

Broxburn Playgroup Day Care of Children

Strathbrock Partnership Centre
Community Area
189a West Main Street
Broxburn
EH52 5LH

Telephone: 07734385989

Type of inspection:
Unannounced

Completed on:
29 April 2025

Service provided by:
Management Committee Of Broxburn
Playgroup

Service provider number:
SP2003003164

Service no:
CS2003013396

About the service

Broxburn playgroup is a daycare of children service which operates from Strathbrock Partnership Centre. The facilities are on one level with the toilet facilities across the corridor from the room they use. They have access to a small enclosed play area. The service is located in a residential part of Broxburn, with access to local amenities.

The service is registered:

1. To provide a care service to a maximum of 20 children between the age of 2 years to those not yet attending primary school.

At the time of the inspection 34 children were registered with the service. There is a varied pattern of attendance with morning or afternoon sessions or full days.

The service works in partnership with West Lothian Council.

About the inspection

This was an unannounced inspection which took place on Monday 28 April 2025 between 08:30 and 15:30 and Tuesday 29 between 09:45 and 14:00. 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 several children using the service and four of their parents/carers
- spoke with five staff and management
- observed practice and how children's routines, play and learning were supported.
- reviewed documents.

Key messages

- Children benefitted from kind and caring relationships with staff.
- Quality assurance and self-evaluation systems should be developed to support the quality of the service provided.
- The manager and staff should identify learning and training that will help develop their skills and knowledge.
- Systems to support the delivery of high quality play, learning and development opportunities should be further developed.

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?	2 - Weak
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 1.1: Nurturing care and support

We evaluated this quality indicator as adequate. While the strengths had a positive impact, key areas need to improve.

Information had been gathered about children and used to develop personal plans. We could see where some strategies had been used to support children with their individual needs. These could be more effectively used to support children's overall wellbeing if the identified strategies were assessed. For example, how they helped children to make progress and achieve positive outcomes. Staff need to ensure plans are reviewed and updated with parents at least once every 6 months. A few parents we spoke with confirmed that they had not reviewed plans. They shared "We have filled out a personal plan for our child at the start of session but I am not sure that it has been reviewed since then." This could mean there are gaps in staff knowledge in respect of children's individual needs. To promote partnership working and ensure children's information is up to date we have made an area for improvement. **(See area for improvement 1).**

Children experienced positive interactions from staff as they were welcomed into the service. They were sensitively supported if upset and benefitted from the quiet, cosy areas that had been created. Staff recognised the importance of building relationships and ensured they were down at children's level. We observed that parents were not routinely coming into the room. Moving forward, staff should consider how this can be improved as it will support parents to become involved in the service. Parents shared "I love that the playgroup has such a family feel to it and the children are welcomed and looked after as if they are their own. The girls are amazing with the children and I cannot fault it."

The service provided a range of meals and snacks for children. They could choose where to sit and benefitted from the social time as they chatted with staff and each other. Children had developed self help skills as they fed themselves. There was scope to improve the experience for children. We asked the service to consider a rolling snack as play was stopped as everyone was brought together to eat. This interrupted children's play and not all children wanted to have snack. We saw that staff prepared the food and put it on plates for children. This meant there were missed opportunities to involve children and encourage them to develop self-help skills. Introducing child sized utensils should support this. For example, they could be involved in preparing snack, setting the tables and serving themselves. At lunch time the meal was plated for children which meant they were not learning about portion size or given a choice about what they wanted to eat. Staff should review this routine and consider how it can be improved to include children. We highlighted the Scottish Government document (2024) Setting the Table, Nutritional Standards and Practical Guidance for Early Learning and Childcare Providers in Scotland. This will help the service encourage children develop healthy eating habits. **(See area for improvement 2).**

At the time of inspection, the service did not need to administer any medication. Should they need to, we highlighted the updated guidance 'Management of medication in daycare of children and childminding services' published in December 2024.

Quality Indicator 1.3: Play and learning

We evaluated this quality indicator as weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

Children experienced a range of play opportunities that met their needs and interests. Most children were busy and engaged with the activities. They were mainly supported in their play with some nice interactions from staff. They were down at children's level and talked to them about the activities. A few opportunities for numeracy and literacy were promoted. For example, counting the number of bricks built up, and naming and making the sounds of animals. There was potential for these opportunities to be increased through children's play experiences. Staff should be supported to develop their skills in interactions so they use questions well to extend children's thinking. This will enhance their play experiences, support learning and provide challenge. At times, we noted that staff left children at activities to get resources which meant they lost interest. Staff should ensure enough materials are available at activities to support children's play. **(See area for improvement 3).**

We found the approach to planning was not effectively being used to provide activities to support individual children's learning needs. The information recorded in floor books and responsive planning sheets was basic and didn't inform high quality play and learning experiences. While we saw a few instances of how children's interests were responded to, it was not yet routinely recorded and used effectively to extend and support children's experiences. For example, it was not clear what children were learning, progress being made or how 'next steps' were planned for. This meant that children developing skills and interests were not being effectively supported and monitored. Staff should be supported to understand planning and the purpose of evaluating children's experiences. This would enable them to assess the impact on children's learning and identify 'next steps' for their continued progress.

(See area for improvement 4).

Personal learning logs had recently been introduced to record observations about children's learning. Not all staff were yet at the stage of completing observations. This impacted on children's learning as assessment information was not available to ensure appropriate opportunities were provided to support and challenge children. **(See area for improvement 5).**

Areas for improvement

1. For children's health, welfare and safety needs to be fully met, the provider should continue to develop children's personal plans. They should include information about;

- the effectiveness of strategies and techniques used to support children
- summary of progress made and 'next steps'
- reviews at least once in every 6 months in consultation with children and families.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. For all children to develop and learn at an appropriate pace staff should be supported to further develop planning.

- They should consider the range of activities provided so children are supported to develop skills through stimulating play opportunities.

- Staff should develop their evaluation skills so they can assess the impact and outcome of activities children participate in. This would enable them to plan experiences, with more focus on supporting children's specific next steps to further enhance progression in learning.
- They should refer to current national practice guidance to deliver high quality play and learning experiences. Staff should then apply their training in practice to improve outcomes for children.

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 extended play, including using open ended and natural materials' (HSCS 1.31).

And 'I have 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).

3.
To improve children's learning through play by use of questions, promoting creativity and curiosity staff should continue to improve their interaction skills so they engage children in high quality learning experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential in education or employment if this is right for me' (HSCS 1.27).

And 'I have 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).

4. To ensure children have access to a range of activities that support their learning and development, staff should improve the planning system in place. It should reflect how children's individual learning needs are being planned for, evaluated and next steps identified.

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 have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling (HSCS 1.30) And '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 materials (HSCS 1.31).

5. To ensure children are making progress, staff should be supported to develop their skills to record high quality observations. They should be able to use observations to assess children's progress and identify 'next steps'. This will help plan experiences to extend children's interests and encourage them to reach their potential.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How good is our setting?

3 - Adequate

We evaluated this quality indicator as adequate. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 2.2: Children experience high quality facilities

Children had access to a large playroom which was set up each day for them. Space had been reorganised to offer children defined areas for play. This enabled them to access resources and choose where they wanted to play. The addition of a sensory area and quiet space offered children calm places to play and rest if needed.

For most of the day, children benefitted from free flow access to an enclosed outdoor area. Some open ended resources enabled children to use their imagination and develop physical skills. We asked the manager to consider the number resources available and layout of outdoors as some activities could be restricted. For example, the tyres in the middle of the area limited space available if children wanted to play on bikes. Parents shared that children went outdoors "Especially as the warmer weather kicks in my child often talks about playing in the playgroup garden and likes to point out the local playpark they have spent time at."

We saw that parents were not routinely invited into the playroom, mainly staying in the corridor. While, a few events had been held, parents we spoke with, hadn't used these opportunities to engage with the service. We talked to the manager about increasing daily opportunities for parents to come into the service.

A few systems were in place which promoted a safe environment for children. A daily checklist was used to ensure all areas were safe for children. Staff also maintained the areas during the day as they swept up sand and mopped any spillage. This enabled children to play safely. We suggested that the use of checklist could be further developed. If used as a template and a space was included to record any action needed it could make it more effective. Parents shared "The setting has a secure entry door within a local council community centre."

No risk assessments were in place for the environment or outings. These should be developed to identify any risk, how it is minimised and reviewed so children can participate in range of activities safely. **(See area for improvement 1).**

Infection prevention control measures were in place as staff encouraged hand washing at appropriate times. Use of personal, protective equipment was used when preparing food and changing children. We informed the service that updated nappy changing procedures will be published soon. They should refer to this document to ensure they are following best practice.

Requirements

1. By 30 September 2025 the provider must ensure that risk assessments are in place to promote a safe environment for indoors and outdoors. They should identify risk and detail what measures are in place to reduce any harm to children.

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

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 3.1: Quality assurance and improvement are led well.

While staff worked well together, we found the approach to quality assurance was informal. The service was not familiar with national or local guidance that could be used to develop the service. We discussed ways that self-evaluation could be used to make improvements. Using 'A quality framework for daycare of children, childminding and school aged childcare' could assist with this. We also signposted staff to the range of improvement information available on the Care Inspectorate Hub. In addition, the service worked in partnership with the Local Authority. They had been given feedback and support to develop and improve the service. An action plan had been developed to support improvement. To enable positive change, the manager should develop their skills and knowledge in self evaluation and quality assurance. **(See requirement 1).**

Some change had been made to improve the service. These included the layout of the room, reduction in toys available and the introduction of personal plans. Through discussion, staff were able to talk about the benefits of the changes. For example, they found that children played better with less resources. Moving forward, staff should develop the use of reviews to evaluate the impact of change to ensure the desired aim is being achieved. Recording examples that have promoted positive outcomes for children will help staff develop their skills in assessment. It will support reflective practice and enable continuous improvement as staff develop confidence in evaluation.

To improve outcomes for children, the manager should continue to develop and embed quality assurance at all levels. This will give an overview of how the service is performing and enable gaps in the provision to be addressed. Some audit tools had been used to assess parts of the service. For example, the outdoor provisions. To make this meaningful areas for development should be identified from the assessment. This information should help staff prioritise aspects of the service they can improve. It could also enable the improvement journey of the service to be tracked. **(See area for improvement 1).**

Parents shared that they had developed positive relationships with staff. Comments included "I engage with the staff frequently and have helped to run fundraising events in the past." Some were not sure about opportunities to be involved in the service. They shared areas that could be better were "Paperwork and feedback could be improved, a parents evening type situation, stay-and-play sessions." The use of questionnaires and a suggestion box were used to gather views. However, there was limited responses to these. Staff should consider other ways that could be used to promote parents/carers to share their views. Records should be maintained to show how their views have contributed to the development of the service. **(See area for improvement 2).**

Requirements

1. By 31 October 2025 the manager must develop their skills and knowledge to support quality assurance and self-evaluation within the setting. They should be able to guide and support staff in quality assurance. This could include, but not limited to;

- a) becoming familiar with the quality framework for daycare of children, childminder and school-age childcare
- b) identifying training and learning that would help develop skills that would support effective quality assurance

c) becoming familiar with best practice guidance that supports self-evaluation and quality assurance.

This is in order to comply with regulation 7 (2)(c)- Fitness of managers of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. To improve outcomes for children and families, the manager should develop quality assurance systems. This should enable them to assess and evaluate all aspects of the the service and identify areas for development. This could include, but is not limited to, audits, peer review and monitoring of staff practice.

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 that;

'I benefit from a culture of continuous improvement, with the organisation having a robust and transparent quality assurance processes.' (HSCS 4.19)

2. To support partnership working, the manager should consider ways that meaningfully involve parents and carers in the service and contribute to change. As part of this process, they should develop various ways to gather parents, children's and stakeholders views.

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 that;

'I benefit from a culture of continuous improvement, with the organisation having a robust and transparent quality assurance processes.' (HSCS 4.19)

How good is our staff team?

3 - Adequate

We evaluated this quality indicator as adequate. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 4.3: Staff deployment

Within the staff team there was a mix of skill and experience. Interactions with children were respectful and staff were down at their level when interacting with them. They worked well to cover all areas which meant children were supervised throughout the day. Staff were flexible in their approach which ensured busier times were well managed. Parents shared "In all the time I've been at playgroup I have consistently seen the same faces for 3 years."

We asked the manager to review the pace of the day in respect of whole group activities. This impacted on children's choice as they all had snack at the same time and came together for a large group time. Consideration should be given to the routines in place and purpose of group times.

There was a system in place for recruiting staff, but not all information was at hand during the inspection. The service had started to using the national induction framework to support staff in their role. As a result, staff were starting to reflect on their practice. The manager should continue to embed this system so staff skills, practice and knowledge are assessed. This should help inform learning or training for their continued professional development. **(See area for improvement 1)**

Volunteers assisted within the setting. We suggested they should be supported to interact better that

others with children - could support them if they had some guidance what to do. Work along side staff at an activity.

Areas for improvement

1. To promote positive outcomes for children the provider should ensure;

- all recruitment information is received and stored for each staff member
- the induction process should continue to be embedded and used to support professional development
- staff engage in continuous professional learning relevant to their role, which develops their skills and knowledge.

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 that;

'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

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?	2 - Weak
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	2 - Weak

How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate

How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak

How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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