

# Pinkie St Peter's Out of School Club Day Care of Children

Pinkie St Peter's Primary School  
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**Type of inspection:**  
Unannounced

**Completed on:**  
27 June 2024

**Service provided by:**  
Pinkie St Peter's Out of School Club

**Service provider number:**  
SP2003003642

**Service no:**  
CS2003020387

## About the service

The service is run by a voluntary committee and a manager. The service is in the process of re-registering due to a change in legal identity. The service is registered with the Care Inspectorate to provide a care service to a maximum of 80 children at any one time, aged from primary school entry up to and including second year in secondary school. During the school summer holidays, the service may be provided to children who are not yet attending primary school but who will start school in the August of that year.

The service is situated within Pinkie St Peter's Primary School in the town of Musselburgh, East Lothian. The service is close to local parks, beaches and other amenities. The premises consists of a large gym hall and a playroom, both spaces have direct access to the outside play area. The club have access to a kitchen, toilets and office space.

## About the inspection

This was an unannounced inspection that took place on 24 June between 14:30 and 17:50. We returned announced on 25 June 2024 to complete the inspection between the hours of 15:15 and 18:00. We provided feedback to the manager on 27 June 2024 between 14:00 and 15:45.

The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included, previous inspection findings, information submitted by the service and intelligence gathered since last the inspection.

In making our evaluations of the service we:

- spoke with children using the service and some of their family members
- considered feedback from 21 families through an online form
- spoke with staff and received two online questionnaires from staff
- observed practice and daily life
- reviewed documents relating to the care of children and the management of the service.

## Key messages

- Most children were happy and confident in the service.
- Snack time experience for children required further improvement.
- Personal plans could be more effective to ensure they fully support all children's needs, choices and wishes.
- Children benefitted from access to stimulating outdoor play spaces, supporting their health and wellbeing.
- Staff would benefit from support to develop their knowledge of child development, so they become more attuned to children's wellbeing and learning needs.
- Quality assurance processes should be developed and implemented to monitor and improve practice.
- Inadequate safer recruitment procedures compromised the safety of children.

## 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?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How good is our care, play and learning?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

### Quality Indicator 1.1: Nurturing care and support

Children were cared for by staff who at times showed nurturing approaches. They responded to children's need for comfort and offered reassurance. As children arrived in the service they were greeted by staff, who asked them about their day. Children were happy to see their friends. Feedback from families was positive, comments included, "It's like a family, the staff are friendly and know my children well". The welcoming environment encouraged social connections and supported children's wellbeing.

The snack experience for children needed further improvement. Food choices were limited and children were not involved in planning, preparation or serving themselves. Several children said they wanted to be more involved in setting up and preparing their own snack. Children were not encouraged to sit at the snack table, they were eating food while playing in various areas such as, outdoors. The overall environment was loud, there was a lot of movement of children and staff within the space. This led to missed opportunities in developing children's independence, social engagement and good eating habits. Consequently, children did not experience a positive snack time. We signposted the service to Care Inspectorate 'Practice note, Keeping children safe: supporting positive mealtime experiences in early learning and childcare. **(See Area for improvement 1)**

The service worked in partnership with families and other professionals to ensure some children got the support they needed. Some children had enhanced care plans which had been developed in partnership with families and other professionals, these identified strategies and next steps. A family told us, "The care received is brilliant, you can really tell each adult knows my children". Children's transitions in and out of the service were individualised. Meaningful collaboration resulted in some children receiving care and support to meet their needs at a time that was right for them.

Personal plans could be more effective to ensure they fully supported all children's needs, choices and wishes. Personal plans were reviewed in line with legislation; however, some key information was missing and it was not always clear what strategies were in place to support individual children. Personal plans should be more collaborative to ensure sharing of strategies to support children, staff as well as families. This would ensure all plans effectively meet children's wellbeing needs and provide a consistent approach in caring for children. We signposted the club to Care Inspectorate's 'Guide for providers on personal planning'. **(See Area for improvement 2)**

Medication was stored in line with good practice guidance. However, evidence gathered showed an inconsistency in the dosage of medication prescribed and the dosage being administered. We asked the manager to address concerns in relation to the recording and administration of a child's medication. The service was receptive and improved this on the second day of inspection. Quality assurance systems and checks should be reviewed and further developed to better ensure medication is safely administered. This would contribute to children's health, safety and overall wellbeing. (See Requirement 1 under 'How good is our leadership?')

### Quality Indicator 1.3: Play and learning

Children had fun as they played with their friends. They could choose to play indoors and outside. Activities included board games, arts and crafts and physical play such as, basketball and football. Some staff interactions were positive in supporting children, while other staff interactions could be improved. This led to missed opportunities to challenge children's learning and build on their individual interests. Children told us, "It's ok here, we have loads of toys, staff are ok" another said, "I like we get to go out, it's boring at times". The service should revisit how they involve children to ensure everyone maximises their experience at the club. **(See Area for improvement 3)**

Floor books had recently been introduced to share children's learning, successes and achievements. These documented a variety of children's play experiences indoors, outdoors and in the local community. Planning was not always child led, opportunities to extend children's ideas and imagination were missed. Activities included, pre-cut templates for children to decorate. This limited children's engagement, imagination and overall development. The service could develop their planning approaches to provide children opportunities to share their ideas and for these to be meaningfully considered. This would ensure children are valued, their voices heard and their interests are considered. **(See Area for improvement 4)**

Inconsistent management of children's behaviour resulted in children's emotional wellbeing not been fully supported. A behaviour management policy was in place; however, this did not follow positive behaviour strategies and support self-regulation. A child told us, "We are sent to the manager's office, sometimes without warning". Positive staff communication and interactions would provide a consistent approach and foster a supportive environment where children feel valued. This would support children's emotional wellbeing. We have addressed this with a requirement in section 'How good is our leadership?'

### Areas for improvement

1.  
To support children's wellbeing, improvements should be made to children's snack experience.

Improvements should include but not be limited to:

- a) a review and further development of the current snack routine
- b) increased involvement of children in the organisation and preparation of snacks.

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

'I can enjoy unhurried snacks and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35); and

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.33).

2.  
To support children's health and wellbeing, improvements should be made to personal plans.

Improvements should include but not be limited to:

- a) ensuring the wellbeing indicators underpin the personal planning approach
- b) ensuring all key information and strategies are included to support children's individual care and development needs
- c) personal plans should be regularly reviewed with input from children and their families.

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).

3.  
To ensure children receive high quality experiences, management should develop a programme of training, which would support staff to improve quality interactions with children; and to develop and extend children's play.

This is to ensure 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).

4. Staff should develop child centred and responsive approaches to planning experiences for children. This should include, taking account of children's comments, suggestions and staff observations of children's play. This would enable them to plan and extend experiences, with more focus on supporting children's specific interests and next steps to further enhance progression in learning.

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

'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27);  
and

'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).

## How good is our setting?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

### Quality Indicator 2.2: Children experience high quality facilities

The service was clean, safe and secure. Children had access to two indoor play areas, a playroom and a large gym hall. Areas were bright, well-ventilated and maintained, there was ample space for the needs of the children. Children's artwork and photographs were well displayed throughout the club promoting their sense of belonging and inclusion.

The playroom included a range of invitations to play, rest and relax. For example, a range of board games, arts and crafts were available. A sofa and friendship bench created a homely environment. However, the room was closed early, which restricted children's choice of play experiences. Further development is needed in the gym hall to ensure the environment is sensitively structured and spaces reflect children's current interests. We asked the service to ensure all areas are open for children to play and relax, as the closure of some spaces limited children's choice and play experiences. **(See Area for improvement 1)**

Children had fun as they played and explored outdoors in all weathers. Families were very positive about the outdoor experiences provided. A family commented, "The team ensure they get outside every day, staff must be freezing in the wind and rain, but they still look like they are enjoying themselves". The outdoor space was large and developmentally appropriate offering a variety of play experiences including, a range of sports equipment. Children had access to loose parts, this open-ended play supported children's thinking and problem-solving skills. As a result, children's overall health and wellbeing was enhanced, they were happy and engaged in play outdoors.

Children played in a safe and secure environment. Staff communicated well using walkie talkies, this ensured children were safe and accounted for. Children were provided with opportunities to negotiate risks and keep themselves safe. They demonstrated understanding of safe boundaries outdoors in the large school grounds. Consequently, children were developing important life skills in meaningful ways.

Risk assessments of the environment were in place; however, these needed to be reviewed and updated to ensure they reflect the risks associated with the environment. Whilst arrangements were in place for reporting maintenance we noticed the sink panel in the toilet was missing. The manager confirmed they had reported this earlier in the year. This should be followed up to reduce the risk of infection and keep children safe. (We have addressed this in Requirement 1 under 'How good is our leadership?')

Appropriate procedures to promote infection prevention and control were in place through handwashing routines and food hygiene practices. However, we found the hand washing routine before snack was not fully effective, some children did not wash their hands before eating. Children's handwashing routines could be better supported to ensure children's health is not compromised.

### Areas for improvement

1. To support children's right to choose, play and relax, improvements should be made to ensure children have access to the whole environment as much as possible.

This should include but not limited to:

- a) ensuring children have ongoing access to all play and relaxation spaces
- b) a review of the gym hall to ensure the environment and resources reflect children's current needs and interests.

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

## How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children, we made two requirements for the service to address.

### Quality Indicator 3.1: Quality assurance and improvement are led well

Children and families were made to feel welcome and included in the service. We acknowledged it had been a challenging time due to the recent expansion. Staff were not clear about their roles and responsibilities in delivering care and support that promoted the vision, values and aims of the service. The leadership team could support staff to reflect on what a rights based approach look like in practice to support high quality outcomes for children. As part of the expansion the service would benefit from reviewing and updating their vision, values and aims ensuring that the views, wishes and desires of children, families and staff are included.

Family and community feedback resulted in the service expanding. The manager regularly kept children and families informed of ongoing changes, through emails, closed Facebook page and daily dialogue. This meant they were meaningfully involved in improving the service. Family feedback regarding leadership was positive, they described the leadership as 'fantastic', 'excellent', 'amazing' and 'very responsive'.

Quality assurance and self-evaluation should be more robust. Systems and processes failed to identify significant gaps in key areas of practice. This impacted on the quality and safety for children and families. For example, we observed the need for improvements to medication management, risk assessment, maintenance protocols, and adherence to policies and procedures by both staff and management. Moving forward the service must develop a quality assurance system that identifies and influences positive change and outcomes for children and families. **(See Requirement 1)**

Inadequate safer recruitment procedures compromised the safety of children. Some staff had begun work before essential checks, such as Disclosure Scotland checks, were completed to confirm their suitability. The manager was unaware that this posed as a potential risk to children. We suggested as good practice, that as part of the recruitment process the manager would benefit from having a recruitment checklist for each new employee's file. The service must ensure that all staff are recruited in a way which has been informed by all aspects of safer recruitment practices. We directed the service to the Scottish Government document, 'Safer Recruitment through Better Recruitment' (2023). This will ensure children's safety and overall wellbeing. **(See Requirement 2)**

### Requirements

1. By 30 October 2024, the service must ensure that quality assurance policies and procedures are implemented to support people's health, wellbeing and safety.

To do this the provider must:

- a) develop and implement regular monitoring and robust quality assurance systems
- b) analyse the results of audits to establish areas for improvement
- c) keep detailed records of all quality assurance activity.



This is to comply with Regulation 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland.

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. By 30 October 2024, the provider must ensure the welfare and safety of children.

To do this the provider must at a minimum:

- a) Ensure that aspects of safer recruitment practice is followed when appointing new staff.
- b) Ensure that effective, personalised arrangements are in place for inducting and developing new staff as well as staff being promoted into new roles.
- c) Ensure new staff are supported to develop the skills they need through professional learning, modelling of good practice, observation and supportive mentoring.

This is to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 - Regulation 9 (1) and Regulation 4 (1)(a) Welfare of service users.

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); and

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

### How good is our staff team?

**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

#### Quality Indicator 4.3: Staff deployment

There had been changes to the staff team with the expansion of the service and they were working together to develop relationships. Staff told us that they worked well together and felt supported by each other and the management team. Daily huddles between staff and management shared information, monthly staff meetings included, staffing matters, updates on children, planning and signposting to training. Although these were in place, opportunities for staff to come together as a team and reflect on practice was limited. This reduced the opportunity to develop a culture where support and feedback was used positively to build effective and professional relationships. **(See Area for improvement 1)**

Staffing levels met minimum requirements. However, at times the deployment of staff was not sufficient to best meet the needs and play experiences of all children. At times staff deployment was not effective. For example, a large group of children were engaging with one member of staff, while three staff were outdoors with two children. Additionally, there was a great deal of staff movement, staff walking around the service rather than engaging in play with children. As a result, children were not always effectively supported to reach their full potential. Moving forward, the club should ensure that deployment of staff is effective in ensuring high-quality outcomes for children. **(See Area for improvement 2)**

New staff had been provided with an induction, some training and mentoring. Staff told us, they were supported by the team and it was a happy place to work in. We acknowledged a mentoring system was in place, however, this could be improved. The service should consider the importance of who mentors new staff to support a more meaningful induction. (See Requirement 1 under 'How good is our leadership?')

## Areas for improvement

1. To ensure children experience a warm, caring atmosphere with staff who effectively work together, the manager should ensure all staff have opportunities to participate in meaningful reflective discussions which should focus on working as a team and bring about positive changes to outcomes for children.

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).

2. To ensure children are effectively supported to reach their full potential, the manager should ensure that all staff deployment decisions are focused on high quality outcomes for children.

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

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17); and

'My needs are met by the right number of people' (HSCS 3.15).

## 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

It is recommended that the provider amends their policy on the administration of medication. This in order to ensure that parents give written confirmation that they have given their child the first dose of any medication they ask the club to administer to their child.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned safe way' (HSCS 4.14).

**This area for improvement was made on 11 September 2017.**

#### Action taken since then

This area for improvement has been met.

Although a requirement has been added to 'How good is our leadership?' to ensure the service follow their policies and procedures.

A clear medication policy was in place this included, signed parental confirmation that the first dose of medication was administered at home.

#### Previous area for improvement 2

It is recommended that the provider reviews and amends the child protection policy to include, contact details for the Social Services in East Lothian, a flow chart for staff to follow when passing on concerns, and information for staff on how to respond to concerns. The policy should be a stand alone policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

**This area for improvement was made on 11 September 2017.**

#### Action taken since then

This area for improvement has been met.

A clear individual child protection policy was in place and had recently been reviewed. This included, contact information for the local authority child protection team and clear processes staff should follow in safe guarding children. Staff were familiar with the process and procedures in safe guarding children.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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