Dennistoun Early Years Centre
Day Care of Children

129 Roslea Drive
Dennistoun
Glasgow
G31 2RZ

Telephone: 01415 540 803

Type of inspection:
Unannounced

Completed on:
14 January 2025

Service provided by:
Glasgow City Council

Service provider number:
SP2003003390

Service no:
CS2003014816

About the service

Dennistoun Early Years Centre is a day care of children service in a suburban area in the North East of Glasgow. The service is provided by Glasgow City Council.

The service can accommodate a maximum of 79 children. Six children aged from zero to under two years, 25 children aged two to under three years and 48 children aged three years to those not yet attending primary school. At the time of our inspection there were a total of 55 children present.

The service operates from a single storey refurbished premises within the grounds of St. Denis Primary School with outdoor play spaces for children's play and learning. The accommodation consists of three playrooms. One playroom, for children aged two to three years have direct access to an outdoor play area for physical play and outdoor learning. There is a reception area, changing and toilet facilities for children and office, catering and staff facilities. The service is close to schools, transport routes, shops and community services.

About the inspection

This was an unannounced inspection which took place on 13 and 14 January 2025. 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 using the service
- reviewed feedback from ten parents and carers whose children attend the service
- reviewed feedback from seven staff members employed in the service
- spoke with management and staff
- observed practice and staff interactions with children
- reviewed documents.

Key messages

- Staff used kind and nurturing approaches which contributed to children feeling welcome, safe, and secure and contributed to positive relationships.
- The service benefitted from weekly visits from a play therapist to contribute to supporting children's individual needs.
- The service should continue to review their procedures for outdoor play and learning to meet children's interests and choices for play outdoors.
- The service should continue to review and make improvements to their planning processes.
- The provider should make improvements to nappy changing facilities to support children's wellbeing.
- The management team were visible, friendly, and approachable to children, families and staff.
- Quality assurance and self-evaluation processes could be further developed to support continuous improvement of the service.
- Children benefited from a skilled staff team who worked very well 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?	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 made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support
Children's care and learning routines were delivered with kindness and compassion from staff who were very warm, nurturing and caring towards children. The interactions were responsive and engaging and we saw staff comforting children. This supported children to feel safe, secure, and contributed to the positive relationships they had with staff. One parent commented, "All staff know my children well, they are able to tailor their approach to suit my children's needs. It is very clear how much they care for our children."

Children were happy, settled, and confident and had developed friendships which enhanced their wellbeing. One parent commented, "My children are always happy to go to nursery. They are successful and confident individuals. All of my children's individual needs are met."

Personal plans were in place for children. Plans were created in partnership with parents and carers and reviewed regularly. All parents commented they are fully involved in their child's care, including developing and reviewing their personal plan. One parent said, "We are invited into the nursery to discuss how things are going for our children and go over their personal plan, we add anything we want to." We discussed with management recording parents and carers acknowledgement of the reviews that take place. We were satisfied this would be taken forward.

Personal plans included comments on children's progress in relation to individual SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, and included). There were inconsistencies in plans with the recording of information not always detailing how children will be supported. The service had recently made changes to their personal plans and were monitoring and reviewing their processes. This has the potential to identify strengths of the plans and where changes may be required to support children and meet their individual needs.

Staff knew the children well which meant they were able to respond to their individual needs and preferences. A play therapist attended the service weekly to support children individually and in small groups. Staff told us the therapist also shared ideas of strategies for staff to take forward to support children and meet their individual needs.

Lunch was an unhurried and sociable experience for children. A rolling lunchtime experience for children aged two years old and above supported almost all children to have lunch when they were ready. This meant that children were experiencing a natural end to their play. There were opportunities for most children to self-serve their lunch contributing to supporting their choice, independence, and responsibility skills. We observed inconsistencies in one playroom in the mealtime experience, with one table being supported to self-serve lunch and another table being served food by staff. For older children staff were often task focused. We made suggestions to contribute to a more relaxed and sociable experience for children. We were satisfied that management would continue to review mealtimes to enhance children's experience. Staff were aware of children's dietary requirements, contributing to children's health, safety, and wellbeing.

Children's medicine was clearly labelled, administered, and stored safely. Health care plans were in place for

some children and contained information to support children's health and wellbeing. We identified children who would benefit from health care plans to include steps that staff would take in an emergency, if for example a child did not respond to their life-saving medication. Management agreed and we were satisfied this would be taken forward.

All staff had attended child protection training. They were aware of their responsibility to safeguard children in their care. They knew who the safeguarding leads were within the service and told us how they would record and report any concerns.

Quality indicator 1.3: Play and learning

Children were having fun and engaged in a variety of experiences. They had good opportunities to lead their own play and learning, which impacted positively on their development and wellbeing. Children were happy and had developed friendships which enhanced their wellbeing. They were confident in their environment and were familiar with nursery routines. One parent said, "I know that my children are happy and well looked after. I know that their learning and welfare are the staff's top priority. There are a wide range of learning opportunities for my children including outdoor learning."

Staff promoted a culture within the service that focussed on promoting the children's right to play, have fun and experience challenge. Staff provided quality learning experiences by promoting choice and children's interests. We saw children engaged in play experiences for prolonged periods of time. One parent said, "My son is constantly coming home telling me about all the fun things he done that day, which I can also view. He can play with sand, water, books, does science experiments, painting etc."

Older children benefitted from a mixture of planned and spontaneous experiences. Play experiences supported children's development of language, literacy, and numeracy skills. Children were involved in measuring each other and comparing and discussing the concept of the sizes of big and small. This extended to comparing the lengths of footwear and looking for numbers to determine the size and which one was bigger. Younger children were joining in song and story time. Babies had opportunities to participate in physical development and movement as they played on the climbing apparatus and with the rolling of balls. For older children outdoor play offered opportunities for physical development and movement as children joined in action games using physical apparatus of bikes and scooters. We did not observe babies being taken outdoors on our visits. We discussed with management the importance of babies being provided with opportunities for access to fresh air every day to support their health and wellbeing.

We observed children two years old and above being taken outdoors and returning in groups. Children's access to outdoors would benefit from a more free flow approach which would allow children to choose when they wanted to play outdoors to support their interests for play and learning. The service had identified free flow play to the outdoors for older children as an area for improvement. Management and staff should consider, review, and monitor this approach to support children's safety and security.

Management and staff were reviewing their planning systems to support with responsive planning for children's interests. Staff had designated responsibility for areas and planned experiences for children. Experiences were responsive to children's interests, and their ideas and thoughts were being taken forward by staff to support children's play and learning. Management and staff should review procedures for the recording and sharing of planning and evaluation information to support with children's skills and learning being taken forward.

Online learning journals were used to share observations of children's play and learning with families. We saw inconsistent approaches to the sharing of individual observations in how often they were posted, and

not all gave detailed descriptions of the learning and skills taking place. Improvements to the recording of information has the potential to support staff to plan for next steps to enhance children's play, learning and progression.

How good is our setting? 4 - Good

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

Quality indicator 2.2: Children experience high quality facilities
Children were cared for in an environment that was clean, bright, welcoming, and well ventilated. Playrooms were furnished to a high standard. There was ample space for children to play independently or in groups. Toys and resources including natural materials were easily accessible and organised to promote curiosity and support children's choices and interests for their play and learning.

Playrooms had cosy spaces for children to rest and relax, contributing to a calm environment. Older children benefitted from a space for sensory experiences and rest and relaxation. The provision of nurturing spaces to children was important for management and the staff team to support with children's health and wellbeing.

The indoor environment was safe and secure contributing to children's health and wellbeing. The service had made improvements to support children's safety and security with the installation of an additional gate in the hallway of the service. The service was well-maintained to protect children from harm.

The service only had one nappy changing station for children aged two years old and over. As a result of the numbers of children requiring personal care of nappy changing, this did not follow best practice guidance. We have made an area for improvement to address this (see area for improvement 1). We signposted the provider to Care Inspectorate guidance on 'Nappy changing for early learning and childcare settings (excluding childminders).' Additional nappy changing facilities in accordance with the guidance has the potential to reduce waiting times for children and for this to be an unhurried experience. During discussion, the leadership team agreed this would be looked at to support this improvement.

Outdoor play spaces were safe and secure. There were areas that provided shelter for children from most weathers contributing to children's health and wellbeing. There were opportunities for older children to participate in risky and challenging play. One parent said, "He is able to access an outdoor playground, with a slide and scooters. He seems to enjoy running around and playing with the other children. He is always wearing weather appropriate clothing, and I am pleased he gets access to the outdoors." The service shared plans to extend opportunities for younger children with the development of an environment that was currently being used to store equipment. This has the potential to provide a wider range of play experiences for children's play and learning.

Children and staff were observed washing their hands before and after mealtimes and this was carried out well to support children's health and wellbeing and minimise the spread of infection.

Areas for improvement

1. To ensure the health, wellbeing and dignity of children, the provider should improve nappy changing facilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4), and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This is to ensure changing facilities are consistent with the Care Inspectorate Document: 'Nappy changing for early learning and Childcare settings (excluding childminders)'.

How good is our leadership? 4 - Good

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvement are led well

There had been changes to the leadership team to include an acting manager and acting depute manager overseeing the management and operations of the service. Both were passionate, visible, friendly, and approachable to children, families, and staff. Staff knew them well and told us they felt supported. Staff commented, "I feel that the management team are really good at supporting us all and are extremely caring. It feels like a big family" and "All of the management team are approachable and supportive, and I have personally felt supported by them when I have needed it."

The management team were committed to initiate change by involving and recognising the contributions of staff. They were very aware about pace of change and used a whole team approach to support staff with changes to the service. Staff were supported to engage in the settings improvement journey. Management and staff shared with us, developments made to the service to include changes to the environments, mealtime experiences and personal plans. Staff told us, overall, the changes had been positive. The implementation of some of the changes were still in the early stages, for example personal plans. We could see identified areas for improvement were being taken forward to improve outcomes for children and their families. Management and staff should continue to monitor and review the processes to support with improving outcomes for children and their families.

The service had re-visited and distributed their champion roles. Staff had responsibility for areas to support with improving outcomes and experiences for children. Staff were confident to tell us their responsibilities and plans to continue to develop the service. This supported staff to be responsible and accountable based on their skills and interests.

Informal auditing of for example medication, personal plans and accidents and incidents were taking place. This was a positive start in identifying strengths and where improvements could be made. We suggested the procedures for auditing could include the sharing of information of the improvements identified to be taken forward and in response the action taken. This has the potential to lead to continuous improvement of the service.

Informal monitoring of staff practice was taking place by the management team. This was a positive start in supporting continual staff development that promotes positive outcomes for children. We suggested formalising this process to enable management to easily identify any training needs.

All parents who provided feedback shared that they and their children were involved in a meaningful way to help develop the service. One parent commented, "Our opinions are always asked by the staff, and they

always invite the parents to any / all charity events / nursery days etc." The service recently made attempts to gather views, but not all had been successful. Management was reviewing their approaches and had introduced other ways to involve parents in meaningful self-evaluation and improvements within the service. This has the potential to improve outcomes for children and their families.

We could see children were being consulted and their thoughts and feelings were considered. This was particularly evident for older children when planning experiences and making changes to their environment. This was at the early stages of development, and we discussed with management the opportunity to extend this further by including children's voice within other areas of the service.

How good is our staff team? 4 - Good

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

Quality Indicator 4.3: Staff deployment

Staff deployment worked well in most areas of the service to support the needs of the children in their care, play and learning. On the first day of our visit there were staff absences within the service. The service was meeting the minimum staff to child ratios and the leadership team were supporting staff. At times of the day for example mealtimes, we observed staff were stretched. Staff told us, "Although we may still be in ratio there is often not enough staff to provide children with the experiences we would like to, or we cannot open certain spaces for children which is restricting" and "Some of our children require more support than we are able to give them. We want all children to be fully supported to enjoy their day within the nursery. This can sometimes be a challenge." The service was recruiting support for learning workers. The acting manager shared with us the ongoing challenges they had faced in recruiting staff. They had recently successfully recruited two staff members who were undergoing safe recruitment checks prior to joining the staff team. Having the additional staff in place has the potential to enable a more positive experience for all children.

Staff were supervising children in their care, play and learning. Staff were deployed in different areas of playrooms and accountable for children. Staff used registers and updated numbers of children on noticeboards throughout the day contributing to the safety of children.

The staff team provided a wide range of skills and experience to the service within and across playrooms. Key working arrangements ensured there was consistency in individual children's care across the day. One parent commented, "Staff are lovely caring and helpful, and it shows every visit." We observed examples of communication and team working taking place. Staff told us and we observed they worked well as a team. Staff supported each other and communicated when leaving a space or attending to a child's needs.

Staff breaks were planned to minimise the impact on children whilst enabling staff to rest and refresh. Staff told us they had opportunities for protected time off the playroom floor for planning and observations. This enabled staff to plan to meet children's needs.

Staff were supported to develop their skills and knowledge through attending training courses. Some staff shared with us how their training had supported them to reflect, and as a result they had made changes to their practice. Staff told us, "I feel that the training I have done over the past year has helped motivate me and give me ideas for the environmental journey we have been on and gave me new ideas to introduce to the setting" and "most of the training I have been on recently has helped me gain new skills and insight which has been helpful for my role."

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.