

Happy Days - Dalkeith Day Care of Children

127 High Street
Dalkeith
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Type of inspection:
Unannounced

Completed on:
1 May 2025

Service provided by:
Genesis (J & T) Limited

Service provider number:
SP2010011218

Service no:
CS2010274508

About the service

Happy Days Dalkeith is registered to provide a care service to a maximum of 137 children under the age of 12 years of whom 42 children may be under the age of three years. A maximum of 60 primary school age children will be cared for at the Masonic Lodge, 129 High Street, Dalkeith.

The service is provided from a detached Georgian house in Dalkeith, Midlothian. The premises provides playrooms over two floors, toilets, and nappy changing areas, two soft play/multi-sensory rooms, kitchen, staff room and office space. The building is surrounded by three enclosed outdoor play areas.

The school aged children use the Masonic Lodge, next to the nursery property. The premises provides a large hall, access to a garden area, toilets and kitchen facilities.

About the inspection

This was an unannounced inspection which took place on 28 April 2025 between 9:30 and 17:15. 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 older children using the service
- reviewed comments made by eight parents through our digital questionnaire
- spoke with staff working in the service on the day of our visit and the service provider
- observed staff practice and experiences for children
- reviewed documents.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met.
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Staff interacted warmly and respectfully with children, contributing to them feeling secure and valued.
- Support strategies which had been developed for individual children needed to be followed consistently.
- Policies and procedures for the administration of medication needs to be embedded.
- Nursery children were cared for in warm, welcoming and attractive environments.
- The environment and experiences for school aged children needed to be improved.
- The staff and management team were committed to the continuous improvement of the service.

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?	4 - Good
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

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

Quality indicator 1.1 - Nurturing care and support

Across all age groups children received warm, nurturing and responsive care from staff. This was particularly evident for children under the age of three years who had formed strong bonds with staff, which enhanced their sense of confidence and security. Relationships and responsiveness to children in the 3-5's and of school age could be further developed to ensure that staff were observant enough to be responsive to children's needs.

Children's health, wellbeing and development was supported by a range of information that had been collected by staff to help them meet children's needs. We refer to these as personal plans. Personal plans had been developed to take account of good practice guidance such as Getting it Right for Every Child (GIRFEC). Overall plans were up to date and well maintained by staff to ensure that children's individual care needs were met. Where there were gaps these had been identified through the auditing process.

Staff had worked collaboratively with parents and other professionals to help them develop strategies of support tailored to children's individual needs. However, there was still inconsistency from staff regarding the use of these strategies. This resulted in staff being unable to fully support children and assess if a strategy was working or if it needed to be adapted to ensure positive outcomes. We have re-stated a previous area for improvement from the last inspection report (see area for improvement 1.)

Children enjoyed eating together in an unhurried and relaxed atmosphere, ensuring a caring and positive social experience. Staff recognised mealtime as a valuable opportunity to promote attachment and develop independence. Staff sat with the younger children so they could offer support and encouragement and respond immediately should an emergency, such as choking, occur. For children aged 3-5 years staff should ensure that a good level of support is given to children when were eating outdoors. During the inspection, food choices for nursery children were nutritious and reflected current guidance, with options tailored to children's individual cultural and dietary needs. We asked the manager to review the procedure and provision of food and drink at snack for the school aged children. This was to encourage children to have a drink with their snack and ensure that food was appealing and nutritious. This would encourage children to learn about hydration, healthy eating and provide further opportunities for children to be included in the preparation of snack.

Children's health and wellbeing was well promoted through the access to outdoor and physical exercise. Staff understood the benefit of outdoor experiences for all age groups and children were able to play outdoors for significant periods of time. Nursery aged children had good opportunities for planting and growing. Activities around using herbs and vegetables, which children had grown, were regularly provided and children enjoyed learning how to nurture and take responsibility for the plants. All age groups had opportunities to use their local community spaces and school aged children had taken part in interesting and varied outings during the holiday club.

Procedures were in place for the safe administration of medication. Some changes had been made to the recording procedures and these needed to be fully embedded to ensure that auditing and recording was

complete. This included where medication had been administered and the reviewing of long term medication as per the current good practice guidance 'Management of medication in daycare of children and childminding services.' Care Inspectorate August 2024 (see area for improvement 2.)

Quality indicator 1.3 - Play and learning

Children under 2 years benefitted from play experiences which were responsive to their stage of development. Playrooms provided interesting places to play with cosy spaces, good use of real life and natural materials and sustained opportunities to use sand, water, mark making and role play. The outdoor area for this age group was attractive and well resourced. Children enjoyed being able to climb and practice those physical skills. Staff sat and read books with children and there was a good understanding of the benefits of outdoor experiences for this age group.

Planning for play experiences for children under 2 years needed some adaptation to ensure that it was firmly based on responsiveness to children's ideas and interests. Where staff introduced intentional learning topics care should be taken to ensure that they are appropriate and well planned.

Children aged 2 - 3 years were involved in leading their own play. This was supported by play environments indoors and outdoors which provided a good range of learning opportunities. Children were having fun and were well supported by staff in their activities. The planning of activities for this age group clearly reflect children's interests and identified next steps in learning.

Children aged 3-5 years played outdoors for the day. Although they had the freedom to choose to come indoors this could be better facilitated by staff to ensure that children know they have the choice. Many children were busy outdoors and leading their own play. Less confident children were not as engaged and needed more targeted support from staff. There was a planning system in place to reflect the learning outcomes for children. This process should be further developed to ensure that evaluations were completed consistently.

Play experiences for children of school age needed to be further developed to ensure that they were varied, exciting and enjoyable. Planning of activities needed to be in more depth and identify the skills, or experiences provided.

Children's learning and development was tracked using a number of tools including those provided by the local authority and the My Learning Profile. The leadership team should continue to build on staff skills to carry out good quality and meaningful written observations for planning and for the tracking of development.

Areas for improvement

1. To ensure that children receive high quality support. Staff should develop support plans for all children who need them. These plans should be developed in agreement with parents and monitored and evaluated to ensure that they have a positive impact on children's development and progress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me.' (HSCS 1.14).

- 2.

Children's health and wellbeing should be supported by fully embedded medication policies and procedures which reflect current good practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me.' (HSCS 1.14).

How good is our setting?

4 - Good

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

Quality indicator 2.2 - Children experience high quality facilities

Across the main nursery work had been carried out to enhance and refurbish areas of the building. The playroom environments for children under 5 years provided pleasant and well organised places to play. Work was continuing to improve the quality and quantity of some resources which would enable further improvements to play opportunities.

The environment used by school aged children was based in the Masonic Hall, next to the main nursery. The layout of the premises needed to be significantly improved as it was uninviting and did not value children's right to play in a well organised, attractive and well resourced environment. We highlighted this to the provider at the time of the inspection and work was carried out immediately to support staff to recognise good quality environments for this age group. We have asked the manager and provider to ensure that this improvement is sustained.

The nursery benefitted from extensive and attractive outdoor play spaces. The youngest age groups had a dedicated space which was surfaced and resourced to enable them to play outdoors in most weathers. Having their own play spaces enabled younger children to play safely and take risks appropriate to their age. Children aged 3-5 years had extensive space at the back of the building. This provided a range of play surfaces and many types of play opportunities which enabled children to engage in appropriately risky play to help them understand and develop their physical capabilities.

There was an outdoor space for school aged children. Children told us that they did not often go out there to play but they did go on outings on a Friday, which was a longer session. On the day of our visit staff were not organised for outdoor play. They had not ensured the area was properly checked, as per the service risk assessment and the area was not set out to provide an attractive or exciting place for children's play. The range of outdoor resources did not provide excitement or engagement and needed to be improved.

There was a good approach to infection prevention and control. Staff were aware of good hand hygiene procedures and actively encouraged and supported children to carry out good handwashing. Toilet areas and nappy changing facilities were kept in good order over the day to ensure that they remained clean for children to use. Food storage and hygiene procedures in the nursery were suitable. We asked staff to improve food storage in the school aged childcare kitchen.

Children's personal information was stored safely in files or within password protected online apps. Staff were aware of the importance of confidentiality and only information that was needed to enable staff to meet care and support needs was shared.

How good is our leadership?**4 - Good**

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

Quality indicator 3.1 - Quality assurance and improvement are led well

The provider, manager and staff engaged well in the inspection process. They were keen to discuss and share the improvements that had taken place since our last full inspection. They were responsive to suggestions made during the inspection which would help them continue to improve the service and outcomes for children and families.

A statement of the vision and values for the service was in place. This helped to outline a clear and shared direction for the service. A quality assurance calendar kept management and staff on track with the monitoring and evaluation of the service. Some improvement was needed to auditing processes to ensure that they were meaningful, resulted in accurate recording and the identification and addressing of potential gaps.

Quality assurance systems were in place and were supporting improvements within the setting through regular evaluations, observations and discussions with staff. Tracking of the improvement journey could be seen within the self-evaluation floorbook and an action plan was in place which identified the service improvement priorities.

The provider described the work planned to include and inform parents of the improvement journey. Parents were welcomed into the service and had opportunities to receive feedback about their child's experiences. However, parents who responded to our questionnaire indicated that some aspects of communication with them could be more in depth and consistent.

Staff in the nursery had clearly used the voice of the child in the development of the play spaces and the continuing improvement of the play experiences. More opportunities for school aged children to genuinely influence their experiences were needed.

Management encouraged and supported staff to become knowledgeable and confident in their use of best practice guidance and theory, for example, schemas, pre-birth to three and nurturing approaches. Staff were beginning to embed this knowledge in their practice but this was not consistent across all age groups. There was an effective professional review process and we have suggested that professional practice and updating knowledge could be further linked to this to ensure the continuous development of professional practice.

Policies and procedures were in place which underpinned the service and supported staff practice. The management team should ensure that these are reviewed regularly to ensure they remained current and continued to follow best practice guidance.

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 areas for improvement.

Quality indicator 4.3 - Staff deployment

Staff were warm, welcoming and most confidently discussed their roles and responsibilities. A parent told us "It is great to be able to trust all the staff in the service and to have a bond with them." There was a suitable mix of experience, knowledge and skills within the staff team which was taken into consideration when staffing the rooms to meet children's needs.

Overall, staff worked well together as a team and communicated with each other when leaving rooms to ensure consistency in children's care, play and learning. Staff talked positively of their induction and mentoring within the setting. The induction process had been improved to take account of the National Induction Resource and provided an in depth process to ensure that staff understood their roles and responsibilities.

Adult to child ratios were met throughout the inspection with additional staff present in playrooms to meet children's individual needs. Leadership roles had been created within each age group to support staff and role model professional practice. The deployment of nursery staff was flexible, with staff moving between environments to ensure that children were well supervised. We discussed the need for the staff working with school aged children to consider overall staffing to ensure that children could play indoors or outdoors if they wished.

Staff who responded to our questionnaire indicated that there was a positive ethos in the service and that overall, they were happy in their role. During our inspection staff were at all times respectful towards children. To strengthen the staff teams further, work could be carried out to ensure that staff were respectful of each other and valued each others different skills and capabilities.

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 ensure that children receive high quality support. Staff should develop support plans for all children who need them. These plans should be developed in agreement with parents and monitored and evaluated to ensure that they have a positive impact on children's development and progress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me.' (HSCS 1.14).

This area for improvement was made on 7 November 2024.

Action taken since then

Personal planning had been improved. All children had some information which was held as part of their personal plan. However, there was some missing information for children of school age. Where support strategies had been developed these were not always being consistently followed.

This area for improvement was not met and has been re-stated again in this report.

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?	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?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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