

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:
16 August 2023

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 45 children aged between two years and those not yet attending primary school, of whom no more than 15 are aged two years to under three.

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. All children have direct access to an outdoor area.

About the inspection

This was an unannounced inspection which took place on 15 and 16 August 2023. 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 electronic feedback from 11 parents/carers

Key messages

- Children were happy, confident and settled in the service.
- The setting was clean, spacious and stimulating for children.
- Children benefitted from direct access to a range of learning opportunities outdoors.
- The management team should review and improve on safeguarding procedures to support children's safety.
- Personal plans should be reviewed to include children's current needs and interests.
- The management team should review and improve on systems to support the safe storage, recording and administration of medication.
- The management team should continue to develop and improve self evaluation in partnership with children, families and staff.

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?	4 - Good
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?

2 - Weak

We evaluated this quality indicator as weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

1.1: Nurture care and support

Staff were nurturing and caring in their approach with children and knew the children well. Children were happy and confident in approaching staff when they required help. Most children had positive experiences and interactions in the setting which enhanced their wellbeing.

Mealtimes for most children were a calm and unhurried experience. Children were able to choose from a selection of nutritious foods, and individual dietary requirements were accounted for. Older children were given the opportunity to self serve their morning snack. This should be extended to all mealtimes to help promote life skills and independence. Lunch routines should be reviewed to ensure that staff are not task orientated which will allow all children to receive a positive experience.

Personal plans were in place for all children. However, they did not contain all the information needed to support continuity of care for children. The plans were not regularly reviewed and there was very little input from children and families. This could lead to poorer outcomes for children. We discussed with management the importance of having effective personal plans in place which reflect children's ongoing needs and changes in children's lives. We signposted management to Care Inspectorate publication 'Guide for providers on personal planning' (**see area for improvement 1**).

We looked at how the service managed the safe storage, recording and administration of medication. We found that there were areas which needed to be improved. For example, the service needed to gather more information about potential signs and symptoms of when medication would be required and review how they recorded information to make it clearer and more accessible for staff. Management must review the medication procedures to support the health and safety of children (**see requirement 1**).

Child protection procedures were in place and almost all staff had participated in child protection training. However, effective systems were not in place to record concerns or audit chronologies and child protection records. There was no system to ensure the assessment of children's wellbeing and safety needs or to identify when to take appropriate actions. Senior staff did not follow guidance and procedures to ensure any possible concerns were reported to the relevant authority. This increased the potential risk to children. Management must review their child protection procedures to ensure that children are cared for safely (**see requirement 2**).

Quality indicator 1.3: Play and Learning

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

We saw children having fun and being fully engaged in play. During our visit most of the children spent the majority of their time outdoors. There were opportunities for risky play and staff supported and encouraged children in this. This gave children the chance to develop their confidence and independence.

There was a variety of stimulating resources and learning experiences for children to participate in. Children benefitted from direct access to the outdoor area. Opportunities to extend literacy and numeracy skills were observed both indoors and outdoors. There was evidence of resources which encouraged children to discuss and explore their emotions.

During our visit we observed children leading their own play and learning with staff following and scaffolding children's learning. However, there were some missed opportunities for children's learning to be developed and extended. Children also benefitted from being part of the local community with visits to the local library, parks and café.

Learning journals were in place which noted observations, photos and stories of children's experiences. There was also some evidence of parents comments and home learning links. However, not all of the journals were updated regularly. Journals did not evidence an approach which evaluated children's progress. Staff told us they often did not have enough time to complete learning journals and this was an area where they wanted to improve. Children would be better supported to achieve if the learning journals reflected their experiences, opinions and ideas and were used to enable them to lead their own learning.

There was no evidence of planning for children's learning or of children having input in this. Staff used online journals to inform parents of children's experiences during the day. However, there was no record of progression or next steps for children's learning. We discussed with management that planning should be in place which is child-centred and supports children's learning and development.

Requirements

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**

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.

Areas 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).

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

Since the last inspection the service had moved premises. This had improved outcomes for children, particularly their access to the new outdoor area.

The setting was bright, clean and spacious with plenty of space for children's needs. The rooms were comfortable, homely and well furnished. Children benefitted from direct access to a spacious, well resourced outdoor area. The outdoor area was safe, stimulating and inviting for children and offered a variety of resources which promoted their curiosity and learning. One parent commented, 'The outdoor area is great my child loves it she has the opportunity to participate in a big variety of play which is a extension of what is on offer indoors'.

The environment was structured to support children's interests. Equipment was appropriate for the age and stage of development of children and was well maintained. The service had a risk benefit approach to play and children had the space and resources required to explore and be curious, both indoors and outdoors.

Overall infection prevention and control procedures and practices were good. However we highlighted some areas where improvements were required. For example children washed their hands and then changed their shoes before lunch. We reminded management about the importance of having effective procedures in place to support children's health and safety in the setting. Arrangements for changing older children were not hygienically safe and did not comply with best practice guidance. We signposted management to Care Inspectorate guidance 'Nappy changing for early learning and childcare settings (excluding Childminders). Children's personal care needs should be carried out in a way that supports children's privacy and dignity (see area for improvement 1).

Registers were in place for the rooms, noting which children were attending. There was also a separate register which noted when children arrived and left. When children were going between indoors and outside there was no system for noting this. We discussed with management that the registers should be streamlined to make it easier to see which children were in and where they were. This would support children's safety in the setting.

Areas for improvement

1. To ensure that children's personal care needs are met with privacy and dignity, the provider should ensure that that there is a separate changing area for children in the 3-5 room.

This is to ensure the service complies with the Health and Social Care standards (HSCS) which state:

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected (HSCS 1.4).

How good is our leadership?

3 - Adequate

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

Quality indicator 3.1: Quality assurance and improvement are well led.

There had been a period of transition for the service since the last inspection as they had moved premises and have had some changes in staff.

The manager was approachable to staff, children and families and was passionate about her work. One parent commented 'The manager is lovely and very approachable and all the children seem to really love her too'. Staff told us they felt they could go to the manager for support if they needed it. Staff were supported in developing their practice through gaining further qualifications and could identify training needs at one to one sessions. However, staff informed us that they had requested, but not received, further training to support children with additional support needs. Training in this area would help staff to support children and offer better outcomes for them, **(see area for improvement 1)**.

The manager had involved staff in self-evaluation tasks and had used the Care Inspectorate self-evaluation tool 'A quality framework for day care of children, childminding and school-aged childcare' as well as the Scottish Government "How good is our early learning and childcare" and other best practice documents to do this. The service improvement plan identified strengths and areas for improvement in the service. However, not all staff were aware of what the improvement plan contained. This meant that not all staff were able to identify what was needed to support better outcomes for children.

There was evidence of parents being invited in to the nursery for Makaton classes and visits to see the children's rooms. Although we could see how the management team communicated with parents through questionnaires and displays within the setting, we found little evidence of how parents, carers or children were involved in making decisions about the service delivery or informing personal plans and learning journals. Some parents commented that they would like improved communication. One commented 'Communication about what my child did on the day could be better and more regular'.

The service needs to review how they involve and include children and families in the setting. There was little evidence of an improvement journey or aspiration for the setting and how children, staff and families were involved in these. Management need to demonstrate how they respond to children, staff and families ideas and opinions and use these to create a strategic approach to self-evaluation and improvement, **(see area for improvement 2)**.

Areas for improvement

1. 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)

2. 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).

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

During our inspection we observed that there were enough staff to meet the required ratio's for children throughout the day. However, there was not always enough staff to meet the needs of the children or provide a high quality of care. Children's experiences were affected by staff having to concentrate their time on some children who needed extra support.

Management and staff were aware that some children were not at the developmental stage to move room. This meant that children's individual needs were recognised and accounted for. However, the experiences for all children were not positive and staff were not always able to offer support for children with additional support needs. This meant that there was potential risk to children's safety. We discussed with management the importance of understanding their capacity and managing this to meet the needs of all children.

Parents had the opportunity to join their children when they were settling into the nursery. Staff and management took time, when children were entering and leaving, to talk to parents and share information. This supported a continuity of care and meant parents knew about their child's day.

We observed staff communicating well with each other when moving between areas and when taking breaks. However, staff informed us that this did not always happen. One staff commented 'Staff team would work better if everyone was on the same page, communicated and treated each other fairly'. Communication between staff could be improved to provide better support for children. We acknowledged that there had been a significant turnover of staff in recent months. As a result staff were still getting to know each other. The manager was working hard trying to build the team and identify individual staff's skills and experience in order to assess how to best deploy staff. This meant that children's needs were not always being met.

Staff cover was provided for the busier lunchtime period of the day to minimise disruption to the children's day. During our visit the lunch cover staff were used to support planned staff absence and this increased pressure on staff in the room who did not have the cover. This also meant that staff were working in rooms where they were not as familiar with the children. We discussed with management that staff should be deployed according to their skills and knowledge to help meet children's needs and offer best outcomes **(see area for improvement 1)**.

Areas for improvement

1. 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).

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	3 - Adequate
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
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

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