

## Little Flyers @ Ratho Day Care of Children

1 School Wynd  
Ratho  
Newbridge  
EH28 8TT

Telephone: 07763 029 897

**Type of inspection:**  
Unannounced

**Completed on:**  
6 March 2025

**Service provided by:**  
We Care for Children Limited

**Service provider number:**  
SP2010011353

**Service no:**  
CS2010279584

## About the service

Little Flyers @ Ratho (referred to as the service throughout the body of this report) operates a daycare of children service in the Ratho area of Edinburgh. The service provides care for a maximum of 32 children currently attending primary school. Within this maximum number, care may be provided to one young person aged 12 to 14 years. The service operates 14.15pm to 17.45pm Monday to Thursdays, 12.15pm to 17.45pm on Fridays, and 8.30am to 5.45pm during holiday periods.

The manager is also the manager of Little Flyers After School Club @ Winchburgh.

The service is based in the community centre attached to the school. Facilities used by the club include the community room and gym hall. The service also has use of the school grounds.

## About the inspection

This was an unannounced inspection which took place on Tuesday 4 and Wednesday 5 March 2025 between 14:15 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 15 children people using the service and gathered feedback from 10 of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

Most children were busy and enjoying the play experiences at the service.

Children generally experienced warm and caring approaches from staff. At times staff responded well to children needs and used strategies of support. At other times children's cues were missed.

The service must develop practice to ensure that shared access to the toilets and the unsecured front door are managed in a way which keeps children safe.

Children enjoyed the snacks at the service, these should be further developed to ensure that these are healthy and provided in a way that prevents the spread of infection.

Core training for staff, such as child protection and first aid was prioritised; to keep children safe and healthy.

Staff should continue to develop their knowledge of play to ensure that children get a rich variety of experiences which will promote their development.

## 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.

### Quality indicator 1.1: Nurturing care and support

Children and families had been involved with developing children's personal plans. These contained information which staff used to support children's wellbeing. Plans were shared with families regularly. Where children had identified needs the service had developed strategies to support children. The service should ensure that strategies of support are developed for all children to support their ongoing development.

Staff knew children as individuals and knew key information like medical and allergy needs helping to support their wellbeing. Children generally experienced warm, and caring approaches from staff, however, this was not consistent. At times staff responded well to children needs and used strategies of support, for example using hand signing. At other times children's cues were missed and this led to some children being disengaged or distressed (see area for improvement 1).

Children told us that they enjoyed snacks. Some snacks were healthy and helped children to build a positive relationship with food. Children's independence was promoted through serving and tidying up opportunities. However, there were missed opportunities for social interactions and role modelling, and current cleaning practice would not prevent the spread of infection. More could be done to support this to be a healthy, safe experience (see area for improvement 2).

The service had developed systems to support children's emotional wellbeing for example pop-up tents for children to relax in and a 'feelings check in' board. The staff should continue to develop these to help them work effectively for the children.

Positive rules for the club were displayed on the door. More could be done to support children to make positive decisions about how to behave. Similarly, when children make positive choices, these could be celebrated to help build self-esteem and self-regulation skills.

At times staff raised voices over the noise of the room to get children's attention. The service should develop strategies to get children's attention without raising voices. Staff could also consider how they welcome children into the club to highlight what is on offer for the day, to support children to be independent.

### Quality indicator 1.3: Play and learning

Most children were busy and enjoying activities. Children were curious, keen to create, and to engage in made up games with friends. For example, children were enthusiastic to use resources from the drawered craft cabinet to design and create. Children also used their imaginations well to create games like a 'gymnastics competition' in the hall. The floor book showed that the planned activity for each day was supporting children to develop new skills like baking and exploring through science activities.

Children would benefit from a wider range of resources to support them be curious, explore and build new skills. Staff should consider how to provide challenge for older children to keep them interested and enjoying

their time at the service. More focus on the adult's role to effectively engage, motivate and extend children's thinking would support this. Play resources were limited and could be set out more attractively to invite and entice children to play. Overall the quality of children's experiences should be further developed to add value to their play (see area for improvement 3).

Children benefited from daily opportunities to play outside. Staff made good use of walkie talkies to allow children to access the outdoors when they wanted. The 'kick pitch' outdoor play space provided good structured and natural facilities for children to engage in active play supporting them to stay healthy.

The service told us they planned to develop the opportunities for children's play and learning to be enhanced through links to their own and wider communities. This will support children to feel connected to their local community and build their knowledge of the wider area helping them to feel confident accessing it.

Floor books showed that staff were developing their observation skills to support them to evaluate and build on children's experiences. The service currently shared updates with families online about group experiences and plans, this could be further developed to share significant events and achievements for individuals.

### Areas for improvement

1. To promote children's overall wellbeing, the provider should develop practice to ensure that children consistently have their needs met and experience care which support them to build a positive view of themselves.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'I feel valued, loved and secure' (HSCS 3.10).

2.

To ensure children have a positive and safe eating experience, the provider should review and improve the mealtime experiences. This should include but not be limited to:

- ensuring snacks are always nutritious
- staff interactions that promote a calm and social experience
- promoting effective handwashing at key times
- cleaning systems which prevent the spread of infection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS, 1.35) and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) '

3.

To ensure that all children have high quality play opportunities which support them to have fun, learn and develop, the provider should ensure that the play opportunities offered inspires curiosity and challenge for all of the children. This should include, but is not limited to:

- ensuring that all children have access to high quality outdoor play opportunities
- indoor experiences give children a rich variety of experiences throughout their day

- consideration is given to the opportunities provided when access to areas are limited, for example the large gym hall
- core provision is routinely provided.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 to my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

## 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

The setting provided children with space to play and get involved in activities. Staff made use of the hall and outdoor space to allow children to be physically active. Children enjoyed playing with resources with their friends. Children enjoyed creating craft projects and developing imaginative games with their friends. The environment, which was leased, was generally looking tired and needing maintenance and deep cleaning to make it a respectful environment for the children (see area for improvement 1).

There were risk assessments in place for specific areas, such as the outdoor spaces and to support individuals with specific needs to stay safe in the service. Some of the risk assessments were generic and did not consider the specific risks in the service. More should be done to support the service to identify appropriate risks, reflect the practice in the service and keep children safe. For example, consider how to ensure that the use of more risky resources like sewing needles are always supervised effectively. The service does not have a secure entrance and members of the public can freely access the setting and toilets while children are in. There was no risk assessment or consistent practice in place to show how this was being managed to keep children safe. The service must review this to ensure that children are safe (see requirement 1).

### Requirements

1. By 1 May 2025, to keep children safe, the provider must demonstrate how they will keep children safe in the setting, which is open to the public. To do this, the provider must, as a minimum:

- a) develop risk assessments and practice which will ensure that members of the public do not have unsupervised access to the children
- b) develop risk assessments and practice to ensure that children cannot leave the service unsupervised
- c) review security measures to ensure that staff are alerted to members of the public accessing the areas of the building which they use.

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) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

## Areas for improvement

1. The service environment should be maintained to ensure that it provides a respectful environment for children. This should include, but is not limited to:

- repairing and repainting chipped and damaged paintwork
- cleaning the playrooms and toilets effectively
- repairing or replacing damaged equipment.

This is to ensure 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.

### 3.1 Quality assurance and improvement are led well

The service shared their vision values and aims with families helping them to feel involved in the service. Families were consulted about their experiences. The service shared how they used feedback in the foyer on a 'you said, we did' display helping families to see that their feedback is valued. Families were often in the service and able to see the quality of children's experiences, this helped them to give informed feedback on their child's experience.

Children told us they were consulted about snacks and activities. Floor books showed how this feedback was used to plan activities and menus. This helped to build children's confidence in sharing their views. The service should continue to develop this, for example, as the service had identified, by developing a committee for the children.

There were systems in place to review and develop the service. We saw that these were being used regularly to develop the service and their practice, which would support them to improve. Staff were involved in reviewing and developing practice with managers. These systems were not yet effective in addressing some of the issues which have been identified on this inspection. For example, a review of snack last year had highlighted infection prevention and control issues, which have not yet been addressed. The service should now develop systems to ensure that they monitor and take action to progress any identified improvements (see area for improvement 1). We shared some online resources which would support the service in developing this.

## Areas for improvement

1.  
To further develop the quality of the service and enhance outcomes for children, the provider should ensure that quality assurance processes, improvement planning and self-evaluation are further developed and embedded. This should include, but is not limited to developing:

- quality assurance processes to ensure that they identify risks and develop actions to keep children safe

- improvement planning to include measurable outcomes, monitoring progress and impact to support positive outcomes for children and families.

This is to ensure that care and support is consistent with 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

Staffing levels were appropriate to support children's wellbeing. Staff had built positive relationships with children and each other, communicating well to provide care and support. One staff member had been trained in signing to support children's communication needs. Children were confident to approach staff with requests for support. Staff missed many opportunities to engage with children in fun interactive play to support them to develop new skills, provide challenge and enhance children's experiences. Moving forward, staff need to be supported to ensure that children are consistently provided with high quality engagement (see area for improvement 1).

A clear induction process and mentoring support was in place to support new staff to develop their knowledge about their role within the service. The process could be further developed by identifying skills gaps and recording clear actions for staff to complete within realistic timescales. This will support the service to formally address gaps in practice. This should help staff members to have a clear plan to develop their skills to contribute to better outcomes for children. The service could also consider developing more regular formal one to one support on completion of induction to continue to support practice improvement.

Core training for staff, such as child protection and first aid was prioritised; to keep children safe and healthy. Although staff had completed food hygiene training this should be revisited to ensure that appropriate infection control measures are used during mealtimes. Some staff had received training in play types, play principles and schematic play, the impact of this training was not evident during the inspection. Collectively, staff experience and knowledge in relation to how children learn through play was limited (see area for improvement 1). Training around play types and principles, infection prevention and control, food hygiene, and identifying and reducing risks should be a focus in the service. Monitoring should be implemented to ensure that the training has been effective.

Arrangements for staff deployment at busier times of day were not yet effective. At times, staff focus was on completing tasks, which meant that children's needs were not being met. The service should continue to plan how staff should manage different tasks and times of the day to ensure that children's experiences are central to decision making (see area for improvement 2).

### Areas for improvement

1.  
To ensure that children have consistently high quality experiences, the service should develop staff understanding of supporting play through planning, resourcing and quality interactions.

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



state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) and 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31).

2.

To ensure that children have consistently high quality experiences, throughout their time in the provider should review the effectiveness of staff deployment across the service. This should include, but is not limited to:

- ensuring that all staff including those in leadership roles have the right skills and experience
- busier times of the day are planned for
- children's needs are central to decision making
- physical aspects of the service are considered in deployment decisions.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that as a child: 'People have time to support and care for me and 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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.