

# LASC Childcare Services Ltd (Bilston) Day Care of Children

Bilston Primary School  
Park Avenue  
Bilston  
Roslin  
EH25 9SD

Telephone: 01312027640

**Type of inspection:**  
Unannounced

**Completed on:**  
29 May 2025

**Service provided by:**  
LASC Childcare Services Ltd

**Service provider number:**  
SP2003003106

**Service no:**  
CS2016346030

## About the service

LASC Childcare Services Ltd (Bilston) is one of six services provided by LASC which is a voluntary organisation. LASC Childcare Services Ltd (Bilston) is registered with the Care Inspectorate to provide a care service to a maximum of 30 children at any one time, aged from three years to S1 at secondary school.

LASC provide a breakfast club, nursery wrap around and out of school care. Children from the out of school care can also access holiday care at the main LASC premises in Loanhead.

The club operates from the primary school in the village of Bilston in Midlothian. The club have access to the dining room, playground and gym hall when it is not in use. They also use the playground and nearby park for outdoor play.

## About the inspection

This was an unannounced inspection which took place on Tuesday 27 and Wednesday 28 May 2025. 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, 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 and families using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- received electronic and verbal feedback from families.

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 benefitted from kind and caring interactions from staff to support their overall wellbeing.
- Improvements had been made to the play environment indoors following the previous inspection. Staff should continue to develop the environment to further support child centred play spaces.
- Improvements had been made to quality assurance and self-evaluation processes, resulting in positive outcomes for children.
- The service should continue to support staff to develop their skills and knowledge.

## 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?	3 - Adequate
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 this Key Question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality Indicator 1.1: Nurturing care and support

Children benefitted from kind and caring interactions from staff to support their overall wellbeing. They were warmly greeted by club staff, creating a welcoming atmosphere. The welcoming environment encouraged social connections with friends. Interactions from some staff supported children's wellbeing by promoting their choice and providing time to 'chat'. Children were having fun, we could see that friendships had been formed. If children needed comfort or reassurance this was given discreetly, promoting the child's confidence. This fostered a sense of nurture that supported their emotional wellbeing and happiness.

Children contributed to developing the new snack menu. They were encouraged to share their food choices and ideas, which were documented in the 'big book'. One child told us, "Spaghetti is so good, we asked for this, we love it". Another said, "We have exotic fruit now like pineapple and mango, they are my favourites". This valuable consultation informed the development of new menus. Snack choices were mainly nutritious and a good variety of food was available for children to choose from. This inclusive approach to menu planning resulted in children demonstrating increased enjoyment and consumption of their snacks.

Overall, most children experienced a sociable snack time with their friends. They appeared familiar with the routine, for example, handwashing before eating and choosing where to sit. Water was available throughout the session to enable children to remain hydrated. However, the full potential of snack time as a positive developmental opportunity was not realised. Staff were often task-focused instead of sitting and engaging with children. This limited opportunities to build independence, foster conversations to support attachments and promote a positive social experience.

Personal planning was effective and supported children's overall wellbeing. Individual plans were in place; these were well-organised and reviewed in line with best practice guidance. The quality of information documented in personal plans had notably improved since the last inspection. Personal plans included an 'all about me', which children had completed. Chronologies and wellbeing logs indicated family involvement and collaboration with other professionals. As a result, relevant up-to-date information was available for staff to provide a consistent approach in meeting children's changing needs.

The leadership team worked in collaboration with children, families and other professionals to identify strategies of support. Positive support plans were in place for children who required them, outlining strategies to support their health and well-being. These contributed to improving children's experiences and supported staff in providing safe and compassionate care. While most staff demonstrated familiarity with these plans, some staff would benefit from reviewing them more thoroughly. This would enable all staff to provide continuity of care and support every child with the best possible chance to thrive and reach their full potential.

There were clear systems in place for administration and recording of children's medication. Medication was stored effectively and in line with best practice guidance. The leadership team took time to review medication records as part of their quality assurance audits. Staff showed awareness of children's medical needs, with most able to identify potential signs and symptoms. This contributed to meeting children's overall healthcare needs.

Staff had completed child protection training and demonstrated a clear understanding of who to report concerns and disclosures too. This contributed to keeping children safe and protected. To further strengthen safeguarding children, we encouraged the service to review staff's knowledge in responding to protection concerns. For instance, some staff we spoke with were less confident on what questions to ask or did not mention the documenting of disclosures. This indicated a need for more practical training and familiarisation with existing procedures. Further training could result in all staff being more confident and provide the best support in responding to and managing disclosures from children. (See Area for improvement 1 in 'How good is our staff team?')

### **Quality Indicator 1.3: Play and learning**

Children were actively involved in leading their play, freely choosing what and where to play, both indoors and outdoors. Family feedback was mostly positive, one family commented, "I think there's a great range of activities and well thought out experiences". Children's likes and interests recorded in their 'about me' profiles were considered in planning for play. Staff consulted with children on their ideas for activities and resources, documenting these in the 'floor book'. This was then used to plan weekly activities. Children's feedback such as, "We don't use the floor book as often now" suggested a decline in its use. To strengthen a child-centred planning approach the floor book could be made available every day for children to share their ideas. This could provide valuable insights and deepen children's ownership of their play. Resulting in supporting a rights-based approach to their involvement.

Children benefitted from mostly positive, respectful interactions from the staff team during play. Most staff actively joined in, offering support and fostering an atmosphere of fun and enjoyment. We observed children outdoors chatting and joking with staff, resulting in lots of laughter. This demonstrated the warm and engaging relationships being built. Staff were responsive to children's requests during play. For example, during the cloud dough activity, staff responded and engaged effectively with the group of children, supporting them in making more dough while extending their descriptive language. This involvement supported children's engagement and enhanced their overall experience within the activity.

The service communicated well with families. Children's play experiences, observations and achievements were shared with families using an online digital platform. Staff were observed chatting and sharing information with families at the end of the session. Family feedback was mostly positive regarding communication about their child's time in the club. One family commented, "Staff share how my child has been, how they have eaten and more information comes by way of the 'The Family app'". Daily updates on activities, staffing and snacks were provided to children and families via a whiteboard at the club entrance. Children's engagement with the board demonstrated its effectiveness informing them about the session ahead, while serving as communication channel for families. As a result, communication supported children, while improving communication with families.

Children had continuous access to the outdoor space moving freely between indoors and outdoors. Children played football in the multi sports space, while others played hide in seek with staff. This promoted their choice, independence and supported their physical development and wellbeing. Some children told us they liked playing football, it was their favourite. The service could review how they plan for outdoor play. Many children told us they missed going to the park and woods, this was also documented in floor books. Enhancing outdoor play experiences and resources such as, using the local community could lead to richer, more stimulating play experiences for children. (See Area for improvement 1 in 'How good is our setting?')

## How good is our setting?

## 3 - Adequate

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

### Quality Indicator 2.2: Children experience high quality facilities

The service was bright and well-ventilated. Some progress had been made to make the large dining hall a more welcoming environment for children to play. Children had direct access to a large playground, which included a multi sports enclosed area. One family commented, "The space is okay, the dining hall and gym can be used as well as outdoor space. Although there is no facility for a quiet area to the best of my knowledge, which is a shame". While some progress had been made to make the space more inviting, staff should continue to reflect on and develop the overall environment. For instance, areas for rest and relaxation should be improved. Cushions were available but unused on a table, younger children attending the club may not yet have the skills to create comfortable, quiet areas independently. This could lead to missed opportunities to meet children's varying individual needs for a calm and quiet space following a busy day at school. **(See Area for improvement 1)**

The service should continue to review and develop the range of resources available outdoors. Progress had been made indoors and more resources were available for children. For example, board games, sensory activities and materials to support creativity and imaginative play such as, cars, trains and trucks. While most children were observed to be engaged in their play, this was enhanced by the number of staff available to interact with children and activities. Outdoors, there was a limited range of resources available to children. Resources available included, balls, construction bricks and some plastic sports equipment such as, bats and balls and children's own scooters. We observed children using the big bricks to make den. Although a few children told us, "They had to rush to get to the bricks outdoors before other groups used them". Expanding the variety of outdoor resources such as, loose parts and natural materials would extend children's problem-solving skills, creativity and critical thinking. We also encouraged the service to review the use of the local community, for example, the park and woods, children told us they missed using these spaces. **(See Area for improvement 1)**

The service was clean and mainly well maintained. Effective systems for reporting both routine and ongoing maintenance concerns were in place. For example, a missing toilet seat and a few out of order toilets had been reported, with repair plans already initiated. Food preparation areas were clutter free and effective surface cleaning took place before and after mealtimes, this minimised the spread of infection. While handwashing routines were observed, we discussed with the manager opportunities for development such as, reviewing staff hand washing procedures and staff role-modelling to support younger children's handwashing practices. This could contribute to minimising the spread of infection.

Progress had been made following the previous inspection and children were mainly cared for in a safe environment. Environmental risk assessments had been developed and shared with almost all staff. These included indoors, outdoors and the local community such as, the park. However, some staff were not consistent in following procedures to ensure the overall environment monitored effectively to keep children safe. For instance, we observed the cleaning cupboard left open on one occasion, a concern previously raised after the last inspection. Additionally, a member of staff had to be reminded by the manager to keep a door closed that led to the main exit. Moving forward the service should regularly review the detailed risk assessments with new and existing staff to ensure processes are followed consistently. This will contribute to ensuring all staff are aware of risks and procedures in place to keep children safe. **(See Area for improvement 2)**

### Areas for improvement

1. To ensure that children are cared for in an environment that meets their needs staff should assess and make improvements to the club play resources and environment.

This should include but is not limited to, providing comfy areas and a range of good quality play resources for indoor and outdoor use, suitable for the ages of children using the club. These should be attractively set up for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

2. To ensure staff and children are as safe as possible, the manager and staff in consultation with children should continue to review and implement effective risk assessments for the service.

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

### How good is our leadership?

**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 3.1: Quality assurance and improvement are led well

The manager and staff team were welcoming, approachable and engaged well with the inspection process. Changes to management and staff team meant children, families and staff were establishing relationships and getting to know each other. However, good leadership had contributed to service improvements, enabling staff to deliver positive outcomes for children.

Children's right to have their voice heard was respected in the service. Their views were sought and used to improve the service. For instance, children were included in developing 'Our Expectations Wall', this helped promote safe boundaries, positive behaviours and respect among everyone. Additionally, children's ideas for redeveloping the snack menu, activities and resources were captured and implemented. Moving forward the service could provide ongoing opportunities for children to share their views and to review and respond to their suggestions more promptly. For example, by ensuring the floor book is consistently available or by having a suggestions box, children could share their views as an ongoing process. This would reinforce that their ideas are truly valued and visibly demonstrate their influence on improvements.

The service had made a good start gaining family feedback to improve the service. Questionnaires had been sent out to families with some responses received. The manager was reviewing and reflecting on what was working well and using these moving forward, for instance, quick response codes displayed on the white board at the main entrance has proved to be more successful. Most information including updated policies, general club information and events was shared via an online digital app. Moving forward the service could continue to review and develop ways to meaningfully involve families to support overall improvement.

Progress had been made following the last inspection and as a result, effective quality assurance and improvement planning was taking place. Key improvements and priorities had been addressed, and actions had been taken to achieve these. Quality assurance systems, including systems for auditing and reviewing paperwork and the environment were beginning to have a positive impact on the overall service. For example, personal planning, medication and auditing of accidents and incidents. Other improvements included, capturing children's voice in service improvements. These were positively impacting on service development and improving outcomes for children. The service could review improvement planning priorities for this year to ensure they are meaningful and continue to target key areas, for example, the environment, resources and staff skills and knowledge. This will contribute to sustaining improvements made.

## How good is our staff team?

**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 4.3: Staff deployment

Effective levels of staffing contributed to positive outcomes for children. The availability of sufficient staff allowed them to be responsive to children's individual needs. This meant children's overall experiences were enhanced. As a result, children's needs were met by the appropriate number of staff.

Staff demonstrated flexibility deploying themselves in both indoor and outdoor spaces to effectively support children and keep them safe. Staff were aware of where to place themselves which meant children were in sight. Staff undertook regular head counts during transitions and communicated effectively using walkie talkies. For example, between indoors, gym hall, toilets and outdoors. As a result, children were effectively supervised which contributed to their overall safety.



Children benefitted from a mostly warm and caring staff team who were developing positive and supportive relationships with each other. The service mainly run with four staff and a peripatetic manager. Staff and children told us the manager visited regularly. They spent time engaged with children and offered support to the team. The team worked well together to create a positive, fun atmosphere. Some families commented on the ongoing changes within the staff team. One family told us, "There is such a high staff turnover, and I don't feel like I know any of the staff well". Some children also expressed missing staff who had left, although they acknowledged, "we are getting to know the newer staff, we can talk to them if we need to". The service acknowledged the staffing challenges it faced in maintaining a consistent team. They discussed the various support initiatives recently implemented to address these issues.

Inductions were effective in supporting new staff into the service. For example, induction processes were carried out over a period of six weeks and extended if needed. This provided new staff with ongoing opportunities to share their experiences and identify any support they might need. For existing staff, support was provided through health and wellbeing check-ins and ongoing supervision. Moving forward the service should use information gathered from staff reviews and practice observations to support and extend staff's knowledge, skills and overall development. This approach would contribute to supporting staff's continuous professional growth, potentially enhancing the quality of care for children. **(See Area for improvement 1)**

### Areas for improvement

1. To support and strengthen the skills, knowledge and experience of the staff team, the provider should ensure that effective arrangements and processes are in place for developing the staff team.

This should include but not limited to, ensuring all staff are supported to develop the skills they need through professional learning, practice observations, reflective practice and effective feedback from managers.

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, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 15 November 2024, the provider must ensure children have access to suitable developmental resources and are cared for in a safe environment.

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

a) Children have consistent access to a range of well-presented and well-maintained resources both indoors and outdoors, which are suitable for their developmental stage.

b) Review the equipment, furnishings, storage and spaces for children to rest and relax.

c) Risk assessments are in place and monitoring tools support the identification of risks and hazards.

This is to comply with Regulation 10(1)(a) and 2(a), (b) (c) (d) (Fitness of premises) 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:

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21); and

'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); and

'My environment is safe and secure' (HSCS 5.17).

**This requirement was made on 13 September 2025.**

### Action taken on previous requirement

Progress had been made, resources and play experiences indoors had improved. Children had access to a range of developmentally appropriate resources and experiences indoors, which contributed to enhanced engagement in their play. Outdoors a storage unit had been purchased and some resources were available, refer to the main body of the report for further detail.

The requirement has been met; however, an area for improvement has been added to enhance the overall environment to further support children's play. (See Area for improvement 1 in 'How good is our facilities?')

Environmental risk assessments had been developed and shared with most staff. All spaces children use had been assessed, including spaces used in the local community such as, the play park and woods. Staff completed daily safety check sheets which contributed to staff monitoring the environment to ensure children were safe and to minimise risks. Refer to the main body of the report for further information.

The requirement has been met; however, we have added an area for improvement. (See Area for improvement 2 in 'How good is our facilities?')

### Met - within timescales

## Requirement 2

By 6 January 2024, the provider must ensure the quality of the service improves through effective and robust improvement planning and quality assurance procedures are implemented to support people's health, wellbeing and safety.

To do this, the provider must:

- a) Implement the new improvement plan which addresses key improvement priorities and the actions taken to achieve this.
- b) Develop and implement regular monitoring and robust quality assurance systems.
- c) Monitor the quality of children's personal plans, learning journals and healthcare plans, to ensure these reflect children's current health, welfare and safety needs.
- d) Ensure self-evaluation processes are developed and maintained.
- e) Ensure managers develop the skills and knowledge needed to effectively lead the service.

This is to comply with Regulation 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and 4(1)(a) (Welfare of users) 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).

**This requirement was made on 13 September 2024.**

## Action taken on previous requirement

The service had developed a working action plan to address service improvements, this was having a positive impact on improving the service. Regular and robust quality assurance was taking place by the manager, play leader and staff from within the wider organisation. This was contributing to self evaluation processes and was positively impacting on the overall service development and outcomes for children. We discussed with the service developing a new improvement plan for the coming year following the findings from this report to ensure the positive improvements are sustained.

Children's personal plans and healthcare plans had been reviewed and new systems had been implemented, these were effective in supporting individual children's health and wellbeing, further information can be found in the main body of the report.

The manager who was in place at the previous inspection has since left the service. One of the area operation managers for LASC childcare services was now the registered peripatetic manager for Bilston. We discussed with the manager effectively supporting all staff in the service to develop their skills and knowledge. (See Area for improvement 1 in 'How good is our staff team?')

## Met - within timescales

## 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, the provider should ensure personal plans are improved so that they set out clearly how children's care and support needs will be met.

This should include, ensuring personal plans are reviewed with families, at least every six months or sooner, depending on the individual needs of the child and ensuring strategies of support are recorded and implemented by staff.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

**This area for improvement was made on 13 September 2024.**

#### Action taken since then

Significant progress had been made to support children's individual needs through the personal planning process. Individual plans were in place; these were well organised and reviewed in line with best practice guidance. Plans identified children's needs and strategies were in place to support individual children.

**This area for improvement has been met.**

#### Previous area for improvement 2

Outcomes for children should be improved through supporting staff to implement a child-centred approach to observation, planning and assessment of children's learning through play.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am treated as an individual by people who respect my needs, choices and wishes and anyone making a decision about my future care and support knows me' (HSCS 3.13).

**This area for improvement was made on 13 September 2025.**

#### Action taken since then

Progress had been made, staff were actively supporting children to lead their play through a variety of ways. Information gained from 'all about me' profiles contributed to planning and children regularly shared their ideas for play and activities. Individual children's play observations were documented on a digital platform. Additionally daily dialogue contributed to effective planning and assessment of children's play and learning. However, an area for improvement has been added to ensure resources to extend children's curiosity, problem solving skills and thinking skills. (See the main body of the report, Area for improvement 1 in 'How good is our setting?')

**This area for improvement has been met.**

### Previous area for improvement 3

To support development of the service, the provider should effectively communicate and meaningfully involve children and families with developments and improvements of the service.

This should include but is not limited to:

- a) Improving communication methods with families to ensure all families are included within these processes and ensure that relevant information is shared with families timely. This will ensure all parents feel well informed.
- b) Ensure views are routinely sought from children, staff and parents on aspects of the service and that these views are used to inform improvement planning.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6); and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

**This area for improvement was made on 13 September 2024.**

#### Action taken since then

Communication methods with families had improved. A digital platform shared a range of information with families. For example, updated policies, changes to snack menu's, service updates and general organisation changes. Further examples are detailed in the main body of the report.

Significant improvements had been made to ensuring children's views were sought. The service were actively reflecting on the different way of collecting families views. (See the main body of the report)

**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](http://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?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
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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