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

Pirniehall Primary School
West Pilton Crescent
Edinburgh
EH4 4EP

Telephone: 0131 332 8001

Type of inspection:
Unannounced

Completed on:
2 September 2026

Service provided by:
North Edinburgh Childcare

Service provider number:
SP2003003092

Service no:
CS2003048347

About the service

Pirniehall and St David's Out of School Provision provides registered school aged childcare from Pirniehall primary school. The provider is North Edinburgh Childcare. Registration conditions are as follows:

To 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 four to 13 years and must either attend primary school or be commencing primary school within two months of their start date at the club.

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

Children have access to a designated room within the school, the school gym hall and school playground.

The service is close to local amenities.

About the inspection

This was an unannounced inspection which took place on Thursday 27 August 2026 between 14:45 and 17:45. We returned to complete the inspection on Friday 28 August 2026 from 12:00 to 17:30. One inspector from the Care Inspectorate carried out the inspection.

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

To inform our evaluation we:

- received one response from parents to our questionnaire
- received three responses from staff to our questionnaire
- interacted with children
- spoke with the manager and staff
- observed practice and daily life
- reviewed documents.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within the quality indicators 'Leadership and management of staff and resources', 'Staff skills, knowledge, values and deployment' and 'Nurturing care and support'.

Key messages

Some positive relationships had been established between staff and children which contributed towards children's sense of security.

Some staff facilitated skilful interactions which supported children's development.

Planning reflected children's interests and preferences for activities. This approach promoted meaningful consultation as staff had acted upon children's requests.

The service should now take action to address the five requirements and five areas for improvement.

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

Leadership	2 - Weak
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate

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

Leadership 2 - Weak

Quality indicator: Leadership and management of staff and resources

We evaluated these quality indicators as weak, whilst we identified some strengths, these were compromised by significant weaknesses.

The service aspired to create a 'high quality early learning and childcare environment in line with current best practice and legislation'. We identified some strengths within the service. For example, some positive relationships had been developed between staff and children which positively impacted on children's emotional wellbeing. However, we highlighted concerns in relation to areas of practice that had the potential to compromise children's safety, health and wellbeing. This included ineffective risk assessment and management of the outdoor space as staff could not always account for children's whereabouts. This meant that the service's vision, values and aims were not yet fully reflected in practice.

The management of children's medication was insufficient and had the potential to compromise children's health and wellbeing. Not all children's medication was available at the service which meant that children's health needs could not be consistently met. Staff were not consistently clear about the type of medication children required. Similarly, information about children's medical needs was not always clearly recorded **(see requirement 1).**

Recruitment practice did not fully align with the service's own policies and procedures and practice guidance. For example, the service's policy stated that the interview panel should be made up of a minimum of two staff. However, for a staff member recently recruited, they were interviewed by one panel member. This meant the decision to recruit relied on one person's judgement which did not reflect a fair and balanced process. Decision making gave little consideration to the care and support needs of children. As a result, a staff member was allocated a role which they were not suitably qualified or experienced to undertake. This had the potential to negatively impact on children's experiences **(see requirement 2).**

An induction plan was in place for new staff. This involved a check list of tasks to complete. For example, undertaking training courses and developing knowledge of children's individual needs. However, this induction was not yet effective in securing positive outcomes for children. For example, there had been a delay in a newly recruited staff member undertaking child protection training. This had the potential to compromise children's safety and wellbeing **(see requirement 3).**

An improvement plan was in place. However, this had not been reviewed for several months. Gaps in practice identified within the action plan remained, for example in relation to staff deployment, medication and personal plans. This meant that any improvements previously made had not been sustained or embedded. Moving forward, management should regularly use quality assurance tools to assess the quality of practice and drive forward improvements. This will help to ensure that children consistently experience positive outcomes within the service **(see requirement 4 and see areas for improvement 1 and 2 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').**

Quality indicator: Staff skills, knowledge, values and deployment

Leadership arrangements must be reviewed to help ensure that the service is provided in a safe and effective way. A peripatetic management arrangement was in place which meant that the manager also managed another registered care service. Due to competing needs in both services, this meant that when the manager attended one service, the other service had limited access to in person support. Our observations on day one of the inspection showed that the absence of manager adversely impacted on the quality of service provided. When the manager visited the service, they prioritised spending time engaging directly with children. This benefitted children's wellbeing and development as the manager facilitated skilful interactions. Effective modelling of quality interactions by the manager also had the potential to inspire the practice of other staff. However, this impacted on other managerial responsibilities and resulted in quality assurance tasks not being completed regularly. On day one of the inspection, we highlighted our concerns to the manager. For example, in relation to children's safety outdoors and gaps in staff skill set. We asked that a strong management presence and input was provided to promote children's safety and wellbeing. Action was taken by the manager to help address some of the concerns. An additional factor impacting on staffing levels and leadership capacity was that both peripatetic services had vacancies for senior job roles **(see requirement 4 and areas for improvement 1 and 2 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').**

Risk assessment and management of the outdoor space required improvement to increase children's safety. During the inspection, a door leading from the playroom into the playground was left open. Several children left the playroom and went into the playground unsupervised. A staff member quickly noticed and responded and directed the children back inside. While an outdoor play risk assessment was in place, this did not adequately take into account the risks presented in the environment. For example, the management of blind spots in the outdoor space and security of exit points. This meant that staff could not always account for children's whereabouts outdoors which compromised their safety **(see requirement 5).**

Staff participated in support and supervision sessions. However, these sessions needed clearer purpose to support staff development and reflective practice. While leaders had complimented staff on their practice, this feedback needed to be more robust with supporting observations. This will help to sustain and embed positive experiences for children. Records needed to be clearer to understand the context of what was discussed along with clear action plans with timescales. Action plans should then be reviewed to assess progress and the difference action taken has made to children's wellbeing and development **(see area for improvement 1).**

While we observed some nurturing and respectful interactions facilitated by staff, this was not consistently demonstrated. For example, we highlighted an interaction where bribery was used to encourage children to cooperate. This was inappropriate and did not support healthy attachments **(see area for improvement 2).**

Requirements

1. By 27 November 2026, the provider must ensure that children's medication is managed effectively to help keep children safe and healthy.

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

a) ensure children's medication is available at the service

b) ensure staff are clear on the type of medication a child needs and the reason for the medication

c) ensure the type of medication a child needs is clearly documented

d) ensure the service's medication policy is in line with best practice guidance and shared with parents.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

2. By 31 December 2026, the provider must ensure that recruitment processes reflect practice guidance.

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

a) ensure recruitment decisions clearly record how children's care and support needs have been considered.

This is to comply with section 7(1)(a) of the Health and Social Care (Staffing) (Scotland) Act 2019.

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).

3. By 27 November 2026, the provider must ensure that staff induction is improved to develop staff knowledge and skills.

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

a) ensure child protection training is prioritised for completion and support new staff to reflect on the learning they haven taken from this

b) assess new staffs knowledge of children's individual needs, including their health care needs so they can effectively support children.

This is to comply with section 7(1)(a) of the Health and Social Care (Staffing) (Scotland) Act 2019.

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).

4.
By 27 November 2026, the provider must ensure that leadership arrangements are reviewed so these reflect the needs of the service.

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

a) review the effectiveness of the peripatetic management arrangement and structure of the organisation to ensure this supports safe and effective service delivery

b) ensure that the manager can carry out effective role modelling and mentoring to support staff practice and undertake quality assurance tasks.

This is to comply with section 7(1)(a) of the Health and Social Care (Staffing) (Scotland) Act 2019.

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).

5. By 27 November 2026, the provider must ensure that the risk assessment and management of the outdoor space supports children's safety.

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

a) ensure staff are deployed effectively and clearly document staff roles and responsibilities within this

b) develop risk assessments, security measures and practice to ensure that staff can always account for where children are and to ensure that they cannot leave the service unsupervised

c) document a procedure so staff are clear of the action to take if the event that they could not account for a child/ren.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is safe and secure' (HSCS 5.17).

Areas for improvement

1.
To support children's wellbeing and development, the provider should ensure that staff support and supervision sessions support staff development and reflective practice.

This should include but is not limited to:

a) provide specific examples of staff strengths and areas for development

b) clearly document discussions within staff support and supervision records

c) create clear action plans with timescales. These should then be reviewed to assess progress and the difference action taken has made to children's wellbeing and development.

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 support children's safety and wellbeing, the provider should ensure that the quality of staff interactions improves so children consistently experience nurturing and respectful interactions.

This should include but is not limited to:

a) provide staff with learning and development opportunities to help increase staff awareness of children's rights and to improve the quality of staff interactions

b) carry out observations of staff practice to highlight examples where nurturing and respectful interactions were facilitated. And provide support and guidance on ways in which interactions should be improved.

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).

Children play and learn 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

We evaluated this quality indicator as satisfactory/adequate, where strengths just outweighed the weaknesses.

The quality of the environment needed improved to add greater breadth and depth to children's play. Outdoor play resources were minimal. Some children playfully chased each other while others used the fixed playground equipment to inspire their imaginary play. For example, some children pretended that they were travelling in a car.

Indoors, some play opportunities were set out more attractively. For example, children engaged in a painting activity using Lego. However, due to ineffective staff deployment and lack of quality interactions, this experience became chaotic and the activity did not continue. This resulted in a missed opportunity for children to develop problem solving skills and resilience.

In general, areas did not motivate children to purposefully and actively lead their play. For example, the home area consisted of plastic dinnerware and plastic food. This limited children's opportunities to make choices, follow their interests and develop knowledge. We encouraged the service to critically reflect upon areas of the environment to identify improvements that could be made. Then, to evaluate the impact of the improvements on children's wellbeing and development to help promote sustained engagement.

Some staff facilitated skilful interactions; however, this was not consistently evident. For example, some children were empowered to assess and manage risk which helped foster empathy and responsibility. However, there were missed opportunities to validate children's emotions and experiences and promote emotional resilience. For example, in relation to conflict around sharing resources.

Planning reflected children's interests and preferences for activities. For example, children were asked what they wanted to do. This contributed to children's self esteem as their views were considered.

Evaluation of children's play opportunities had not yet been carried out. We encouraged the service to do this to help demonstrate how play opportunities benefited children's development. Next steps could then be determined to enhance their knowledge and skills **(see are improvement 3 in the section 'What the service had done to meet any areas for improvement we made at or since the last inspection').**

While planning had been audited, this process needed to be more robust so staff could clearly understand where strengths lay and where improvement was needed. For example, a floor book had been in place. The auditing of this involved recording a brief positive comment. We encouraged the service to create an auditing tool which documented the key elements of quality child centred planning. This would help to show what was being successfully captured and where the gaps were. In this way, staff would be clearer of the expectation and motivated by the strengths identified. Where gaps were found, these should be incorporated into an action plan and reviewed at the next audit. This will help to create effective child centred planning.

Children are supported to achieve | 3 - Satisfactory / Adequate

Quality indicator: Nurturing care and support

We evaluated this quality indicator as satisfactory/adequate, where strengths just outweighed the weaknesses.

Some positive relationships had been established between staff and children which contributed towards children's sense of security. For example, some staff were sensitively attuned to children's needs; they knew what activities children liked to do and how this helped children to feel safe and calm. However, nurturing and respectful interactions were not consistently facilitated by staff which was needed to help foster secure attachments **(see area for improvement 2 within quality indicator 'Leadership and management of staff and resources').**

Some comprehensive personal plans were in place which documented information about children's individual needs and preferences. This helped to equip staff to meet children's needs and promoted continuity of care. We suggested streamlining the personal plan documentation. This would enable staff to be signposted to other documents which could contain more extensive information about a child's particular need. This would help to make reviews more meaningful as children's individual needs could be reflected on more extensively. There was also opportunity to strengthen parent's voice within children's personal plans to promote partnership working. 'All about me' forms provided opportunity to capture information about children's individual needs and preferences from their own perspective. However, these had not yet been completed for children who had recently joined the service. The manager intended to develop this approach to ensure it was a meaningful experience for children **(see area improvement 4 in the section 'What the service had done to meet any areas for improvement we made at or since the last inspection').**

Where a safeguarding risk had been identified for individual children, these had been appropriately shared with the lead agency. Plans were in place to help ensure staff were clear on the action to take to promote children's safety and wellbeing. However, there was opportunity within personal plans to consider ways to promote children's emotional resilience. For example, staff deployment could be developed to maximise opportunities for children to promote meaningful connections with certain staff. This would help develop secure attachments. There was also opportunity to introduce purposeful chronologies to record and review significant information about children.

Chronologies would help staff to reflect upon children's individual needs and safeguarding practice in general to identify what was working well and what could be improved **(see area for improvement 1).**

The pace of mealtimes was relaxed which benefited children's emotional and physical health. On the second day of the inspection, children were involved in helping to prepare the snack. However, this did not happen on day one. Quality assurance approaches could be used to help promote consistency. This will help ensure that children experience predictable mealtime routines with regular opportunities to increase their independence and life skills.

The service had plans to distribute a survey to parents to gather their views. Feedback from this could be used to help reflect upon the service's vision, values and aims to ensure these reflect parents hopes and wishes for their children at the service.

We noticed inconsistency in the quality of engagement with parents when they collected their children from the service. Some staff provided more insightful handovers. For example, sharing information about their child's achievements and encouraging information sharing about the child's interests and successes at home. However, this was not consistent across the staff team. This created missed opportunity to build strong relationships with families to enhance children's experiences.

Areas for improvement

1. To support children's safety and wellbeing, the provider should ensure regular opportunities are provided to assess and review children's needs from a safeguarding perspective.

This should include but is not limited to:

a) create chronologies and review these regularly

b) reflect upon the management of safeguarding concerns to identify what worked well and aspects of practice that could be strengthened with clear action plans.

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 meets my needs and is right for me' (HSCS 1.19) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support 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

Due to the peripatetic management arrangement, the time the manager had been able to dedicate to the service was limited. This adversely impacted on the quality of children's experiences and outcomes.

Quality assurance systems that were in place needed to be more robust and carried out more regularly. This would help embed and sustain improvements.

This area for improvement has not been met and has been replaced by requirement 4.

Previous area for improvement 2

To ensure children receive a consistently high quality service, the provider should ensure management arrangements meet the needs of the team and adhere to best practice guidance.

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).

This area for improvement was made on 7 October 2025.

Action taken since then

Improvements were needed to the recruitment of new staff and induction.

Staff participated in support and supervision sessions. However, these sessions needed clearer purpose to support staff development and reflective practice.

This area for improvement has not been met and has been replaced by requirement 4.

Previous area for improvement 3

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 that: `I experience high quality care and support based on relevant evidence, guidance and best practice` (HSCS 4.11).

This area for improvement was made on 15 November 2023.

Action taken since then

Since the last inspection, opportunities had not yet been provided to increase staff understanding of quality play and learning.

Evaluation of children's play opportunities should be carried out to help demonstrate the impact they had on children's development.

This area for improvement has not been met and has been restated.

Previous area for improvement 4

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 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).

This area for improvement was made on 28 January 2025.

Action taken since then

Children who had recently joined the service had not yet been consulted with in relation to their personal plan. The manager intended to review the process for this to ensure it promoted meaningful participation.

Personal planning documentation could be streamlined to enable more extensive reviews of children's individual needs.

This area for improvement has not been met and has been restated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.scot.

Detailed evaluations

Leadership	2 - Weak
Leadership and management of staff and resources	2 - Weak
Staff skills, knowledge, values and deployment	2 - Weak

Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate

Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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