

Rosemount Lifelong Learning Day Care of Children

The Former Roystonhill Recreational Centre (Blue Roof)
15 Forrestfield Street
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Glasgow
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Telephone: 01415 523 090

Type of inspection:
Unannounced

Completed on:
28 May 2024

Service provided by:
Rosemount Lifelong Learning

Service provider number:
SP2003001270

Service no:
CS2003005909

About the service

Rosemount Lifelong Learning Nursery is a charitable service provided by Rosemount Lifelong Learning.

Rosemount Lifelong Learning Nursery is registered to provide a care service to a maximum of 54 children not yet attending primary school at any one time. No more than 9 are aged under 2 years; no more than 15 are aged 2 years to under 3 years; no more than 30 are aged 3 years to those not yet attending primary school full time

The service is located in the north east of Glasgow close to local amenities such as parks, shops and schools. The children are accommodated within two large playrooms and separate dining/multifunction area. Babies will be accommodated within a new baby room which is located within Rosemount Lifelong Learning Adult education centre. At the time of the inspection no babies were using the room as they were still settling children in. All children have direct access to an outdoor area.

About the inspection

This was an unannounced inspection which took place on Thursday 23 May and Tues 28 May. 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
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- received feedback from parents/carers

Key messages

- Children were happy, confident and settled in the service.
- The setting was comfortable, spacious and welcoming for children.
- The service should continue to review child protection procedures.
- Children should have more free flow access to the outdoor spaces.
- Staff had positive relationships with children and families.
- Management should develop quality assurance processes to include children.
- The management team were friendly, visible and approachable.

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, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Staff were warm, kind and nurturing in their approach with children and knew the children well. Children were happy and confident within the setting and obvious friendships had been formed. One parent commented, 'The confidence my child has since starting at this nursery is night and day.' Children were affectionate with staff and engaged well with them. Children's personal care needs were carried out in a discreet manner which supported their privacy and dignity.

Mealtimes were a relaxed, unhurried and sociable experience for children. Some staff sat with children for periods of time, having conversations about their day. Older children had the opportunity to develop independence and life skills through self-serving, which they did with confidence. Some staff were task oriented and this meant that some children did not benefit from having staff sit with them. We discussed with management the importance of staff being able to sit with children throughout the meal to support their safety and social skills.

Personal plans were in place for all children, which helped to support their wellbeing. These were created in partnership with parents, which helped to promote a continuity of care for children. Relevant information was included in the plans to enable staff to meet children's individual needs. Not all of the information in the plans was held together. We discussed with management that they should streamline plans to make all information easily accessible. Plans were regularly reviewed and updated with parents to ensure children were receiving care which met their current needs. The service had positive working relationships with outside agencies such as health visitors and speech and language therapists, which supported positive outcomes for children.

Staff had attended child protection training and were confident in following the correct procedures. Some staff expressed concerns regarding child protection issues being taken forward. We reviewed the procedures followed and found that child protection concerns had been identified, recorded and reported to relevant authorities. Outcomes for these concerns were not always recorded which meant the service did not always have the necessary information to support children's care. We discussed with management that they should monitor and audit child protection records to ensure all outcomes are recorded. This was previously part of a requirement and will now be an area for improvement, **see area for improvement 1**.

We reviewed the procedures for storing and administering medication and found that medication was stored and administered in line with best practice guidance.

Quality indicator 1.3: Play and learning

We observed children having fun and being engaged in their play and learning. Children experienced a balance of spontaneous and planned activities and had opportunities to lead their own play and learning. We saw that children had access to a variety of play experiences including action songs, sand play and construction. On the day of our visit we saw children having fun as they were invited to practice their graduation songs. Staff praised and encouraged children, supporting their confidence and enjoyment.

All children had the opportunity to access outdoors during our visit. When outdoors they had the opportunity to participate in a variety of experiences including rolling tyres down the hill and making mud pies in the mud kitchen. On the first day of our visit children did not access the outdoor areas until the afternoon. We discussed with management that children would benefit from a more free flow approach to outdoors which would support their independence and right to choose where and when to play (**see area for improvement 2**).

Some play experiences offered to children provided opportunities to develop numeracy, literacy and language skills. For example, colour sorting games and singing graduation songs while using Makaton, a communication tool which uses signs, symbols and speech to support communication.

Planning for children was still in the process of being developed and a new method had recently been introduced. Staff delivered experiences for children based on their interests, and staff used observations to establish their interests and individual learning needs. Learning and development targets were identified and tracked to establish children's progress.

Learning journals were available online for parents to see. These contained observations of children's learning, and clear links could be seen between next steps and progression in children's learning and development. As planning formats were new, the service should continue to review and reflect on these, and document children's group learning as planned in floor books. This would allow children to revisit and evaluate their learning.

Areas for improvement

1. To ensure children are safeguarded, the provider should ensure effective systems are in place to review and audit chronologies and child protection records and appropriate actions have been taken.

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

"I am protected from harm, neglect abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 1.20) and

"I am listened to and taken seriously if I have a concern about the protection and safety of myself or others with appropriate assessments and referrals made" (HSCS 3.22).

2. To support children's play and learning management and staff should improve children's access to outdoors to ensure they can freely access outdoor play when they choose.

This is to ensure that care and support is consistent with the Health and Social Care Standards:

1.25 I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.

1.32 As a child, I play outdoors every day and regularly explore a natural environment.

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

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality indicator 2.2: Children experience high quality facilities

Children were cared for in an environment that was bright, clean and welcoming. There was ample space for children's needs. Both playrooms had direct access to a safe and secure outdoor area. One parent commented, 'My child loves going outdoors, she has learned all about plants and flowers.' This meant children could benefit from regular outdoor play and learning.

Playrooms were comfortably furnished and had cosy areas for children to relax and rest. The resources available were appropriate to children's needs and stages of development. These included construction resources, puzzles and loose parts. Older children would benefit from access to resources which would encourage sensory play and creativity, such as sand, water and messy play materials.

Playrooms were furnished with natural resources and equipment which were well maintained. Maintenance records were completed to ensure any broken equipment was repaired or replaced. This supported children's safety.

Overall infection prevention and control procedures were followed by staff. Children practiced good handwashing with support from staff. Staff washed hands before supporting lunch and snacks. Staff did not always wash their hands during lunch tasks or after. We spoke to management about the importance of staff always washing hands when needed. This would help to ensure children were cared for in a safer manner. There was a cluttered sink within the three to five playroom which was unable to be used for handwashing. Staff fixed the sink and provided soap to rectify this in the afternoon of inspection.

The outdoor areas offered a variety of resources and experiences for children. These included a mud kitchen, water play and sheltered areas for rest and relaxation. There were opportunities for children to experience risky and challenging play. This included climbing equipment, tyres and balancing equipment. Staff had a risk benefit approach to play and offered support to children when needed. Staff were vigilant of children at all times and used a register to note when children entered and left the building. This supported children's safety.

The service had recently opened a new baby room within another building. This was not being fully used as the children were still settling into the service. Staff were enthusiastic about the baby room and we could see it had been furnished and decorated for babies to a high standard.

How good is our leadership?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvement are led well

The management team were friendly, welcoming and approachable. Most staff told us they felt they could approach management if they had any issues or concerns.

An improvement plan was in place which was shared with families and staff. This meant that staff knew what was needed to deliver best outcomes for children and families. The plan identified strengths of the service and areas for development. There was evidence of improvements in planned areas for development, including the children's learning journals and staff training. This supported staff to offer better outcomes for children.

A quality assurance calendar was used to audit and monitor aspects of the service including medication and children's tooth brushing. We spoke to management about making this a more robust system to ensure a consistent approach which allowed improvement work to be in line with the improvement plan. This included monitoring and auditing environments, accidents and incidents.

The service understood the importance of including staff and families in their quality assurance process. Parents and carers questionnaires were shared to evaluate the service and feedback was given. The service had introduced a 'you said, we did' board to let families see feedback and what the outcome of their opinions had been. This helped parents to feel included in the service. Management and staff evaluated the service using the Care Inspectorate document 'A quality framework for daycare of children, childminding and school-aged childcare' and Education Scotland document 'How good is our early learning and childcare?'. We discussed with management the importance of introducing strategies to include children in their quality assurance process. This would help them to have ownership of the service and feel part of the improvement process.

Staff and room meetings were held regularly and offered staff the opportunity to reflect on practice and the quality of the service provided. One to ones gave staff the opportunity to identify training needs and objectives for moving forward in their practice. This meant staff were able to participate in appropriate training to meet children's needs.

How good is our staff team?**4 - Good**

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

During our inspection, we observed that there were enough staff to meet ratios and needs of individual children. Management had limited the numbers within the two to three room to ensure that staff could meet the needs of children with additional support needs. We discussed with management that they should monitor staff deployment over the lunch period to ensure a consistency of staff to support children. Staff moving through the older children's lunch area, and between rooms, disrupted the lunch experience for children.

Staff told us that one of the strengths of the service was their teamwork and communication with each other. One staff commented, 'I love working with my team in the room our room works great and we try really hard to make it the best possible for the children.' Staff communicated well with each other when moving areas or when children were moving between areas. Staff were vigilant of children and recorded when children were entering and leaving the service. This helped to ensure children's safety in the setting.

Staff understood the importance of having positive relationships with families and children. One parent commented, 'The staff are very friendly and approachable and good at communicating with parents.' Knowing the families and children well helped staff to offer care which met their individual needs. Staff who were employed to work in the baby room had started within the setting, giving them time to get to know the team and families while children start to settle in the room.

Staff development and progression was encouraged within the service. Staff showed their commitment to continue to learn and develop their skills, knowledge and practice by for example undertaking their Batchelor of Arts qualification and Scottish Vocational Qualification Level 4. Staff had attended training to enable them to meet children's needs and help offer positive outcomes. This included additional support needs training, child protection and first aid. Some staff were completing qualifications to meet the conditions of their registration and were supported by a mentor. This meant they had support in their learning and development to offer appropriate care to children.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 1 September 2023 the provider must ensure that every child is cared for in a way that reflects their individual needs and rights. To do this, the provider must, at a minimum ensure:

- a) Emergency medication is stored safely.
- b) Signs and symptoms of when a child requires medication are clearly recorded.
- c) A robust system is in place to ensure that medication is being effectively monitored, audited and stored safely.

This is to comply with Regulation 4(1)(a)(b) (welfare of users) and Regulation 5(1), (2) and (4) (Personal Plans) 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 care and support meets my needs and is right for me." HSCS 1.19 and "Any treatment or intervention that I experience is safe and effective." HSCS 1.24

This requirement has been met.

This requirement was made on 16 August 2023.

Action taken on previous requirement

When reviewing this requirement we found that:

- a) Emergency medication was stored safely and securely.
- b) Medication forms contained information in line with best practice guidance and signs and symptoms were recorded.
- c) A Monitoring and auditing system was in place which ensured medication was recorded, administered and stored safely.

This meant that children were cared for in a safe manner.

Met - outwith timescales

Requirement 2

By 25 September 2023, to ensure children are safeguarded, the provider must ensure the manager and staff have the skills, knowledge and experience appropriate for the role in which they are employed to protect children from harm. The provider must ensure that:

- a) The manager and staff are competent in and knowledgeable about national, local and the service's own child protection procedures and GIRFEC.
- b) The manager and staff are competent in using chronologies and child protection records to assess the level of risk to children and that any concerns identified are reported to the relevant authorities timeously.
- c) Effective systems are in place to review and audit chronologies and child protection records and appropriate actions have been taken.

It is necessary to comply with regulation 4, Welfare of users (1) A provider must (a) make proper provision for the health, welfare and safety of service users, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is also to ensure that care and support is consistent with the Health and Social Care Standards: 3.20 "I am protected from harm, neglect abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." 3.21 "I am protected from harm because people are alert and respond to signs of significant determination in my health and wellbeing, that I may be unhappy or may be at risk of harm." 3.22 "I am listened to and taken seriously if I have a concern about the protection and safety of myself or others with appropriate assessments and referrals made."

This requirement was made on 16 August 2023.

Action taken on previous requirement

when reviewing this requirement we found that:

- a) Staff and management had taken part in child protection training and were aware of procedures and GIRFEC.
- b) Chronologies and notes of concern were recorded and reported to relevant authorities. We spoke to management about ensuring that they record outcomes from their concerns and feedback from social work.
- c) Information was updated as and when required. These should be recorded on child protection records not individual care plans.

Some of elements of the requirement were not met, this has been reworded as and area for improvement for quality indicator 1.1.

Met - outwith timescales

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 support children's care, play and learning the manager and staff should ensure individualised personal plans capture children's health and welfare needs, progression in learning and support children to reach their full potential. Consideration should be given to, but not be limited to the following areas:

- a) Personal plans are reflective of their current health and welfare needs and meaningful strategies are identified and recorded to support children.
- b) The recording of identified next steps and the tracking of children's learning and progression.
- c) Plans should be created and reviewed in partnership with parents and carers as a minimum every six months.

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

This area for improvement was made on 16 August 2023.

Action taken since then

When reviewing this area for improvement we found that

- a) Personal plans were in place for all children. Relevant information was contained in these for staff to understand and meet children's needs.
 - b) Next steps and tracking of children's learning was recorded and progression was clear.
 - c) Personal plans were reviewed and updated regularly by parents.
- This meant that staff had the information they needed to meet children's needs.

This area for improvement has been met.

Previous area for improvement 2

To support children's wellbeing, learning and development, the provider should identify and access suitable training and development for staff, particularly in regards to supporting children with additional support needs. The provider must ensure staff are trained, competent, skilled and able to reflect on their practice.

This is to ensure the service complies with the Health and Social Care Standards (HSCS) which state: "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 16 August 2023.

Action taken since then

When reviewing this area for improvement we found that staff had attended training to support children with additional support needs including inclusivity training and were working with outside agencies to support children's needs. Staff who had attended training were sharing strategies with other staff to meet the needs of children. A training needs analysis had been created to identify staff training needs. This meant staff were receiving training which helped develop their practice to offer better outcomes for children.

This area for improvement has been met.

Previous area for improvement 3

The provider should involve parents, staff and children in continually assessing the service. Having a clear improvement agenda will allow the service to identify and take forward areas of improvement.

This is to ensure the service complies with the Health and Social Care Standards (HSCS) which state: "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 16 August 2023.

Action taken since then

When reviewing this area for improvement we found that staff were involved in self evaluation of the service and were given responsibilities for areas such as supporting children with additional support needs. Families were consulted using questionnaires. The service had tried different methods to involve parents and found paper questionnaires worked best. The service had created a 'you said, we did board' for parents to see what had been achieved from their input. This meant that families and staff were involved in improvements within the service.

This area for improvement has been met.

Previous area for improvement 4

To keep children safe and supported in their development the provider should ensure that children are cared for at all times by staff who have the skills and knowledge to best meet their needs. Consideration should be given to, but not be limited to the following areas:

- a) Consider the skills, knowledge and experience of staff members and deploy staff to meet the individual care, play and learning needs of children.
- b) Ensure staff communicate their movements when leaving a space and the deployment of existing staff ensures care and play spaces are supervised in their absence.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "My care and support is consistent and stable because people work well together" (HSCS 3.19).

This area for improvement was made on 16 August 2023.

Action taken since then

When reviewing this area for improvement we found that:

- a) There were enough staff to meet ratios and needs of children. Staff who had attended training had cascaded this to others and identified strategies for staff to support children with additional support needs. The number of children within the 2-3 room had been limited to ensure children's needs were met.
 - b) Staff communicated well with each other when leaving areas and regarding children's care and ensured staff were in place to supervise play spaces.
- This meant that staff worked together to help keep children safe.

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?	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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