Rosemount Lifelong Learning
Day Care of Children

The Former Roystonhill Recreational Centre (Blue Roof)
15 Forrestfield Street
Royston
Glasgow
G21 2HG

Telephone: 01415 523 090

Type of inspection:
Unannounced

Completed on:
29 July 2025

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 are accommodated within a new baby room which is located within Rosemount Lifelong Learning Adult education centre. All children have direct access to an outdoor area.

About the inspection

This was an unannounced inspection which took place on Monday 28 and Tuesday 29 July 2025. 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 eight parents/carers

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

- Children were happy, confident and settled in the service.
- The setting was comfortable, spacious and welcoming for children.
- Staff worked well together as a team to offer positive outcomes for children.
- Management and staff should review children's access to the outdoor spaces.
- Staff knew the children well and were attentive to their needs.
- 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?	5 - Very 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 different parts of this key question as very good and good, with an overall grade of good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support.

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

Staff were warm, kind and nurturing in their approach with children. Children were confident and happy within the setting. Staff knew the children well, which meant they were able to respond to their individual needs and preferences. One parent commented, 'I love the support and how caring the staff are to the children and know how to deal with each child's individual needs'.

Lunches were a relaxed, unhurried and sociable experience for children. Staff sat with children throughout lunch, supporting them and engaging them in conversation. Older children had opportunities to develop independence through self-serving. Younger children had some opportunity to self-select, and we discussed with staff how this could be increased to support their independence and life skills.

Children's rights were promoted when staff carried out children's personal care routines. Staff asked children before changing nappies or applying suncream and explained why suncream was needed. This supported children's right to dignity.

Personal plans were in place for children and contained information staff needed to meet children's needs. Plans were created in consultation with parents which supported them to be involved in their children's care. Strategies to support children with additional support needs had been identified in partnership with outside agencies. Service worked well with other agencies to support children to meet targets and experience positive outcomes. We discussed with management and staff that children could be more involved in the development of plans to give them ownership of their own care, play and learning.

We reviewed the policies and procedures for supporting children's health, safety and wellbeing. Medication was stored and administered safely and securely. Staff and management were aware of child protection procedures to support children's safety and wellbeing. Staff had a good understanding of supporting children's safety and wellbeing through safe sleep practice. Children slept safely in lien with the routines recorded within plans. The service had taken measures to further support children's safety by introducing the Care Inspectorate Safety, Inspect, Monitor, Observe, Act (SIMOA) guidance and elephant teddy for families to take home. This supported families to understand how to keep children safe.

Staff supported families to access supports from the charity group in particular, groups and support available in the Rosemount Lifelong Learning's learning and event space. This included family support groups, English for speakers of other languages classes, Information Technology classes, and children's activity groups. This supported children's and families' wellbeing, needs, inclusion and resilience.

Quality indicator: 1.3 Play and learning.

We evaluated this quality indicator as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

We observed children having fun and being fully engaged in their play and learning. Children had opportunities to lead their own play and learning such as role playing, making cupcakes with sand and waterplay. We could see that friendships had been formed between children. This had a positive impact on their development and wellbeing.

We saw children engaged in play experiences for periods of time showing engagement and joy which impacted positively on their development. Play experiences supported children's development of numeracy, language and literacy skills. For example, older children were making playdough and singing songs. Younger children had access to a wide range of resources and experience that supported inquiry, curiosity, creativity and language development. All parents who provided feedback suggested children experienced a wide range of experiences. One parent commented, 'He is encouraged to explore and learn daily, since recently moving from previous childcare environment to Rosemount he has become more confident, happy and adapting well under the support of staff.'

Children had opportunities for physical play outdoors where they could climb and play with balls and hoops. We discussed with management that children would benefit from free flow access to outdoors. This would support children's choice in going outside when they chose and offer more opportunities for outdoor play to support their health and wellbeing needs. We have made an area for improvement to address this.

(Please see Area for improvement 1)

Planning for children was at the early stages. Formal planning processes had been impacted by staffing challenges. Planning had been newly developed and was linked to curriculum frameworks. Staff planned in response to children's stages of development and interest. We advised the importance of recording responsive learning to plan next steps to support children's development and progress. Plans were in place to further capture children's next steps and voice. This would support children to be more involved in their play and learning.

Observations of children's play and learning were shared with parents online. Staff made good use of an online app to communicate and keep parents involved. Regular detailed observations were shared with families and for almost all children these were up to date. There were some inconsistencies with the recording of observations for children's play and learning. We saw observations which recorded children's skills and learning, and next steps were planned for to support children's learning and progression. In contrast other observations were not specific children's significant learning. There were some gaps within the recording of some observations. We discussed with management that observations should be shared regularly and should be clear, personal and show progression in children's development.

Areas for improvement

1. To support children's play and learning, management and staff should continue to improve access to outdoors for all children 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:

HSCS1.25 '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'.

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

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/people, therefore we evaluated this key question as very good.

Quality indicator 2.2: Children experience high quality facilities

Children were cared for in an environment that was bright, welcoming, and clean. There was ample space for children to play independently or in groups. Children were cared for in two separate buildings, with children aged under two based in Rosemount Lifelong Learning's learning and event space. There were cosy areas for children to rest and relax. Playrooms were furnished to a high standard. This gave children the message that they mattered.

Staff had recently been accredited with curiosity approach; environments were rich in real life resources that sparked children's imagination and curiosity. There were lots of natural resources and furniture. Resources and equipment were well maintained, and resources were easily accessible for children. We concluded children experienced an environment that was homely, fostered their inquiry and supported their development.

All children benefitted from direct access to secure outdoor areas. For older children, the outdoors had sheltered areas including an outdoor classroom for all weathers. There were opportunities for messy and imaginative play with sand, mud kitchen and waterplay. We discussed with management that there could be more further resources and loose parts to support risky play opportunities. The outdoor area for younger children was well resourced. For example, there was imagination equipment, areas to rest and relax, and resources to support creativity and physical development. One parent commented, 'My child has been involved in multiple activities such as sports, pool play during warm days, bug exploring & experimenting with water play.'

Infection prevention and control procedures were followed with staff and children washing hands when coming inside and before and after lunch. Risk assessments were in place, which staff completed regularly to support children's safety and wellbeing.

Staff made good use of the local community to support children's play. This included trips to local parks, museums, cathedral and fire station. This supported children's community links and play beyond the

setting.

How good is our leadership? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvement are led well

The management team were friendly, approachable and engaged well with the inspection process. Staff and families told us they found management to be supportive and approachable. One staff member commented, 'I feel supported by the leaders in the setting, and I feel confident that I can approach them with any concerns relating to my own wellbeing.' This meant staff were supported in delivering positive outcomes for children.

The service aims and values were displayed for families to see, and families had been asked to note what mattered to them, to support a review of the values and aims for the service.
A quality assurance calendar was in place to support the self-evaluation process through monitoring and auditing. When reviewing monitoring and auditing processes we found that medication, accidents and personal plans were monitored regularly. We discussed with management additional monitoring should be added to the calendar to support children to achieve positive outcomes. Monitoring of practice, observations and environments would support staff to best meet children's individual needs.

An improvement plan was in place, which identified strengths and areas for development within the service. Staff were aware of and had been involved in the development of the plan. We could see evidence of progress in some areas of development. For example, a numeracy champion had been allocated, and parental participation activities had been developed. This was a positive step towards improving positive outcomes for children and families.

Staff and parents were included as part of the services self - evaluation processes. Staff meetings gave staff and management opportunity to discuss any issues, practice and service delivery. Parents were asked for opinions on a variety of aspects of the service. A 'You said we did' board offered feedback to parents on the opinions they gave. This supported them to feel included in the service. We discussed with management that children should be more involved in the self-evaluation and improvement procedures. This would help them to have more ownership of the service and their play and learning.

How good is our staff team? 4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

During our inspection, we found that staff deployment within the setting meant that children's needs were being met by the right number of staff. Attendance levels were low at time of inspection and the service

had support staff to cover for staff absences. The service tried to use the same staff for cover to support continuity for children and families. There had been a number of staff changes over the last year. This did not appear to be having a significant impact on children's overall experiences, however had impacted on continuity of care for children.

The staff team provided a range of skills and experience to the service within and across environments. Some staff had leadership roles and champion roles including additional support needs and numeracy. A keyworker system was in place which supported staff relationships with children and families.

Staff told us that teamwork was one of the strengths of the service and we saw this in practice. Staff worked well together and communicated well when moving areas and sharing information about children's care. This meant staff worked well together to offer positive outcomes for children.

Staff development was encouraged within the service and staff had attended a variety of training to support their development. This included child protection, curiosity approach, first aid, additional support needs and trauma informed practice. One staff member commented, 'My training has significantly improved the children's experience by enabling me to offer personalised care and engaging learning opportunities that foster their development.' We concluded children befitted from a reflective team who were keen to improve their skills and knowledge to provide quality care play and learning.

We reviewed the services recruitment policies and procedures. We found that staff caring for children were recruited safely and registered with the Scottish Social Services Council (SSSC). They are the regulatory body responsible for registering the social services workforce. They provide public protection by promoting high standards of conduct and practice and support the professional development of those registered with them. We concluded that staff were recruited safely.

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 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).

This area for improvement was made on 28 May 2024.

Action taken since then

When assessing this area for improvement, we found that child protection chronologies were regularly updated and reviewed. All concerns regarding children were referred to the relevant agencies.

This area for improvement has been met.

Previous area for improvement 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:

HSCS1.25 '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'.

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

This area for improvement was made on 28 May 2024.

Action taken since then

When assessing this area for improvement we found that children in the baby room had free flow access to outdoors. Older children were accessing outdoors every day but children did not have choice of when to go out or free flow access. A new member of staff for 3-5 room has been employed to support free flow outdoors and staff will use radio's to support communication.

This area for improvement has not been met and has been amended to reflect improvements needed.

(See quality indicator 1.3).

Previous area for improvement 3

The provider should ensure that all staff have access to accurate and up-to-date information on children's allergies/intolerance's. Staff understanding should be monitored regularly to confirm staff have the necessary knowledge to meet children's individual needs.

This is to ensure care and support is consistent with Health and Social Care Standard 4.27:

'I experience high quality care and support because people have the necessary information and resources'.

This area for improvement was made on 6 May 2025.

Action taken since then

When assessing this area for improvement we found that staff were aware of children's allergies and intolerances. Protocols for children with allergies were in place and staff were aware of these. Allergy awareness policies and procedures were shared with all staff at induction and were part of the induction process.

This area for improvement has been met.

Previous area for improvement 4

The provider should ensure that clear and comprehensive records of staff inductions are maintained for all staff, including those employed through external agencies. These records should evidence that staff are informed and are familiar with all areas relevant to the safety and wellbeing of children. At a minimum induction records should demonstrate staff awareness of the services, child protection procedures, whistleblowing policy medication and children's allergies.

This is to ensure care and support is consistent with Health and Social Care Standard 4.27:

'I experience high quality care and support because people have the necessary information and resources'.

This area for improvement was made on 6 May 2025.

Action taken since then

When assessing this area for improvement we found that all new staff were taking part in the national induction and current staff were working through it. Policies and procedures for whistleblowing, medication, allergies and child protection had been added to the induction program and shared with staff.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	4 - Good

How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very 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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