

First Class Nursery Day Care of Children

Former Community Hall
Kirk Lane
Livingston
EH54 7AY

Telephone: 01506 411 112

Type of inspection:
Unannounced

Completed on:
13 June 2025

Service provided by:
First Class Ltd.

Service provider number:
SP2005007942

Service no:
CS2005112692

About the service

First Class Nursery is registered to provide a care service for a maximum of 47 children at any one time. Children registered are aged between birth and primary school entry, with a maximum of 18 children attending who are under two years.

The service is provided from a residential area of Livingston Village, West Lothian. The building, which was previously Livingston Village community hall, is all on one level. It provides space for three playrooms, kitchen, toilet, and staff facilities. There are two outdoor play areas for children to use.

About the inspection

This was an unannounced inspection which took place on Tuesday, 10 June 2025 from 08:40 until 16:20 hours and Wednesday, 11 June 2025 from 08:50 until 15:30 hours. 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 using the service
- reviewed feedback from 20 families
- observed practice and daily life
- reviewed documents
- spoke with management.

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 were happy, settled and confident in their setting.
- Children benefitted from having access to the garden throughout each day.
- Staff and families had positive relationships.
- Management and leadership roles and responsibilities need to be clearer to the team in the manager's absence.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
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?

3 - Adequate

We evaluated different parts of this key question as good and adequate, with an overall grade of adequate, where strengths only just outweighed weaknesses.

Quality indicator 1.1: Nurturing care and support.

Children were welcomed into the nursery by staff. They said hello to children, using their first names so that children knew that they were being spoken to. As a result, children were noticed and acknowledged through positive interactions. Children received affection in the form of cuddles and close affection. Most staff picked up on cues from children and acknowledged their feelings. For example, a baby was being held by a member of staff and the baby was watchful of the inspector as an unfamiliar adult and moved closer to the member of staff. The member of staff named their feeling and provided the close comfort and reassurance the baby needed. This let children know that they were valued and respected.

Children benefitted from responsive sleeping arrangements that reflected their needs. Children were seen resting in quieter spaces in the pre-school room with access to soft blankets and cushions. Children in the over two-year-old room had a sheltered, quiet area outdoors for resting in a quiet space, and had their own sleeping covers and comforters for naps after lunch indoors. Staff were responsive to our suggestion to have a cosier area for children sleeping rather than in the centre of the floor in the playroom. The following day, children slept in the story area, which was cosier. Arrangements for sleeping should continue to be reviewed to ensure that they provide a cosy and comfortable space for children. In the baby room, children slept as they needed on either mats, cots or coracles, with their own bedding and comforters. Arrangements were responsive to children's needs and information from their personal plans. For example, at home, a child slept with white noise on in the background and this was facilitated in the service. This provided familiarity during care routines. Staff ensured children's safety as they supervised children and recorded their sleep times.

Children experienced mealtimes that were unhurried and provided opportunity for social interactions with staff and each other. Staff sat with children during lunch, ensuring that they were safe when eating. There were opportunities for children to develop independence through selecting cutlery, plates and tidying up afterwards. The service should consider additional opportunities to promote independence, such as self-service. This would enable children to decide how much they ate with the option of having further helpings.

Personal plans were in place for children and information was provided from home about their likes and dislikes. There were opportunities for children to complete parts of their plan and share their views. Staff were able to talk through strategies recorded in children's personal plans. This could be enhanced further with strategies being more specific, which would allow for a fuller evaluation of children's progress, development and plans for next steps. To further ensure that children are receiving the right support at the right time, the service should consider when strategies of support progress into 'Getting it Right for Every Child' planning approach.

Staff had undertaken child protection training and were aware of procedures to keep children safe. Child protection officers' details were displayed throughout the service; this ensured that staff knew who to speak to for guidance. Agency staff were aware of the policy and procedure and signed and read the policies before working with children.

Quality indicator 1.3: Play and learning.

Overall, children were engaged in their play and were interested in the activities available to them. Children were confident to ask for additional resources and to transport them around the play spaces. This supported those children to be creative in their play. For example, a small group of children were busy working together with crates and tyres during loose part play. Children's play could be benefitted further with resources and experiences that would challenge and deepen their play. For example, there were missed opportunities through limited resources including there not being enough sand and water to play in and playdough to be meaningful experiences.

Children benefitted from most staff engagement being positive, although conversations to support play and learning was a narrative style rather than creating curiosity or challenge. Staff engagement was an aspect of practice that had been addressed by management and was being supported through team meetings.

Planning approaches were in place and were documented and planned for. Floorbooks were being used to capture children's voices and provided an opportunity for children to reflect on experiences by looking through them. Floorbooks could be further developed to capture children's existing and new learning, and this would enable next steps to be planned for. Children enjoyed the activities and experiences available to them, but it was not yet having the impact to extend or consolidate children's learning. The service should consider how to balance themed activities with experiences that support and extend children's development and interests (see area for improvement 1).

Areas for improvement

1. To further support children to be meaningfully and actively involved in their play and learning, the manager and staff should further develop a balance of spontaneous and planned high-quality play experiences that promotes children's curiosity, extends thinking and consolidates their learning. This should include access to a wide range of high-quality resources.

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 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).

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.

Children were cared for in warm and well-ventilated rooms. Children had access to outdoors throughout the day, enabling them to have fresh air and sunshine. Staff followed information from home when applying sun protection; this ensured that children were safe in the sun. Playrooms had designated areas for core provision including sand, water, playdough and painting. The under two-year-old room benefitted from a calm décor that made the room look spacious with displays on the walls that were mindful of who would be looking at them. For example, mirrors at a level for children to see themselves and information board placed

higher for parents to view. Both over two-year-old rooms would benefit from some care and attention as they looked tired. For example, areas not being set up for children arriving with core resources and some resources being of a poor standard, such as dolls with matted hair. A comment from a parent was, "Some toys could be upgraded / refreshed, some are looking a bit old and tired." When areas are set up and inviting to children with resources that enable them to engage fully in play, it lets them know that they are valued and important.

The service was clean and responded well to reporting maintenance issues. This could be strengthened further with regular walk arounds as part of quality assuring the environment from a child's perspective. For example, the carpets had been recently cleaned but remained stained and, as a result, this did not give children the feeling that they were valued and a further follow up to improve the appearance of the carpets was needed.

Management have been in consultation with the Care Inspectorate to make adjustments to the shared toilet and nappy changing facilities. The manager and provider were aware that the current facilities do not meet the current guidance. For example, not having separate nappy changing facilities. The manager is in agreement with the need to ensure that nappy changing and toilet experiences for children support their dignity, privacy and respect (see area for improvement 1).

Areas for improvement

1. The provider should identify an appropriate space for nappy changing facilities in line with best practice guidance. This would ensure that staff can keep children safe and prevent the spread of infection, and maintain children's privacy and dignity.

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

'If I require personal care, there is a suitable area for this, including a sink if needed (HSCS 5.4)'; and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our leadership?

3 - Adequate

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

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

There had been recent changes within the leadership team, and staff were in the early stages of establishing clear roles and remits to help support improvements. Staff should continue to develop these roles and responsibilities to help ensure there is a strong ethos of continuous improvement within the service, which lead to positive outcomes for children.

Quality assurance approaches are not yet having the sustained impact required for the improvements needed. Some monitoring had highlighted areas for improvement, including the setting up of areas prior to children arriving. This issue had been raised at team meetings and improvements would be noticeable for a short period of time and then would be raised again. Improvements are needed to quality assurance to help ensure that improvements are embedded in practice, and that children receive consistent experiences (see area for improvement 1).

Management engaged well throughout the inspection and welcomed discussions to help support improvement. They were committed to driving forward changes to make a difference to children, and this was reflected in their improvement plan. Evaluations and discussions from the recent Education Scotland inspection and involvement from the local authority informed the development of the improvement plan. Some distributed leadership was in place with groups of staff having ownership of developing the Care Inspectorate keeping children safe campaign, SIMOA, Forest Schools and the introduction of Syllables to support literacy. We suggested that consideration would be required about how distributed leadership would look and feel like moving forward, and the impact this may have on the pace of change.

Parents' views were sought through questionnaires and conversations and a 'What you said, what we did' book had been developed to capture parents' comments. There was a mixed response from parents about their involvement. For example, a parent had commented that the improvement plan is shared with them and their comments are sought. Another comment was that they had never been asked for their comment on the service. Approaches to gathering feedback could be strengthened to reflect the views of parents and children and should be used to inform the development of the service.

Areas for improvement

1. To further develop the quality of the service and enhance outcomes for children, the provider should ensure that quality assurance processes, improvement planning and self-evaluation are further developed and embedded. This should include but not limited to:

- reflect on current best practice guidance and national frameworks
- consult with and share outcomes with children and their families
- identify strengths and areas for improvements
- have planned monitoring to ensure progress to support positive outcomes for children and families.

This is to ensure that care and support is consistent with 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?

3 - Adequate

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

Quality indicator 4.3: Staff deployment.

Children benefitted from a caring and dedicated staff team who were warm and responsive in their approach. Parents commented positively on the relationships formed with staff. "The staff have always taken the time out to chat / get to know me and my child which is greatly appreciated." Staff worked well together and were respectful in their interactions with the children and each other. As a result, children observed the service's values in everyday practice.

Staff spoke positively about their role and the development of the service. Staff felt personally and professionally supported by management. A member of staff commented, "My wellbeing is supported by my colleagues and management."

An induction process was in place for new staff, and senior practitioners acted as mentors. Appraisals and supervision were in place and provided an opportunity for achievements and development areas to be discussed. We suggested that using a solution focused approach to agreeing staff objectives would provide clearer expectations for staff, and would support service improvements further. For example, developing an aspect of provision within a timescale or ensuring that playroom areas are well resourced to provide quality experiences for children.

Staff were deployed effectively across the service and in response to where children played. Staff communicated to each other when they needed to leave a task or area with the gap being filled. This ensured that there were enough staff to support and supervise children.

There was a core group of agency staff that supported the service during periods of staff absences. This ensured that agency staff know the service and children well. As a result, this provided consistency for children with familiar adults caring for them. A parent had commented that they were happy that there were consistent staff to provide care for their child.

The service was going through a period of change within the management team. Room seniors were taking on additional responsibilities along with recruitment taking place to support the leadership and management of the service. The provider and manager should ensure that leaders have the necessary skills, training and experience to lead and manage the service. The staff team should know who this is in the absence of the manager. On the first day of inspection, staff were unsure who was managing the service when the manager was out of the building. Although, staff were aware of arrangements for the manager's planned day off. We suggested that roles and responsibilities are communicated with the team, and to ensure that staff are effectively supported to take on these additional responsibilities, particularly for unplanned or longer-term manager absences (see area for improvement 1).

Areas for improvement

1. To support children's health and wellbeing the provider should ensure that in the absence of the manager that children are cared for by a suitable replacement manager/leader. This should be a leader who is trained, competent and skilled to lead and manage the service, ensuring children's safety and wellbeing needs are met. The staff team should know the roles and responsibilities of the leadership team and along with parents should know who is managing and leading the service each day.

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).

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

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