

LASC Childcare Services Ltd (Bilston) Day Care of Children

Bilston Primary School
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Telephone: 01312027640

Type of inspection:
Unannounced

Completed on:
13 September 2024

Service provided by:
LASC Childcare Services Ltd

Service provider number:
SP2003003106

Service no:
CS2016346030

About the service

LASC Childcare Services Ltd (Bilston) is one of six services provided by LASC which is a voluntary organisation. The after-school club is registered with the Care Inspectorate to provide a care service to a maximum of 30 children at any one time aged from three years to S1 at secondary school.

LASC provide a breakfast club, nursery wrap around and after school care. Children from the club can also access holiday care at the main LASC premises in Loanhead.

The club operates from the primary school in the village of Bilston in Midlothian. The club have access to the dining room, playground and gym hall when it is not in use. They also use the playground and nearby park for outdoor play.

About the inspection

This was an unannounced inspection that took place on 9 September 2024 between 14:30 and 17:45 and 10 September between 10:30 and 13:30. We provided feedback to the provider, senior leadership team and the manager on 13 September 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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
- received 12 online questionnaires from families
- spoke with staff and received four online questionnaires from staff
- observed practice and daily life
- reviewed documents.

Key messages

- Children experienced kind, caring, warm staff who took a genuine interest in them as individuals.
- The service should improve and strengthen their personal planning approach for children to ensure their overall health and wellbeing needs are met.
- The indoor and outdoor environment must be reviewed to ensure play spaces are safe, well-resourced and stimulating, supporting children's curiosity, health and wellbeing.
- Quality assurance processes and self-evaluation were not yet effective in promoting continuous improvement and good outcomes for children.
- The management team had identified key areas for development that would improve outcomes for children.
- The deployment of staff was effective in ensuring positive 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

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|--|--------------|
| 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 key question as adequate. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 1.1: Nurture care and support

We observed some responsive, kind and caring interactions across the session. Younger children were collected directly from the nursery by club staff. As they walked the short route together children happily shared stories of their day. This created a safe and positive transition for the youngest children. Older children were warmly greeted by staff and their friend's as they entered the club. For example, staff asked children about their day and encouraged them to help with daily routines such as, collecting the jacket rail. The welcoming environment encouraged social connections and created a trusting environment for children. Family feedback was positive, one family commented, "They know me and my children well. Staff take time to get to know the new starts and foster relationships with them. They work hard and I feel like they genuinely care".

Snack time was an unhurried and relaxed social experience which encouraged children's choice and promoted independence. Children were free to choose when to eat, spread their favourite toppings, serve themselves and pour their own drinks. Children had opportunities to help set up for breakfast fostering essential life skills and contributed to their sense of responsibility and accomplishment. Children had started to share their snack time preferences in the floor book, which was a positive step towards actively involving and listening to their voices.

The menu offered a variety of healthy snacks and drinks that aligned with best practice guidelines. For example, fruit or vegetables were available daily and other choices included rice cakes and crackers. Children had the option of milk or water, which was readily available during the session. As a result, children remained hydrated and healthy choices were available to them.

Personal plans contained a range of information regarding children's overall wellbeing. However, these were not well maintained or regularly reviewed. For example, 'All About Me' profiles, health care plans and strategies for supporting children's wellbeing, had not been reviewed or updated in line with best practice guidelines. This resulted in outdated information that did not fully reflect children's current needs. As a result, not all children were getting the support they needed to reach their full potential. **(See Area for improvement 1)**

Family feedback was mixed about their involvement in the process. Their comments included, "These are reviewed annually, and I make staff aware if my child needs extra support. Nothing is too much trouble" and "I don't feel that there is a plan at all, just an update of my child's details, emails are sent to make updates to personal information".

The Leadership team and staff at times worked in collaboration with children, families and other professionals to support children's individual needs. For example, senior leadership attended children's individual planning meetings and key information was shared with staff to support individual children. Overall, the links with school staff were positive. To further enhance meaningful collaboration the service could develop how they effectively engage with families to support children. This will enable staff to provide consistent and effective support for every child. **(See Area for improvement 1)**

Medication was stored in accordance with best practice guidelines. Consent forms and flow charts were in place to assist staff in recognising signs and symptoms and responding appropriately in emergencies. However, these had not been reviewed in line with best practice guidance. Some inconsistencies were identified in children's individual documentation particularly regarding prescribed and administered medication dosages. We raised our concerns about medication recording and administration for a specific child with the manager, who promptly addressed the issue. Quality assurance systems and checks must be reviewed and enhanced to ensure the safe administration of medication, contributing to children's health, safety and overall wellbeing. (See Requirement 1 under section 'How good is our leadership?')

We reviewed the safeguarding procedures in place. Staff demonstrated a clear understanding of their roles and responsibilities in safeguarding children and had participated in relevant training to enhance their knowledge and skills. The policies and procedures were well-defined and aligned with national and local guidance. This contributed to keeping children safe.

Quality Indicator 1.3: Play and learning

Children were mainly happy, having fun and enjoying their time at the club. The outdoor space was accessible throughout the session and we observed children moving freely between indoor and outdoor areas. This promoted children's choice and independence. One family commented, "They do arts and crafts, games and always let children go to the park next door (with supervision). I really like the free-flowing nature of the club". Some children told us they would like to go to the woods like they used to and a few parents suggested there could be more opportunities for going out. The manager planned to increase opportunities for children to connect to the local community. This will contribute to supporting children's overall wellbeing and fostering a connection with nature.

Children at times were actively engaged in leading their play and learning. Indoors, they were involved in creative activities such as, junk modelling and drawing. Outdoors, children played football and developed imaginative games and stories. Children invited staff to join their play and staff provided support and encouragement. Family feedback was mixed, comments included, "Staff go with the children, they ask them what they want to do and create engaging activities to support their ideas". Another family told us, "Perhaps ensure the activities are varied and interactive and maybe somewhat educational". We found a limited number of resources and equipment were available to enhance children's opportunities to play, rest and relax. (See Requirement 1 under section 'How good is our setting?')

Some of children's play and learning was captured and shared with families through an online platform. While these were basic observations, they shared children's fun, enjoyment and some successes and achievements. Family feedback was mixed about children's experiences, one family commented, "I'm unsure exactly what they do, it would be nice to know more". Another told us, "They provide great feedback at pickup and communicate regularly and well through the family app". Moving forward the service should ensure a consistent approach to monitoring and sharing children's experiences. This will contribute to extending children's play and learning opportunities, while supporting children to engage in richer experiences. **(See Area for improvement 2)**

Areas for improvement

1. To support children's wellbeing, the provider should ensure personal plans are improved so that they set out clearly how children's care and support needs will be met. This should include, ensuring personal plans are reviewed with families, at least every six months or sooner depending on the individual needs of the child and ensuring strategies of support are recorded and implemented by staff.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

2. Outcomes for children should be improved through supporting staff to implement a child-centred approach to observation, planning and assessment of children's learning through play.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am treated as an individual by people who respect my needs, choices and wishes and anyone making a decision about my future care and support knows me' (HSCS 3.13).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 2.2: Children experience high quality facilities

Staff had tried to make the environment suitable following a recent change in space. The service had relocated from a community room in the school, to a large open dining hall space. Staff were in the initial stages of creating inviting areas for children to play, learn, rest and relax. One child told us, "I liked the other room better, it was quieter" while a family commented, "The setting could have a smaller room and a reading area, it's too loud". Indoor and outdoor spaces provided some opportunities for play. However, the resources and soft furnishings available to support children's learning and development were limited. For example, there were few games available and insufficient materials to stimulate children's curiosity and imagination such as, loose parts and open-ended materials. Outdoors staff interactions encouraged social conversations and imaginative stories around the picnic table. A small number of resources were available such as, skipping ropes and footballs. Despite the challenges posed by the recent move and ongoing requisition of storage for resources, the service should prioritise the development of the overall environment. This will contribute to children experiencing an environment that meets their needs, wishes and choices. **(See Requirement 1)**

Infection protection and control measures were mostly working well. The overall environment was clean and tidy. Food preparation areas were maintained and surfaces were cleaned before and after snack time. Good hand hygiene practices were in place and children were positively encouraged to wash their hands when they needed to and before snacks. As a result, children experienced a mainly clean, tidy and well-maintained environment. To minimise the risk of infection we asked the service to monitor the use of the accessible toilet.

A secure entry system was in place and working well. Registers were used for children to sign in and out of the club. Staff communicated effectively using walkie-talkies, this meant children were accounted for throughout the session. However, we identified some potential risks within the new space. For example, a door between the main exit and play space was left ajar, while a cupboard containing cleaning materials was left open. The service immediately rectified these risks. Moving forward the service must review and update environmental risk assessments to ensure children are kept safe and risks are minimised. **(See Requirement 1)**

Accidents and incidents were recorded and shared with families through the online platform. Appropriate first aid was administered. The senior leadership team had oversight of these processes and recently supported staff in completing forms. The procedures for informing families about accidents and incidents had been updated. This contributed to consistent processes and effective communication supporting children's health and wellbeing.

Requirements

1. By 15 November 2024, the provider must ensure children have access to suitable developmental resources and are cared for in a safe environment.

To do this the provider must at a minimum, ensure:

- a) Children have consistent access to a range of well-presented and well-maintained resources both indoors and outdoors which are suitable for their developmental stage.
- b) Review the equipment, furnishings, storage and spaces for children to rest and relax.
- c) Risk assessments are in place and monitoring tools support the identification of risks and hazards.

This is to comply with Regulation 10(1)(a) and 2(a), (b) (c) (d) (Fitness of premises) 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:

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21); and

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27); and

'My environment is safe and secure' (HSCS 5.17).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 3.1: Quality assurance and improvement are led well

The service fostered a welcoming environment for children and families. We recognised the challenges they faced due to recent organisational changes. For example, organisational leadership and management changes, and an increased number of children following a period of inactivity. As a result of significant changes, we suggested the service would benefit from revisiting the vision, values and aims ensuring that the views and wishes of children, families and staff were included. This would enhance staff's understanding of the service's priorities and enable them to better meet the needs of children and their families.

The service was exploring effective ways to meaningfully involve children and families in the development of the service. Staff had begun to gather and document children's views using a floor book. Children's suggestions included new activities, snack choices and resources. Feedback from families regarding their involvement was mixed, some families told us they were involved whilst others suggested they would like more involvement. The service acknowledged that further work was required to ensure children and families views were actively sought to inform improvements. **(See Area for improvement 1)**

Improvement planning and self-evaluation was at an early stage, there was limited meaningful evidence of the impact of current processes. The newly developed improvement plan had clear priorities such as, parental engagement, outdoor play and developing the environment. This should enable the service to make progress and enhance developments moving forward. Staff would benefit from leadership support to embed these into practice. **(See Requirement 1)**

Quality assurance must be strengthened to ensure effective processes are in place for delivering a high-quality service. Whilst there was evidence of monitoring and evaluation being carried out, we did not see the impact of actions that were identified. For example, the senior leadership team had audited medication and noted actions to be taken forward, these actions had not been followed up. Other areas of quality assurance which should be more robust include, personal planning, environment risk assessing and the overall quality of children's play and learning experiences; including resources available to support this. This will help to ensure positive outcomes for all children. **(See Requirement 1)**

Requirements

1. By 6 January 2024, the provider must ensure the quality of the service improves through effective and robust improvement planning and quality assurance procedures are implemented to support people's health, wellbeing and safety.

To do this, the provider must:

- a) Implement the new improvement plan which addresses key improvement priorities and the actions taken to achieve this.
- b) Develop and implement regular monitoring and robust quality assurance systems.
- c) Monitor the quality of children's personal plans, learning journals and healthcare plans, to ensure these reflect children's current health, welfare and safety needs.
- d) Ensure self-evaluation processes are developed and maintained.

e) Ensure managers develop the skills and knowledge needed to effectively lead the service.

This is to comply with Regulation 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and 4(1)(a) (Welfare of users) 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: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. To support development of the service, the provider should effectively communicate and meaningfully involve children and families with developments and improvements of the service.

This should include but is not limited to:

a) Improving communication methods with families to ensure all families are included within these processes and ensure that relevant information is shared with families timely. This will ensure all parents feel well informed.

b) Ensure views are routinely sought from children, staff and parents on aspects of the service and that these views are used to inform improvement planning.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6); and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

How good is our staff team?

4 - Good

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

Quality Indicator 4.3: Staff deployment

Overall staff deployment and staffing levels was effective and contributed to positive outcomes for children. Family feedback was mainly positive, one family commented, "Staff are easy to find, they are always with a group of children and my children can always find a caregiver when needed". Another family told us, "The staffing ratio seems very high, and all staff make an effort with the children". As a result, children's needs were mostly met by the right number of people.

The senior leadership team planned for staff absence and utilised staff from within the wider organisation when needed. To support continuity of care and support for children during the changes, the leadership team should ensure that staff in the service are allocated to that place of work. They could strengthen communication with children and families regarding changes to staffing. Family feedback was mixed, some families told us there were some consistent and caring staff while others commented they would like to see fewer staff changes and less staff turnover.

Some staff were qualified and experienced with a range of strengths. A training calendar was in place and effectively supported staffs' continuing learning and professional development. Staff were flexible across the day. They deployed themselves in spaces relevant to support children if needed. They communicated well and worked together when tasks took them away from their responsibilities, ensuring children's safety. Family comments included staff are reliable, trustworthy, friendly and motivated.

Induction and mentoring systems were in place to support new staff, staff were complementary of this and reflected on what was involved in the day. This supported new staff into the company, whilst ensuring key information, policy and guidance was shared to ensure best practice. Weekly manager meetings and fortnightly team meetings provided opportunities for all staff to share knowledge and skills, collaborate and support one another. Staff told us they were supported by leaders, one comment included, "The leadership team are very supportive around my wellbeing needs and I feel confident speaking to them and passing on any concerns". Another member of staff commented, "The manager is a great mentor and is always happy to hear staff". Staffs' wellbeing was supported by the service and 'team newsletters' shared information and supports across the organisation. For example, training opportunities such as, mental health first aid at work, competitions and the new 'let's talk' link that staff can use anonymously to raise concerns, ask questions and share positive comments. This contributed to the staff team feeling supported and valued during significant changes, fostering positive staff wellbeing.

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 assist with the development of an improvement plan the manager and staff should begin the process of service self-evaluation. This should be evidence based and include input from staff, parents and children.

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 6 December 2017.

Action taken since then

Improvement planning and self-evaluation were in the early stages. There was limited meaningful evidence of the impact of current processes. Children and families had not been actively involved or effectively informed of developments and improvements.

Therefore the area for improvement has not been met and a requirement has been added under section 'How good is our leadership?'.

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

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| 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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