Raising Little Ones
Day Care of Children

124c Raeburn Place
Edinburgh
EH4 1HG

Telephone: 07716563800

Type of inspection:
Unannounced

Completed on:
8 January 2025

Service provided by:
Rebecca Lawrie

Service provider number:
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Service no:
CS2021000333

About the service

Raising Little Ones, is registered to provide a daycare of children service to a maximum of 12 children up to entry to Primary 2 at any one time. Of those 12 no more than 6 are aged under 2 years.

Raising Little Ones is a flexible adhoc childcare service based in Stockbridge area of Edinburgh. It is focused on supporting families who need flexibility in childcare arrangements to meet personal or working arrangements. Children attend on an ad hoc sessional basis. They have use of designated play spaces located in located upstairs in The Place, which is in the Stockbridge area of Edinburgh. Lift access is available. There are two play spaces, one specifically designated for creative and messy play, toilet facilities, and a low fenced outdoor area situated in the grounds of Edinburgh Academicals Sports Ground. The service also make good use of the local and wider communities. It is close to local parks, Water of Leith walkway and local amenities.

About the inspection

This was an unannounced inspection which took place on Tuesday 7 January 2025 between 11:00 and 14:45 and Wednesday 8 January 2025 between 09:30 and 14:30. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, 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 two parents and received feedback from 10 families
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

Children benefited from staff who demonstrated child-centred, value-based practice, responding respectfully to children's needs and wishes.

The manager demonstrated commitment to improving the quality of the service. As a result, improvements were evident. This resulted in the six areas for improvement identified at the last inspection being actioned and met.

Regular outdoor learning opportunities were prioritised to enhance children's physical, cognitive, social and emotional development.

Management were considering how they could improve sleeping facilities to support children's safety, wellbeing, and development.

Children were kept safe as staff worked well together to identify and remove risks to children.

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?	5 - Very 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, where several strengths impacted positively on outcomes for children and outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Staff were warm, caring and nurturing in their approach when engaging with children. They were down at children's level, and offered cuddles when needed. As a result, children were settled, relaxed, and ready to engage in play. Children confidently approached staff when they needed support or reassurance. Parents appreciated staff kindness and nurturing approaches. One parent told us, "Staff treat my child with so much love and affection and it's lovely to see. My child has a bond with every member of staff, they know my child so well."

Snack and lunch experiences were unhurried and relaxed. Staff sat with children during these times to support social skills and language development. Parents provided all food and children were encouraged to eat their healthier options first. This meant that parents were actively involved in decisions around food and drink provision. Recent staff training resulted in staff developing knowledge about the updated best practice guidance; Setting the Table - Nutritional guidance and food standards for early years childcare providers in Scotland (Scottish Government, 2024). As a result, staff were more informed to support babies feeding patterns and needs. This provided continuity of care and helped to keep babies healthy. Staff were knowledgeable about children's dietary requirements. Health care plans helped to ensure that procedures were in place to keep children safe. Parents appreciated the care taken to fulfil children's specific dietary needs. One parent told us, "The service is strict about allergies and parents are notified about what foods not to send in."

Management had focussed on improving the personal planning approach since the last inspection. Personal Plans had been improved and now included valuable information reflecting the individual wellbeing needs of each child. Such as, health or dietary requirements. The 'All about Me section' detailed children's preferences, routines, and any significant changes in their lives. Plans were reviewed every six months or sooner and information was updated in partnership with parents. This meant that plans remained up to date to reflect children's progress, changing interests, needs and successes.

Sleep routines reflected individual children needs and family wishes. Staff checked sleeping children on a regular basis and recorded these checks. This helped ensure children were safe while they slept. Recent training had supported staff to understand the importance of following safe sleep guidance. As a result, management were considering how they could improve sleeping facilities to support children's safety, wellbeing, and development.

Quality indicator 1.3: Play and learning

Staff had developed their knowledge and skills around responsive planning and observing children's learning. This helped them to be more informed about specific learning that had taken place. As a result, play and learning experiences were relevant and personalised. For example, offering opportunities to extend children's emerging interest in dentists. Plans were in place to begin to evaluate planning to consider the impact and outcome of children's experiences.

This could support staff to plan experiences, with more focus on children's specific next steps to further enhance progression in learning. Staff could continue to develop their knowledge of Curriculum for Excellence (Education Scotland, 2019). This could offer more opportunities to challenge children's learning.

Online learning journals were used to regularly inform parents about what their children were doing when attending the service. Staff used another process to record observations of children's progress. Recorded observations informed termly reports which celebrated individual children's achievements and focussed on areas for support. This process was inclusive of parent's views. A parent said, "Termly reports are specific to our child."

Communication, language, and literacy skills were promoted, for example, through reading stories and singing. Numeracy skills were supported through games, natural counting opportunities and children's curiosity. Such as, counting out scoops of cornflour when making gloop, and sorting baubles by size. Management recognised that literacy and numeracy opportunities could be further promoted. Consideration could be given to introduce measuring tapes, clocks, and scales to the indoor and outdoor environment. Similarly, introducing a range of child friendly texts, signs and labels would support children's emerging reading skills.

Regular outdoor learning opportunities were prioritised to enhance children's physical, cognitive, social, and emotional development. Good use was made of the local community, such as trips to the library, park, duck pond, and local shops. Parents appreciated this and told us, "They have an outdoor area but will go for a walk or to the park as often as possible. My child enjoys playing in the garden, and the outings to the botanical garden."

Exploration and creativity was enhanced through daily activities in the messy playroom. Children had opportunities to explore sensory materials, painting, and craft and design. Open ended core resources were available in the indoor play spaces and in the garden. For example, sand and water to promote curiosity, imagination, and experimentation skills. Due to the layout of the premises, children could not independently access the messy room. A good range of arts and crafts and writing materials should be more accessible in the main playroom. This would allow children to independently lead their creative play throughout the day.

How good is our setting? 4 - Good

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

Quality indicator 2.2: Children experience high quality facilities

Children experienced a warm and welcoming environment. Furnishings were comfortable and appropriately sized for the children in attendance. There was plenty of natural light and ventilation which supported wellbeing.

The indoor and outdoor environments were sensitively structured and took account of all children's stages of development and learning. Spaces reflected children's current interests and curiosities. For example, a sensory play resource with bears was introduced to extend children's interests in the story, 'We are going on a bear hunt.'

Staff worked well together to identify and remove risks to children within the setting both indoors and outdoors, across the whole day. Risk assessments had been developed to ensure that children

were accounted for at all times. This helped to keep the environment safe and secure. Staff carried out regular headcounts when transporting children to the garden, this minimised risks. Children were supported to recognise risk as part of their play. For example, how to take care while enjoying running down the big hill at the park.

The setting was clean and well maintained to support children's health and wellbeing. Staff and children washed their hands at key times helping to prevent the spread of infection for example, after playing outside, and before and after meals and snacks. Moving forward, high chairs should be cleaned effectively and staff should wear appropriate protective personal equipment at all times when changing children. Management agreed to monitor this. This would ensure that children were protected because all necessary precautions were in place to prevent the spread of infection.

Children's personal information was stored securely. Appropriate systems were in place to manage electronic information and paper records. This was in line with the general data protection requirements and ensured children and families safety and confidentiality.

How good is our leadership? 4 - Good

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

Quality indicator 3.1: Quality assurance and improvement are led well

Good leadership and relationships between staff supported meaningful involvement in the development of the service. There was a shared vision that reflected the aspirations of children, and families. Staff felt confident to raise and initiate change. One staff member told us, "We are able to talk to each other about our points of view." This created an ethos of continuous improvement within the service, as staff felt involved, heard, and consulted.

The service values were trust, respect, independence, belonging, and encouragement. We could see these in practice. For example, staff respected children's dignity, privacy, and respect during personal care routines. The values were shared with parents through an informative website, leading to a collective understanding of the service provided.

The manager led the service well, their insight and leadership skills meant that all staff were committed to improving outcomes for children and families. Self-evaluation using best practice guidance, enabled them to deliver care and support tailored to the needs of children and families using the service. Regular staff meetings gave staff an opportunity to reflect and use those reflections to bring about positive change to outcomes for children and families.

The improvement plan prioritised areas to be improved as advised at the previous inspection. As a result, all areas for improvement identified had been met. Improvements made included revised personal plans which fully met the children's individual needs. Risk assessments identified hazards to keep children safe, and staff deployment had improved meaning that children's needs were better met. This demonstrated that management and staff were committed to developing the service to enhance outcomes for children.

There was an emerging ethos of distributed leadership with staff having responsibility in leadership roles. For example, one staff member researched and delivered training in emotional wellbeing. To build on this, the improvement plan could be developed to provide a concise overview demonstrating clear outcomes to

be achieved. Delegation of priorities to staff could extend knowledge to bring about positive changes to outcomes for children and families.

How good is our staff team? 5 - Very Good

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

Quality indicator 4.3: Staff deployment

Staff worked well together and had clearly built strong relationships across the team. This contributed to the kind, caring and respectful environment that children experienced. Management recognised the importance of ensuring that the service was appropriately staffed. For example, busier times, such as mealtimes, were well staff to fully meet children's needs.

The deployment and levels of staff took account of staff knowledge, skills and the daily activities. Staff were motivated and wanted to do well, they were engaged and open throughout the inspection to our ideas and suggestions. Routines of the day were well managed to ensure effective supervision and quality engagement with children. This resulted in children being supported by staff who had time to care for them and respond promptly to their needs. A parent told us, "I am always confident there is a good staff to child ratio and my child's needs can be met."

Staff benefited from regular review meetings with the manager, which was focussed on developing practice. Moving forward, keeping a record of professional discussions and agreed actions could further support staff to reflect on and improve their practice. Staff that we spoke to told us that they felt they were well supported. One staff member said, "The manager really helps me, they tailor how they support each team member because they know their needs."

An induction programme was in place to support new staff. Management could consider further developing the induction process using the best practice guidance: Early Learning and Childcare - National Induction Resource (The Scottish Government, 2019). This could support new staff to reflect on and record specific learning to enhance practice to improve outcomes for children.

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 needs, information about children's wellbeing and medical needs should be fully documented and tracked for changes and any action to be taken.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 5 June 2023.

Action taken since then

Children's personal plans had improved since the last inspection and included all necessary information to support children's care needs. Health care plans had been introduced which fully documented medical needs. These detailed symptoms, and procedures to be followed should a child require emergency medication. As a result, all staff were aware of children's medical needs and the steps to take to help promote their health and wellbeing.

This area for improvement has been met.

Previous area for improvement 2

The provider and staff should seek further training to enhance knowledge of the procedures which should be followed should they have concerns about a child. This should be recorded clearly in the policy and procedure.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 5 June 2023.

Action taken since then

Training had resulted in staff and management being more knowledgeable about child protection and safeguarding concerns. Staff could confidently explain their role and responsibilities, and how to follow procedures to keep children protected from harm.

This area for improvement has been met.

Previous area for improvement 3

The provider and staff should reflect on best practice guidance to promote more accessible and enticing opportunities to play. This would support children to access a range of skills and development opportunities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21).

This area for improvement was made on 5 June 2023.

Action taken since then

Management and staff have reflected on best practice guidance, such as, Loose Parts Play toolkit (Scottish Government, 2019), and Realising the Ambition (Education Scotland, 2020). As a result, improvements had been made to the environment to entice and invite children to play. A variety of open-ended resources and activities helped children use their imagination, curiosity and investigation skills. For example, making ice cream with shaving foam.

We recognised that improvements had been made. Similarly, plans for further improvement demonstrated commitment to continue to enhance accessible and enticing opportunities to play.

This area for improvement has been met.

Previous area for improvement 4

The provider should further develop and risk assess procedures for headcounts, children moving between spaces, outdoor and outings to ensure children are safe in their environment.

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 play outdoors every day and regularly explore a natural environment' (HSCS 1.32) 'My environment is secure and safe' (HSCS 5.17).

This area for improvement was made on 5 June 2023.

Action taken since then

Risk assessments had been reviewed and updated. Staff confidently explained how to assess risk when moving between spaces, and when out in the community. Staff were observed following risk assessment procedures when taking children to the outdoor play space.

Children were supported to take a risk benefit approach in their play and learning to assess risk. For example, when running down the big hill in the park.

This area for improvement has been met.

Previous area for improvement 5

To promote a culture of continuous improvement and enable the quality of the service to be evaluated the provider should develop approaches to self-evaluation and quality assurance.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having a robust and transparent quality assurance process' (HSCS 4.19).

This area for improvement was made on 5 June 2023.

Action taken since then

Management were highly committed to ensuring continuous improvement.
Developing self-evaluation and quality assurance processes supported management to improve the quality of the service to enhance outcomes for children. As a result, all areas for improvement made at the last inspection being met. For example, improved personal plans, play spaces, staff engagement, staff knowledge of safeguarding, and how to assess children's play and learning had improved.

This area for improvement has been met.

Previous area for improvement 6

To enhance children's experiences, the provider and staff should assess the routine of the session to maximise the opportunities for staff engagement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This area for improvement was made on 5 June 2023.

Action taken since then

Improved daily routines for staff provided clear guidance and helped staff to be organised. Staff appreciated having a planned structure to their day. This helped them to be clear about their responsibilities. The routine offered greater opportunities for high levels of interaction and support to enhance children's experiences.

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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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