

Simply Play @ Bathgate Day Care of Children

Bathgate Partnership Centre
Lindsay House
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Telephone: 07866076816

Type of inspection:
Unannounced

Completed on:
31 August 2023

Service provided by:
Simply Play

Service provider number:
SP2010010947

Service no:
CS2010271591

About the service

Simply Play, Bathgate is registered to provide a service to a maximum of 60 children at any one time of primary school age up to the age of 14 years. Within this number during the summer school holiday period care may be provided to six children who will attend primary school for the first time in the new school academic year.

When the big hall is available the service may be provided to a maximum of 60 children at any one time. When the big hall is not available the service may be provided to a maximum of 41 children at any one time.

The service is located in the Bathgate Partnership Centre, situated in the centre of Bathgate, close to local amenities and has good transport links. The service has use of a large hall which has direct access to a spacious outdoor area. On Thursdays, the service has use of a smaller room and the outdoor space. The service also has use of the public toilet facilities. The building is a shared premises for public use. The service has secure door entry systems to playrooms in place to keep children safe.

About the inspection

This was an unannounced inspection which took place on Tuesday 29 August 2023 between 14:30 and 17:30. We returned for an announced second day of inspection on Wednesday 30 August 2023 between 14:00 and 17:30. 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 and observed children using the service
- received feedback to our questionnaire from 5 parents
- spoke with staff and management
- reviewed documents
- observed practice and children's routines and experiences
- observed the transportation of children from school to the service.

Feedback was given in the service on Thursday 31 August 2023 to the manager of the service, the project manager and operations manager. A serious concern letter was issued to the service on the day of feedback.

Key messages

- There were concerns about the safety of children during transportation from school to the service.
- Quality assurance systems must be improved to be effective in making changes to enhance outcomes for children.
- All staff should be guided through the newly written induction programme to support them to enhance practice to meet children's needs.
- Children would benefit from a wider range of rich stimulating play resources to support and enhance their learning.
- For children to feel safe and included, value based practice should be improved. This should ensure respectful and nurturing interactions between staff and children is embedded into practice.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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 evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Quality Indicator 1.1 Nurturing care and support

At the last inspection we made a requirement and asked the provider to ensure that sufficient information was gathered and recorded about all children as part of their personal plan. This was to make sure that plans clearly detailed children's individual needs and how these would be met. We noted that some improvements had been made to the personal plans. For example, the provider had introduced an improved format which included sections to record all relevant information. Concerns remained in the following areas. Whilst personal plans were written and regularly reviewed this was not being done in partnership with children and families. Strategies for support were not specific and did not evidence progress and achievements made. We have restated this requirement with a new timescale of 15 October 2023 (see requirement 1).

There was a lack of value-based practice observed across the staff team. Staff did not recognise and practise the basic values of love, respect, care, and nurture. Whilst some staff were friendly in their approach, their lack of understanding about quality interactions resulted in, at times, individual children's needs not being met. For example, staff did not support children when they were visibly upset and needed reassurance. This could make children feel emotionally unsafe and not included (see requirement 2).

At the last inspection we asked that to keep children safe and well, the service should ensure a consistent approach to recording children's medication needs. This information should clearly outline the symptoms and stepped approaches that may be needed to support individual children. Concerns remained in relation to the recording and reviewing of long term medication (see requirement 3).

Snack time experiences limited opportunities for children to be recognised and respected as capable and independent individuals. For example, staff prepared snack for children and did not give them the opportunity to spread their chosen topping onto their crackers. This also resulted in children having to queue and wait for an unnecessary period of time. Children were allowed to run around the service whilst eating their snack instead of sitting at a table. Improvements should be made to snack times to create a more relaxing, sociable and enjoyable experience. Children should be involved in preparing and self-serving their own food and drinks. To keep children safe and to develop positive eating habits and table etiquette, children should be supported to sit at a table when eating food. Staff should sit alongside them, engaging in meaningful conversations to reassure children that they are valued and included (see area for improvement 1).

Quality Indicator 1.3 Play and learning

We observed a lot of children who were not engaged in purposeful play. Children's experiences need to be improved to support their overall wellbeing, learning and development. Staff lacked understanding of the adult role in supporting and scaffolding play and learning. This resulted in missed opportunities where children's current interests and learning could have been supported or extended. Staff need to develop their understanding of their role in supporting high quality play and learning experiences. This would contribute to children having experiences that are relevant and sufficiently challenging for their stage of development.

Quality observations were not being used to inform the planning process or to show achievements in children's learning. As a result, children were not experiencing appropriate opportunities to support and consolidate their own individual learning through play. The service should develop a planning cycle that plans appropriately to meet the individual needs of children across all areas of their play and learning. Staff should use creative ways to involve children in planning. This would support children to progress well and contribute to their wellbeing and happiness (see area for improvement 2).

Requirements

1. By 1 December 2022, the provider must ensure that all children's health, welfare, and safety needs are met. Sufficient information must be gathered and recorded about all children as part of their personal plan, clearly setting out their individual needs and how these will be met. This will ensure staff plan children's care based on up to date and reliable information.

To do this, the provider must, at a minimum:

- a) ensure that all staff understand the purpose of personal plans and are familiar with Care Inspectorate guidance 'Guide for Providers on Personal Planning, Early Learning and Childcare' (Care Inspectorate, 2021)
- b) ensure that personal plans are written and regularly reviewed with children and parents to ensure that information is up to date to reflect children's current needs, wishes and choices
- c) ensure consistent effective recording of important information in all personal plans to meet children's safety and wellbeing needs, such as, information about required medication
- d) ensure that all personal plans are meaningful, working documents that include strategies of support and progress made.

This is to comply with Regulation 5(2)(b)(c) (Personal Plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

An extension to this timescale has been agreed to 15 October 2023.

2. By 15 October 2023, the provider must ensure that all children are recognised as individuals and treated with dignity and respect. This must be at all times and across all areas of the service.

To do this, the provider must, at a minimum:

- a) ensure that staff practice demonstrates love, care, fairness, and nurture at all times
- b) ensure that staff develop their understanding of children's rights and the principles of the Health and Social Care Standards (Scottish Government, 2017)
- c) ensure that children feel comforted and secure when using the service.

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

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

state that: 'I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me' (HSCS 3.9).

3. By 15 October 2023, the provider must ensure children's health care needs are managed effectively to promote their safety and wellbeing.

To do this, the provider must at a minimum:

- a) ensure medication is stored, managed, and administered in line with the guidance; 'Management of medication in daycare of children and childminding services'
- b) ensure information held about children's health care needs and medication includes all relevant details relating to the medication and health care need. This would include any emergency measures to be taken
- c) ensure information is agreed and reviewed by parents when required and as a minimum each term
- d) ensure that an effective quality assurance system is in place to ensure that children's medical needs are being met in line with best practice guidance.

This is 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).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

Areas for improvement

1. To guarantee that children are provided with well organised and social experiences at mealtimes. The provider should ensure that the staff team have a shared understanding of the value of mealtime experiences for children. This understanding and improved practice should take into account the good practice note, 'Keeping children safe: supporting positive mealtime experiences in early learning and childcare' (ELC) (Care Inspectorate, 2022).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

2. Outcomes for children should be improved through supporting staff to implement a child-centred approach to observation, planning and assessment of children's learning through play.

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

How good is our setting?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Quality Indicator 2.2 Children experience high quality facilities

The indoor spaces were bright and well-ventilated and all children benefited from direct access to the outdoor space. The outdoor play area was spacious with natural and interesting areas to explore and investigate. This offered opportunities for children to appreciate the wonder of nature and the world around them.

At the last inspection we advised that risk assessments for some areas, particularly those when out in the community, could have been improved. Improvement could have supported staff to put in place appropriate control measures to keep children safe. Similarly, we advised management to review and improve procedures when collecting children from school. Concerns remained about the safety of children during transportation from school to the service. This was stated in the letter of serious concern which was issued to the service during this inspection, this required immediate changes to ensure children's safety (see requirement 1).

Advice was given at the last inspection for the service to develop the range of resources available to enhance play and learning opportunities for children. For example, to introduce a breadth of interesting resources to be always available for children to develop literacy and creativity skills. Such as, a wide range of books, drawing materials, and open ended resources for children to create and design with. This advice had not been actioned. We also advised that children would benefit from the creation of cosy homely spaces. This was to offer them the opportunity to comfortably relax after a busy day at school, or if they wanted a quiet space to read a book. From the sample of personal plans looked at during this inspection it was evident that some parents had noted in their child's plan that their child would benefit from having a quiet space to go to if they needed some time alone. However, the service had yet to create respectful cosy spaces. This should now be actioned to help children to feel valued and respected. Indoor and outdoor play areas should be improved to be purposefully resourced. This should entice and invite children to challenge their thinking and creativity skills, and support wellbeing. Children and families should be included in decision making when improvements to play resources and spaces are considered (see area for improvement 1).

We identified areas for improvement in respect of infection prevention and control procedures. For example, consistent and effective handwashing before and after eating food was not regularly promoted. This resulted in an increased risk of spreading infection. Some children did not wash their hands before and after eating because it was not embedded into the daily routine. Other children did wash their hands but did not use soap or did not dry their hands. This was because the hand washing sink within the playroom was not respectfully or appropriately resourced (see area for improvement 2).

Requirements

1. By 1 September 2023, the provider must ensure that children are kept safe when walking from school to the service.

To do this, the provider must, at a minimum:

- a) make an appropriate plan to review and implement effective risk assessments, approved route plans and safety procedures for all routes and modes of transportation
- b) ensure staff consistently follow procedures to maximise children's safety during the walk from the school to the service. This should include places to safely stop, regular headcounts and road safety procedures.

This is 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).

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

Areas for improvement

1. To entice and invite children to challenge their thinking and creativity skills, and support wellbeing the provider should improve indoor and outdoor play areas. This should include, but is not limited to, a wide range of resources to engage children in purposeful play and respectful cosy spaces where children can relax. Children and families should be included in decision making when improvements to play resources and spaces are considered.

This is to ensure that care and support is consistent with 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).

2. To keep children safe and to reduce the risk of spreading infection the provider should ensure that consistent and effective handwashing before and after eating food is regularly promoted and facilitated. This should include, but is not limited to, procedures for effective handwashing before and after meals being embedded into daily routines. The hand washing sink within the playroom should be respectfully and appropriately resourced.

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

How good is our leadership?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Quality Indicator 3.1 Quality assurance and improvement are led well

There remained significant gaps in the areas covered by the quality assurance systems in place. At the last inspection we made an area for improvement that the provider should promote a culture of continuous improvement so that outcomes for children and families could be as positive as possible. Inconsistencies in practice were not fully identified and did not highlight areas for improvement. Staff were not encouraged to self-reflect on their practice or sufficiently challenged to raise standards. Leaders and staff did not demonstrate sufficient capacity to make improvements at an acceptable pace. This limited opportunity to enhance outcomes for children. At the last inspection advice was given to make a number of improvements to the service, such as enhancing play spaces. The service failed to respond promptly to feedback from the Care Inspectorate and from their senior leadership team following quality assurance visits. This resulted in limited improvements being made at an unacceptable pace to offer children a quality service (see requirement 1).

Children and families' views should be more actively sought to inform the development of the setting. The service should consider introducing methods which could include children and families in decision making

about planned improvements. Some parents shared that they had not been asked for their views and that they would welcome more involvement (see area for improvement 1).

Improvement plan priorities should reflect areas of improvement identified in this inspection and all staff should understand their responsibilities to support improvement. Achievable timescales should be set when planning such priorities to ensure that improvements are made at a sustainable pace. This would support children to experience positive outcomes and ensure the quality of the service is enhanced.

Requirements

1. By 15 October 2023, the provider must implement effective quality assurance processes to ensure that all children benefit from improving quality care, play and learning.

To do this, the provider must, at a minimum:

- a) implement effective quality assurance processes that recognise strengths and address areas for improvements, with a focus on developing leadership and staff practice in relation to safety and play experiences.
- b) develop a strategy to enhance the continued use of best practice documents to evaluate the service provided and identify areas for improvement. This should include the good practice guidance: A quality framework for daycare of children, childminding, and school-aged childcare (Care Inspectorate, 2022).

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

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).

Areas for improvement

1. To ensure that children, families, and staff become meaningfully involved in improving the service, in a spirit of genuine partnership. The provider should ensure that children's, families', staff and partners views are actively sought and effectively used to improve the life and work of the setting. This should include, but is not limited to, the provider ensuring that children, families, and staff have a key-role in quality assurance processes.

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

How good is our staff team?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Quality Indicator 4.3 Staff deployment

All staff that we spoke with, shared that they felt well supported by management and that they worked well together as a team. This increased potential for staff to improve the service to enhance outcomes for children.

The approach to staffing within the service was not outcome focused. At points across the day there were gaps in specific skills needed to keep children safe, emotionally well, interested and settled during their time in the service. Activities were mostly task orientated for staff rather than an opportunity for high quality engagement and interaction. For example, children were engaged in bubble painting with a staff member who was helping them to set up the activity but was then called away to supervise the outdoor space. Such examples resulted in inconsistent care and support.

Deployment of staff was not effective in ensuring high-quality outcomes for children. Throughout the service, staff did not regularly interact with children. When staff did interact with children this tended to be neutral interactions, such as giving instruction or negative interactions, such as telling children not to do something without offering explanation or guidance. Staff did not demonstrate that they had skills to provide quality experiences to enhance outcomes for children. Limited direction and support had resulted in staff who lacked motivation to provide high quality care, support and learning opportunities for children.

Staff must be given clear guidance to enhance their skills in order to be able to deploy skilled staff throughout the service. This would ensure that consistent care always supported children's wellbeing, resilience and achievements. Staff must be given clear roles and responsibilities to enable them to make positive change and drive forward improvement. This would enhance outcomes for all children. This must include newly recruited and staff who are training. Such staff must have a purposeful induction and knowledgeable mentor who can role model and teach best practice (see requirement 1).

The senior management team had recently produced an improved induction pack using the guidance: Early Learning and Childcare - National Induction Resource (Scottish Government, 2019). They should move forward with introducing this pack for staff to begin to enhance their knowledge and skills in order to improve the quality of service provided.

Requirements

1.

By 15 October 2023, the provider must implement effective guidance and support to be able to deploy skilled staff throughout the service to ensure that consistent care supports children's wellbeing, resilience and achievements.

To do this, the provider must, at a minimum:

- a) hold individual meetings with staff to identify areas for development, highlight training needs and put an action plan in place to enhance skills
- b) give staff clear roles and responsibilities to enable them to make positive change and drive forward improvement
- c) begin to use the improved induction pack with all staff
- d) regularly monitor and record staff practice to ensure that children are safe and are getting improved care and learning opportunities.

This is to comply with Regulation 15 (a) (Staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

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

Requirements

Requirement 1

1. By 1 December 2022, the provider must ensure that all children's health, welfare, and safety needs are met. Sufficient information must be gathered and recorded about all children as part of their personal plan, clearly setting out their individual needs and how these will be met. This will ensure staff plan children's care based on up to date and reliable information. To do this, the provider must, at a minimum:

- a) ensure that all staff understand the purpose of personal plans and are familiar with Care Inspectorate guidance 'Guide for Providers on Personal Planning, Early Learning and Childcare'
- b) ensure that personal plans are written and regularly reviewed with children and parents to ensure that information is up to date to reflect children's current needs, wishes and choices
- c) ensure consistent effective recording of important information in all personal plans to meet children's safety and wellbeing needs, such as, information about required medication
- d) ensure that all personal plans are meaningful, working documents that include strategies of support and progress made.

This is to comply with Regulation 5(2)(b)(c) (Personal Plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

This requirement was made on 30 September 2022.

Action taken on previous requirement

We noted that some improvements had been made to the personal plans. For example, the provider had introduced an improved format which included sections to record all relevant information.

Concerns remained in the following areas. Whilst personal plans were written and regularly reviewed this was not being done in partnership with children and families. Strategies for support were not specific and did not evidence progress and achievements made.

We have restated this requirement with a new timescale of 20 October 2023.

Not met

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 promote a culture of continuous improvement so that outcomes for children and families can be as positive as possible, the provider should develop and enhance the current approaches to quality assurance and self-evaluation.

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

This area for improvement was made on 22 September 2022.

Action taken since then

There remained significant gaps in the areas covered by quality assurance systems in place. Inconsistencies in practice were not fully identified and did not highlight areas for improvement. Staff were not encouraged to self-reflect on their practice or sufficiently challenged to raise standards.

Leaders and staff did not demonstrate sufficient capacity to make improvements at an acceptable pace. This limited opportunity to enhance outcomes for children.

The service failed to respond promptly to feedback from the Care Inspectorate and from their senior leadership team following quality assurance visits. This resulted in limited improvements being made at an unacceptable pace to offer children a quality service.

This area for improvement was not met. We have made this a requirement at this inspection in Key Question 3 'How good is our leadership?'

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	2 - Weak
1.3 Play and learning	2 - Weak
1.5 Effective transitions	2 - Weak

How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak

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

How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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