

Lothian Autistic Society Edinburgh Daycare Day Care of Children

39 Baileyfield Road
Portobello
Edinburgh
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Telephone: 01316 613 834

Type of inspection:
Unannounced

Completed on:
7 August 2025

Service provided by:
Lothian Autistic Society

Service provider number:
SP2003002777

Service no:
CS2007156209

About the service

Lothian Autistic Society Edinburgh can provide a care service to a maximum of 60 children/young people aged between 5 years and 18 years at any one time. Of those 60, a maximum of 8 children aged between 16 and 18 years may be cared for until they leave school.

The service will operate as follows:

Term time: Weekday evenings between 4pm to 9pm

Saturdays between 9am and 4pm.

School holidays:

Monday to Friday between 9am and 4pm.

Adult:child ratios will be a minimum of:

3 years and over - 1:8 if the children attend more than 4 hours per day, or 1:8 if the children attend for less than 4 hours per day, or 1:10 if children attend less than 4 hours per day.

If all children are over 8 years old and over 1:10.

The manager is also the manager of Lothian Autistic Society in West Lothian (CS2003011786) and Lothian Autistic Society Support Services (CS20173536070).

During times when the other buildings are not available the service may be provided from St. Crispin's School, 1 Burdiehouse Crescent, Edinburgh EH17 8EX. During the easter and summer school holiday periods, 45 children may be cared for from Prospect Bank School, 81 Restalrig Road, Edinburgh EH6 8BQ and 30 children may be cared for from Bright Sparks S C I O, King George V Park, Bonnyrigg, EH19 2AD.

About the inspection

This was an unannounced inspection which started on Wednesday 23 July 2025 at Brightsparks, Bonnyrigg between the hours of 11:20 and 15:00. We also visited Prospect Bank School on Wednesday 6 August 2025 between the hours of 09:45 and 14:00. One inspector from the Care Inspectorate carried out this inspection.

To prepare for the inspection we reviewed information about the service. This included previous inspection reports, information submitted by the service and intelligence gathered since registration.

In making our evaluations of the service we:

- observed children using the service and received feedback from eight parents
- spoke with staff and management
- observed practice and daily routines
- reviewed documents relating to children's care and the management of the service.

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

- Two areas for improvement from the last inspection had been met. As a result, children experienced high quality play opportunities which supported their development.
- Another area for improvement from the last inspection had been met which further reduced the risk of infection spread to children.
- The quality of staffing meant that children were content, safe and joyful.
- The service demonstrated very good capacity to reflect on and evaluate aspects of the service. This contributed to continuous improvement 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?	5 - Very Good
How good is our setting?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 1.1: Nurturing care and support

Children were nurtured and supported through their daily routines by respectful and compassionate interactions with staff. For example, staff listened to children and asked their permission in the delivery of their care. Children's emotions and experiences were validated, which contributed to them feeling loved and valued. Staff were patient, moved at each child's pace and were in tune with the child they were supporting. This empowered children to make decisions about what they wanted.

Children were comfortable and happy as routine tasks such as personal care and mealtimes, were centred around their needs and preferences. For example, children could choose to sit together during a sociable mealtime or eat elsewhere to suit their own wishes. Furthermore, children's dignity and privacy were protected as personal care tasks were managed discreetly.

Staff knew children well as the personal planning process was detailed and used daily. Parents provided up to date information prior to each holiday programme to ensure continuity of care with home. Secure partnerships with other agencies ensured information was shared so children got the service they needed. As a result, children were sensitively supported to flourish within the service. A parent confirmed this, saying, "Managerial staff are so keen to understand how they and their staff can specifically meet the kids needs to the tee!".

Children's medication and health needs were managed effectively to keep them safe and healthy. Staff had access to information which was sufficient to guide them when needed. To further secure the management of health needs, the stepped approaches should be consistently robust. For example, if emergency services may be needed, this should be added to the plan.

A parent highlighted what the service meant to their whole family, saying "This service saves our family every summer, we would be totally lost and struggle without it as it provides the structure my child desperately needs and in a really fun and supportive way".

Quality indicator 1.3: Play and learning

Children were having fun as they experienced a range of quality play, learning and development opportunities. They could take their time and explore the resources, in whatever way felt right and interesting for them. For example, some children spent long periods of time with specific resources. Staff recognised the need for repetition and sensory feedback and often provided a verbal commentary for children. This validated their play and added language to their activities. A parent said, "Child feels safe and has the opportunity to participate or not in the activities for the day, no demand on child if not in the mood".

A range of life skills were being practiced continuously throughout each day. For example, making social connections with other children and adults, as well as through activities such as self-care and baking. Staff recognised and responded sensitively to enable social interaction and play with other children. As a result, children made new friends and connected with their peers.

Children were able to flow in and out to the garden throughout the day. This again contributed to their ability to meet their own needs by deciding where they wanted to spend time. They were physically active in the fresh air and natural environment.

Use of the local community was limited as staff were getting to know a lot of new children to the service. As a result they used local parks close to the service. As an alternative to trips, planned visitors to come into the service to offer variety and new experiences. For example, music groups and animal handling experiences. Children engaged in these experiences with joy and curiosity.

Overall, play experiences and opportunities had improved since the last inspection as staff showed enhanced understanding of their role in promoting and extending play. This empowered children to take the lead or try new things. The quality of play experiences was also consistent across the day allowing children to have continuous access to opportunities.

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 2.2: Children experience high quality facilities

Children were welcomed into a comfortable and homely environment which was child-friendly with lots of space. Each child knew where their belongings were and had a base room to go to for continuity and familiarity. Overall, children had enough space to meet their own needs. They could rest, be active, play alone or with friends. Children looked comfortable and happy to be there.

The setting and equipment were safe, secure and well-maintained. High gates and secure doors slowed the movement of children, as did the close supervision by staff. Further safety measures had been enhanced when visitors were entering/leaving the garden to reduce the risk of children leaving the premises. Infection, prevention and control measures were in place with some accommodations made for individual preferences. For example, staff were promoting and enabling handwashing, however for some children wipes and gel were the best options. A parent said, "I feel my child is safe and secure. I know if there is anything that needs to change or isn't working for my child I can count on the team to accommodate as best as they can".

The indoor and outdoor settings were developmentally appropriate spaces, offering fun, restful and stimulating experiences for children. For example, sensory rooms, a large play space, a soft play and rest areas provided a range of opportunities. Resources were set out for children to see what was available for them to use, such as role play, construction, loose part materials, art and games.

The outdoor space was large with different areas to enjoy, including grass and equipment for large movement, such as a climbing frame and swings. Play areas were attractive and interesting to spark children's curiosity.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 3.1: Quality assurance and improvements are led well

A shared commitment and drive to ensure children had the best time possible in the service was evident. The core values of acceptance, empowerment, respect and enjoyment were demonstrated through staff practice. This meant that the service reflected the wishes and aspirations of the families they worked with. A parent summarised the benefits for their child, saying, "Life experiences, life skills, confidence, friendship, ability to go out and about, socialising, feeling safe happy and not judged, and a break from everything else".

Children and families were involved and influenced change within the service. Staff continuously used information they held about children and responded to cues to meet individual needs and preferences. A parent said, "Every term we are sent a visual email displaying what will take place that week, with times and breaks included. This is perfect for my child with autism". A whiteboard had been introduced to help staff capture in the moment requests from children, as well as keep track of the ongoing maintenance of resources. Parents were invited to feedback after each holiday programme and this was used to inform future plans. This recognised parents as expert partners in the service.

Improvements had been made since the last inspection, specifically around the play experiences and opportunities for children. Best practice and national guidance were used to inspire the development of audits and observation records. These were then used to reflect on practice and identify improvements. A holistic evaluation of play took place so strengths and barriers could be identified and addressed. For example, enhancing staff confidence in being creative when they get limited feedback from the children. As a result, children experienced a more enhanced service.

A more robust approach to quality assurance demonstrated the teams capacity for continuous improvement. A quality assurance policy was being developed, which could help processes to embed over time. Further improvements were already being identified and planned for to ensure children and families continue to receive a high quality service.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 4.3: Staff deployment

There were enough staff to meet the needs of children in attendance. Most children were allocated staff on a 1:1 basis based on the level of their safety and care needs. This was assessed and planned for prior to children attending. Management understood the importance of this process to ensure staff were supported and children received a quality service. A parent said, "Play workers were so well-matched to our kids, any issues were quickly resolved and they all worked so hard to give our kids a great, supported experience". Extra staff were available to support when needed and provide cover during staff breaks. This was essential to refresh staff over a period of time. Staff absences were managed through the provision of additional staff who the children were familiar with.

Children benefited from staff using their initiative and deploying themselves where appropriate. For example, when situations needed an immediate response from more staff. Radios were used to communicate with each other and respond to developing situations quickly. As a result, children were safe and attended to.

Staff were inducted to their role through training, mentoring and shadowing opportunities. This allowed them to build experience while being supported. The team was structured with clear lines of reporting and support. Lead staff were present and available when additional experience and skilled practice was needed. This provided opportunities for support staff to be mentored and guided daily. Ongoing training was also planned to expand staff knowledge and skills. For example, child protection training and exploring the adult role in play had been delivered. The impact of play training could be seen in the enhanced play experiences for children.

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 enhance the quality and range of children's play experiences, the provider should as a minimum:

- provide mentoring for staff to use their knowledge and understanding of supporting children's play;
- provide a range of stage appropriate resources to enable and entice children in play, including catering for their specific interests.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: '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 '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 resources' (HSCS 1.31).

This area for improvement was made on 5 July 2024.

Action taken since then

Improvements had been made to the quality and range of children's play experiences through:

- refreshing the organisations play policy to embed a cohesive approach to play
- the delivery of bespoke play training to provide staff with insight, reflection time, inspiration and practical ideas for play
- lead staff spent time modelling and guiding in the moment experiences
- play audits and observations were being introduced to monitor and reflect on practice with staff
- a wider range and more intriguing set-ups were on offer to engage children and staff in play
- a whiteboard was added to the venues to enable staff and children to capture current interests which were added to the programme where possible.

As a result, children were more engaged and curious while staff were proactive and interactive.

This area for improvement has been met.

Previous area for improvement 2

To contribute to children's health and safety, the provider should ensure effective infection prevention and control measures are consistently used. Particular focus should be after using the toilet, before and after food and when returning from outdoor play.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 5 July 2024.

Action taken since then

Improvements had been made to ensure infection prevention and control measures contributed to children's health and safety. Visual reminders were placed around the setting as reminders for staff. The induction for staff had been enhanced to ensure there was a sufficient focus on infection prevention and control. As a result, staff were noticeably more vigilant to the importance of handwashing at relevant points throughout the day.

A hygiene audit was introduced for ongoing monitoring of this improvement and continues to be a work in progress.

This area for improvement has been met.

Previous area for improvement 3

To ensure children consistently receive a quality care, play and learning service, the provider should implement a range of quality assurance processes which lead to improvements for children in, but not limited to:

- medication management;
- play experiences and opportunities;
- environments which support various stages of development.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that; 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and '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 5 July 2024.

Action taken since then

Improvements had been made to quality assurance, which ensured children received a consistently high quality service:

- play training improved the quality of play spaces and the resetting of these throughout the day
- informal monitoring by the leaders, allowed continuous quality assurance and in the moment

improvements

- a range of formal audits and observation records were introduced to identify strengths and areas for development, specifically in play and medication management
- further work is happening on play risk assessments to ensure continuous provision for all children.

This area for improvement has been met.

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?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very Good
How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very Good
How good is our leadership?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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