

# Raising Little Ones Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 June 2023

**Service provided by:**  
Rebecca Lawrie

**Service provider number:**  
SP2021000211

**Service no:**  
CS2021000333

## About the service

Raising Little Ones, is a day care of children service provided by Rebecca Lawrie, from a premises based in the Stockbridge area of Edinburgh. The service can provide a care service to a maximum of 12 children up to entry to Primary 2 at any one time. Of those 12 no more than 6 are aged under 2 years.

Children attend on an ad hoc sessional basis and have use of a designated play space, small play space used for arts and crafts and a low fenced outdoor area situated in the grounds of Edinburgh Academicals Sports Ground.

The service is close to local parks, Water of Leith walkway and local amenities.

## About the inspection

This was an unannounced inspection which took place on 2 June 2023 between 9:00 and 14:30.

The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, registration information, information submitted by the service and intelligence gathered since the service began operating.

In making our evaluations of the service we:

- observed practice, daily routines and the children's experiences
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- took into account the feedback we received from 16 families.

## Key messages

- Staff interactions were kind, warm and respectful.
- Positive relationships had been built with families and the service had created a warm and welcoming ethos within the service.
- Children had good access to the outdoors, the community and fresh air.
- The provider and staff team have a clear vision and are committed to ongoing improvement.
- Experiences should be developed to provide holistic play experiences to enjoy and develop skills.
- Further processes should be developed to record chronologies in personal planning documents.
- The provider should develop meaningful quality assurances and self-evaluation processes to support ongoing improvement.

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

3 - Adequate

We evaluated this theme as adequate. Whilst strengths had a positive impact on children, key areas should be improved.

### Quality indicator 1.1 Nurturing care and support

Children experienced warm and caring interactions which supported their overall wellbeing. Where children required support through expressing their emotions with their friends staff were attentive and encouraged children to work together. This developed children's confidence and positive relationships.

Staff were respectful of children and gave children cuddles readily when these were wanted and needed. Children's individual choices were also respected during care routines. For example staff checked with children if they wanted their nappy changed or checked if they would rather have a preferred adult change them. This helped children feel secure and listened to.

Snack and lunch experiences were unhurried and relaxed. Staff sat with children during these times which supported children's social skills. Parents provided all food and children were encouraged to eat their healthier options first. This promoted good eating habits. Seating arrangements were inclusive taking into consideration children's dietary needs and staff being able to supervise mealtimes appropriately. This supported children to be safe and included.

The service did promote good sleeping habits and provided parents with information. However, while children's individual routines followed parents wishes, not all safe sleep practices were being carried out in line with best practice. For example some children were sleeping in buggies. The provider acknowledged that this was not best practice and will continue to work with parent's to ensure that children's safety and wellbeing are being met.

Children's overall wellbeing is supported through effective use of personal planning, taking account of the wellbeing indicators. Children and families are included in this process to support effective information sharing which is used by staff to promote consistency and continuity of care. To develop this further the service should ensure all relevant information is gathered and monitored for changes. Such as GP and health visitor details. This would continue to support children's overall wellbeing should any concerns arise. See area for improvement 1.

The service did not store any medication within the service. Staff were knowledgeable about children's individual medical needs such as allergies and what signs and symptoms to look for. Where medical needs have been identified staff should now document what the signs/symptoms are and how staff should support these or when to seek medical attention (see area for improvement 1).

The manager was clear about their role and responsibility to keep children safe. Staff were less confident in who they should contact should they have concerns about a child. We asked the provider to develop a more robust policy to ensure clear processes were recorded and when lead agencies may need to be contacted. We also discussed that the provider and staff should access further training to consolidate their understanding of safeguarding (see area for improvement 2).

### Quality indicator 1.3 Play and learning

As a creche facility, staff were carrying out a range of observations about children's progress and development depending on the frequency of children's attendance. They tracked children's progress and development when children attended the service more regularly and celebrated their achievements through use of online journals. We discussed that evaluating the effectiveness of these may help the service to streamline tracking. This would influence planning to include children's interests more effectively.

Staff at times were task focussed which meant that they were not available to consistently engage with children. For example, staff focussed on tasks such as nappy time, meal time and writing observations. This meant that children were not being supported to fully meet their interests or develop activities to keep children engaged. We discussed with the provider that to promote a more child-centred approach they should continue to reflect on the structure of the session to further support positive outcomes for children (see How good is our staff team? area for improvement 1).

Children had the opportunity to explore their local community through regular walks to different amenities or to the parks and local nature areas. Children also had regular access to the garden area. This supported children's physical wellbeing and curiosity about the world around them.

### Areas for improvement

1. To support children's care needs information about children's wellbeing and medical needs should be fully documented and tracked for changes and any action to be taken.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that 'My care and support meets my needs and is right for me.' (HSCS 1.19)

2. The provider and staff should seek further training to enhance knowledge of the procedures which should be followed should they have concerns about a child. This should be recorded clearly in the policy and procedure.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that 'My care and support meets my needs and is right for me.' (HSCS 1.19)

### How good is our setting?

**3 - Adequate**

We evaluated this theme as adequate. Whilst strengths had a positive impact on children, key areas should be improved.

### Quality Indicator 2.2 Children experience high quality facilities

Children were welcomed into a bright and airy play space which appeared well maintained. Children had space to play or choose one of the cosy areas which allowed children to develop independence and choice. Some consideration had been made for developmental stages for children, such as a baby swing and toys were available for the youngest children in attendance that day.

Children had some access to activities offering varying types of play. For example, a home corner, train track and baby dolls. However these were not set up which meant it wasn't clear what resources were available.

We did a walk around the play room with the provider to discuss how areas could be displayed. Provocations to play would enhance children's opportunities to explore and become engaged in different types of play. Further activities of sensory play and open ended resources would help support children's creativity, exploration and curiosity (see area for improvement 1).

General risk assessments were in place. General risk assessments were in place. However these need to be more robust to continue to keep children as safe as possible. For example, moving children between indoor spaces and the outdoor space as this was accessed through a public cafe. Risk assessments should also be developed for regular headcounts as well as specific outings experienced by children. This would further ensure children's safety and wellbeing (see area for improvement 2).

The service was visibly clean and staff practiced good hand hygiene when carrying out personal care routines and supervised children handwashing. This would be further facilitated by staff using the portable handwashing stations located in the main playroom and garden space and minimise risk of spread of infection.

Information about children was kept securely. Sensitive information was only shared with those who needed it to meet children's needs. As a result, children's information was protected and storage complied with relevant best practice.

## Areas for improvement

1. The provider and staff should reflect on best practice guidance to promote more accessible and enticing opportunities to play. This would support children to access a range of skills and development opportunities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21).

2. The provider should further develop and risk assess procedures for headcounts, children moving between spaces, outdoor and outings to ensure children are safe in their environment.

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 play outdoors every day and regularly explore a natural environment' (HSCS 1.32) 'My environment is secure and safe' (HSCS 5.17).

## How good is our leadership?

**3 - Adequate**

We evaluated this theme as adequate. Whilst strengths had a positive impact on children, key areas should be improved.

### Quality Indicator 3.1 Quality assurance and improvement are led well

The provider and staff team had a friendly and welcoming approach with children and families. All children were welcomed for settle in sessions and to speak with staff about their child's needs. Information was shared with all parents about their child verbally at the end of each session, including care routines and interests. Parents of children who attended the service on a more regular basis received information about their child's progress and development through online journals. Regular feedback has been gathered from

families to ensure the service is reflecting on parents wishes. This helped to build trusting relationships and families to feel part of the service.

16 parents responded to our request for feedback about the service. Parents were happy with the service and some commented that they valued the "flexibility" it offered families. One parent told us what they liked about the service "The environment, the nursery ethos, the teacher's loving and patient approach". Another told us they were "Very happy with the service at RLO's. I fully trust all the (staff) and my (child) loves going".

The provider and staff team were committed to the ongoing improvement of the service and had accessed a variety of training as part of peer learning. This included forest kindergarten and loose parts. There was yet to be reflection on how this impacted practice or children's experiences (see area for improvement 1).

The service is at the beginning of their quality assurance journey and we discussed the need for this to be based on outcomes for children. This included staff engagement with children and evaluating the play provision offered daily. While the service offers a sessional attendance, we discussed the importance of the need for a continuous provision so that children can benefit from a range of play experiences regardless of attendance pattern. For example there were no opportunities for sand, water or mark making on the day of inspection (see area for improvement 1).

The provider and staff had a shared vision about how the service could continue to improve. The provider engaged well during feedback and had already taken steps to change approaches to quality assurance which should continue to support positive outcomes for children.

## Areas for improvement

1. To promote a culture of continuous improvement and enable the quality of the service to be evaluated the provider should develop approaches to self evaluation and quality assurance.

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

## How good is our staff team?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

### 4.3 Staff deployment

Staff had a warm and responsive approach which benefitted children's overall wellbeing and we saw positive interactions which helped children to feel valued and included. Staff knew children well so responded appropriately to meet their needs.

Staff had the opportunity to meet regularly to share ideas and discuss any changes to the needs of children. Staff also discussed the children attending for the day so that they had a shared understanding of children's needs for the session. This meant children received consistency of care to promote their wellbeing.

Staff communicated well through the session, however much of this was task focussed. This meant that while children's care needs were being met staff were not engaged with children's play experiences. Staff should consider the routine of the session so that more time can be spent extending children's experiences. This would further contribute to children feeling included in the service (see area for improvement 1).

Staff were committed to professional development and had engaged in both peer learning and their own online learning based on their interests. Staff should now consider training reflecting outcomes for children to ensure outcomes for children are as positive as possible (see How good is our leadership? area for improvement 1).

## Areas for improvement

1. To enhance children's experiences, the provider and staff should assess the routine of the session to maximise the opportunities for staff engagement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'People have time to support and care for me and to speak with me' (HSCS 3.16).

## 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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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