

Beatlie Nursery Day Care of Children

33 Grange Road
Livingston
EH54 5BT

Type of inspection:
Unannounced

Completed on:
12 June 2025

Service provided by:
West Lothian Council

Service provider number:
SP2003002601

Service no:
CS2003044552

About the service

Beatlie Nursery is registered to provide care to a maximum of 6 children from age 2 to not yet attending primary school at any one time.

The service is situated in Livingston, West Lothian. It is close to a local train station and bus routes. Shops and parks are within walking distance. The service relocated in 2023 to a new building which was purpose built to meet the needs of children significant physical and medical needs and learning disabilities. The building includes a 4 D multi-sensory room, a soft play room, a hydrotherapy pool, a rebound therapy room as well as extensive adapted outdoor areas. There is a well-equipped medical room and designated car park. Children can be transported to and from the service by mini bus and are accompanied by a staff member to support their care needs.

The service is part of Beatlie School Campus. The school supports children and young people with complex additional support needs up to the age of 18. Children and young people from across West Lothian Council are allocated a place at the school by the council's Education Referral Group.

About the inspection

This was an unannounced inspection which took place on Monday 9 June 2025 between 09:30 and 17:15 and Wednesday 11 June between 13:00 and 17:45. 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
- invited parents to send written feedback
- spoke with one parent
- spoke with staff and management, two nurses and three visiting professionals
- observed practice and how children's care, learning and routines were supported
- 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

Extremely well considered routines and highly skilled staff interventions supported children to be motivated and engaged in learning.

Individual needs were exceptionally well considered, in partnership with therapists working with each child. Therapists credited children's progress to the outstanding commitment of the staff team.

Established strong partnerships with families and highly effective information sharing included families in their child's learning.

The exceptionally strong commitment from management and staff helped to ensure that they continued to make the best use of the outstandingly designed specialist setting.

The provider should fully embed the recently improved health and safety procedures, and monitoring procedures in relation to staff professional registration.

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?	6 - Excellent
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very 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 evaluated different parts of this key question as excellent and very good, with an overall grade of very good. We found significant strengths in aspects of the care provided and how these supported positive outcomes for children.

Quality indicator 1.1: Nurturing care and support

Children's rights were at the forefront of staff practice. Children experienced warm, caring and nurturing approaches to support their overall wellbeing. Personal care was respectfully supported. Positive relationships with staff helped children to feel secure and confident which was evident through facial expressions and body language. There were lots of giggles and laughter heard which demonstrated that the service value of fun was embedded throughout the day.

Mealtimes were tailored to support children's individual needs. The speech and language therapist had trained all staff to support each child's well-planned eating and swallowing profile. Staff provided one to one support and encouragement during mealtimes. Similarly, children were kept safe while eating because staff provided support and close supervision. Children were given time to eat at a pace that was right for them. Mealtime experiences were consistently positive and supportive.

Children's overall wellbeing was supported through highly effective use of personal planning. Families and professionals such as speech and language and physio therapists were central to this process. This resulted in highly effective information sharing which was efficiently used by staff to promote consistency and continuity of care. As a result, staff responded quickly, sensitively, and compassionately to supporting children's needs. Professionals that we spoke with told us that staff skilfully implemented support strategies and regularly sought advice to adapt strategies to enhance care for children. For example, exceptional consistently focused support given to a child to help them develop their swallowing reflex. This resulted in the child making very good progress.

Nurses were always onsite, and children's medication was managed well. Nurses trained staff to administer medication to individual children in a safe and sensitive manner. All staff fully understood how to manage and administer medication for each child. As a result, staff supported children to keep safe and well.

Health and safety procedures in relation to children's care had recently been reviewed. Areas for improvement in order to reduce hazards were identified to help keep children safe and protected from harm. Improved procedures now need to be fully embedded into practice.

Quality indicator 1.3: Play and learning

Highly skilled staff interventions supported children to be motivated and engaged in learning. Staff placed the greatest importance on providing relevant and personalised learning opportunities. Each child had an exceptionally well-planned daily timetable packed with bespoke experiences to help develop specific skills. For example, the shared attention time activity which offered highly effective opportunities for children to develop engagement, anticipation and waiting skills, and eye contact.

The service had compiled a personalised and relevant curriculum to support the specific needs and achievements of the children who attended.

Staff had visited other settings and had adapted their planning in line with peer early learning settings in West Lothian Council. They had skilfully adapted this to be purposeful and appropriate to support the diverse needs of the children in their setting. This was highly valued as extremely important to ensure that every child was given the best support to help them to progress.

Individual needs were exceptionally well considered, in partnership with therapists working with each child. Therapists credited children's progress to the outstanding commitment of the staff team. Staff from other specialised early years settings had visited the service to learn from this highly effective practice. Staff continually problem solved to try out new approaches to enhance learning experiences. For example, the extremely well-planned body movement programme which positively impacted on outcomes for children. As a result, children who had limited movement had made very good progress developing physical skills.

Observations in children's learning journals demonstrated specific learning and achievements. Relevant and realistic next steps supported the ongoing journey of achievement. As a result, children were achieving through fun filled experiences with lots of enjoyment.

Children were offered choices, using appropriate methods that were right for them. Each child had their own bag containing objects of reference which was readily accessible at all times. For example, during the soft play session objects were used to help children to choose and to communicate where they would like to play. Children's communication skills were exceptionally well supported by staff who had received specialised training to support children's individual complex communication needs. This included signing or tap signing on the body when vision was impaired. Children were supported to develop numeracy skills through daily opportunities to interact with and explore the environment using all senses. Technology resources supported children to make choices. For example, using the touch pads to choose from the song choice displayed on the white board. This helped to build children's independence, confidence, and decision-making skills.

Staff used song signifiers to ease points of transition and to help children to develop an awareness of routine. Staff gently sang familiar songs for each situation as they moved to different areas in the service. This supported children to understand and anticipate where they were going, helping them to feel secure.

Established strong partnerships with families and exceptional effective information sharing included families in their child's learning. Talking switches were used with the children to record their daily experiences when in the service. These went home every day for families to listen to and to record their news from home. This helped children to establish a strong connection from home to nursery. This partnership was enhanced further through parenting and play and stay sessions. As a result, parents felt included as valued partners in their child's learning. One parent told us, "My child is now doing more than I ever thought they would do."

How good is our setting?

6 - Excellent

We evaluated this key question as excellent where performance was sector leading with outstandingly high outcomes for children.

Quality indicator 2.2: Children experience high quality facilities

The setting was purpose built to meet the needs of children with significant physical and medical needs and learning disabilities. The building was bright and spacious with direct access to outdoor spaces.

There were extremely well-planned opportunities for children to frequently access the variety of exceptionally high-quality facilities available. This included a 4 D multi-sensory room, a soft-play room, a hydrotherapy pool, and extensive adapted outdoor areas.

Overhead tracking hoists, hygiene rooms and rebound therapy enabled much smoother transitions for children with physical needs. The hydrotherapy pool supported children to practise movement skills, whilst enjoying the therapeutic benefits of being in the water.

The exceptionally strong commitment from management and staff helped to ensure that they continued to make the best use of the outstandingly designed specialist setting. For example, through continuing to develop the outdoor learning opportunities to make full use of the new, varied outdoor learning spaces. This included developing sensory and woodland areas. Resources added to stimulate senses included musical stepping stones, bright flowers, strong smelling plants, and interesting paths for children to move along and feel the plants. Similarly, a wheelchair swing and roundabout and wheelchair accessible planters for all children to be able to engage in gardening opportunities were introduced. One parent told us that they appreciated that their child was being challenged in their learning through using a bike to support physical development.

The playroom offered cosy spaces for children to rest, this included a comfortable area where curtains could be drawn around to make it a quieter space. There were also large bean bag cushions where children could sit and relax. Children could explore and discover using the variety of open-ended natural materials, such as, large stones and pinecones. Open-ended natural materials helped to stimulate children's senses and enhance creativity.

Staff understood that children's development and learning was influenced through thoughtful positioning of play resources. For example, well positioned ground level mirrors motivated children to move and reach when seeing their reflections. This helped children's developing physical movement skills, supporting them to reach their full potential.

The service provided a safe and secure environment for children to play and learn. The cleanliness of the setting was to an extremely high standard. Emergency buzzer systems were in place to alert nurses to attend should medical assistance be required. All children had individual risk assessments with measures in place to help keep them safe. Medical passports for every child were taken when going out for walks or visits in the community. The passports contained essential information that could be shared with other professionals should a medical emergency arise.

Children benefited from regular visits to the local community. Staff told us that they ensured that there was purpose to outings. For example, collecting natural materials to explore. There were occasions when the wider community visited the service. For example, visits from a theatre company where children were able to access a fully immersive theatre experience. This fun opportunity supported children to feel included as part of a wider community.

How good is our leadership?

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 3.1: Quality assurance and improvement are led well

There had been a recent review of the service values. Families and staff worked together to consider and adopt the best values to reflect the ethos and culture of the setting. The new values were inclusion, respect, and happiness. These were embedded in children's experiences and staff practice.

Well-planned quality assurance processes were in place. Improvement plan priorities enabled the service to deliver high quality care and support tailored towards children's and families' particular needs and choices.

As a result, several improvements had positively impacted on outcomes for children. Such as, the development of the life skills framework. This was designed to support the development of important life skills, such as personal care. This incorporated a head desensitising learning experience which supported children at a stage that was right for them. For example, developing resilience to head touch or practising to brush their hair.

Quality assurance processes could be further developed by revisiting planned actions to review and evidence the improvements made. This should support staff to reflect on successes and help them to plan future improvements to enhance outcomes for children.

As a result of discussions during the inspection, the management team improved procedures to ensure that they could effectively monitor staff professional registration. This would support them to ensure that all staff maintained their professional registration with the appropriate regulatory body for their role. This should now be fully embedded into quality assurance practice (**see area for improvement 1**).

Strong leadership supported staff to have high aspirations and confidence in their ability to support children and families to reach their full potential. To enhance this, developing distributed leadership in self-evaluation, to include regular peer monitoring opportunities for all staff could be considered. This could enhance reflective practice, professional growth and build on the supportive team approach through a culture of continuous improvement.

There was an ongoing focus to ensure that families views were actively sought to inform the development of the setting. For example, the 'Friends of Beatlie' parent council had recently re-established. The group had been involved in considering new resources to enhance learning as well as elements of improvement planning. Further opportunities included, monthly drop-in coffee mornings supported by speech and language therapy, music therapy parent sessions, and a curriculum evening. This helped families to feel included, valued, and well informed about the development of the service.

Areas for improvement

1. For children to be cared for by staff who maintain their professional registration with the appropriate regulatory body for their role, the provider should fully embed the recently improved monitoring procedures of staff professional registration.

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).

How good is our staff team?

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 4.3: Staff deployment

Management valued the importance of ensuring that the service was appropriately staffed. There was a one-to-one adult to child ratio to support the wellbeing of children in the service. The staff team consisted of a teacher, early years practitioner and advanced pupil support workers.

Staff members brought differing experience, knowledge, and skills to ensure children's experience across the whole day was positive. All staff were trained in specialised areas to support the individual needs of the children in their care. Examples included specialised feeding support for children with complex eating needs. All staff had also been trained to deliver specialised learning experiences. These included improving supporting children's movement and function through physical interventions. Similarly, all staff were skilled in using alternative communication methods to enable children to communicate to express their needs, wishes and choices.

Staff were committed to improving outcomes for all children in their care. High levels of interaction and support were embedded in staff practice. Arrangements were in place to promote continuity of care across the day and to ensure positive transitions and communication. Part time teachers had opportunities to meet every week to discuss continuity of care and learning. Children were cared for by consistent, familiar staff who knew their needs well. Staff had opportunities to meet regularly to plan for children's care, play and learning. As a result, consistent care was provided which positively impacted on children making continuous progress.

Staff felt well supported by management. They told us that they were given opportunities and time to develop their ideas to improve the service. All new staff were given a supportive induction. This opportunity included using the skills and knowledge of the existing staff team to support professional development. Plans were in place to further improve the induction process to include best practice guidance specific to early years. For example, Scottish Social Service Council (SSSC) registration requirements and codes of Practice (Scottish Social Service Council, 2024). This would further strengthen the service's approach and ensure children continue to receive high quality care and support.

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	6 - Excellent

How good is our setting?	6 - Excellent
2.2 Children experience high quality facilities	6 - Excellent

How good is our leadership?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good

How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.