

Denend Nursery Day Care of Children

Denend Primary School
4 School Lane
Cardenden
Lochgelly
KY5 0BS

Telephone: 01592 583 423

Type of inspection:
Unannounced

Completed on:
28 May 2025

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2013317900

About the service

Denend Primary School Nursery is provided by Fife Council to offer a day care service for a maximum of 30 children, age from two years to an age to attend primary school. The service is located in a building within the school grounds. There are two separate rooms for differing age groups and children have access to a large outside area, which can be accessed from both playrooms. Children also have access to the gym hall.

The service is located in the village of Cardenden and has good access to public transport links and local amenities.

About the inspection

This was an unannounced inspection which took place between Tuesday 27 May 2025 from 08:50 to 16:00 and Wednesday 28 May 2025 from 08:45 to 14:00. The inspection was carried out by one inspector from the Care Inspectorate.

A Team Manager was also present at the inspection as part of the Care Inspectorate's quality assurance processes.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and information gathered since the last inspection.

In making our evaluations of the service we:

- spent time with six children and three family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- reviewed feedback from six families from Microsoft forms.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Children benefitted from staff who knew them well, including personalities, interests and preferences.
- Children were confident in sharing their learning within their personal folders, reflecting on fun experiences.
- During the inspection, we identified significant safety concern which we raised with the manager and we have made a requirement that improvement action is taken. We observed that the gate in the garden, which exit to the external environment were not secure and posed a potential risk for children to exit the setting unaccompanied.
- Arrangements for security within the setting were not well considered. There was potential for children to exit the setting unaccompanied or be unaccounted. We raised these concerns with the manager and have made a requirement that improvement action is taken.
- Staff felt supported by the manager who listened to their suggestions.
- Although the service was working within the minimum adult to children ratios, staff levels were not always effective in support high quality outcomes for children.

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?	3 - Adequate
How good is our setting?	2 - Weak
How good is our leadership?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

Quality indicator 1.1: Nurturing care and support

Children's well-being was supported through effective personal planning. Clear plans were in place for most children. Staff involved parents in creating and updating plans regularly. Families told us that they receive "Frequent catch ups hearing about my child's experiences and development". This helped ensure information was up to date to provide children with nurturing care. Further support for children who could not attend the service due to health needs could be developed, which would ensure that all children feel included and supported.

Children benefitted from staff who knew them well, including personalities, interests, and preferences. Most staff spoke confidently and knowledgeably about the individual care needs of children and the strategies in place to support them. However, some children who had identified care needs, were not always supported effectively by staff using the agreed strategies. In most cases, staff supported children in a respectful manner. Whilst there were sufficient staff in the service there were some missed opportunities to promote children's independence and dignity by some staff.

Mealtimes offered children opportunities to eat together in small groups during snack within the playrooms. This created a relaxed and unhurried experience. During the lunch experience, staff were task oriented which meant that for periods of time they were not focused on children, for example serving foods and preparing dishes. There was limited time for staff to sit with children to supervise eating and engage in nurturing conversations. We discussed with the service ways to improve this experience by allowing children to be more independent in self-serving at lunch time. This should also free staff from tasks and enable them to sit down with children and engage in meaningful conversations (see area for improvement 1).

Younger children were encouraged to have a sleep and most children predicted this routine following lunch. Most children had individual mats, with covers which were laundered regularly, whilst one child slept in a buggy. To promote children's safety, emotional security and wellbeing further consideration should be given to ensure where all children can sleep safely and comfortably. Staff were proactive in reviewing the sleep policy during the inspection and had begun to make changes to practice. This now needs to be implemented consistently to ensure that this meets the wellbeing needs of children whilst working in partnership with families to promote continuity of care (see area for improvement 2).

Quality indicator 1.3: Play and learning.

Children were confident in sharing their learning within their personal folders, reflecting on fun experiences. Most observations highlighted children's progress whilst other observations were descriptive. Observations of children's learning were recorded and shared regularly with families. A family told us they "Always get catch ups to discuss development and my child's care". We suggested adding personalised next steps into personal learning journeys to support and challenge children's learning and development.

Planning approaches to play and learning at times lacked careful direction and appropriate adult input. There were some missed opportunities to extend children's creativity and choices through play experiences. For example, children were happily involved in superhero play, using their imagination and creativity. Staff

did not support further opportunities for this learning. As a result, this reduced the opportunities to extend children's interests. Children had previously explored superhero play, we discussed with staff further ways to extend this learning to consolidate children's knowledge and to promote further opportunities for challenge.

Staff used floor books and learning walls to plan and record children's learning. Staff recorded children's thoughts and comments. Photographs were displayed as a prompt to encourage children to reflect on previous learning. We discussed ways to encourage children to write, and mark make to ensure that their input was recorded. This would offer children more opportunity to be involved and share their views and choices.

Opportunities for children's play and learning were enhanced through connections to the community. Regular walks within the local area provided opportunities for the children to become familiar with their community and the facilities available. Transitions were supported by staff who had developed a programme to meet the individual needs of children. For example, a detailed plan had been created to support children transitioning to primary school. This meant that staff were able to support children's emotional resilience during significant transition milestones.

Areas for improvement

1. To ensure children are having a positive mealtime experience, the provider should review the lunch time routine. This should include opportunities for children to choose when they would like to eat, have more opportunities to be independent and benefit from positive interactions.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "I can enjoy unhurried snack and meal times in as relaxed atmosphere as possible" (HSCS 1.35)

2. To ensure children's safety, emotional security and wellbeing are supported, the provider should reflect on current guidance and best practice to promote good sleep habits.

This is to ensure I have confidence in the people who support and care for me and is consistent with the Health and Social Care Standards which state that "I experience high quality care and support that is right for me and is based on relevant evidence, guidance and best practice" (HSCS 4.11).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality indicator 2.2: Children experience high quality facilities.

Children benefited from being cared for in a light and bright setting that was equipped with homely furnishing. Neutral décor, windows, and direct access to the outdoors provided ventilation and natural light that helped to promote children's wellbeing. Displays around the rooms were used to reflect children's interests and experiences. This provided opportunities for children to share their achievements, which contributed to a sense of pride.

The indoor space had been developed to take account of children's stages of development and learning. Children could access the resources available independently. In most cases children were able to move freely between indoors and outdoors which promoted choice in their play. Areas to climb, run and balance

outdoors provided opportunities for children to develop their gross motor skills. There was scope to develop the outdoors to further promote curiosity and risk-taking.

During the inspection, we identified significant safety concerns which we raised with the manager. We observed that the gate in the garden, which leads to the external environment was not secure and posed a potential risk for children to leave the service unaccompanied without an adult. The outdoor space was not checked by staff prior to children accessing the area. This had the potential to significantly compromise children's safety and wellbeing. The provider must ensure that the premises is always safe and secure (see requirement 1).

Arrangements for security within the setting were not well considered. There was potential for children to exit the setting unaccompanied without an adult or be unaccounted for across the day exposing them to risk of harm. Children independently left the playroom to access a separate toilet area unsupervised. This meant that children were not being supported with personal care and had the potential to leave the service. As a result, children may be at risk from avoidable harm, we raised these concerns with the manager and have made a requirement that improvement action is taken (see requirement 2).

Requirements

1. By Friday 22 August 2025, the provider must ensure children's safety. To do this the provider must at a minimum:

- (a) ensure exit points are secure at all times
- (b) ensure that effective procedures are in place for staff to carryout checks of spaces.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe" (HSCS 5.19).

2. By Friday 22 August 2025, the provider must ensure that staff are deployed effectively to support children to access the toilet area in a manner which is safe and reduces the potential risk of children to leave the setting unattended. To do this the provider must at a minimum:

- (a) ensure that children are monitored and supervised when accessing the toilets
- (b) ensure that the entrance/exit doors continues to be monitored to ensure that children cannot leave the setting unattended
- (c) further consideration on how to ensure this area is secure to reduce the potential of children from leaving the setting unaccompanied.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe" (HSCS .19).

How good is our leadership?**3 - Adequate**

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

Quality indicator 3.1: Quality assurance and improvement are led well.

There had been significant changes within the management team over a period of time. The manager engaged well during the inspection process, taking on advice and support. This demonstrated a commitment of improvement to support better outcomes for children, families and staff. Staff shared they felt supported by the manager who listened to their suggestions. As a result, staff felt confident to share ideas to support positive outcomes for children.

Families views were regularly sought from the service. Parents told us that they had opportunities to provide feedback on the development of the service, through questionnaires and being welcomed into the setting on a regular basis. Families commented positively on these opportunities, they told us "I am regularly invited to 'stay and play' sessions to see what my child does at nursery. It is great being actively involved in this and watching them play and learn" and "We had a soft start morning where we were asked for some feedback on post it's". As a result, families felt included in the service.

A collaborative approach towards quality assurances and improvement was a priority for the manager. Management and staff had identified areas for development in their improvement plan. These were areas linked to literacy, numeracy, health, and wellbeing. There were opportunities for the staff teams to reflect together. Staff were beginning to take on leadership roles and responsibilities to address identified improvements. Due to staff absence staff shared that they were unable to carry out their leadership roles to influence positive changes. As a result, staff are not consistently able to drive forward and sustain improvement.

The management team had some effective quality assurance processes in place to support improvement. Monitoring and auditing had taken place which enabled the manager to understand what was working well, however there were no areas for improvement identified to bring about positive change to outcomes for children and families, including in some critical areas of practice highlighted in this report. We discussed with the manager the importance of having clear and concise next steps for staff to support a continuous cycle of improvement (see area for improvement 1).

Areas for improvement

1. To ensure there is a strong ethos of continuous improvement which promotes the delivery of high quality practice the provider, manager and staff should:

- a) ensure children and families are meaningfully involved and influence changes within the setting
- b) ensure quality assurance, including self-evaluation and improvement plans lead to high quality care and support.

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

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

Quality indicator 4.3: Staff deployment

Children were cared for by staff who were kind. Families told us "All staff have taken the time to get to know us as a family and can all answer any questions we have" and "The staff took their time to support us in settling our child as they joined the nursery. The staff were kind, nurturing and understanding". As a result, families felt supported by the team around their child.

Although the service was working within the minimum adult to child ratio, staffing levels were not always effective in supporting high quality outcomes for children. We identified risks to children's safety as staff did not always work together or communicate effectively to ensure the environment was safe. At times, staff were task focused or not effectively deployed. For example, on occasions there was only one member of staff outdoors with a large number of children. As a result, children did not consistently experience safe, high quality care and support to meet their needs (see area for improvement 1).

Most staff were committed to offering high quality play experiences, however this was not consistent across the whole staff team. As a result, children did not always experience high quality care, play and learning. Arrangements for staff deployment at busier times of the day were not yet effective. For example, children's emotional wellbeing was not supported during the transition to lunch, this meant that some children became distressed. Staff should plan how to manage transitions positively throughout the day to ensure that children's experiences are central to decision making.

Areas for improvement

1.
To ensure that children are safe and engaged in high quality experiences, staff should work together and communicate effectively. Staff should establish positive working relationships to create a respectful atmosphere where children's wellbeing and needs are being met.

This is to ensure I have confidence in the people who support and care for me and is consistent with the Health and Social Care Standards which state that "My care and support is consistent and stable because people work together well" (HSCS 3.19) and "I experience a warm atmosphere because people have good working relationships" (HSCS 3.7).

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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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