

# Simply Play @ Wester Inch Day Care of Children

Simpson Primary School, Community Wing  
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Wester Inch  
Bathgate  
EH48 2SG

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**Type of inspection:**  
Unannounced

**Completed on:**  
22 February 2024

**Service provided by:**  
Simply Play

**Service provider number:**  
SP2010010947

**Service no:**  
CS2013318464

## About the service

Simply Play @ Wester Inch is registered to provide a care service to a maximum of 50 school aged children up to start of secondary school. Within this number care can be provided to no more than 10 children who are registered to start school in the August of that year during the holiday period only.

The service is delivered from the community wing within Simpson Primary School, Wester Inch, Bathgate. It is close to local amenities and has good transport links.

## About the inspection

This was an unannounced inspection which took place on Tuesday 20 February 2024 between 14:00 and 18:10. We returned to complete the inspection on Wednesday 21 February 2024 between 14:00 and 18:10. Two inspectors from the Care Inspectorate carried out this inspection.

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 and observed children using the service
- received written feedback from six parents and spoke to one parent
- spoke with staff and management
- observed practice, documents and daily routines
- observed the transportation of children from school to the service.

We gave feedback to the manager and project manager in the service on Thursday 22 February 2024.

## Key messages

Children experienced warm, nurturing and kind interactions.

To enhance children's care, learning and development, the personal planning approach could be developed to assess and review children's needs in greater depth.

Children had access to indoor and outdoors throughout the session, enabling them to make choices about their play.

Children were engaged in their play, and were interested in what was available to them.

The manager effectively led the staff team and was clearly committed to sustaining and improving quality experiences and outcomes for all 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?	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 were happy, confident and settled in the service. When collected from school, they experienced a warm welcome from staff who asked about their day. Children were excited to see staff and to share their school and personal news. As a result, they knew that they were valued by staff who showed genuine interest in them as individuals. A soft start to the session enabled children who had walked to the service to have the opportunity to have snack and play before their friends arrived from schools further afield.

All children had a personal plan which was regularly reviewed. The service had begun to improve their system to ensure that all keyworkers, children and families can work together to review the plans. This would ensure that current valuable information about children's needs and preferences are considered in meaningful partnership with all children and families. This could allow better opportunities for children to be given the best care at the right time for their current needs. Most staff could tell us about how individual children's specific needs were being supported, additionally this was observed during the inspection. A parent told us, "The staff have been very supportive in looking at ways to support my children's needs."

The manager had identified that some support plans needed to be more specific and evaluated to identify when strategies should be changed or adapted to enhance opportunities for individual children. They were currently working on improving this area for development. This would support well considered interventions to help children to make appropriate progress and to feel valued by staff who understand their needs.

Snack was a relaxed, sociable, and enjoyable occasion. The snack time routine had been recently improved. This was a rolling snack experience, offering children the choice to come for snack when they were hungry. They were encouraged to continue with their play rather than queuing for snack, which meant that interruption to their play was minimised. Children could independently choose what they would like to eat from the variety of food served from a buffet table. They could also help themselves to a variety of fruit on offer. Drinks were available throughout the session so that children could keep themselves hydrated. The snack area was respectfully set up in a café style. Menus were displayed and children were consulted about food choices. Overall, this was a supportive experience promoting respect and kindness, whilst encouraging healthy eating.

Management of medication was mostly in line with best practice guidance. The provider had improved procedures in response to previous advice given. Medication was stored in individual boxes, which were clearly labelled with the child's name and date of birth. Enhanced auditing of medication procedures and records would ensure that all information is consistent. Steps had been taken to introduce a system to inform staff if medication had been administered to a child during the day while attending school. This would protect children from the risk of being given too much medication.

### Quality Indicator: 1.3 Play and Learning

Children could move freely around the resourceful play spaces, which offered them freedom to choose where they would like to play. This contributed to children being meaningfully and actively involved in leading their play and learning through a balance of spontaneous and adult supported experiences that promoted their choice and independence. There were some open-ended materials and loose parts for children to explore and experiment with. For example, real life dressing up resources including hats, clothes, bags and shoes. Children enjoyed the freedom to dress up and walk around in the various clothes and accessories, enjoying the opportunity for self-expression and creativity. Parents shared that they felt there were good play opportunities, and one parent said, "My child enjoys it here, they are often reluctant to leave to come home! Children appear to have a lot of choice in activities."

Children were engaged in play either on their own or in groups, with plenty of space to rest and relax, or chat with friends or staff. A floor book was used for children to write down what activities they wanted to do; this was then used to provide future experiences. The floor books could be enhanced through using focused questions or statements to gather information to inform provision and practice. It was suggested this approach would be beneficial for the drama and music group being set up. Management were keen to enhance this in line with our advice.

There were opportunities for children to develop language and literacy skills through conversations, books, drawing and writing resources. Similarly, a range of resources enhanced opportunities for children to develop numeracy and maths skills, such as weighing, measuring, exploring shapes and through games, such as playing cards.

Planning approaches were child centred and responsive to children's interests and life experiences. For example, crafting resources were available and extended for a group of children who were interested in Romans to follow their interest of making shields and armour. As a result, children were able to lead their own learning.

Planning was organised and evaluated on a weekly basis. Staff prepared their own plan for the area that they were based in. These plans were focussed on activities to complement their key children's interests and needs. However, this was mainly activity focussed, rather than outcome focussed to support children's learning and development. Moving forward, staff should link planning to their observations and planned next steps for children. This would help to evaluate children's learning and use next steps to plan for future play and learning opportunities (see area for improvement 1).

Staff appropriately engaged with children in their play through natural and relaxed conversations. For example, some children were experimenting with floating and sinking with water, salt and different objects. Staff skilfully questioned children about what they thought made items sink and float to extend their thinking.

## Areas for improvement

1. Learning and development opportunities should be improved through supporting staff to implement an outcome focussed approach to planning. This should include, but is not limited to, evaluating children's learning and using their next steps to plan for future play and learning opportunities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials' (HSCS 1.31).

## How good is our setting?

### 4 - Good

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

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

The setting was well furnished, comfortable and homely. Children benefited from arriving at a setting that was thoughtfully set up for them, where time and consideration had been given to the layout and resources. The indoor environment was made up of three separate play spaces; the large hall, the smaller room used for snack, and the tent in the corridor which provided a quiet and private space for children to have time away from the busy playroom. Cosy spaces were created with soft furnishings and the children used these for den making and relaxing.

The service was delivered in a setting which had a secure entry system. This meant that unknown people could not enter the service, and that children could not leave the setting unattended. This helped to keep children safe and protected. The fire evacuation door in the playroom was used, in line with advice from the fire department, for parents to collect their children at the end of the session. Staff ensured that this door was secure, and effectively risk assessed to keep everyone safe.

The setting was clean and well maintained. Staff and children followed infection prevention and control and food safety practices to provide good levels of safety for children. This helped children to develop an understanding about the importance of good hygiene practice to minimise the risk of spreading germs.

Staff were aware of the limitations for children in the outdoor play space and had plans to develop this further. The playground was a shared resource, which had resulted in imposed restrictions, limiting children's play opportunities. For example, the use of ball games and types of messy play were not allowed. Further discussions, as part of the service level agreement, could reduce restrictions to enhance children's experiences. This could also support to establish the service as a valued part of the school community. Staff could review areas of the garden and plan in partnership with children about how to improve how it is used to enhance play opportunities.

Children were collected from their respective schools and taken to the service, some by bus, and others walked from the adjacent school. Journeys from schools were well organised to keep children safe. There were two collection arrangements for children who attended the adjacent school. One arrangement was suitably arranged to ensure children's safety.

However, the service should make alternative arrangements for the children who independently arrived at the service from the school. Moving forward, to keep children safe, all children should be collected from a safe collection point and escorted to the service (see area for improvement 1).

### Areas for improvement

1.  
To keep all children safe when walking from school to the service, the provider should ensure that all children are collected from a safe collection point and escorted to the service.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

### 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 had a clear vision that value-based practice and nurturing care and support is a main value of the service. They were driven to support all staff to embrace this approach and focussed on improvement to enhance positive outcomes for all. As a result, children felt safe and were confident in a service where their needs were being well supported. Parents recognised this and one parent said, "The manager is very supportive, approachable and clearly knows my child well."

The manager had made a number of improvements since commencing their role. As a result, they had led the staff team in making improvements. For example, value-based interactions, and improved snack time experiences. Similarly, they were reflective and clear about where further improvements were needed. This included improving opportunities for children's views to be listened to and acted upon. However, recording of monitoring, planned actions and evaluation of improvement was minimal. This should be introduced to further support staff to reflect well together and to use these reflections to bring about positive change to outcomes for children and families (see area for improvement 1).

The management team could continue to create conditions where all people feel confident to initiate well-informed change and share responsibility for the journey of improvement. To do this, children and families' views could be more regularly sought to inform the development of the service. A new approach for seeking and gathering children's views had already been planned. Similarly, plans were in place to introduce a system for seeking parents' views more regularly through the use of technology. We encouraged these to be implemented soon, as identified in the improvement plan.

The introduction of a quality assurance calendar could support management to focus on areas to meet the needs of the service. The calendar could provide an overview of the evaluation and monitoring of operational tasks, including audits of accident and incidents and management of medication. A calendar would also have an overview of service developments that are child focussed including play opportunities, developing children's voices floor books, and planning.

The senior leadership team carried out quality assurance visits to the service. Moving forward, identified actions ought to be outcome focussed and evaluated. This would ensure that actions had been progressed and sustained to enhance the service and improve outcomes for children.

## Areas for improvement

1. To support children's care, learning and development, the provider should make quality assurance processes more robust. This should include, but is not limited to, ensuring that the desired and actual outcomes for any improvements are documented.

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).

## 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

Staff were deployed effectively across the service. When setting up the service, they were organised and communicated well to each other as they prepared for school collections. The service was going through a period of transition with several new staff and children having recently joined. Experienced staff checked in with newer staff about their responsibilities.

The manager was a good role model, who supported the new team to grow together, whilst instilling expectations of good practice and standards to improve outcomes for children. This demonstrated that they recognised the need for high levels of interaction and support to promote wellbeing and safety. As a result, established staff knew children well, were aware of their emotions, and intervened appropriately with respect and understanding. Staff told us that value-based practice and interactions were prioritised. One staff member said, "Our strength is value based practice and knowing children well."

Children were kept as safe as possible through responsible actions of staff. For example, staff acted promptly when a child did not arrive at their collection point, following procedures to locate the child as quickly as possible. Outdoor play was offered to children as soon as all staff had returned from school collections, and staff were deployed effectively to ensure that this was an option throughout the session.

There was an effective annual plan for staff training to enable staff to work alongside other colleagues within the organisation, enabling sharing practice and networking. The impact of training could be enhanced further through quality assurance systems, providing reflection on training and the impact this has on practice moving forward.

Improved induction procedures had been introduced and newer staff members were working through the induction pack. The reflection pages provided an opportunity to pause and reflect on learning, enabling staff to consider learning and how to relate this to practice. Staff would benefit from frequent mentoring sessions to support them to continue to work through their induction. This would give them opportunity to discuss, reflect and develop their practice.



## 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?	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?	4 - Good
4.3 Staff deployment	4 - Good

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