Simply Play @ Murieston
Day Care of Children

Murieston Village Hall
Murieston West Road
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EH54 9AS

Telephone: 01506 856 444

Type of inspection:
Unannounced

Completed on:
14 March 2025

Service provided by:
Simply Play

Service provider number:
SP2010010947

Service no:
CS2010271587

About the service

This service is provided by Simply Play, a registered company. The service is registered to provide daycare to a maximum of 74 school aged children up to the age of third year of secondary school. Simply play @ Murieston is based in West Lothian operating from the village hall. The service has use of the whole building, including a large secure garden, two large playrooms, a spacious entrance area, toilet and kitchen facilities. The service shares the space with other community services out with their hours. The service is located close to local primary schools and a train station. There is a community garden near to the service and parks with woodland walks nearby.

About the inspection

This was an unannounced inspection which took place on Tuesday 11 March 2025 from 14:15 to 18:00 and Wednesday 12 March 2025 from 13:30 to 18:00. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with children using the service
- Reviewed feedback from families
- Observed practice and children's experiences
- Reviewed documents
- Spoke with management and reviewed staff feedback.

Key messages

- Children experienced warm, nurturing and kind interactions.
- Children had access to indoor and outdoors throughout the session, enabling them to make choices about their play.
- Children were engaged in their play, and were interested in what was available to them.
- Improvements had been made across the service since the last inspection and children experienced consistent approaches to their care and wellbeing.

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?	4 - 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? 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 1.1: Nurturing care and support

Children had positive relationships with staff and were happy and settled in the service. When collected from school children were asked about their day and were excited to share school and personal news. This let children know that staff were interested in them as individuals and this helped them to feel valued and cared for. The walk to the service was well managed and enabled children to have the freedom to walk with friends and remain safe.

Mealtimes were relaxed and sociable, where children and staff sat together. Snack was served from the serving area and children were able to independently choose their snack. This was complimented by a buffet table where children could help themselves to a selection of fruit and vegetables. Drinks were available throughout the session, this meant children could keep themselves hydrated. Children were involved in menu planning and used a floor book to write down their snack suggestions. This showed children that their opinions mattered. Children had the opportunity to help with snack. One told us they serve, help to tidy up and wear an apron, helping them to develop new skills and be responsible.

Improvements had been made since the last inspection to personal plans. Information held in personal plans included personal details, permissions and strategies for support. Personal plans were reviewed and updated with parents in accordance with current guidance. This meant that children experienced the correct care and support for them. Children experienced consistent and sensitive approaches to how their needs were supported. For example a child was gently reminded to use the bathroom at regular intervals throughout the session. As a result, children were treated with respect. Strategies could be further developed to be more specific, enhance the approaches and ensure that evaluations consider impact for children.

Support plans had improved since the last inspection and were solution focussed rather than activity based. This meant that approaches to supporting children were not restricted by activities. For example staff understood that children's needs could be supported through a variety of experiences and not just one activity. Staff reflected with each other daily, sharing information which helped them all to know children well and meet their needs as individuals. Multi agency approaches and attendance at meetings ensured that children and families were being supported by the right services. For example providing opportunities for children to play and experience their childhood with friends.

Flexible approaches to transitions supported children through changes in their lives. For example, a child had the opportunity to visit another venue that would be used during a holiday period, this empowered them to have a positive experience at the new premises.

Effective systems were in place to manage medication and was reflective of current guidance. The storage of medication was well organised and easily accessible to staff when removing and returning for school pick ups as required. Information was audited and reviewed with parents to ensure it was accurate. As a result children requiring medication were cared for safely.

Staff were aware of child protection procedures and how to report concerns. The manager was more confident in their knowledge and had undertaken child protection training. As a result children were being cared for safely.

Quality indicator 1.3: Play and learning

The service was prepared with a variety of resources and activities for the children arriving. This meant that children could access play throughout the day. Children could request additional resources to play with. For example, children were given jewellery making resources which they requested. Children made sensory bags with liquid, glitter and paint to take home and gifted these to staff. One child said they had chosen the colours to match the staff's jumper. This enabled children to share their play and creations, that were valued by the staff in return.

Planning approaches were child-centred and responsive to children's interests and life experiences. For example a child was asked about their interests and materials were sourced for them to build a large scale volcano. Staff facilitated this by ensuring the construction was safely looked after in between each session. The child led their own play and learning with no end time being set for completion. This meant that the child could explore their interests at a pace that was right for them.

Planning approaches were in the process of being adjusted to fully reflect children's interests and move away from activity led planning. This work was being led and undertaken across the whole organisation with support and guidance from the manager and senior managers. Staff were positive about the changes and developing their approaches further. This meant that the child centred approach to children's learning and interests could be enhanced further by dedicated staff.

Floor books were used across the service to capture children's experiences, and their voices through photographs and comments. Children were observed looking at the floor books and were able to reflect and recall their experiences. The children's voices floor book allowed children to write down their views and suggestions for snacks and activities. Children told us "it's really fun", "snack and activities make it a good club". This resulted in happy and confident children who enjoyed their time at the service.

Children continued to have the freedom to access the outdoor area, with some children choosing to be outdoors for most of the session. The outdoor area was spacious and had open ended resources that supported play. Children and staff created games using crates and negotiated rules together. This enabled children and staff to think creatively and work as a team. A designated room for physical play indoors supported all children to access opportunities which would help them to be active. The gymnastic equipment on one day was indoors and the following day outdoors to enable a gymnastics competition to take place. As a result children had the choice of where they wanted to play and were not limited by space or location.

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 facitilites

Children benefited from indoor and outdoor environments which were spacious and sensitively structured to support children's stages of development, needs, and interests. Areas were set up prior to children arriving and looked inviting. This showed that staff valued and prioritised children's interests to enhance their play experiences. For example, one room was designated for sport activities where children could engage in team games and active play. The other room offered literacy, creativity, and imaginary play opportunities. A smaller quiet room was available where children could relax. Generous space outdoors meant that children could engage in variety of play experiences such as football and freely used open ended resources to create and design their own play. As a result, children were happy, confident, and engaged in their play at all times.

Children had access to equipment that supported their interests including gymnastic bar and balance beam, several children were skilled and others who were developing their abilities. A child was crocheting, and staff celebrated their achievement by praising how much they had managed to do. As a result children's confidence and self-esteem was supported.

Staff worked well together to keep children safe in the service and the local community. For example, regular headcounts were carried out to ensure that children were accounted for. A high fence surrounded the perimeter of the garden and staff monitored the entry gate. This minimised the risk of children leaving the setting or being unaccounted for during the session.

Toilet facilities were clean and resourced for children arriving and checked regularly throughout the session. This mean that children were able to meet their own personal care needs in a suitable environment.

Staff were following appropriate guidance for personal mobile phone use. For example, knowing to only use them for calls in the event of an emergency. As a result children's privacy and dignity was upheld.

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

An effective improvement plan was in place and shared with staff. Requirements and areas for improvement from the last inspection were prioritised and actions were task focussed and communicated to staff. The manager had worked hard to lead the service through the improvements that were made at the last inspection. As a result of these being met the foundations for effective quality assurance had been made and benefitted children's care and wellbeing.

Quality assurance approaches had been enhanced through the support from senior managers, this included visiting the service frequently to work alongside the manager on improvement areas and created opportunities for professional conversations. Moving forward the manger and provider should build on the good work that has taken place and continue to strengthen approaches to all aspects of quality assurance and self evaluation.

Questionnaires and surveys were used to gather views from parents and children on aspects of the service, including recent purchases, play themes and the service overall. Floor books were attractively displayed and used well to gather in the moment comments from parents and children. A parents comment was "my son loves playing outside, thank you for facilitating this in all weathers." This enabled parents and children to contribute to the development of the service.

Creative approaches have been introduced to gather staff's knowledge on aspects of the service or changes in children's care. For example a change to medical needs. This was delivered as an informal quiz, allowing the manager to have an overview and identify any gaps. This meant that staffs knowledge was up to date and children were being cared for by staff who were aware of their changing needs.

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 benefitted from staff being deployed effectively across the play spaces and outdoors. A rota system ensured that areas were covered and planned for, with flexibility that allowed staff to make adjustments in response to where children chose to play. Staff communicated well with each other, particularly when circumstances took them away from their task. For example, moving to outdoors to support where the majority of children were playing. Regular head counts were made throughout the session. This meant that children were accounted for at all times.

Staff were well organised and communicated to each other as they prepared for the session and school pick ups. Experienced staff supported newer staff as they became familiar with daily routines. For example, checking that registers and medication were in the bag ready for each school pick up. This meant that staff had the correct equipment to care for children safely when out with the setting. Staff were prepared on return from school pick ups with snack being available for children arriving. Staff recognised that children were often hungry after school, and this ensured that children did not have to wait.

Staff positioned themselves effectively outdoors which enabled them to monitor the entrance gate, ensuring that children and parents left safely and that the outdoor area remained secure for other children. Parents were greeted by friendly staff and informal conversations gave a warm and relaxed atmosphere. This meant that children experienced positive handovers at the end of the session with feedback given to parents at the end of the day.

Since the last inspection a new online training application had been introduced. Staff found this positive in supporting their training needs. A member of staff commented that it allowed for videos to be paused for reflection and process new learning. There continued to be opportunities to attend in person training and sessions with other professionals. Staff commented that this provided an opportunity to have wider professional discussions and time to reflect on their practice.

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

Requirements

Requirement 1

By 1 June 2024 the provider must have a robust and consistent procedure in place to ensure children are protected from potential harm. To do this the provider must, at a minimum ensure that the senior management, manager and staff:
a) review the policies and procedures within the Simply Play organisation, to ensure that these are in line with national child protection guidelines.
b) are fully informed and understand when children may be at risk of harm and know what steps to take to protect them.
c) notify and work with external agencies including social work, police and the Care Inspectorate. This includes notifying the Care Inspectorate of any allegations of abuse within the correct timescales.

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 (SSI2011/210).
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 requirement was made on 8 February 2024.

Action taken on previous requirement

Senior managers have reviewed the safeguarding policies and procedures to ensure these are robust and in line with local and national child protection guidance. Senior manager and staff have attended training and have provided additional inhouse training. Through training the manager has increased their knowledge on best practice guidance on reporting notifications.

Met - within timescales

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 support children's care, learning and development, the provider should develop children's personal plans to be able to assess children's needs in greater depth. This should include, but is not limited to, improving support plans to clearly detail the intended support strategies. Staff could be supported to develop their practice to enable them to consider outcome focussed strategies when supporting children.
These should be reviewed and adapted, in partnership with children and parents, to help children to make progress at a pace that is right for them.

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 them.

This area for improvement was made on 8 February 2024.

Action taken since then
Training was planned for across the organisation for all managers who will share with their teams on approaches to personal planning. This will be continued into the improvement plan for the year ahead to fully embed into practice. Personal plans and strategies of support were being reviewed and planned for children in partnership with parents. This area for improvement is met.

Previous area for improvement 2

To protect children's health and wellbeing staff should be supported to understand and implement effectively current best practice guidance on safe storage and administration of medication and ensure reviews are completed in partnership with parents.

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 8 February 2024.

Action taken since then
Effective systems have been developed for the safe storage and administration of medication. Audits have ensured that medication is in date and reviews of medication were completed with parents and ensured that the record of children's medical needs were correct. This area for improvement is met.

Previous area for improvement 3

To ensure children's health, safety and wellbeing the provider should ensure that toilet facilities are clean and regularly maintained to minimise the spread of infection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that : "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

This area for improvement was made on 8 February 2024.

Action taken since then

A cleaner had been employed to ensure facilities were clean and hygienic. Systems were in place for staff to monitor and check toilet facilities at points throughout the sessions. This area for improvement is met.

Previous area for improvement 4

To protect children's, safety, privacy and personal information, the provider should ensure that staff personal devices are only used for making essential telephone calls in relation to children's care, safety, and wellbeing.

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 3.15).

This area for improvement was made on 8 February 2024.

Action taken since then

Policies have been reviewed and updated to reflect current practice of personal phones only to be used in the case of and emergency as detailed in the area for improvement. Staff were aware of the guidance and there was not any emergency incidents that required staff to use personal mobile phones. This area for improvement is met.

Previous area for improvement 5

To support children's care, learning and development, the provider should make quality assurance processes more robust. This should include, but is not limited to, ensuring the desired and actual outcomes for any improvements are documented.

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 8 February 2024.

Action taken since then

Effective quality assurance systems were in place and impacting positively on the service. As detailed in areas for improvement, progress had been made across areas of quality assurance. This area for improvement is met.

Previous area for improvement 6

To ensure children and families benefit from a well led service. The service should ensure that any complaints investigations undertaken are carried out thoroughly and that all points raised are satisfactorily addressed, including but not limited to speaking to all witnesses and complainants.

This is in order to comply with: Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 8 February 2024.

Action taken since then

There have been no further complaints made since the last inspection. Management at all levels understand their own and the care inspectorate complaints procedures following the last inspection. This area for improvement is 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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - 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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