Simply Play @ East Calder
Day Care of Children

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Type of inspection:
Unannounced

Completed on:
10 January 2024

Service provided by:
Simply Play

Service provider number:
SP2010010947

Service no:
CS2010271594

About the service

Simply Play @ East Calder is registered to provide a care service to a maximum of 66 children at any one time for children attending primary school and S1. During school holidays care may be provided to a maximum of 10 children who are registered to start primary school at the start of the academic year.

The service is delivered from their own building located in the village of East Calder, West Lothian. It is close to local amenities and has good transport links.

About the inspection

This was an unannounced inspection which took place on Monday 8 January 2024 between 14:15 and 18:00. We returned to complete the inspection on Tuesday 9 January 2024 between 15:45 and 18:00. Two inspectors from the Care Inspectorate carried out this inspection.

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 written feedback from 12 parents
- spoke with staff and management
- observed practice, documents and daily routines
- observed the transportation of children from school to the service.

We gave feedback to the manager, senior playworker and project manager in the service on Wednesday 10 January 2024.

Key messages

Staff demonstrated genuine kindness, love and interest to the children in their care, which resulted in confident and happy children.

To enhance children's care, learning and development, the personal planning approach should be developed to assess and review children's needs in greater depth.

Children benefited from increased opportunities for play spaces to be continually improved because resources did not have to be cleared away at the end of each session.

The manager effectively led the staff team and was clearly committed to sustaining and improving quality experiences and outcomes for all children.

Opportunities for parents' views to be sought to inform the development of the service should be more frequent and meaningful to influence change.

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 were happy, confident, and settled in the service. When collected from school, all children were pleased to see staff and willing to go the service. Hugs were given and there were general catch ups between children and staff, sharing news about their Christmas holidays. The friendly, positive relationships supported children to feel comfortable and safe.

The service had recently reviewed and updated personal plans formats to ensure that they held relevant information needed to support children's individual needs and preferences. An effective system should be introduced to support keyworker's, children and families to work in meaningful partnership to review the plans. This should be every six months or sooner if important changes occur, in line with guidance. This would ensure that important information about children's needs and preferences are considered in partnership with children and families. This could help to support children to be given the best care at the right time for their current needs. Most parents who provided feedback to us told us that they would like more communication about the service and what their children are doing. One parent said, "More feedback would be useful" (see area for improvement 1).

Staff confidently told us how they supported individual children's specific care and learning needs, which was evident in practice. Support plans formed part of the personal planning approach. However, from the sample that we looked at, we noted that these could be more concise to clearly detail the intended support strategies. Strategies should be outcome focussed and evaluated to show progress made and adaptions made to support children's ongoing development (see area for improvement 1).

Snack time was a relaxed experience where children's independence was encouraged and food preferences respected. Self-service allowed children to make choices, and food was nutritiously balanced, in line with best practice guidance. Water was available throughout the session for children to independently access to keep them hydrated.

Children's food allergies were well managed. When staff prepared snack they referred to the detailed daily register to check that food prepared was safe for all children to eat. Similarly, children were kept safe as food types which had potential to cause allergic reactions were not available in the service. A system was in place to check food labels prior to opening them.

Management of medication was mostly in line with best practice guidance. The service had improved procedures in response to previous advice given. Medication was stored in individual boxes, which were clearly labelled with the child's name and photograph. Moving forward, the child's date of birth should be added to this information, in line with the best practice guidance. Medication was regularly reviewed with families, this meant that children's current medication needs were well supported. The service should now continue to audit medication procedures and records. This would ensure that all information is consistent and that clear stepped approaches are in place for all children who required emergency medication. This should enhance staff confidence and understanding about what steps to take to keep children safe.

Quality Indicator: 1.3 Play and learning

Children could move freely around the resourceful play spaces, which offered them freedom to choose where they would like to play. This contributed to children being meaningfully and actively involved in leading their play and learning through a balance of spontaneous and adult supported experiences that promoted their choice and independence.

Daily access to the outdoor play space enabled children to appreciate the benefits of being outside and engaging in active play opportunities. Similarly, opportunities for active play were provided indoors in the hall where children could release energy and practice gymnastic skills using the crash mats. Football and similar sports were facilitated and staff skilfully adapted resources to meet the requests of children during their play. Regular exercise and team games helped children to develop confidence, fitness and a healthy attitude to regular exercise.

During better weather, and lighter evenings children benefited from visits to local parks and woodland areas. This helped them to feel involved, and to enjoy facilities that their community offered. Some staff were trained in forest school experiences and children had the opportunity to explore and engage in nature whilst considering and independently managing risks. However, opportunities to engage in the local community could be more regular and meaningful. Staff told us that they were considering reinstating regular visits to the library. This could promote a love for books and reading, as children could choose the books that that they wanted to read. Consideration could also be given to children becoming involved in community enterprise projects or supporting local charities. This could develop understanding of empathy and supporting others.

Children's play benefited from real life and natural open-ended resources to encourage creativity. These were attractively presented within the playroom and children were able to transport resources in their play. This enabled children to have the freedom to develop imaginative play. For example, a group of children were using remote controls to pause each other during role play.

Staff interacted and participated to engage children in their play; this was a particular strength when helping children who required additional support. For example, staff were observed assessing the level of support needed and emerging themselves in the child's play. This encouraged the child to feel included and empowered to facilitate their own play.

There were opportunities for children to develop language and literacy skills through interactive displays, books, drawing and writing resources. Similarly, resources such as clocks, scales and games helped to develop numeracy and maths skills.

Planning approaches were child centred and responsive to children's interests and life experiences. For example, when a child wanted to read in a dark space, they were given a head torch to be able to do this. This demonstrated that individual choices and wishes were accepted and valued. However, planning was activity focussed rather than outcome focussed to support children's learning and development. Similarly, plans were not evaluated, therefore success and achievements were not considered. Improvement in the planning process should enhance opportunities for children to develop and learn at a pace that is right for them. Staff could consider recording experiences in partnership with children. This would give children the opportunity to revisit and reflect on their learning, with adult support. To do this, children could be supported to consider what they would like to find out about (see area for improvement 2).

Areas 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 me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2.
Learning and development opportunities should be improved through supporting staff to implement an outcome focussed approach to planning. This should include, but is not limited to, play experiences being planned and evaluated with children to offer an interesting balance of organised and freely chosen play experiences.

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? 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 benefited from the service having their own building where resources did not have to be cleared away at the end of each session. This resulted in increased opportunities for play spaces and resources to be continually improved to enhance play experiences. This also meant that children could continue to work on creations and extend their play throughout the week, should they wish.

The presentation of the setting demonstrated that children's needs, interests and wishes were valued and respected. Well defined and inviting play areas were set up prior to children arriving. Children had the freedom to move around the setting freely, giving them autonomy and space to lead their play. Two spacious playrooms with a good range of resources offered play opportunities for children to use different skills and follow their interests. For example, the playroom was homely and had been developed to have a permanent home area as the main feature. There was a sofa in addition to other soft furnishings, providing children with comfortable spaces to rest and relax.

The environment had been thoughtfully prepared to be inclusive to support all ages and stages of development. For example, there was a range of books, puzzles and games suitable for every age group.

A respectfully resourced sensory room had been created with cushions and blankets, should children need a rest or some quiet time.

Similarly, a wealth of open-ended resources meant that children could use such play materials to support and enhance their stage of developmental play.

Children were kept safe and secure during the walk from school to the service. Clear rules were in place, such as children knew to walk in pairs and were reminded to stop and check if it was safe to cross when crossing the road. Staff were placed at the front and back of the walk to ensure that children could be supervised and supported.

The setting was well ventilated and the indoors had appropriate lighting with some natural light from the windows. The building was in need of some repairs, such as replacing ceiling tiles that had been soiled with damp patches and fixing cracked plaster on walls. A quality assurance system for maintenance and repair, and effective maintenance logs would enable management to track, record and report repairs promptly. Similarly, risk assessments could be reviewed and updated to evidence that further actions had been addressed to increase safety measures.

To enhance outdoor play opportunities further, staff could consider creating well defined and inviting play areas to reflect the quality of play experiences offered inside. Similarly, outdoors would benefit from additional lighting for children to be able to play outdoors in the winter months for longer periods of time. The management team agreed to fix the broken fence to the side of the building to ensure that children were kept safe.

Staff used personal devices to contact the service when out in the community and to record observations of children's learning play and learning. To protect children's, safety, privacy and personal information, alternative arrangements should be put in place. Staff personal devices should only be used for making essential telephone calls in relation to children's care, safety and wellbeing (see area for improvement 1).

Areas for improvement

1. 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).

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 well led

The manager effectively led the staff team and was clearly committed to sustaining and improving quality experiences and outcomes for all children.

Quality assurance, including self-evaluation and improvement plans, were in place and leading to improvements. For example, monitoring of staff practice, and audits to evaluate the quality of the play spaces.

Moving forward, identified actions should be more outcome focussed and evaluated to show the impact of improvements (see area for improvement 1).

The introduction of a quality assurance calendar could support management to focus on areas to be audited to meet the needs of the service. The calendar could include areas such as accidents and incidents, management of medication and Scottish Social Services Council (SSSC) registration.

The senior leadership team carried out quality assurance visits to the service. As a result of these visits some improvements had been made to enhance experiences for children. For example, the development of the self-regulation room and clearing away of snack tables to create more play space when snack is finished. However, other identified areas for improvement had not progressed, such as more use of the community and development of outdoor space. Identified actions ought to be evaluated to ensure that they have been taken forward and sustained to enhance the service and improve outcomes for children.

Children's views were looked for and used to inform the development of the service. This helped children to feel included and to know that their opinion mattered. For example, children had recently been consulted on baking opportunities within the service. Plans were also in place to introduce a children's committee where older children could become more involved in contributing to decisions about service improvement.

Online opportunities for parents to provide feedback were carried out; one example was asking parents their views about the quality of the summer holiday club provision. However, opportunities for parents' views to be sought to inform the development of the service should be more frequent and meaningful to influence change. Parents' views should be evaluated and recorded to evidence if feedback had been reflected upon to bring about positive change to outcomes for children. This should include any complaints or concerns to evidence that satisfactory outcomes had been reached (see area for improvement 2).

Areas for improvement

1. 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).

2. Families' views should be frequently and meaningfully sought to influence positive change to improve experiences and outcomes for children. This should include, but is not limited to, complaints or concerns received to evidence that satisfactory outcomes had been reached in partnerships with parents.

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 give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

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

Staff demonstrated genuine kindness, love and interest to the children in their care. This resulted in confident and happy children. A parent told us, "The staff are all lovely and welcoming and you can tell they really care about the children." Staff were flexible and supported each other to work as a team to benefit children. Staff asked colleagues when they arrived to cover a play space to support children to continue with their play or interests. For example, when a staff member had to leave an area, they passed on that a child was in the in the process making a den and required additional material. This meant that child's play was allowed to continue and was not interrupted due to staffing arrangements.

The importance of ensuring that the service was appropriately staffed during the day was recognised by management as essential to the wellbeing of children in the service. Some children, who benefited from extra support, were allocated an adult to work with them on a one-to-one basis throughout the session. This supported them to feel safe and to be ready to purposefully engage in play.

Rotation of staff when collecting children from school resulted in all children and staff getting to know each other well. This enhanced positive relationships to help children to be settled and happy, and staff understanding of all aspects of the job to keep children safe and protected.

From staff discussions, teamwork and positive relationships within the team was highlighted as a strength. Looking after staff wellbeing was a priority, and staff told us that they felt well supported by colleagues and management. As a result, staff absence from work was minimal which provided continuity of care for children.

The senior management team had recently produced an improved induction resource, using the guidance: Early Learning and Childcare - National Induction Resource (Scottish Government, 2019). Managers had received training and guidance about how to introduce and use this tool. Plans were in place to introduce the resource to new and established staff. This was to support all staff to be eager to learn and understand the need to develop knowledge and skills. Similarly, this could support staff to be highly motivated and have a commitment to improving outcomes for children and families. We encouraged senior management team to introduce and begin to use this tool in a timely manner to support the improvement of the workforce and service provided.

Complaints

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

Detailed evaluations

How good is our care, play and learning?	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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