

ABC Tots Ltd Day Care of Children

64 West Main Street Armadale Bathgate EH48 3QA

Telephone: 01501 732 444

Type of inspection:

Unannounced

Completed on:

14 August 2025

Service provided by:

ABC Tots Ltd

Service no: CS2003039395

Service provider number:

SP2004923462



About the service

ABC Tots Ltd is a daycare of children service registered to provide care to a maximum of 41 children from zero to five years.

The service is situated in Armadale, Bathgate and is close to shops, parks and other amenities. The nursery consists of a cloakroom, a playroom which is divided into smaller play areas, a kitchen, nappy changing and toilet facilities and two enclosed outdoor areas.

About the inspection

This was an unannounced inspection which took place on 13 August 2025 between 09:30 and 16:30 and 14 August 2025 between 09:15 and 15:30. The inspection was carried out by one inspector from the Care Inspectorate. A team manager was also present at the inspection as part of the Care Inspectorate's quality assurance processes. 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
- · received feedback from 10 families
- · spoke with four families
- spoke with staff and management
- · observed practice and children's experiences
- · spoke with one visiting professional
- · reviewed documents.

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

- · Leaders and staff had created a positive ethos. They demonstrated motivation and commitment to make improvements which had a positive impact on outcomes for children and families.
- · Children experienced warm, kind and responsive care that promoted their wellbeing and development.
- · Children experienced play and learning which was fun and supported them to develop a range of skills.
- · Improvements had been made to the setting which had a positive impact on children's experiences. The environment was safe, well-maintained and inviting.
- · Children benefitted from consistent relationships with familiar adults.
- · While deployment was generally effective, children were not always able to play outside due to staffing arrangements.

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?	5 - Very 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality Indicator 1.1: Nurturing care and support

Children experienced warm, kind and responsive care that promoted their wellbeing and development. Staff built strong, nurturing relationships with children, recognising the importance of emotional security. Staff were attuned to each child's cues and responded in a sensitive and respectful way. As a result, children felt safe, valued and loved. Families commented very positively about the care their children experienced. They told us staff were: "amazing and so very caring with the kids", "brilliant with the children, very welcoming and nurturing" and "warm, gentle and kind and they seem to really care about the children".

Personal plans were developed in partnership with children and families. This meant they reflected what mattered most to children. Personal plans were detailed, meaningful and tailored to each child's individual strengths, needs, and interests. Staff regularly reviewed and adapted strategies of support to reflect children's evolving needs and used this information effectively. This meant that children experienced personalised and responsive care and support.

Children's medical needs were supported by the safe storage of medication. Permission forms were in place which detailed clear information about children's medical needs which helped to keep them safe. Administration of medication was recorded. Staff were responsive to our suggestion to ensure this was a more robust process.

Children experienced sociable and unhurried mealtimes with a relaxed, positive atmosphere. They were supported to stay hydrated throughout the day. Children had opportunities to be independent, for example self-serving, which supported them to build their confidence. Staff consistently sat with children throughout mealtimes. This promoted positive relationships and enabled them to support children to develop skills such as using cutlery.

Children's wellbeing was well supported as staff were responsive and flexible to their individual sleep routines, needs and wishes. Children were offered comfort and support to settle, if this is what they wanted. Staff monitored room temperatures when children were sleeping to help keep them safe. On the day of inspection, the weather was particularly hot and staff identified the room was too warm. They were responsive to our suggestions to create a cooler sleep space for children.

Quality Indicator 1.3: Play and learning

Children actively led their play and learning and experienced high-quality opportunities that were well planned and responsive to their interests. Their voices were clearly evident in planning and evaluation processes which meant they experienced play and learning which was fun and personalised. The play spaces promoted choice, exploration and opportunities for imaginative and cooperative play. Resources were easily accessible and reflected children's current interests. As a result, children were highly engaged.

Children had opportunities through play to develop skills in early language, literacy and numeracy. Staff supported and facilitated play experiences, for example, using commentary to support communication and thinking skills. Staff demonstrated an understanding of child development and used this knowledge to support children's learning. For example, they had begun to reflect on younger children's patterns of play and were developing their approach to challenge and extend learning.

Observations of children's learning were significant and personalised. They reflected children's progress and development in a variety of curricular areas. Children's achievements and development were celebrated and shared with families. Staff used observations and next steps to plan meaningful experiences. Families commented positively about the information that was shared with them. They told us, "I appreciate the staff updating us about our child's progress and I feel we work as a team with them" and "Always have a discussion about our child's day and any issues or happy moments that reflect their development".

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

Children benefitted from a clean, well-furnished and comfortable setting that supported their wellbeing and development. Homely touches had been added which created a welcoming and inviting environment. Spaces were organised to promote children's independence in play and provided opportunities to rest and relax.

Improvements had been made to the setting which meant that children experienced a safe and well maintained environment. Families commented positively on the improvements. They told us, "The staff have worked really well to improve the nursery environment", "Nice clean space, with newly added security features" and "Building improvements have been ongoing and have improved a lot in the last six months".

Children experienced spaces which were developmentally appropriate and took account of their stages of development. For example, older children had a variety of messy and sensory play experiences which promoted their imagination and curiosity. Children had regular access to outdoor play, which supported physical development and exploration. One family told us, "They enjoy more being outside in the garden after getting a new mud kitchen". While the outdoor environment was generally stimulating, there was scope to further enhance the richness and variety of materials to deepen learning and provide opportunities for risky play.

Children were supported to learn about keeping safe and healthy through daily routines such as handwashing. Staff mostly followed effective infection prevention and control procedures, for example, wearing appropriate personal protective equipment (PPE) for nappy changing. Further consideration should be given to support consistently high quality infection prevention and control measures during mealtimes.

Children's information was securely stored and managed. Families were informed about the use of CCTV through clear signage displayed and a policy was in place to share information about its use. The service should keep a CCTV log to align with best practice guidance 'Guidance for care providers in Scotland using CCTV (closed circuit television) in their services'.

Inspection report

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

Leaders and staff had created a positive ethos and demonstrated motivation and commitment to make improvements. Children and families feedback was valued and listened to. For example, families were invited to share ideas for the new lunch menu in line with updated guidance. Their suggestions were used and as a result, children were introduced to a wider variety of foods.

Self-evaluation was beginning to be embedded across the setting. Staff were reflective and demonstrated a growing understanding of implementing a continuous cycle of improvement. They had begun to evaluate their practice, identify areas for development and implement actions to support improvement based on children's experiences and outcomes. There was a clear commitment to involving children and families in decision-making and improvement planning. Feedback was gathered through a range of methods such as questionnaires and informal conversations. Families were very positive about their involvement in the service and how their feedback was used to make improvements.

Quality assurance processes had been developed and were having a positive impact on outcomes for children and families. Effective use of action plans supported improvement within the setting. Regular audits, for example reviewing mealtimes, resulted in high quality experiences for children. Monitoring of staff practice and children's experiences had been introduced. There was scope for these to be more meaningful, for example to include next steps to support ongoing development.

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

Children were cared for by staff who knew them well and had a range of skills. This meant they experienced high quality care, play and learning. Children were well supported to transition between the setting and home as staff communicated effectively to maintain continuity of care. Families commented positively about the communication. One family told us, "The staff take the time talk to parents and seem to really care about the wellbeing of not just the child but the whole family".

Breaks were well planned and managed in a way that minimised disruption to children's experiences. Children benefitted from consistent relationships with familiar adults, for example, during busier times of the day such as mealtimes and in the event of staff absences. This supported children's emotional security and engagement. Families told us they were introduced to staff and felt well informed about the staff caring for their children.

While deployment was generally effective, children were not always able to choose to play outside when they wanted to due to staffing arrangements. Children would benefit from staff deployment across the setting being reviewed to enable them to have free flow opportunities between the indoors and outdoors to promote choice in their play.

New staff were supported by mentors and used the national induction resource to reflect on practice. This supported staff to have a clear understanding of their roles and responsibilities to meet children's needs.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure children are safeguarded and protected from harm, the provider should ensure people with lead responsibility for child protection are competent and knowledgeable about local and national child protection procedures relevant to their role.

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

This area for improvement was made on 17 October 2024.

Action taken since then

Staff, including those with lead responsibility for child protection, were confident with child protection procedures and processes. They had completed training and regularly discussed safeguarding scenarios which helped to increase their knowledge and understanding.

This area for improvement has been met.

Previous area for improvement 2

To enable all children to be cared for in an environment that supports them to reach their full potential, the management team and staff should as a minimum ensure play spaces offer a range of resources and materials to effectively challenge and stimulate children and reflect their current interests and curiosities.

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).

This area for improvement was made on 17 October 2024.

Action taken since then

Children experienced an environment which offered a variety of resources and materials which reflected their current interests and curiosities. As a result, children were happy, stimulated and engaged in play.

This area for improvement has been met.

Inspection report

Previous area for improvement 3

To help children to achieve their potential, the service should ensure that an effective cycle of high-quality observations supports and meets individual learning and development needs. This should include but is not limited to:

- a) identifying significant learning
- b) ensuring next steps are measurable and achievable

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 and employment if this is right for me' (HSCS 1.27).

This area for improvement was made on 17 October 2024.

Action taken since then

Observations and next steps had improved in quality. This meant that children's significant learning and achievements were recognised and that children's progress was clearly identified.

This area for improvement has been met.

Previous area for improvement 4

To keep children safe, the provider should ensure that children experience an environment that is well maintained. This should include but is not limited to:

- a) reviewing the environment for potential risks and taking action to address these
- b) implementing an effective system for maintenance and repair
- c) ensuring actions identified are appropriately and timeously addressed.

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

This area for improvement was made on 17 October 2024.

Action taken since then

Children experienced an environment which was well maintained. A log had been developed and supported maintenance issues to be prioritised. These were addressed promptly which helped to keep children safe.

This area for improvement has been met.

Previous area for improvement 5

To keep children healthy and to promote their wellbeing, the service should ensure effective infection prevention and control measures are in place.

This is to ensure that infection prevention and control practices are consistent with the Public Health Scotland document: 'Health protection in children and young people settings, including education'.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 17 October 2024.

Action taken since then

Infection prevention and control measures had improved. For example, a new nappy changing unit had been installed and improvements to the toilets meant they could now be effectively cleaned. This helped to keep children safe and healthy.

This area for improvement has been met.

Previous area for improvement 6

To improve outcomes for children, effective and robust quality assurance processes should be implemented. To do this the provider should, at a minimum, ensure:

- a) regular, effective, and focused monitoring is carried out across the setting
- b) robust audits are developed and implemented, and any actions are addressed promptly
- c) self-evaluation is used effectively to support improvement
- d) clear and effective plans are developed to maintain and improve the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 17 October 2024.

Action taken since then

Quality assurance processes, including self evaluation, had been developed and were used effectively to support improvement. As a result, children and families experienced positive experiences and outcomes.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very 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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