

LASC Childcare Services Ltd (Rosewell) Day Care of Children

Rosewell Pavillion
Rosewell Park
Rosewell
EH24 9DN

Telephone: 01314482505

Type of inspection:
Unannounced

Completed on:
26 February 2025

Service provided by:
LASC Childcare Services Ltd

Service provider number:
SP2003003106

Service no:
CS2013322032

About the service

LASC Childcare Services Ltd (Rosewell) is one of six services provided by LASC who are a voluntary organisation operating in the Midlothian area. The setting is registered to provide a day care of children service to a maximum of 79 children at any one time aged from six months to currently attending primary school. Of those 79 no more than eight are aged under two; No more than 15 are aged two to under three and; No more than 16 are aged three to those not yet of primary school age: No more than 40 are of primary school age. School age children may only be cared for before and after school hours during term time only.

The service operates from Rosewell pavilion close to local schools, parks, and shops. The service comprises three Early Learning and Childcare playrooms, a large kitchen, and two gardens. The larger garden was undergoing redevelopment and was closed on the day of our visit. Out of School Care is provided in a multi-use hall with direct access to an open outdoor space. Toilets, nappy changing rooms, and an accessible toilet are located throughout the building.

About the inspection

This was an unannounced inspection which took place on Monday 24 February 2025 between 08:15 and 18:00. 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 of their family members.
- received 18 online questionnaires from families.
- spoke with staff and received eight online questionnaires from staff.
- observed practice and daily life.
- reviewed documents.

Key messages

Children benefited from warm and caring approaches from staff to support their overall wellbeing.

Children across the service were actively engaged in making choices, leading their play, and learning.

High-quality furniture created inviting environments for children to play, rest and relax.

Not all leaders were clear about their roles and remit.

Monitoring and auditing of quality assurance was not effective to ensure all children received a high quality of care and support.

Effective staff deployment and good levels of staffing contributed to 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

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
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?

4 - Good

Quality Indicator 1.1 Nurturing care and support

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

Children benefited from warm and caring interactions from staff. Some warm and responsive relationships had been formed which enabled children to feel safe and secure. Children received praise, encouragement, and reassurance as needed from staff, fostering a sense of nurture that supported their overall wellbeing and happiness. We received mainly positive feedback from families regarding their connection with the team. Many told us they had built good relationships with staff. One family commented, 'There are some staff who have been with LASC for a long time, I feel I have a really strong relationship with them, as do the children'. Another family told us, my children are both adored, nurtured, safe, what more could I ask for.'

Home cooked meals and healthy snacks were provided in the service and meals were cooked on-site. The menu was varied and took account of dietary needs. Consequently, food choices were varied, nutritious, and aligned with best practice guidelines.

Overall children benefited from calm and unhurried mealtimes. Children within Early learning and Childcare were familiar with the lunchtime routine, and staff actively encouraged positive eating habits while dining with them. Children were supported in self-serving food and drinks, fostering independence and responsibility. Conversations between children and staff about the food's origins created a sociable atmosphere. Children in School Aged Childcare were observed spreading their own crackers, demonstrating independence. While the chef prepared the snacks, we encouraged the service to further enable all children to participate in the preparation and self-serving of snacks. Promoting greater independence and skill development. Moving forward the service could continue to review and develop all mealtime practices to ensure staff understand the benefits and enable all children to further develop skills.

Personal planning was in place and contributed to supporting most children's wellbeing. Ongoing communication with families during daily handover chats, family meetings, informal visits, and through a digital platform ensured children's needs were met. Information gathered was documented in monthly chronologies and used to provide effective care and support for children within Early Learning and Childcare. Most families agreed they were involved in their child's care, including developing and reviewing their personal plan. One family commented, 'I am invited to review my child's chronology on a regular basis.' Another told us, 'Parents evenings have always been offered giving us one to one time with the staff, and they ask us to sign my child's file at these.' However, while plans included individual strategies to support children, keep them safe and reach their full potential, some staff did not understand or consistently use them. This was particularly in School aged Childcare. The leadership team should ensure all staff are aware of, understand and implement agreed strategies to provide consistent care and support. (see How good is our leadership, requirement 1)

Consents were in place for children who required medication, flow charts supported what actions should be taken in the event of an emergency and medication was stored effectively. However, some healthcare plans were not reviewed according to best practice guidelines. Furthermore, plans that had been updated were not accessible to staff working directly with the children. Consequently, staff lacked current information to support children's healthcare needs.

The service should implement robust auditing and monitoring of medication and ensure all staff understand and can effectively meet children's healthcare needs. (see How good is our leadership, requirement 1)

Quality Indicator 1.3 Play and learning.

Children across the service were actively engaged in making choices, leading their play, and learning. A balance of planned and spontaneous experiences indoors and in the local community fostered children's curiosity and imagination. Staff were mostly responsive to children's ideas, interests and responded to these in the moment. Younger children's voice was actively encouraged and listened to by staff. We observed staff in the baby room responding to cues for interaction with songs, this created opportunities to extend language and communication. Games supported numeracy and literacy, while arts and crafts materials encouraged their creativity. As a result, most children were confident and experienced good quality play, learning, and development opportunities. We discussed with the service providing opportunities to extend children's thinking and problem-solving through effective questioning. During a staff led play dough activity, there was potential to further develop the experience by enabling children to experiment and follow a recipe.

Planning approaches within Early Learning and Childcare were mainly child centred and responsive to children's interests. Children's play observations were used to identify ways to extend children's interests and learning. Staff should continue to develop skills in quality observations so they can show progress and inform potential next steps, supporting planning as a cycle. Playroom floor books documented children's interests and experiences, these would benefit from further development to include the outcomes of those experiences. The approach to planning for play was not consistent across the service. The service should review how Out of School Care staff gather information from children to effectively inform planning of play spaces, experiences, and interactions. This could be documented in a way that supports children's active participation. This would ensure all children are challenged, creative, and engaged in their play and learning.

Children's individual learning, progress and achievements were shared with families using an online digital platform and parent's evenings, one family commented, 'I like receiving regular updates on the Family app as it makes me feel part of their nursery/after school club journey.' Family feedback was positive about the play experiences provided to support their child's development. Their comments included, 'I get an enormous volume of "art" back from the one of my kids who loves art, they play in the various parts of the room (home corner, reading, quiet), they are always so excited for a nursery day.' Another commented, 'Opportunities are varied, and child led, the staff are excellent at coming up with ideas to encourage my child's learning and development through play.'

Children experienced outdoor play across the service at different points within the day. Some children could choose to play indoors or in the garden as room had direct access to the garden, others went for a walk in the local community. Whilst children attending Out of School Care played at the park. One family commented, 'The after school club always encourage outdoor play which I like.' Almost all families agreed their child had the opportunity to play outdoors. Their comments included, 'My child has access to the outdoor garden multiple times a day and the local environment, for example nature walks, parks, welly walks, bug hunting, flower creations outdoors. Another family told us, 'Play in the garden, in the park, going to see the horses in the fields nearby, walks around the village.'" Consequently, children experienced the wonder of nature whilst playing outdoors contributed to their overall health and wellbeing.

How good is our setting?

4 - Good

Quality Indicator 2.2 Children experience high quality facilities.

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

The setting was comfortable, homely, and well cared for. Decoration and high-quality furniture created inviting environments for children to play, rest and relax. There was plenty of natural light and ventilation. The children's play spaces were welcoming, playrooms offered children play spaces that were calm, well structured, and met their stages of development. This gave a strong message that children mattered. Children's art was displayed on the walls which helped to give them a sense of ownership over their space.

The service was sensitively structured and offered a range of play resources to support children's development and learning. Playrooms provided opportunities for younger children to explore, create, transport, build and develop motor skills. Across the service staff had created some inviting areas that engaged imagination, sparked creativity, and promoted problem-solving. We suggested further development of spaces and a review of resources including in School Aged Childcare space.

The larger of the two gardens was closed for redevelopment, leaving the service with the small garden, which limited children's play and exploration space. Some loose parts were available, children enjoyed transporting these. They enjoyed exploring water and used it a variety of ways. One child commented, 'I am trying to turn the tap on, I can fill my jug and pour it into the tray.' While some staff set up inviting invitations to play indoors, further work was needed to develop outdoor play experiences in the garden. For example, the wheeled plastic toys were too large for the area. The service should ensure there is a consistent understanding and approach to setting up the garden spaces. They should be inviting, interesting, and support children's curiosity and creativity.

Staff were confident in their practice in promoting effective infection, prevention, and control practice to ensure children's health and wellbeing. Children were familiar with handwashing and nappy changing routines; staff washed their hands throughout the day. Surfaces and areas, such as the kitchen, toilets, and nappy changing room, were clean and well maintained with appropriate storage in place. The effective practice resulted in reducing the spread of infection.

The setting was safe, secure, and well maintained. Effective systems were in place for reporting and maintaining provision and the overall environment. A secure video entry system and CCTV contributed to keeping children safe. The effective use of walkie talkies supported staff communication, this helped ensure children were accounted for across the service. Robust system was effective for collecting children after school. Children knew the arrangement for collection. Staff were well prepared and used regular register checks and head counts to make sure everyone was accounted for. We raised some concerns around practice in the School Aged Childcare element of the service that potentially compromised the health safety and wellbeing of children. This included the need for staff to take responsibly for implementing and planning around children's individual risk assessments. For example, staff carrying children's medication and having access to a first aid bag when on outings. Consequently, children's safety was potentially compromised. (see How good is our leadership, requirement 1)

How good is our leadership?

3 - Adequate

Quality Indicator 3.1 Quality assurance and improvement are led well

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

The service's vision, values, and aims were unclear. The setting's vision reflected the wider LASC organisation, not the specific service. While the manager's vision for Early Learning and Childcare centred on strong family relationships and collaboration, this was not visible across the service, particularly in School Aged Childcare. Consideration should be given to review the vision, values and aims with children and families and the wider community. This would contribute to whole service improvement, whilst all staff understand the setting's priorities in meeting the needs of children and families.

Meaningful family involvement contributed to the development of Early learning and Childcare part of the service. Examples included, menu planning, communication with families, and outdoor play. One family commented, 'I have been asked for feedback on several aspects since using the nursery and believe that they always strive to seek feedback on initiatives or ideas which is nice to be asked for. However, overall feedback regarding family views being sought to inform improvement was mixed. Some families agreed they were involved, while others disagreed. One family told us, 'I wouldn't really say we are involved we got asked once to help with fundraising but that's about it.' As a result, opportunities for all families to be actively involved in improving the service were missed. The manager would benefit from looking at creative ways to involve all families in developing and improving the service.

There was some evidence to support ongoing improvements. For example, an effective improvement plan was in place for Early learning and Childcare. The self-evaluation floor book captured ongoing improvements and the impact of these on staff practice and outcomes for children. However, not all staff across the service understood their roles and responsibilities, or reflected on their practice to ensure it is safe and effective. The lack of strong leadership, particularly in School Aged Childcare, resulted in a limited focus on quality assurance, improvement, and self-evaluation. (See requirement 1)

Quality assurance processes were in place, but not fully effective in ensuring children's overall health, wellbeing, and safety needs were met. For example, some children's personal plans, including healthcare plans, had not been reviewed and updated in line with guidance. Furthermore, key information was not always available or shared with staff in a timely manner. Staff should have access to and understand information that would provide them with up to date strategies to support children's overall health and wellbeing needs. The manager and leadership team must implement robust and effective quality assurance systems for auditing and monitoring quality across the entire service, including School Aged Childcare. (See requirement 1)

Requirements

1. By 30 June 2025, the provider must ensure children receive a high quality of care and support where there is continuous improvement.

To do this the provider must:

a) Implement regular, robust quality assurance audits and ensure effective monitoring and auditing of quality assurance processes. This must include, but not limited to ensuring children's medical information and personal plans are reviewed and updated in line with best practice guidance.

- b) Develop meaningful family engagement and ensure the views of all families are collected, analysed and lead to service improvement.
- c) Ensure roles and responsibilities of staff and leaders are clearly identified to ensure consistent and effective implementation of high-quality practice.

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).

How good is our staff team?

4 - Good

Quality Indicator 4.3 Staff deployment

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

Effective staff deployment and good levels of staffing contributed to positive outcomes for children. Children benefited from a staff team who were supportive of each other and communicated well together. Arrangements were in place at busier times of the day, such as mealtimes and during transitions. Early learning and childcare staff were familiar with most children and often supported different playrooms, and in School Aged Childcare. As a result, most children experienced consistent care and support because staff knew them and there was enough staff to meet children's needs.

All families agreed there was always or very often enough staff to meet their children's needs, one family commented, 'There are always plenty staff at handovers, if they are upset, they get comfort from a member of staff.' Another told us, 'My child tells me they can go and ask for help whenever they need it, and from what I have observed there is always a staff member helping/observing groups of children whether indoors or outdoors.'

Staff had developed positive and supportive relationships with each other. They communicated well when a task takes them away from their responsibilities. Staff worked well together to create a positive atmosphere and welcomed children and families into the service. This resulted in effective supervision, quality engagement and providing higher levels of support to children where needed.

Recent changes to staffing across the service had the potential to impact on high quality outcomes for children. Whilst some teams had developed and were working together, using their skills knowledge and experience, other teams and individual staff required more support. Feedback from some families indicated that they were not always kept informed about staffing changes across the service. Family responses to our question what could be better, included.

'All the staff are lovely, but they never introduce themselves, I really don't know the names of some of them'.

'Regular updates on any staffing changes. Sometimes there can be changes of room staff and it would be good to get an update'.

'Communication of staff members so we can put names to faces'.

Children were cared for by staff who had varying knowledge, skills and experience. Core training was delivered to staff, and the provider ensured that refresher training, such as First Aid and Child Protection was undertaken in line with requirements. This helped to keep staff's knowledge and practice up to date and supported them to develop in confidence. Staff spoke positively about recent training in relation to supporting children with additional support needs. They commented on how this was making them think more about how they approached different situations, positively impacting on their practice to provide better outcomes for children.

Induction and mentoring systems were in place to support new staff. All staff who replied to our questionnaire told us they received an induction and were allocated a mentor to support them. However, the leadership team should continue to support all staff development through reflection, effective role modelling, and training, particularly for newly promoted staff and those requiring additional support.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	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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