

Rosemount Little Rascals Limited Day Care of Children

12 Rosemount Road
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Type of inspection:
Unannounced

Completed on:
13 November 2024

Service provided by:
Rosemount Little Rascals Limited

Service provider number:
SP2007009109

Service no:
CS2006138924

About the service

Rosemount Little Rascals Limited is registered to provide a care service to a maximum of 41 children of an age not yet attending primary school, of whom no more than 15 may be aged under 2 years.

The nursery is situated in Arbroath, Angus and is close to local amenities including parks, shops, local hospital, and beach. The nursery comprises of 4 playrooms with toilets in each room, a kitchen, office, and fully enclosed outdoor play area.

About the inspection

This was an unannounced inspection which took place on Tuesday 12 November 2024 between 09:15 and 16:15. 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 and reviewed feedback from 11 parents and carers;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- Children were happy and engaged in play within the nursery environment.
- Staff had developed positive relationships with the children and families.
- Infection prevention and control measures must be robust and fully implemented.
- Quality assurance systems should be further developed to ensure continuous evaluation, monitoring and auditing of the service to support improvements.
- Management should ensure staff deployment and supervision is effective and children and staff are safe.

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?	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.

QI 1.1 Nurturing care and support

Children were happy and settled in the nursery. They were engaged in their play and developing friendships with children from the other rooms as they played outdoors. Staff knew children well and talked about how they supported individual needs and worked with other professionals to do this consistently. This ensured children were supported well to thrive. One parent shared their thoughts about staff "Friendly, kind and so lovely with the wee ones."

Staff were kind and caring in their approach with the children. They comforted, reassured and cuddled them as they needed and wanted. Most of the staff were responsive to the children's needs, but some staff missed cues or did not respond quickly enough, for example, when a child was crying and upset, there was no check in with the child.

Information was recorded within the children's personal plans to help staff support children and meet their needs daily. This information was reviewed in line with legislation. Staff should ensure detailed information is recorded to meet children's needs and support consistency in the staff approach, for example, strategies used. Staff should also ensure that recorded information is updated routinely so that it is current and relevant to the child. All reviews and updates should be signed and dated by the parent. **(See area for improvement 1).**

Children were encouraged to be independent during their session at nursery. The older children put their coats and wellies on for outdoor play, chose where they wanted to play and with what. They served their own snack and helped set the lunch tables. The younger children were supported well by staff when they were crawling, with staff responding immediately when a child indicated they wanted to stop. The younger children also chose what resources they wanted to play with in the playroom. This supported children to develop confidence and self esteem.

Appropriate storage of medication and records was in place. Medication audits were carried out to ensure the safe management of medication and children were kept safe.

The nappy changing procedure should be refreshed with staff to ensure best practice guidance is followed. Management and staff should revisit the guidance and consider the older children's privacy and dignity, along with infection prevention and control when changing them. A step should be added to the outdoor toilet to allow easier access to the sink and toilet.

Children who required a sleep had their own bedding, cot or floor mat. Staff soothed children as they settled and were present while they slept. All staff had undertaken safe sleep training to ensure safe sleep practice was known and followed to keep children safe.

Lunchtime was a relaxed experience for children where further review should be undertaken. The older children helped to set the table with plates and glasses. They poured their milk and emptied their plates when finished. Staff should consider further opportunities for independence during lunch time for all ages and reflect on the needs of the children and how these could be further supported. Staff should consider sitting with the children and encourage conversations and model self-help skills.

QI 1.3 Play and learning

Children had fun as they played and learned. They independently chose where they wanted to play and with what toy or resource. Children aged 2-5 years spent most of the morning session playing outdoors in the garden, investigating, exploring, being curious and active. Staff joined in their play, supporting children to share and take turns where needed. They recognised and acknowledged children's achievements.

Staff knew children's interests and ensured these were supported indoors and outside. Staff interacted with the children in all rooms, with some more skilled in questioning and extending children's learning. Staff should be supported to develop their skills to support the children, their play and learning. One parent commented "I like how well my kids are getting on within the setting and how good the practitioners are with the kids".

Resources were at the children's height and easily accessible. Children independently chose the resources they wanted from the outdoor store. Indoors they transported the toys across the playrooms as they played, for example, when playing doctors with staff joining in play.

There was some evidence of literacy and numeracy across the environment. Staff and children were singing outdoors and again before lunch in two of the playrooms, books and displays were available. Outdoors, numbers and signage were placed around the garden. Staff should further develop literacy and numeracy indoors and outside.

Responsive planning approaches to children's learning continued to develop from children's interests and needs. Observations were recorded and next steps identified. These observations and routine reports were shared with parents. Staff identified the need to continue to develop opportunities for depth in children's individual learning as this could be missed and not extended.

Children made use of the nursery garden and the local community, for example, watching the trains and their favourite steam train pass by, visits to the fire station and visits from the nurse and the police to the nursery to talk about safety. Management should ensure that staffing allows for the babies to have more opportunities to access the local community.

Areas for improvement

1. To ensure children's health and wellbeing is supported and individual needs met, the management and staff team should ensure detailed information is gathered for all the children. This information should be reviewed at least every six months as is required through legislation with children, parents and carers. Parents should sign and date when plans are reviewed or updated to confirm that the information within the plans is relevant to the child and current.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15).

How good is our setting?

3 - Adequate

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

Quality Indicator 2.2 Children experience high quality facilities

Access to the nursery was secure with parents and carers ringing doorbells to gain access at the front door. A fully enclosed garden at the rear of the setting was secured with 3 locks on the gate. This prevented children leaving the garden and the public accessing from the street without the staff opening the gate. Risk assessments were in place to support children's safety throughout the nursery environment.

The nursery was spacious for the children attending with designated playrooms to allow children to move around and play unhindered.

The resources available were age and stage appropriate, meeting children's needs and interests. The service should continue to develop the environments indoors and outside as they discussed, introducing further loose parts. Children had fun playing outdoors, accessing water to wet the sand and using transport vehicles. Two children had fun as they painted a shower curtain, trying to get their brush strokes as far up the curtain as possible. Staff should ensure that the outdoors is fully resourced for the children to access during their play, for example, mud and water in the mud kitchen café.

Robust infection control measures must be maintained within the nursery, following the advice given by the Health Protection Team to minimise the spread of infection. Maintenance should be undertaken to support infection prevention and control as we discussed during the inspection. Staff knowledge of best practice guidance should be refreshed and we have signposted the service to the current guidance. **(See requirement 1).**

Staff had undertaken training in SIMOA (Safety, Inspect, Monitor, Observe, Act), a campaign to keep children safe and regular head counts were undertaken outdoors. Staff while flexible in their deployment outdoors, did not always have all the children under their supervision, or within their sight. For example, two of the younger children were in and out of the store helping themselves to resources without any staff watching what was going on. Staff should ensure that children are well supervised while supported to be independent.

Requirements

1. By 23 December 2024, the provider must ensure that appropriate and effective infection prevention and control measures are put in place.

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

- a) the nursery environment is given a deep clean;
- b) toys and resources are appropriately cleaned after use;
- c) effective quality assurance systems are put in place in relation to infection prevention and control;
- d) staff undertake infection prevention and control training.

This is to comply with Regulation 4(1)(a) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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 experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.24).

How good is our leadership?

3 - Adequate

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

QI 3.1 Quality assurance and improvements are led well

The aims and objectives of the service were in place and informed staff practice and the direction of the service.

The service communicated with parents through the private Facebook page to ensure they were kept informed and included. Two parents who responded to our questionnaire suggested a more daily sharing of information to keep parents fully informed of what their children's experiences and activities had been.

A quality assurance calendar was in place to support the quality assurance system and the improvement journey. Quality assurance systems were in place and aimed to support continuous improvement, however, these were at an early stage. Audits were carried out for some areas of the service along with evaluation. A better understanding of self-evaluation tools would support more meaningful evaluations to inform improvements. Management and staff may find 'self-evaluation for improvement - your guide' and the bite size sessions on the improvement section of the Care Inspectorate HUB helpful in developing self-evaluation and quality assurance. **(See area for improvement 1).**

An improvement plan was in place with identified priorities to support the continued improvement of the service. Consultations with parents and children, through surveys and mindmaps influenced developments within the setting.

Policies and procedures were in place which underpinned the service. Some of these should be reviewed to ensure they contain the necessary detail and follow current guidance. Adding the links to the current guidance within the policies may support staff in developing their knowledge, skills and practice.

Management should become familiar with the notifications they should make to the Care Inspectorate and the records they should keep. We signposted the manager to guidance to support this, 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

Areas for improvement

1. To improve practice and outcomes for children, management and staff should formally evaluate the service, put in place an improvement plan and develop a continuous quality assurance system to support the development of the service.

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.

QI 4.3 Staff deployment

This is a relatively new team and manager, with a mix of skills and experience. They worked well together and were respectful of each other when they communicated.

We found staff to be kind, caring and nurturing with the children they were caring for and supporting. A parent said "Friendly staff. Excellent with children". We heard staff within the rooms, communicate that they were leaving the room to undertake a task or go for lunch. This ensured there was little impact on children's support or play.

Management should consider methods to develop staff confidence when sharing key information, across the team, about children's needs and strategies to support these. This would enable staff to effectively care for children in a consistent manner.

Appropriate ratios were in place throughout the day, and the manager discussed ensuring consistency when staff needed to be moved around. Staff deployment should be reviewed to ensure that staffing levels take account of the skills mix, routines and activities across the whole day, to support effective deployment of staff and contribute to quality experiences and outcomes for children. A method of communication should be implemented to ensure staff indoors can easily make contact with staff outdoors. **(See area for improvement 1).**

Areas for improvement

1. Management should ensure enough staff are working within the service to effectively support the children attending and that their needs are met at all times. To do this they should, at a minimum:
 - a) maintain safe and effective staffing arrangements at all times
 - b) ensure staff deployment is effective for supporting consistency for children and families, and high quality outcomes

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

'My needs are met by the right number of people'. (HSCS 3.15).

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	4 - Good
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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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