

LASC Childcare Services Ltd (The Link) Day Care of Children

The Link
5 Mayburn Walk
Loanhead
EH20 9HG

Telephone: 01314 480 103

Type of inspection:
Unannounced

Completed on:
11 October 2022

Service provided by:
LASC Childcare Services Ltd

Service provider number:
SP2003003106

Service no:
CS2015341776

About the service

LASC Childcare Service Ltd (The Link) is registered with the Care Inspectorate to provide a service to provide a care service to a maximum of 85 children and young people at any one time aged from entry into primary school to 18 years.

During term time the breakfast club may operate from Loanhead Centre, George Avenue, Loanhead, EH20 9LA between 07:00 and 09:00.

The club is one of five services provided by LASC Childcare Service Ltd in Midlothian. The club provides breakfast club, after school and holiday care. They also provide a Saturday Club which is predominantly for children with additional support needs. Children have sole use of the building during the operation of the afterschool club or holiday and Saturday club. The service is located within a residential area in the local community and close to local amenities.

About the inspection

This was an unannounced inspection which took place on 7 October 2022 between 12:30 and 17:30. We carried out a second announced visit on 10 October between 9:00 and 12:15. Two inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- spoke with children using the service
- received feedback from three parents
- spoke with management and staff members
- observed practice
- reviewed relevant documents.

Key messages

- Staff had built positive relationships with children and families.
- Children's personal plans were not effectively used for all children to meet individual needs.
- Quality assurance processes were ineffective and did not have a positive impact on the quality of children's experiences.
- Staff needed to continue to develop their skills, experience, and knowledge to help all children reach their full potential.
- The environment needed to be further developed to support children extend and lead their own play.

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?	2 - Weak
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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

How good is our care, play and learning?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 1.1: Nurturing Care and Support

Staff were kind and friendly in their interactions and most children were relaxed and engaged in play. Parents we spoke to told us they were very happy with the care provided for their children and one told us "It's a brilliant place and staff are great".

Children's personal plans were in the process of moving to electronic forms and information was in a number of different places. This meant it wasn't easily accessible for staff to gather relevant information of children's care and learning. Some plans had very limited information which meant children's individual needs were not effectively supported and we found a lack of consistency of approach for children with additional support needs. Support plans from school were not effectively used and systems were not in place to gather key information from families in a meaningful way **(See requirement 1)**.

Medication for children was recorded through an online system, however this had potential to not be effectively monitored. Only one iPad was available for the staff team to use and the manager told us this made it difficult to record and update information promptly. We found that children with allergies did not always have clear action plans and information gathered from parents was not effectively recorded. This could potentially lead to children not receiving the correct care. We found medication on the premises for children not currently using the service. There was not a formalised system to monitor medication and the manager did not have a clear understanding and knowledge of best practice guidance the "Management of medication in daycare of children and childminding services". We discussed with the manager the need for robust systems to ensure children receive the correct care **(see requirement 2)**.

Mealtime experiences were not consistent across the day. Children enjoyed a fairly relaxed and sociable time during snack and they were able to self serve from a range of healthy choices including fruit, cheese and crackers. They enjoyed chatting with each other and at times with staff. However we found there were missed opportunities to extend children's learning as staff became task focussed in rearranging and clearing the snack trolley. Lunchtime was a less positive experience and was supported by only one member of staff. It was not well organised and the staff member had to use a walkie talkie to alert staff that additional cutlery was required. Staff should consider ways to improve the lunchtime experience to promote positive outcomes for children **(see area of improvement 1)**.

Quality Indicator 1.3: Play and Learning

Children's opportunities were limited as a result of a lack of effective planning. This meant their individual needs and interests were not taken account of and progress and achievements to support learning were not evaluated. Children were not always supported to engage in fun and meaningful experiences and some spent long periods of time not engaged in activities and little engagement with staff **(see area of improvement 2)**.

Children could choose from a variety of resources, however many of these resources were not challenging or stimulating. As a result, children were not supported to develop their imagination and curiosity. To support

children to extend and build on their own play and current interests staff should ensure children have consistent access to a wide range of resources. These should support challenge and curiosity that are developmentally appropriate.

Staff missed signals from children who were non verbal and did not always respond when children required additional support. This meant children's individual needs were not always being met and resulted in missed learning and development opportunities. There was a need to significantly increase staff understanding of school aged play and develop further skills in play theory and development. This would support and challenge children's play and learning experiences.

Requirements

1. By 20 January 2023, the provider, must ensure that all children's health, welfare and safety needs are met. To do this sufficient information must be gathered and recorded about all children as part of their personal plan, clearly setting out their individual needs, and how these will be met. To do this, the provider, must as a minimum:

- a) Ensure consistent effective recording of important information in all personal plans.
- b) Ensure that all personal plans are meaningful working documents that include strategies of support and progress made.
- c) all staff are aware of and understand the information within the personal plans, including support strategies, and use this to effectively meet each child's needs
- d) personal plans are regularly reviewed and updated in partnership with parents and carers.

This is to comply with Regulation 5(2)(b)(c) (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 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).

2. By 10 December 2022, the provider must ensure children's medical needs are safely managed. To do this, the provider must, at a minimum ensure:

- a) comprehensive medical support plans and systems are in place for children who require them
- b) medical permission forms are fully completed by parents and carers prior to the administration of medication
- c) medication administered is accurately recorded
- d) staff are knowledgeable and competent in relation to the recording of medication and follow the 'Management of Medication in Day Care of Children and Childminding Services' guidance.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

Areas for improvement

1.

To support children's health and wellbeing and ensure a positive mealtime experience, staff should improve the lunchtime experience. The manager should ensure that all staff have a shared understanding of the value of mealtime experiences for children.

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).

2.

To improve the quality of children's experiences, staff should ensure that children are meaningfully involved in leading their play and learning through a balance of planned and spontaneous experiences. Children's choice should be promoted, and their learning and development extended through skilful staff interactions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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' (HSCS 1.25).

3. Children should actively experience high quality play and learning experiences which will challenge and extend their learning. They should have free access to a range of resources across all age groups. This should include but not be limited to open ended resources. To do this the provider should improve the learning environment to ensure that all children have access to appropriate, organised and well-presented play resources.

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

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses.

Quality Indicator 2.2 Children experience high quality facilities

Children experienced an environment which was bright and well ventilated. There was a range of areas we visited that children could access, these included the main entrance hall, dance studio, music room, a further hall, soft play and outside areas. We saw children enjoyed spending time relaxing in calm, quieter spaces such as the drama room with sofas and cushions. We were told the music room was a favourite of some children, however on the day of our visit the space was not used due to equipment awaiting repair.

Children were kept safe from harm as the setting was well maintained with satisfactory infection, prevention and control measures in place. There were suitable maintenance arrangements to monitor the safety of the environment and staff worked together to identify and minimise any risks.

Some play areas were uninviting due to being poorly resourced. The home corner did not have interesting or stimulating resources and children could not easily access further resources. This meant children were not interested to play in these areas. Play equipment and resources were predominately plastic and more suited to younger children. The service should provide activities to include natural resources that are freely available to support children build on their own interests and ideas, and extend their play and learning (**See area of improvement 1**).

Children had access to the outdoors on a daily basis which promoted energetic play. The club have the use of a public playground, which was accessed from the main entrance hall. They also had access to a sensory area garden and community garden, however those areas were not used during the inspection. Staff told us children could not freely access all the areas at any one time. This was due to the level of staffing required within a public access area which meant children's choices were limited.

An outside grass area attached to the club was in the process of development. This had been fenced off and would provide a future enclosed and exclusive safe space for children. The operations manager told us of the plans to provide a range of physical activities and natural resources to provide opportunities to stimulate and challenge children's learning.

Areas for improvement

1. Children should have free access to a range of appropriate, organised and well-presented play resources across all age groups. These should include interesting and engaging activities to include but not limited to natural resources.

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

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 3.1: Quality assurance and improvement are led well

Effective arrangements were not in place to ensure the service was well managed and led. Management roles and responsibilities needed to be more clearly defined. For example the Saturday club had a member of staff with delegated management responsibilities in the managers absence. However the manager should have a clear overview at all times to ensure clear responsibilities of the whole setting.

There was limited quality assurance taking place within the service, therefore the manager was not always aware of how the service was operating and improvements were not being made to the service. There was no monitoring of children's experiences or staff practice which meant poor practice was not identified or addressed. We found significant gaps in key areas of practice such as, medication, personal plans and planning for children's learning. The service should continue to develop and embed quality assurance systems to ensure that these are having an impact on all areas of practice. This will ensure that the quality

of the service is monitored and assessed regularly (**see requirement 1**).

There were no effective systems in place to support improvement within the service and to promote positive outcomes for children. There was little evidence that children were involved in evaluating their activities or influencing the future programme. Whilst staff did seek children's input daily it was verbal and didn't always result in change. The service should consider how to meaningfully involve children. This would ensure their interests and goals are included in the plans and support children to realise their potential. There was evidence of communication with parents through the social media pages, however there was no evidence that parents had been included in giving ideas on areas which could be improved. Parents we spoke to were not aware of the service improvement plan (**see area of improvement 1**).

The service improvement plan focussed on management tasks rather than overall key priorities of the service and how to achieve them. We discussed ways to further develop the plan to involve individual staff. This would embed a shared approach to improvement and promote positive outcomes for children.

Requirements

1.
By 20 January 2023, the provider must ensure improved outcomes for children by implementing effective and robust self-evaluation and quality assurance processes. To do this the provider must, at a minimum, ensure:
 - a) regular, effective, and focused monitoring is carried out across the setting
 - b) robust audits are developed and implemented, and any actions are addressed promptly
 - c) clear and effective plans are developed to maintain and improve the service
 - d) staff are meaningfully involved in self-evaluation to promote continuous improvement
 - e) the management team effectively monitors the work of each member of staff and the service as a whole

This is to comply with the Regulation 3 Principles and Regulation 15 (a) and (b) Staffing 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).

Areas for improvement

1. To ensure children experience high quality care the provider should develop further self-evaluation systems to assess the quality of the service. This should include priorities for improvement and how these improvements will be achieved.

This is to ensure the quality of the environment is consistent with the Health and Social Care Standards (HSCS) which state that 'As a child, I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 9.19) and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 4.3: Staff deployment

The manager recognised the importance of ensuring that the service was appropriately staffed. We saw staff were flexible and supportive of each other to support the supervision of children, however the service did not provide high quality outcomes for children. Deployment and levels of staff were not effective in supporting the needs of individual children and staffing levels did not take into account the complexity of children's needs. The manager told us she was often required to support staff to ensure staff ratios were met (**see requirement 1**).

Parents we spoke to told us that staff "went above and beyond" in the care of their children, especially in supporting families of children with additional support needs.

The quality of children's experiences varied due to the mix of staff skills and knowledge. Across the staff team there were various levels of experience and skills, however, there was an overall lack of knowledge and skill around child development theory, and practice. There were gaps in specific skills to enhance learning opportunities to ensure the best outcomes for children and missed opportunities by some staff in quality interactions and experiences. This resulted in poorer overall outcomes for children.

The provider should review staff skills, knowledge and experience and ensure that this information is used to inform staff training and professional development. This will contribute to children experiencing quality care that supports their overall development of play and learning. (**see area of improvement 1**).

Requirements

1. By 20 January 2023, the provider, must support children's health, welfare and safety needs by maintaining appropriate staffing levels at all times. Staff must be suitably trained, qualified and deployed effectively to secure positive outcomes for children.

To do this, you, the provider, must at a minimum:

- a) Plan staff rotas to ensure children's needs are met, particularly at transition times such as meal times.
- b) Staff deployment must take account of the mix of the skills and experiences of the team.
- c) Put measures in place to guarantee a responsive approach to children's care, which meets their individual support needs.

This is to comply with Regulation 15(a)(b) 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 Health and Social Care Standards (HSCS) which states that '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 'My needs are met by the right number of people' (HSCS 3.15).

Areas for improvement

1. To support ongoing practice and improve outcomes for children, staff should access further training and self-learning. This should include but is not limited to training in child development theory. The manager should support staff to implement their learning through the mentoring and appraisal process.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have the confidence in people because they are trained, competent and skilled' (HCSC 3.14).

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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	3 - Adequate
2.1 Quality of the setting for care, play and learning	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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