Pilrig Children's Nursery
Day Care of Children

102 Pilrig Street
Edinburgh
EH6 5AY

Telephone: 01316 292 500

Type of inspection:
Unannounced

Completed on:
18 April 2025

Service provided by:
Pilrig Children's Nursery Limited

Service provider number:
SP2004006222

Service no:
CS2013321548

About the service

Pilrig Children's Nursery is registered to provide a care service to a maximum of 69 children aged between birth and primary school entry.

The nursery operates within a purpose-built building with three playrooms which open out onto a spacious garden. There is a separate portacabin for the babies within the grounds. The portacabin has a small outdoor play area. Within the main building there is an office, multi-purpose room that is used for children's sleep times and other activities, kitchen, laundry room, staff room and cloakroom area. There are toilets and changing facilities in both the main building and the portacabin.

About the inspection

This was an unannounced inspection which took place on Tuesday 15 April 2025 between the hours of 09:40 and 16:40. We returned to complete the inspection on Thursday 17 April 2025 between the hours of 09:40 and 15:00. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:
- spoke to and interacted with children using the service
- spoke with the staff, manager and area manager
- observed practice, daily routines and children's experiences
- reviewed documents in the service relating to children's care, play and learning
- took into account online feedback we received from six families.

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.

We provided feedback to the manager and area manager by videocall on Friday 18 April 2025.

Key messages

Overall, children were nurtured and supported through kind, compassionate and responsive care, which was familiar and reassuring for them.

An area for improvement from the last inspection was met. This meant that children's learning was being planned to meet individual developmental needs.

An area for improvement from the last inspection was met. As a result, children had consistent care from familiar and knowledgeable staff.

Further improvement planning was needed to ensure a well-maintained environment, build community connections for children and involve parents more in evaluating and planning for the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

How good is our care, play and learning? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Children were nurtured and supported through their daily experiences by responsive care and routines. They were treated with warmth and compassion which was reassuring and respectful. For example, they were welcomed on arrival and when wakening from sleep. Interactions were also fun and familiar, with children seeking staff out for play, reassurance and comfort. Permissions were sought and children's plans were respected, making them active participants in their own care. This was mostly seen during personal care. Staff were mindful and considered in their interactions and were responding to children's non-verbal cues. In addition, signing was being introduced for all children to empower them in their communication. As a result, children benefited from a slow pace in which their needs and wishes were recognised and responded to. A parent said, "Everyone is really welcoming and I know it's a caring environment".

Mealtimes were calm, safe and moved at children's pace. The free flow approach allowed children to lead on their own routine and eat when ready. There were opportunities to develop new skills and independence with self-serving, eating and clearing away. A parent said, "They have multiple meals a day and my child is happy almost with every single one. If they don't like a meal they are offered alternatives". Babies who were milk fed were cuddled in on the sofa. They had opportunities to build connections with staff through eye contact and comfort during this time.

Children could rest and sleep when they needed to. Safe and comfortable spaces were available for this and children were familiar with the routine, making it comforting.

Children's individual wellbeing benefited from the effective use of personal planning. Plans were kept up to date through regular information sharing with parents. They were used as working documents to guide children's care. Staff knew children as individuals and personal plans mostly reflected this. The service should ensure personal plans consistently reflect children's needs and support. This will help staff to monitor progress and evaluate the effectiveness of support strategies.

Medication and health needs were managed effectively to keep children safe and well. The storage, recording and administration of medication were adhering to best practice. Staff knew about health needs, contributing to children getting what they needed to be healthy.

Overall, children were supported to reach their full potential. Staff were knowledgeable about their role in safeguarding children and ensuring they got the right support at the right time. They worked alongside other agencies to provide children with speech and language support, family guidance and protection.

Quality indicator 1.3: Play and learning

Children had lots of fun through a range of play and learning opportunities. Throughout the inspection visits, they were animated and engaged in prolonged complex play with their peers, both indoors and outdoors. This reflected the stimulating environment and freedom to follow their own ideas. Children could choose from a range of planned activities such as group games, tuft tray activities and sensory experiences. These

were considered to meet the developmental needs of children, such as physical skills, number recognition and sequencing.

Children's literacy development was being promoted throughout the spaces and interactions, to support various developmental stages. Younger children were given commentaries of play to introduce concepts and vocabulary. Older children experienced well-placed questions to help them recall information, consider solutions and make decisions.

Children were mostly empowered to lead their own play through skilled interactions of staff. They had the freedom and space to focus on what interested them, such as physical movement, imaginative play and construction. Staff empowered children when needed and complimented their thinking skills through offering suggestions and asking questions. Staff's mindful interactions had improved since the last inspection, with the pace feeling more natural. They were mirroring children's wonder and curiosity which led to discussions and exploration. Conversations between staff and children during play helped children to recall memories and knowledge. The service should continue to nurture this practice for consistency in the quality of interactions to support play and learning.

An area for improvement from the last inspection was met and as a result, children's progress through their developmental stages was monitored. Staff observed children in play and knew their interests. This information was used to plan experiences and learning outcomes. Children's progress was beginning to be shared with parents, however this was infrequent. A parent agreed with this saying, "More frequent learning journals (would be good) so that I know what topic is being learned". The service continues to work on this to keep parents informed and involved in their children's learning.

How good is our setting? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 2.2: Children experience high quality facilities

Children experienced a welcoming, homely and comfortable setting. The corridors were clutter free and offered space for children to store their belongings. Some additional pegs had been created to offer more space and independence. The rooms were naturally lit, well-ventilated and attractive. Wall displays were maintained and showed photographs of children and their artwork. Overall, the setting gave children the message that they belonged.

The setting was safe, secure and mostly well-maintained. Secure boundaries were in place indoors and outdoors and staff kept a register of who was present. Room checklists were used to help staff identify maintenance or safety issues daily. Rooms were being reset regularly during the day, keeping areas inviting and usable for children. However, the setting would benefit from a general refresh. For example, some paint was scuffed and chipped, the floor covering was split and soft furnishings looked tired. The organisation was planning to assess and plan for refurbishment needs in the coming weeks.

Infection prevention and control measures were in place to reduce infection spread, such as handwashing, the use of personal protective equipment (PPE) and general cleaning. Toilets and nappy changing areas were generally maintained to reduce the risk of infection. To further enhance infection prevention and control, lids should be placed on clothes boxes when stored in the toilet; and cushions should be washed daily if children fall asleep on them.

The indoor and outdoor settings were developmentally appropriate spaces. A parent said, "The space is lovely, the garden is a highlight for my child". Children could independently access a range of toys and resources for play. A selection of real, loose part and natural materials were incorporated into the play spaces for creativity and a life-like experience. Core resources such as water, sand and dough were available for all ages, between indoors and the garden. Resources reflected children's interests at that time. For example, the baby room had toys to support standing and walking.

The outdoor space was split into the three age groups with each one spacious enough for children to spread out in play. All spaces were resourced for the stage of development and were accessible throughout the day. However, the gardens were closed off during mealtimes. Whilst there was no adverse impact on children observed during inspection, this has the potential to restrict children's choices and ability to choose what is best for themselves. The service should continue to explore solutions as the core staff team grows.

Learning within the community continued to be sporadic. Children had occasional visits to the local parks and walks around the area. The service recognised the importance of community based opportunities and was looking to develop these.

How good is our leadership? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvement are led well

A shared vision, values and aims were positively informing practice. These were demonstrated through the practice of kindness, inclusion and respect. The values of the service had been reviewed by children, parents and staff. These were continually reflected on as part of staff professional development.

Families were becoming more involved to influence change in the setting. Children were involved in room layout changes as staff assessed where they liked to play. Parents feedback was being used to plan initiatives such as enhancing learning links with home; and creating a parents committee for sharing information and seeking input. These should continue to be developed so parents feel they are partners in their children's care and learning.

A range of quality assurance processes were in place and leading to continuous improvements. For example, medication checks were effective for identifying issues. The manager had a good overall view of the service, children and staff. This enabled support to be planned for and provided at the right time. For example, recent training on creating invitations to play was effective in involving staff in quality assurance and resetting play spaces throughout the day. As a result, children had inviting spaces with natural materials.

A recent refurbishment added an additional toilet in the preschool room. This was in response to updated national guidance and the number of toilets required. As a result, there was enough toilets for the number of children attending.

To further support improvement planning, the provider had introduced a quality assurance audit. This had highlighted the issues raised in the inspection, showing capacity for continuous improvement. The service should continue to embed quality assurance and work to address what is highlighted.

The service had made positive strides forward since the last inspection and continued to consider how to improve outcomes for children. Future improvement plans included garden development, building community connections and involving parents more in self-evaluation and planning.

How good is our staff team? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

Children benefited from a mix of staff skills, knowledge and experience. There were enough staff to comfortably meet children's care needs throughout various points in the day. The room teams consisted of qualified staff, training apprentices and bank or agency staff. While qualified staff continued to be limited, they were deployed more effectively around the setting.

Action had been taken to ensure children received consistent care from familiar staff. A bank staff pool was being built up and connections with agency workers were maintained to ensure the same staff attended. Another nursery in the organisation also provided cover when needed. Overall, staff in attendance were knowledgeable about the service's procedures and the children they were caring for. A parent said, "The consistent, caring staff have formed a genuine bond with my child".

Induction and ongoing support was given for staff to fulfil their roles. Staff felt informed and equipped to carry out their daily tasks. As a result, staff were attentive, vigilant and engaged with the children.

The staff team were more settled since the last inspection and they felt their wellbeing was being considered. They worked well as a team to benefit children through communicating their movements to each other. This allowed gaps to be filled. Covering staff were seeking out information, following guidance and acting on their own initiative. As a result, they were adding value to the team to benefit children.

Overall, an area for improvement from the last inspection had been met, which provided stability of care for children. However the provider should continue to strive for a core team within each room of permanent and qualified staff.

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 children to reach their full potential, the provider should develop effective processes to monitor and track children's learning. This would include but not be limited to recording high quality, meaningful observations, using assessment information to plan for next steps and including parents as partners in planning for their children's learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, 'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27)

This area for improvement was made on 07 December 2023.

This area for improvement was made on 7 December 2023.

Action taken since then

Improvements had been made to the tracking and monitoring of children's learning. For example:
- staff had engaged in training and development around observations and planning for learning and felt more informed and confident
- all children had a developmental tracker which were mostly up to date and reflective of where children were; staff could talk about individual children, their interests and areas of development they were being supported with
- online journals were mostly up to date and informative of children's progress
- progress reports were produced to inform parents and involve them in planning for children's further learning.

This area for improvement has been met, however the provider should continue to coach staff in the use of evaluative language in observations. This would help children to have more concise next steps for their learning.

Previous area for improvement 2

To ensure children experience stability in their care, the provider should ensure they develop a process for supporting and mentoring staff, including agency and supply staff. As part of this approach to supporting staff, the provider should ensure staff are deployed effectively in the service. This is to ensure children are cared for by a mix of staff with the appropriate skills, knowledge and experience needed to promote consistently positive outcomes for them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 (3.14) and 'I use a service and organisation that are well led and managed' (4.23).

This area for improvement was made on 07 December 2023.

This area for improvement was made on 7 December 2023.

Action taken since then

Improvements had been made to ensure children received more stability in their care. Recruitment of core staff continued, with two new staff ready to start. The apprentices were engaged with their training and working towards being qualified staff.

Children were receiving consistent care from familiar staff. Management understand the importance of consistent staff on children's wellbeing. They had taken action to build a bank staff pool and maintain relationships with an agency organisation so the same staff could be provided. As a result, the covering staff were seeking out information, following guidance and acting on their own initiative. They were adding

value to the team.

This area for improvement has been met.

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	5 - Very Good
1.3 Play and learning	4 - Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good

How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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