ensure high quality outcomes for all children throughout the day. We found that there were missed opportunities, and some children did not receive the continuity of care they required. For example, a child who was settling in did not receive the reassurance and attention they required to feel happy and secure. Children were not encouraged to tidy resources to ensure they had a safe environment to play in. Staff missed opportunities to observe children engaging in different types of play which could potentially have been extended and enriched. Management should ensure that staffing levels consistently meet the needs of all children throughout the day to ensure they are supported to reach their potential (**see area for improvement 1**).



There was a good mix of skills within the staff team. Most staff had already gained relevant qualifications and others were working towards these. This ensured everyone had the necessary skills, knowledge and understanding to meet the needs of the children. We saw that all staff had undertaken training and professional reading which had further supported their knowledge and skills. A record of this was kept, including details of staff reflection. We discussed the benefits of encouraging staff to undertake ongoing reflection, taking time to consider how training had supported their practice and ultimately improved outcomes for children. Most parents strongly agreed that staff had the appropriate skills, knowledge and experience to care for their child and support their learning.

Effective procedures were in place to ensure staff were well supported by management. Regular support and supervision meetings ensured there were opportunities to share achievements, concerns and plan for further development. Management regularly monitored staff practice, which highlighted good practice and identified areas that could be further developed. All staff told us they felt well supported by management and their team members. Management were using: 'The National Induction Resource' to support new staff to have a good understanding of their new role and responsibilities. This also promoted effective ways of working and encouraged effective reflection with all staff. This supported management to plan individualised support for all staff members.

### Areas for improvement

1. To ensure children receive consistent care the service should make sure deployment and levels of staff are effective, ensuring high quality outcomes for all children.

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 further promote children's learning and development, the provider should ensure that an effective system is in place to support staff in identifying, assessing and recording children's learning and planning for their progression.

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

'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

**This area for improvement was made on 1 May 2023.**

## Action taken since then

Changes had recently been made to planning and the team are were in the early stages of implementing planning, next steps and assessment. Using documents such as 'Realising the Ambition' and the 'Curriculum for Excellence' was supporting staff with this going forward.

**This area for improvement is ongoing.**

## Previous area for improvement 2

To support positive outcomes and experiences for children through continuous improvement, the provider and manager should establish systems for the quality assurance and self-evaluation of the service. They should promote opportunities for effective feedback from stakeholders including families, children and other agencies.

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 1 May 2023.**

## Action taken since then

The team had made a good start with self-evaluation and had evidenced it well using a floor book approach. It was clear staff have been involved and outcomes for children were improved. The setting should now consider ways of involving families and children in their improvement journey, to ensure everyone's thoughts and ideas are informing developments and improving outcomes for children.

**This area for improvement is ongoing.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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