

Danderhall Playgroup Day Care of Children

Danderhall Pavilion
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Danderhall
Dalkeith
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Telephone: 01316 541 031

Type of inspection:
Unannounced

Completed on:
16 June 2025

Service provided by:
Committee Of Danderhall Playgroup

Service provider number:
SP2003002882

Service no:
CS2003011957

About the service

Danderhall playgroup is situated in a community building close to the local primary school, shops, parks and other amenities. The setting provides day care for up to 30 children aged from two years to not yet of an age to attend primary school at any one time. The setting is provided by a committee which is made up of volunteer parents.

The setting comprises of one large playroom with direct access to an outdoor play space. Additional spaces are used within the community building for a cloakroom area, nappy changing and children's toilets.

About the inspection

This was an unannounced inspection type which took place on 11 June 2025 between 09:00 and 13:15 and 12 June 2025 between 09:30 and 13:00. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service
- spoke with staff and committee members
- considered feedback from three families through an online questionnaire
- considered feedback from two staff through an online questionnaire
- observed practice and daily life
- reviewed documents.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how service supports 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.

Key messages

- Children experienced warm, caring relationships, however, more consistent approaches would strengthen individualised support.
- Families praised the welcoming staff and valued the sensitive support given to their child.
- Play and learning were engaging and child-led, though some areas would benefit from richer planning and reviewing the resources available.
- Staff worked hard to provide a safe, inviting environment, despite some building-related challenges.
- The stand-in manager provided leadership during a period of change, helping to maintain stability and drive improvement.
- A more experienced and settled team created a calm, friendly atmosphere, with improved teamwork and communication.

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?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
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?

3 - Adequate

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

Quality indicator 1.1: Nurturing care and support

We observed warm, responsive interactions where staff showed genuine affection, helping children feel secure and emotionally supported. Children were mostly seen as valued individuals, with one staff member describing them as "cared for, worthy and loved". Most staff were attuned to children's personalities and adapted their language and approach to meet individual needs. For example, they offered choices rather than using directive language when children found limits difficult to accept, helping to de-escalate situations and encourage calm, positive decisions. However, these approaches were not always consistent across the team. To support the setting's continued improvement, a requirement originally made following a complaint investigation in February 2025 has been set again (see requirement one).

While children experienced kind, nurturing relationships, the lack of shared strategies sometimes reduced clarity around boundaries and expectations. This occasionally affected how well children were supported to manage emotions and adapt to change. Although tools and visual aids had been agreed upon months earlier, these were not in use. As a result, strategies were not always meaningful or consistent. The absence of visual supports may have made it harder for some children to understand routines or changes, leading to missed opportunities for reassurance and emotional support when it was most needed (see area for improvement one).

Feedback from families talked about positive experiences children had within the setting. Families described staff as "lovely," "friendly" and "welcoming," with one sharing, "My child loves it, they are always super excited to attend." Another commented, "My child loves it, the staff are all lovely and look after them well." Families highlighted the calm and nurturing atmosphere, with some commenting on the support their child had received during transitions such as potty training. Families appreciated the small, local setting and one told us their child had made "some lovely friends." One family praised the team highly, saying, "We couldn't rate the staff highly enough. Every single member has been great with my child, especially [staff name] and [staff name], who they love."

Personal plans were in place for all children and had been reviewed within the required timescales. Most families felt fully involved in their child's care, including the development and review of personal plans. They described regular updates and open communication, with staff taking time to discuss any concerns at times that suited them. Families appreciated being invited into the setting and having meaningful conversations at drop-off and collection times. One family shared how staff responded sensitively to concerns about their child's toileting, helping them feel reassured and supported. While one family felt the review process could be slightly improved, they still recognised that staff reviewed information regularly and shared updates mutually. Personal plans included a range of relevant documents such as Getting it right for every child (GIRFEC) paperwork, chronologies and registration forms. We saw examples where personal plans reflected children's needs and experiences. However, the quality and depth of information recorded varied. Some chronologies did not clearly reflect significant events or changes in children's lives and important details were occasionally missing or not up to date. There was potential to develop the use of personal planning further so that all records consistently reflect children's individual needs and circumstances. This would support staff to respond more effectively and ensure personal plans are meaningful working documents that

inform daily practice (see area for improvement two).

Mealtimes offered children some opportunities to develop independence, such as pouring their own drinks and clearing away dishes, supported by the use of real crockery and appropriately sized jugs. Older children were observed taking responsibility for washing dishes, demonstrating emerging life skills. One family shared how they had witnessed a mealtime and described it as "incredible," noting how well-organised it was and how this had positively influenced their child's eating habits and nutrition. Families appreciated the variety and quality of meals provided. Children also benefitted from meals being cooked on the premises, which meant they could see, hear and smell their food being prepared. This created a homely, sensory-rich experience that helped build anticipation for mealtimes and supported children's connection to food and routine. However, staff practice during both breakfast and lunch was inconsistent. At times, staff were task-focused as they served food and clearing away rather than engaging meaningfully with children. This led to limited social interaction and missed opportunities to support children's communication and emotional wellbeing during these daily routines. Encouraging staff to sit with children would offer more consistently and foster positive interactions. Also, introducing more opportunities for children to self-serve from shared dishes placed in the middle of each table could reduce the need for staff to leave the table where they were sitting, allowing them to remain engaged with children.

Staff demonstrated an improved understanding of their responsibilities regarding safeguarding and child protection. They spoke confidently about the signs of abuse and who in the setting they would take their concerns to. Staff also shared examples of how recent training had enhanced their knowledge. However, the current safeguarding policy incorrectly stated that concerns should be directed to the Care Inspectorate inspector. Staff also mentioned that the Care Inspectorate were the people to contact to escalate a concern. While the Care Inspectorate's notification system must be used to inform us of relevant concerns, we were not the lead agency to be contacted in child protection matters. Nonetheless, documentation showed an instance where a lead agency had been contacted for advice, demonstrating that practice did not always align with the policy. Immediately after the inspection, the stepping-up manager had addressed this by updating the policy and sharing clear guidance with all staff to ensure procedures aligned with best practice.

Quality indicator 1.3: Play and learning

Children experienced a wide range of meaningful and engaging play opportunities. We observed a well-organised sports event that provided children with opportunities to develop physical skills such as balancing, running, aiming and turn-taking. Children participated enthusiastically, listened well to instructions and demonstrated concentration and enjoyment. Staff were warm and encouraging, using praise effectively to support children's efforts. While some staff were more attuned to individual needs, all worked together to create a supportive, inclusive atmosphere. The event promoted children's confidence, physical development and social skills. Inspectors noted that, unlike many similar events, this experience was not overly adult-led. Instead, children were given space to take the lead, with support offered in a calm and enabling way.

Children were observed having fun and being actively involved in their play. Most staff interacted positively and used language well to support communication, thinking and imagination. Children were encouraged to express themselves and lead their own learning, helping them develop independence and curiosity. Families told us their children enjoyed attending and several highlighted the variety of experiences as key reasons for their child's enjoyment and development.

Outdoor play was a strong feature of children's daily experiences. Families described the garden as "great" and told us their children loved playing outside. Free-flow access to the outdoors was embedded in daily practice and children made use of features such as the mud kitchen, climbing equipment, watering plants, large sand pit and the willow tunnel. Children also went on walks in the community, supporting their

connection to the natural environment. These experiences contributed positively to children's wellbeing and supported their exploration and creativity.

Some areas of play, such as the mud kitchen, had the potential to support rich learning. However, limited resources at times affected children's ability to fully engage. For instance, during two visits, only one spoon was available, which led to frustration and reduced opportunities for engaging play. In other areas of the playroom, resources had been reduced to manage the needs of younger children. While well-intended, this meant some children experienced fewer opportunities to explore, create and play with depth. Staff should reflect on how to balance the environment to meet the needs of all children.

Some staff were confident in following children's interests and adapting play in the moment. For example, one staff member described how they offered fabric to a child who wasn't engaging with paper during a creative activity. These responsive interactions helped children feel respected and included. Encouraging all staff to adopt this flexible and thoughtful approach would help further embed child-led learning across the setting.

Planning approaches were in place and staff spoke confidently about the reasons behind planned activities. However, written plans often lacked depth and did not consistently reflect children's interests, progress, or next steps. Plans were mostly adult-led, with limited evidence of child-initiated learning being captured or extended in meaningful ways. Evaluations of learning were often incomplete and did not clearly link to curriculum frameworks such as Realising the Ambition or Curriculum for Excellence. This limited staff's ability to assess children's progress or plan effectively for learning (see area for improvement three).

Observations were carried out regularly, but staff reflected that these varied in quality. In some cases, entries lacked personal detail or were overly similar across key children. Improving the individualisation and depth of recorded observations would help ensure children's learning journeys are clearly captured and used to inform responsive next steps.

Requirements

1. By 01 September 2025, the provider must ensure that children are protected from potentially harmful behaviours.

In order to achieve this, the provider must, at a minimum, ensure that all staff:

- a) have access to training/development on nurturing care and trauma-informed practices. Staff must display a good working knowledge of this,
- b) have opportunities to reflect on how harmful behaviour towards children could impact on their emotional wellbeing,
- c) must display a good understanding of nurturing care, responsive, emotionally supportive, and developmentally enriching relationships.

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

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

Areas for improvement

1. The manager should work with staff to develop and agree clear, practical strategies that help meet each child's individual needs. These should be well understood by all staff and used consistently to support children's wellbeing, understanding and emotional security. By doing this, children would experience more predictable, sensitive care that helps them feel safe and supported throughout their day.

This is to ensure care and support is consistent with the Health and Social Care Standards 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. The manager should improve the consistency and quality of personal planning to ensure all children's records fully reflect their individual needs, circumstances and significant events. Information should be clear, up to date and meaningful, so that all staff can use it to guide daily practice and support children effectively.

This is to ensure care and support is consistent with the Health and Social Care Standards 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).

3. The manager should ensure that planning approaches are more responsive to children's interests and reflect meaningful next steps. Evaluations and observations should clearly identify what children are learning and how this links to relevant curriculum guidance.

This is to ensure care and support is consistent with the Health and Social Care Standard 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).

How good is our setting?

4 - Good

We made an evaluation of good for this key questions, as several important strengths, taken together, clearly outweighed area for improvement.

Quality indicator 2.2: Children experience high quality facilities

The setting operated from a local authority-owned building, which presented some challenges in maintaining the environment to a consistently high standard. Staff were vigilant in identifying and responding to maintenance issues, with clear records kept to track concerns and report when repairs were necessary. However, delays in addressing these issues, such as a leaking roof and broken floor tiles, impacted the overall quality of the environment at times. To support a consistently safe and high-quality setting for children, the local authority should ensure maintenance concerns are addressed promptly and effectively. Despite this, staff worked hard to uphold a hygienic environment and took pride in doing their best within the constraints of the building.

As part of our inspection focus area, we assessed the safety and security of the outdoor environment, including the perimeter. The designated outdoor play area was safe, well-maintained and secure. On the day of inspection, the football pitch used for the sports day had a large gap in the perimeter fencing. Staff were highly vigilant and attentive, ensuring children remained safe while using this space.

Staff had been proactive in improving the nappy changing arrangements within the limitations of the

building. The stand-in manager had been resourceful in sourcing a new changing station and had relocated the changing area to a less cramped space, creating a more comfortable and hygienic environment for personal care. Staff were continuously reflecting on how to make the best use of the space available to ensure nappy changing was carried out safely, respectfully and in line with good practice.

Full-height windows allowed natural light to flood the playroom, creating a bright, airy space where children could look out and connect with the outdoors. After lunch, staff created a sleep area where children could rest or sleep if they wished. While the environment supported children's wellbeing, staff should consider developing more cosy, nurturing spaces throughout the playroom to further enhance children's sense of comfort.

All families who responded to our questionnaire strongly agreed with the statement 'My child is cared for in a safe, secure and well-maintained environment.' One family noted they would prefer a better entrance to the playgroup and a safer walking route from the car park, suggesting this as an area for improvement. We recognised this was out with the control of the setting.

Staff continually reflected on the layout of both the playroom and outdoor areas to support children's engagement and learning. Children were observed to be actively involved with the resources and materials available to them. As noted under Quality indicator 1.3: play and learning, staff should continue to develop the learning environments to ensure they consistently offer a wide range of rich, stimulating and plentiful resources that promote curiosity, creativity and deeper learning experiences.

How good is our leadership?

3 - Adequate

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

Quality indicator 3.1: Quality assurance and improvement are led well

In recent months, the setting had experienced several challenges and changes, including leadership transitions and staff changes. Despite this, the team had shown resilience and a commitment to maintaining a stable, supportive environment for children. The manager had been absent from the setting and during this time a practitioner stepped into the role of stand-in manager. They worked hard to ensure the day-to-day running of the service continued smoothly. Their efforts included supporting the induction of new staff, beginning a review of key policies and supported by the local authority updating medication procedures. These actions helped maintain consistency and contributed positively to the ongoing stability of the service.

The stand-in manager also took steps to strengthen quality assurance processes by introducing a new calendar to support planning, monitoring and evaluation across the year. This approach was beginning to support a more proactive and reflective culture within the setting. For example, the calendar had helped identify gaps in staff core training and prompted updates to policy. While still at an early stage, this was a positive development that, with continued support, had the potential to improve oversight and promote continuous improvement more effectively. However, as noted in the outstanding requirement section of this report, there was still further work to be done around the overall leadership of the setting. To support the setting's continued improvement, a requirement originally made following a complaint investigation in February 2025 has been set again (see requirement one)

Families spoke positively about staff, highlighting how "every single member of staff have been great," with

specific praise for named staff who had built strong, trusting relationships with children. Families told us they felt listened to and that staff acknowledged and responded to their concerns, such as toileting worries or sleep changes, giving them reassurance and confidence that their child was being well cared for. One family was appreciative of the work staff did, saying, "Thank you so much for everything, my child loves going and is so happy and thriving. They will be sad when they have to leave," while another reflected on the recent changes, saying, "Much better in the last few months and seems to be a lot of improvements being made."

Recent improvements made to the information board at the entrance, meant families were informed of up and coming events, menus and staff. Some families shared suggestions for how they could feel even more included in the life and development of the setting. While stay-and-play sessions had been welcomed, a few families felt that more regular updates, such as newsletters or printed photos of children's work, would help them feel more connected to their child's experiences. One family suggested that a visual suggestion board or feedback area could offer a simple, accessible way for families to contribute ideas anonymously. These ideas offered useful insights as the setting continued to build meaningful partnerships with parents and carers.

Requirements

1. By 01 September 2025, the provider must ensure children receive nurturing care and support from a staff team that have the knowledge, skills, and competence to provide individual care that is right for them. In order to achieve this, the provider must, at a minimum, ensure:
 - a) the service is well led and managed, and that there is a culture of continuous improvement. Management team have the necessary skills, experience, and knowledge and are able to undertake the role and responsibility of a manager, demonstrating competency and confidence,
 - b) that at all times suitably qualified and competent persons are working in the care service, including those in promoted positions,
 - c) all staff can confidently and competently demonstrate they are able to follow policies and procedures and implement them without delay, including whistleblowing and reporting child protection concerns,
 - d) high quality ongoing training opportunities are sourced based on staff's individual needs,
 - e) that an improvement plan is implemented in relation to the learning and development needs of the staff team and ensure that staff practice is effectively monitored.

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

This is to ensure care and support is consistent with Health and Social Care Standards 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 staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

Staff described the setting as warm and supportive. Several reflected on how relationships across the team had recently strengthened, which they felt contributed to a more positive and settled environment. They

spoke on the positive impact this had on both the children and themselves, saying it felt like a nurturing place to work.

Recently, the staff team had grown in both experience and capacity. This had strengthened the overall skill mix and helped create a more relaxed, friendly atmosphere in the setting. Families echoed this view, sharing that there were always enough staff to meet their child's needs, commenting that "there's new staff so there always seems to be plenty." This level of staffing helped children feel valued, confident and motivated to engage positively in their play and learning.

Positive relationships had developed within the team, with staff showing mutual respect and a willingness to support one another. Staff described the team as welcoming, respectful and supportive. They felt their contributions were valued and that their ideas were listened to. This created a positive working environment where staff were confident to share practice and take initiative. As a result, we saw improvements in teamwork and communication as staff confidently took shared responsibility for children's care and experiences. This helped create a calm and welcoming environment where children felt secure and at ease in their play and learning.

Newer staff spoke positively about their induction experiences, which helped them become familiar with daily routines, policies and procedures. However, not all had been able to review children's personal plans in detail. While informal conversations and team meetings were used to share information, a more structured and consistent approach to reviewing personal plans would support staff to better understand individual needs. This would ensure that all staff were able to respond effectively and provide continuity of care.

Newer staff also described being well supported and said they had opportunities to learn from colleagues through observation and discussion. They spoke about being trusted to lead ideas and influence the playroom environment. This promoted staff confidence and helped establish strong relationships between staff and children.

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

Requirements

Requirement 1

By 02 June 2025, the provider must ensure that children are protected from potentially harmful behaviours. In order to achieve this, the provider must, at a minimum, ensure that all staff:

- a) have access to training/development on nurturing care and trauma-informed practices. Staff must display a good working knowledge of this,
- b) have opportunities to reflect on how harmful behaviour towards children could impact on their emotional wellbeing,
- c) must display a good understanding of nurturing care, responsive, emotionally supportive, and developmentally enriching relationships.

To be completed by: 02 June 2025

This is to ensure care and support is consistent with Health and Social Care Standard 3.20: I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their

responsibilities.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210).

This requirement was made on 17 February 2025.

Action taken on previous requirement

As part of this inspection, we reviewed progress against this requirement made following an upheld complaint in February 2025.

During our visit, we found that staff interactions with children were generally warm and nurturing. Most staff demonstrated an understanding of how to support children in an emotionally responsive way and positive relationships were evident. However, the requirement had not been fully met, as some of the planned actions had not yet been taken forward. Staff had not yet accessed training or professional development specifically focused on nurturing care and trauma-informed practice. There had also been no structured opportunities for the team to reflect on the impact that harmful behaviours may have on children's wellbeing. While there was a strong foundation of nurturing practice in place, further support and development were needed to ensure a consistent, shared understanding across the team and to strengthen staff confidence in recognising and responding to potentially harmful behaviours.

Not met

Requirement 2

By 02 June 2025, the provider must ensure children receive nurturing care and support from a staff team that have the knowledge, skills, and competence to provide individual care that is right for them.

In order to achieve this, the provider must, at a minimum, ensure:

- a) the service is well led and managed, and that there is a culture of continuous improvement. Management team have the necessary skills, experience, and knowledge and are able to undertake the role and responsibility of a manager, demonstrating competency and confidence,
- b) that at all times suitably qualified and competent persons are working in the care service, including those in promoted positions,
- c) all staff can confidently and competently demonstrate they are able to follow policies and procedures and implement them without delay, including whistleblowing and reporting child protection concerns,
- d) high quality ongoing training opportunities are sourced based on staff's individual needs,
- e) that an improvement plan is implemented in relation to the learning and development needs of the staff team and ensure that staff practice is effectively monitored.

To be completed by: 02 June 2025

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210).

This requirement was made on 17 February 2025.

Action taken on previous requirement

As part of this inspection, we reviewed progress against this requirement made following an upheld complaint in February 2025.

We found that some positive steps had been taken towards meeting this requirement. The stand-in manager was providing effective day-to-day leadership and had already taken proactive steps to strengthen the service, including making immediate and appropriate changes to the child protection policy following our feedback. Staff working in the service were suitably qualified and competent and the stand-in manager was clearly focused on driving improvement. However, there remained some uncertainty among staff about which lead agency to contact in the event of a child protection concern, indicating the need for further clarity and training in this area.

Although a system had been introduced to help track staff training and support reflective practice, this was not yet fully embedded and staff had not completed the reflective elements. There was no improvement plan in place linked to staff learning and development needs and staff practice was not yet being routinely monitored. Therefore, while some aspects of this requirement had been met, others remained outstanding. Further work was needed to ensure the setting could deliver consistently high-quality, individualised care and that staff were well supported through effective leadership, training and oversight.

Not met

Complaints

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

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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