

Pirniehall and St David's Out of School Provision Day Care of Children

Pirniehall Primary School
West Pilton Crescent
Edinburgh
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Telephone: 01313 154 420

Type of inspection:
Unannounced

Completed on:
28 January 2025

Service provided by:
North Edinburgh Childcare

Service provider number:
SP2003003092

Service no:
CS2003048347

About the service

Pirniehall and St David's Out of School Care can provide a care service to a maximum of 40 children at any one time of primary school age during term time and a maximum of 60 children at any one time during school holidays. Children must be aged between 4 - 13 years and must either attend primary school or be commencing primary school within 2 months of their start date at the club.

The manager is also the manager of Forthview Out of School Provision CS2003048328.

Delivered from Pirniehall Primary School, the service is close to local transport links and amenities. A room has been allocated to the service by the school with regular use of the hall. Children may access areas of the premises as designated by the headteacher of the primary school. An area of school playground is accessible from the room.

About the inspection

This was an unannounced inspection carried out on Thursday 23 January 2025 between 14:20 and 17:45. We continued the inspection virtually through telephone calls and reviewing documents. One inspector from the Care Inspectorate carried out this inspection.

To prepare for the inspection we reviewed information about the service. This included previous inspection reports, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- observed 16 children using the service on the day of inspection
- received feedback from one parent who was happy with the service received
- spoke with staff and management
- observed practice and daily routines
- reviewed documents relating to children's care and the management of the service.

We gave feedback to the provider and manager by videocall on Tuesday 28 January 2025.

Key messages

A requirement from the last inspection was met. This meant that children were effectively safeguarded from potential harm.

Children were welcomed and nurtured by warm and consistent staff who knew them well.

In general, children had fun with their friends, being able to choose how they spent their time.

Sufficient support had not been planned to ensure children received a consistent quality service during staff absence.

Quality assurance processes were not yet effective enough to identify and address issues of quality. As a result, there were gaps in information needed to plan for children's needs.

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?	3 - Adequate
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?

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 nurtured and supported through their daily experiences by warm and friendly staff. They were greeted on arrival and welcomed into the service. Children seemed happy to be there and comfortable in the space. The flow of the session was fairly relaxed and children mostly contributed to decisions and plans for the day. For example, if they wanted to be outside or play in the gym hall. Children were familiar with the routine of snack, play, tidy up and were confident in requesting additions to this to meet their interests.

Snack time was relaxed and sociable for children as they chatted with peers. They had a good range of healthy snack options and could serve themselves. However, there were missed opportunities to involve children in developing the skills needed for preparing food. For example, washing, peeling, chopping and displaying food for others. Further work was needed to improve the presentation of food to show children that they mattered. For example, there were no bowls for the cut grapes, biscuits were still in packets rather than on plates, whole fruits were offered rather than a selection of different ones. In addition, while staff were present near the snack table, more supervision should be given when children are eating. This would ensure choking is noticed and responded to quickly.

Children's individual wellbeing was benefiting from staff having a general knowledge of their likes, needs and preferences. However, personal plans did not reflect this knowledge. Information in the plans was mostly out of date and therefore not meaningful for children's care. While children's achievements were captured, these were inconsistent and not linked to goal-setting in the service. Regular reviews and updates were not taking place with parents and children. As a result, children were not being fully supported to reach their potential. The provider should ensure children's care and support are planned for with current information and monitored to ensure effectiveness (see area for improvement 1).

Medication was generally being managed to support children when needed. Required medications were present and had documentation to guide staff. These should be improved through more detail and clarity on stepped approaches to take when supporting children's health needs. For example, being clear when a change in symptoms escalates from one medication to another. Moving forward, regular quality assurance should take place to ensure the information is clear and staff feel informed to effectively manage health needs.

The safeguarding of children had improved since the last inspection and a requirement was met. The service policy was updated in response to a local authority change in procedure. As a result, staff were more vigilant in the recording and sharing of information when appropriate. This in turn helped to reduce the risk of potential harm to children.

Quality indicator 1.3: Play and learning

Children had fun in their play. They were happy, engaged and chatting with their peers throughout the session. Mostly, play involved art work, chatting with friends, construction and physical activity. Children were mostly leading their own activities and ideas as staff listened and responded to them. They were

comfortable asking staff for resources and using what was available to follow their own ideas. There were opportunities for children to revisit activities or creations from previous sessions. This meant that staff respected their play and valued the effort children put into it.

Two structured activities had been introduced throughout the week, namely a show and tell session and a talent show session. These provided opportunities for children to enhance their confidence and share achievements with their peers. The talent show took place during the inspection visit. The room was cleared up and play was stopped to allow it to happen. The manager should ensure all structured activities are voluntary, with children taking the lead on the organising of them. This would keep children engaged and offer choice to join in or not. An area from improvement from the last inspection has not been fully met and will remain.

Children were physically active through daily outdoor play and gym hall games. They were supported to work as a team to solve problems and make plans together. A selection of resources was available to play sports or practice physical skills.

To further develop play and learning, individual children's goals and wishes could be captured and used to plan experiences. For example, children may want to practice a specific skill or learn a new one. This would enable opportunities and experiences to be planned to aid children in their development.

Areas for improvement

1. In order to enhance support for children's health, welfare and safety needs, the provider should ensure personal plans reflect children's current needs and preferences. These can then be planned for and monitored to ensure progress.

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

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

The allocated room in the school was comfortable and homely. Children were familiar with the setting and the spaces they could use. They had some comfortable areas which allowed them to rest after school. Art work and photographs were displayed attractively, which celebrated children's efforts.

The setting was safe, secure and well-maintained. All staff had work mobile telephones for keeping in touch with each other in the hall and outside if needed. The school was secure and suitable for this age group of children. The outside space was monitored by staff and children were familiar with where they could play.

Infection prevention and control measures were in place to reduce the risk of infection spread. For example, table cleaning before food and handwashing before food preparation. Children washed their hands before coming into the service which instilled healthy habits.

The indoor and outdoor setting were mostly developmentally appropriate spaces. The room layout had slightly changed since the last inspection, which peaked children's interests and renewed the space for them. The room was inviting as more resources were displayed for children to see and use. They could also still choose their own resources from the accessible boxes stored in the room. A selection of open-ended materials were starting to be used for creativity. For example, small real and natural items and cardboard boxes. Children were moving these around and using them imaginatively in different ways. For example, small shells were play food.

Outdoor play happened each day as children could free flow in and out. Children had access to various parts of the school playground which offered differing experiences. For example, the trim trail, astroturf, playground and nature garden. They also had access to a range of outdoor resources to use. The opportunities encouraged physical fitness and the development of new skills in the fresh air.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 3.1: Quality assurance and improvement are led well

Children benefitted from a positive ethos of inclusion, respect and kindness. Staff interactions with each other, reflected those with children, as social manners were demonstrated and promoted. As a result, the atmosphere was compassionate and warm.

Parents were kept informed about the service through regular newsletters and a white board displaying information at the door. Their feedback about various aspects of the service was sought recently and was used to inform some improvements. For example, a sign out form for parents to use. This change was shared back to parents to show them that their opinions mattered.

The service had a peripatetic manager who was also responsible for one other service. The senior lead post in the service was being recruited for. This meant that the maintenance of records, such as personal plans and medication, was being impacted upon. Gaps in information were not being effectively identified and addressed, as quality assurance processes were limited. As a result, the manager was unable to have a full overview of the service. Therefore, an area for improvement from the last inspection had not been met and will remain (see area for improvement three in the section, 'What the service has done to meet any areas for improvement we made at or since the last inspection').

The absence of a senior lead in the service also meant that children's experiences and opportunities were not being developed and improved continuously. For example, open-ended materials were introduced but not being embedded into play spaces or developed with children's interest in mind. As a result, children were not experiencing a consistently high-quality service.

At the time of inspection, the manager and provider had carried out an audit of the service and created an action plan for improvement. This will be used by the team to monitor progress and improve outcomes for children.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 4.3: Staff deployment

A core team of two practitioners provided consistency and familiarity for children. A third staff member had recently been moved to another service due to a reduction in the number of children in attendance. The service was recruiting for a senior worker who would take the lead each day. In summary, the team was in a period of change, which had the potential to impact on children's care and play.

The provider was aware of the need to staff the service effectively to ensure high-quality. However, on the day of inspection, one practitioner and one bank staff were planned to care for children. While the bank staff had attended the service before, they were not fully known to children. As a result, the core staff member was trying to juggle many tasks, including interacting with children and delegating to the bank staff. This meant that the quality of interaction and experience for children was affected.

A longer-term solution was needed to support the team through this transition phase of staff absence and recruitment of a senior worker. This would support staff wellbeing as well as ensure consistent quality of care and experience for children. During inspection, the provider was considering options and creating a plan to support the team further.

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

Requirements

Requirement 1

By 22 January 2024, the provider must ensure children are protected from potential harm through effective child protection procedures being followed.

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

- a) the safeguarding policy and procedure outlines steps to take when concerned about a child's safety or welfare
- b) staff and management follow the safeguarding policy and procedure
- c) staff understand and are confident about their professional responsibility to safeguard children
- d) concerns about children are monitored to ensure care is planned holistically.

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

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made' (HSCS 3.22).

This requirement was made on 15 November 2023.

Action taken on previous requirement

Progress had been made to ensure children were protected from potential harm. The organisations safeguarding policy was reviewed to reflect a slight change to procedures. It highlighted staff responsibility to follow up on concerns which were reported to external agencies. The updated policy was distributed to the team for their information and guidance.

As a result, staff were demonstrating their increased confidence in safeguarding through seeking advice about specific children. Recording and monitoring systems were in use and demonstrated a more vigilant approach to safeguarding.

This requirement has been met.

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

In order to enhance children's play experiences, the provider should increase staff understanding of quality play and learning for school aged children. Quality assurance processes should then support the use of this knowledge to improve provision.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement will remain from the last report.

This area for improvement was made on 15 November 2023.

Action taken since then

Some improvements had been made to children's play experience. For example, the change of room layout and setting out of resources for children to use, prompted more play. However, due to the lack of quality assurance, not all changes were improvements and needed some reflection to ensure they fully benefited all children. For example, all play stopped for the talent show, regardless of whether all children wanted to take part or not. This did not reflect the flexibility and freedom of choice children had at other times in the service.

This area for improvement has not been fully met and will remain.

Previous area for improvement 2

In order to enhance children's play and learning experiences, the provider should ensure they have continuous access to creative and challenging, open-ended materials and enticing play spaces.

This is to ensure 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 a 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).

This area for improvement has not been fully met will remain from the last report.

This area for improvement was made on 15 November 2023.

Action taken since then

Improvements had been made to children's access to and use of open-ended materials. Items such as cardboard boxes and real or natural resources such as corks and shells were available for children to use creatively in play. Children had endless opportunities with these items. The service should continue to develop open-ended materials to increase the variety and freedom they bring children in play.

This area for improvement has been met.

Previous area for improvement 3

To support continuous improvement, the provider should ensure the manager has sufficient oversight of the service through robust quality assurance processes and by being present in the service.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state, '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 15 November 2023.

Action taken since then

The service had a peripatetic manager who was not present in the setting each day. In addition, the absence of a lead worker was negatively impacting on the maintenance and continuous development of service quality.

The provider should plan long term supports to enable the service to flourish for the benefit of children.

This area for improvement has not been fully met and will remain.

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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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