

# Rosebuds Daycare Day Care of Children

Hilton Coylumbridge Hotel Aviemore PH22 10N

Telephone: 01479 813 086

Type of inspection:

Unannounced

Completed on:

13 November 2025

Service provided by:

None None

Service provider number:

SP2012984390

**Service no:** CS2012314104



## About the service

Rosebuds Daycare provides a daycare of children service in Aviemore. This service is registered to provide care to a maximum of 40 children between the ages of 0-12 of whom a maximum of 15 children aged 0-2 can be cared for at any one time.

The setting consists of two playrooms, a large outdoor play space, cloakroom area, toilet facilities and a small kitchen area.

# About the inspection

This was an unannounced inspection which took place on 12 and 13 November 2025 between 08:15 and 17:45. Feedback was shared with the service on 13 November 2025.

The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- Spent time with children using the service
- received 16 completed questionnaires from families
- spoke with staff and the management team
- assessed core assurances, including the physical environment
- · observed practice and daily life
- · reviewed documents.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within Children thrive and develop in quality spaces

During this inspection we 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

- Quality assurance processes were beginning to support the staff team with the smooth running of the service. The provider should now ensure all audits that were in place were effective.
- Children were mostly engaged in quality play and learning experiences.
- Consistent strategies supported children's self-regulation and supported them to continue with their play and learning opportunities.
- Children's learning and achievements were celebrated within learning journals and floor books with achievable next steps identified.
- Children had opportunities to develop their independence and life skills throughout mealtimes.
- The provider should ensure all environments were welcoming and safe for children to explore and reduced the potential risk of children leaving the service.

# From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

Leadership	4 - Good
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

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

# Leadership 4 - Good

### Quality Indicator - Leadership and management of staff and resources

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

The service had a vision, values and aims in place which had been reviewed with staff, children and families. These were mostly reflected within practice between children and staff. Children were heard asking each other if they felt better and shared with their friends how they liked their clothing. This contributed to building a respectful and inclusive ethos within the service.

The service had developed an Improvement Plan that was linked to A quality improvement framework for the early learning and childcare sectors: early learning and childcare. Key priorities had been identified for the service to focus on, for example the rights of the child and raising the attainment in numeracy. The service had begun to make improvements within these key areas. We discussed with the management team to ensure that when improvements were made that they are embedded and consistent across the staff team. This would provide all children throughout the service the same opportunities to benefit from developments made.

Quality assurance processes were in place that supported the smooth running of the service. A calendar had been developed, which was broken down into monthly tasks. This also highlighted who was responsible for certain tasks and areas to mark when they had been completed. This supported the service to carry out and complete actions when required.

Self-evaluation processes that were in place supported the service with monitoring and supervisions throughout the service. These helped to identify areas for development, such as staff training or children's experiences. Monthly audits throughout the service took place, for example medications and accidents and incidents. It was identified throughout the inspection, that although these audits took place they were not effective in picking up on inconsistencies or gaps within systems. (See area for improvement one)

Children and staff were involved in discussions and gathering feedback and reflections, for example when reviewing their meal options. A parent told us, "We are asked to fill out forms regularly". Another parent shared, "not sure I've ever been asked about developing the service". The service should consider how they involve parents and families in their consultation to help develop and shape the future and experiences for all.

Staff recruitment procedures followed best practice guidance. We did discuss how this could be streamlined to support the management team in gathering all required information in the event that it is needed. Induction checklists were in place to support newly recruited staff members. This was developed using the Early Learning and Childcare - National Induction Resource. The management team were supportive to new staff and adapted induction processes to suit individual staff members where appropriate. This helped staff to feel valued and settle into their role with confidence.

### Areas for improvement

1

To improve outcomes for children and families, the provider should ensure that quality assurance systems impact positively on outcomes for children.

This should include but not be limited to, implementing effective audits.

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).

# Children thrive and develop in quality spaces 3 - Satisfactory / Adequate

Quality Indicator - Children experience high quality spaces

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Children had areas to keep their personal belongings and their art work was displayed throughout the service. We discussed ways this could be developed further, for example consistent name tags on pegs and family photos. This would further support children to feel like they belonged and mattered to the service.

The environment was mostly safe. The front door was consistently locked which reduced the risk of children leaving the service from the indoor environment. Additional measures should be considered in relation to the outdoor play space to further reduce the risk of children leaving the service unaccompanied. Potential risks should be clearly assessed and documented within risk assessments with clear mitigations in place. (See area for improvement one)

Infection prevention and control measures were mostly effective. Such as cleaning procedures and good handwashing practice helped to reduce the spread of infection. However, there were areas within children's environments that added potential risk to infection prevention and control measures, for example ripped wall paper and chipped paint. The service had identified areas such as replacing carpets to help improve environments throughout the service. The management team should continue to progress with improving the overall environment to ensure it is welcoming and inviting for all. (See area for improvement one)

There had been work completed to improve some areas of the environment. For example, the ELC room had a good mix of resources to support children with their play ideas and cosy areas had been developed in both rooms. This should now be developed across the service, to ensure all resources were in good working order and support children with their play and learning.

Staff had areas to keep their personal belongings. These areas were not inviting or relaxing space to support their wellbeing during their breaks. We sign posted the management to the Health and Care (Staffing) (Scotland) Act 2019 (HCSA) to support them with ways they can further support their staff's overall wellbeing.

### Areas for improvement

1.

# Inspection report

To ensure all children experience an environment which is welcoming and safe the provider should review the indoors and outdoor environment.

This should include, but is not limited to;

- Identifying and reducing the potential risks of children leaving the service
- Review all environments to ensure they are effectively maintained and support Infection Prevention Control procedures.
- Review all spaces throughout the service to promote a welcoming, homely and inviting environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is secure and safe' (HSCS 5.17).

### Children play and learn 4 - Good

### Quality Indicator - Playing, learning and developing

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Most children were engaged in quality play and learning experiences. We observed some children who were excited and engaged in some learning experiences. For example, a group of children were creating a town in a tuff tray and linking it to 'people who help us', as this was an area of interest. At times children were meaningfully and actively involved in leading their own play. This could be developed further to ensure there is a consistent approach throughout the service.

Staff mostly used effective questioning which supported children to problem solve and develop their learning further. Effective questioning prompts were displayed in some areas of the service and supported some staff with developing these skills further. Embedding this across all areas of the service would ensure all children were supported to develop their critical thinking skills while they played and explored.

Children's cues and needs were mostly responded to by a responsive staff team. Consistent strategies and approaches were used to support individual children with their self-regulation, understanding their rights and how they were feeling in the moment. This helped children to continue with their play and learning experiences in a way that was right for them.

Language, literacy and numeracy opportunities were available to children. Resources supported children to develop these experiences further, for example books, different sized objects, loose parts and mark making resources. Older children had further opportunities, such as using their name tags to identify what meal they would like to have for lunch on that day. We discussed with the management team to consider how language, literacy and numeracy opportunities could be developed further both indoors and outdoors to help all children develop these skills further.

Planning approaches were responsive to children's interests. It was carefully considered to identify what curriculum areas children were covering, for example numeracy and expressive arts. Planning was evaluated by the staff team. This supported them to understand next steps and how to extend children's interests further. Observations of children's achievements and learning was captured in learning journals. Next steps were identified and it was clear when they had achieved them which highlighted progression within children's achievements.

Floor books were effective in capturing children's voice as part of their learning journey. These were linked to key documents, such as Realising the Ambition - Being me. Children's group learning activities were celebrated throughout these floor books, with children's comments and mark making throughout. We shared with the service to consider how these books were displayed. Showcasing floor books in areas where children and families can access them encourages them to revisit their experiences and celebrate their achievements.

# Children are supported to achieve 4 - Good

### Quality Indicator - Safeguarding and child protection

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement

Children experienced warm, nurturing and responsive care that fostered their wellbeing. Staff knew children well and had a good understanding of strategies that supported individual children to achieve. Parents agreed that they felt they had a good relationship with the staff. One parent told us, "Staff know all the parents and kids". Another parent shared, "Staff are friendly and warm. They know my children well and we feel welcome". This contributed to building positive relationships between staff, children and their families.

All children had individual personal plans in place. These gathered important information such as, health information, likes, dislikes and consents. These were reviewed at least every six months or sooner if changes occurred. Chronologies were in place that detailed significant events within children's lives. This meant that staff were able to be responsive to children and their families changing needs. Additional support plans were in place to help support individual children. Although we could see consistent and effective strategies being used for individual children, it was not clear what strategies had been agreed upon on their support plans. We discussed with the service to ensure children's plans were individual, detailed and developed in consultation with families.

Staff were mostly consistent with their nurturing interactions with children. Staff had undertaken specific training to help develop stronger and nurturing interaction approaches. We discussed with the management team, how staff strengths in this area were not consistent across the team. On the second day of the inspection, we were able to observe children's experiences in interactions with all staff had improved. These interactions were natural and consistent as staff were empowered to share their learning and show how their practice had improved. We discussed with the management team to continue to monitor interactions to ensure they are embedded across the staff team.

Medication processes were in place that supported the staff team with the safe administration of medication. Forms were in place that gathered appropriate information with parent signatures and dates. New forms were being developed to track when and if children had medication prior to them attending the service. Safe administration was observed on inspection, where staff supported each other, checking dosage prior to administering to the child and signing appropriate paperwork once completed. This meant that children were kept safe if they required medication.

# 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 wellbeing, learning and development, the provider should ensure staff are supported to develop skills in nurturing approaches and interactions.

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

'I have confidence in people because they are trained, competent and skilled.' (HSCS 3.14).

This area for improvement was made on 17 July 2024.

### Action taken since then

Staff have taken part in training to support them to improve their skills and develop nurturing approaches and interactions with children. Through observations, staff were nurturing towards children. This area for improvement has been met.

### Previous area for improvement 2

To ensure all children experience an environment which is welcoming and homely, the management and staff should review and make changes to the layout of the environment. This should include, but is not limited to, providing cosy areas for children to rest and relax.

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

'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax.' (HSCS 5.6).

This area for improvement was made on 17 July 2024.

### Action taken since then

The provider has worked on some areas of the service and provided cosy areas for children to rest and relax if they wished to. On inspection it was identified that not all areas within the service were welcoming, inviting or safe. This area for improvement has been reworded and incorportated within Quality Indicator - Children experience high quality spaces.

### Previous area for improvement 3

To improve outcomes for children and families, the management team should ensure that a strong ethos of continuous improvement is established.

This should include but not be limited to:

a) developing robust quality assurance systems;

- b) implementing effective audits; and
- c) developing monitoring processes to support a cycle of improvement.

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).

This area for improvement was made on 17 July 2024.

### Action taken since then

The provider has made some progress within this area for improvement, however it has not been fully met. This area for improvement has been reworded to reflect the remaining area for improvement and incorporated within Quality Indicator - Leadership and management of staff and resources.

# 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

Nurturing care and support

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	4 - Good

4 - Good

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