Pied Piper Nursery
Day Care of Children

25 Hector Road
Shawlands
Glasgow
G41 3RJ

Telephone: 01416 492 715

Type of inspection:
Unannounced

Completed on:
8 May 2025

Service provided by:
Mini Rainbows (Murrayfield) Ltd

Service provider number:
SP2017012925

Service no:
CS2018367583

About the service

Pied Piper Nursery is registered to provide care to a maximum of 60 children aged from birth to those not yet attending primary school of whom:

- no more than 32 are under 3 years
- no more than 16 are under 2 years.

Within the wise owl and studio rooms a maximum of 22 children aged 3 years to not yet attending primary school may be cared for; within the busy bees, tweeny and messy rooms a maximum of 22 children aged 2 years to not yet attending primary school (of whom a maximum of 16 children can be aged 2 to under 3 years) may be cared for; and in the baby room upstairs a maximum of 16 children under 2 years may be cared for.

The service is situated in Shawlands, Glasgow. It is close to a local train station and bus routes. Schools, shops and parks are within walking distance. Street parking is available for drop-offs and pick-ups. The premises is a converted residential property with three large playrooms catering for different age groups. Outdoor play spaces are provided at the front and to the rear of the property.

About the inspection

This was an unannounced inspection which took place on Tuesday 6 May 2025 between 09:50 and 16:00 and Wednesday 7 May between 09:30 and 16:00. The inspection was carried out by two inspectors from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke with children using the service
- received written feedback from 17 parents
- spoke with staff and management
- observed practice and how children's care, learning and routines were supported
- reviewed documents.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

Management focussed on addressing gaps identified at the last inspection. As a result, improvements were identified, and the three requirements made at the last inspection have been met.

this included improved staff practice in relation to:

- respecting children's rights
- management of children's dietary needs and allergies
- infection prevention control procedures
- ensuring that children's play, care, and learning was not impacted by adult led routines or ineffective staff deployment.

Management were aware that improvements were still needed to ensure that mealtimes for younger children were always caring and positive experiences.

The learning environment leant itself well to enticing children to engage in a range of play experiences to support developing thinking skills and imagination.

An area for improvement is to continue with quality assurance procedures to ensure that staff practice consistently reflects good procedures in place to improve outcomes for children.

Planning approaches were at the beginning of being developed with the current staff team.

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?	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? 3 - Adequate

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

Quality Indicator: 1.1 Nurturing Care and Support

Most children were nurtured and supported which helped them to be settled and ready to engage in play. A recent focus had been on improving value-based practice in response to a requirement made at the last inspection. This was to support staff to understand and demonstrate child centred, value-based practice in line with children's rights. Staff received training and guidance to develop their understanding. As a result, most staff were warm, caring and nurturing when engaging with children. Improvements in children receiving nurturing care and support was recognised and the requirement was met. Moving forward, this should be consistently embedded in all staff practice. Management should continue to guide staff who need further support to always provide respectful care and concern for children **(see area for improvement 1).**

Children's safety, emotional security and wellbeing was supported through sensitive sleep arrangements. Routines reflected individual children's needs and family wishes and promoted good habits around sleep. Regular checks were carried out and recorded by staff to ensure children were safe when they slept.

Mealtimes for older children was relaxed and enjoyable. Children had choice should they not like the food on offer and could prepare their own sandwich with food provided. Independence was promoted, and staff sat with children talking about their morning. This helped children know that staff were interested about how their day was going. Management were aware that improvements were still needed to ensure that mealtimes for younger children were always caring and positive experiences. For example, staff within the younger playrooms were generally task focussed. To keep children healthy, management were reviewing and updating the menu in line with updated guidance. This should help to ensure that children receive consistently nutritious meals and snacks.

All children had a personal plan, which had recently been reviewed and updated with parents. Some children had support plans included in their personal plan, which showed planned strategies of support and progress made. Moving forward, support plans should be introduced for all children to help aid their development and show how individual needs will be supported. For example, assisting younger children through stages of weaning. Similarly, there were missed opportunities to ensure that children's interests were captured in personal plans and used to enhance opportunities. For example, one child's interest in how electricity works.

Management of medication and supporting children's dietary needs were overall managed well. At the last inspection we made a requirement in line with concerns about staff understanding their responsibilities in relation to children's allergies and dietary needs. Improvements were recognised and the requirement was met. However, the good procedures in place were not consistently reflected in practice. Effective quality assurance processes should address remaining gaps in personal planning, management of medication and children's dietary needs **(see area for improvement one in key question 3: How good is our leadership?).**

Parents told us:

" I like that there are engaged core staff who are willing to accommodate personalised care."
"They know me and my child. They provide updates on their day and have good strategies if

they are having a difficult time."

Quality Indicator: 1.3 Play and learning

The learning environment leant itself well to enticing children to engage in a range of play experiences to support developing thinking skills and imagination. As a result, children were mostly engaged in their play and having fun throughout the day. Children's curiosity and creativity were enriched through use of open-ended materials indoors and outside. The service should continue to build on this approach.

Children's literacy and numeracy skills were enhanced through various opportunities for mark-making with lots of discussion around number recognition. Stories happened on demand and children actively engaged in these by reading the pictures and adding sound effects. Some good descriptive words were used during experiences and concepts such as size and shape were introduced.

Children had formed good friendships and enjoyed playing in groups together. Siblings could visit each other if they attended different playrooms or outdoor areas which they clearly enjoyed. Children benefited from regular outdoor play experiences in the garden spaces. Management were aware that children should have more opportunities to enhance play and learning through stronger connections to the local community. They should now continue with plans in place to ensure that regular visits to the local community are prioritised.

Play was mostly spontaneous, and child led. There were some planned experiences relevant to children's interests and stages. For example, sensory play, gardening, and physical movement. However, planning approaches were at the beginning of being developed with the current staff team. Most staff working in the preschool room were new to the service. They were not yet confident to talk about how planning supported children's learning and next steps. Staff need support to develop effective use of questioning to extend children's thinking. Similarly, staff need support to develop their practice to effectively evaluate the impact and outcomes of planned experiences. This could enable them to plan experiences, with more focus on supporting children's specific next steps to further enhance progression in learning. Management should effectively monitor the progress of this **(see area for improvement 2).**

Parents told us:
"In the past there were more small trips and walks outside. These seem to have stopped."
"Every day there are brilliant activities for them to take part in. They have the best day playing and learning with their friends!"

Areas for improvement

1. For children's emotional needs and wishes to always be respectfully listened and responded to, the provider should ensure that all staff understand and consistently demonstrate child centred, value-based practice in line with children's rights.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1).

2. For all children to develop and learn at an appropriate pace whilst being supported to direct and lead their learning, the provider should ensure that all staff develop their skill of supporting and extending children's

learning. This would enable them to plan and evaluate experiences, with more focus on supporting children's specific 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 that: 'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

How good is our setting? 4 - Good

We evaluated this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator: 2.2 Children experience high quality facilities

All rooms were welcoming, with natural light and ventilation. Children had spaces to relax and have a rest. Thought had been put into making these comfortable, homely areas. For example, cosy areas with comfortable cushions and soft lighting had been created in the indoor and outdoor spaces. There were designated spaces for children to store their belongings. Similarly, their artwork was attractively displayed, and displays were informative for parents. This gave children and families a clear message that they mattered and were valued.

All children benefited from defined play spaces which were set up to invite them to play. Some real items and open-ended materials were available. Staff were seen resetting play spaces to ensure that they remained inviting and enticing for children. Children who attended the preschool room were now able to independently access all play spaces due to better deployment of staff.

All children had opportunities to play outside in the enclosed garden areas. Children in the preschool room benefitted from direct access to the garden. While access had to be planned for children in the other playrooms, staff facilitated regular visits to the garden.

There had been several improvements made to the quality of the facilities since the last inspection. The general cleanliness of the setting had improved to provide better levels of safety for children. These included improvements made to handwashing procedures as children now washed their hands after eating.

Arrangements were in place for the monitoring, maintenance, and repair of the setting. Daily checks were carried out to minimise risks. However, rooms needed decorating. This included chipped paint on doors, and areas within the toilet and changing space which had potential to harbour germs. Plans were in place to commence redecoration of the service within the next few weeks.

The doorbell system used to enter into the building meant that staff had to leave the playrooms to answer the door. At times, this resulted in disruption to children's care play and learning. Similarly, it led to occasions when parents and visitors waited for lengthy periods for a response. Consideration could be given to installing a different system to overcome these issues.

Parents told us:

- "Outside children experience, climbing, balancing, sand play, and the mud kitchen which my child enjoys."
- "I like the home like environment."

- "It would be better if we were let in promptly."

How good is our leadership? 4 - Good

We evaluated this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator: 3.1 Quality assurance and improvements are led well

Quality assurance, including self-evaluation and an improvement plan, were in place and leading to continuous improvement. Management focussed on addressing gaps identified at the last inspection. As a result, improvements were identified, and the three stated requirements were met. Improvements had been made in respecting children's rights, management of children's dietary needs, and infection prevention and control procedures. Similarly, improvements had been made to ensure that children's play, care, and learning was not impacted by adult led routines or ineffective staff deployment.

Staff were being supported to reflect on their practice through regular meetings and appraisals. They were taking part in self-evaluation processes, through training opportunities and peer monitoring. Staff participated in reviewing the action plan and improvement processes during regular team meetings. Similarly, audit tools supported staff to evaluate practice. For example, to consider how their practice valued and respected children's rights and choices. As a result, children were, on the whole, respected and listened to, and able to make choices about their care and learning.

At the last inspection we made a requirement for the provider to implement effective quality assurance and self-evaluation processes, resulting in improvement. Improvements were recognised and the requirement was met. We have made an area for improvement to address remaining gaps in practice as identified in this report **(see area for improvement 1).**

There were several ways that children and families' views were being sought. Information was shared using the service App and through regular newsletters. Parents were informed and included through home link activities and transition arrangements for children moving rooms and onto school. The service should continue to build on this.

Areas for improvement

1. To meet children's care and learning needs, the provider should audit, monitor and action areas where gaps were identified at this inspection. This should include but not be limited to:

- effective monitoring of children's personal plans
- ensuring that good management of medication and dietary need procedures are always reflected in practice
- ensuring that staff practice is consistently child centred and value based in line with children's rights at all times.

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).

How good is our staff team? 4 - Good

We evaluated this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator: 4.3 Staff deployment

Deployment and levels of staff were effective in ensuring good quality outcomes for children. Children had enough staff to keep them safe and to meet their needs. The service tended to use the same agency staff. This meant that agency staff added value as they were familiar with the routine, children, and staff. They took guidance from staff and used their own initiative to play with children and meet their needs. This consistent approach resulted in children looking content and relaxed.

We saw examples where staff were flexible and supported each other as a team to benefit children. For example, one staff member helped another to put sun cream on children to promptly protect their skin from the sun. A parent told us, "I cannot speak highly enough about the staff. They put their heart and soul into caring for my child, and I appreciate it so much."

Training had reduced the level of concern that staff primarily focused on a daily routine which worked around adults agenda. Most staff now remained in their areas and focused on putting children first. Moving forward, management should tailor support for staff who would benefit from additional guidance. This is because there remained occasions when some staff were task focused, and children were disengaged. This would ensure that all children's experiences across the whole day are positive and that they are safe. We had made an area for improvement at the last inspection and asked the provider to recognise where gaps exist when considering staff deployment within teams. We recognised improvements in this area. However, it was not consistent enough to benefit all children, therefore this area for improvement will remain **(refer to the section - outstanding areas for improvement: area for improvement 1).**

New and agency staff benefited from induction to inform them of the service, procedures, and children. New staff that we spoke to feel their induction is supportive. They confidently shared their knowledge of policies and procedures that had been introduced to them to keep children safe. For example, child protection and safeguarding procedures.

There had been a lot of change within the staff team. The high turnover of staff has resulted in several parents telling us that they did not feel the service was appropriately staffed. Enhanced communication with parents could alleviate concerns and support them to be able to directly express concerns around staffing.

Parents comments included:

- "I am not sure what the ratios are, but they seem a bit tight in pre-school."
- "I feel staff turnover has been high and I am slightly worried as to why this is."

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

Requirements

Requirement 1

By 19 December 2024, the provider must ensure that all staff understand and demonstrate child centred, value-based practice in line with children's rights.

To do this the provider must, at a minimum, ensure that all staff consistently acknowledge children's emotions, listen and respond respectfully to their needs and wishes.

This is to comply with Regulation 4(1)(a)(b) (Welfare of users) of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1).

This requirement was made on 31 October 2024.

Action taken on previous requirement

Management had focused on enhancing staff knowledge around the importance of value-based practice in line with children's rights.

Children were mostly being attended to with physical comfort, fun, praise, and recognition of their needs. Positive practice observed was offering cuddles, and seeking permissions. A staff member had taken on the role of children's rights coordinator to continue to build on this improving practice. Staff received training and guidance to develop their understanding and as a result, most staff were warm, caring and nurturing when engaging with children.

Staff monitoring and recorded conversations were supporting staff to reflect on their and colleagues' practice in relation to valuing children's rights. Similarly, staff appraisals reflected on value-based practice.

Improvements in children receiving nurturing care and support was recognised and the requirement was met. Moving forward, this should be consistently embedded in all staff practice. Management should continue to guide staff who need further support to always provide respectful care and concern for children. We made an area for improvement to support the ongoing need for improvement **(see area for improvement 1 in key question 1: How good is our care, play and learning?).**

This requirement has been met.

Met - within timescales

Requirement 2

By 19 December 2024, the provider must ensure that effective management of children's dietary needs and allergies are embedded across the service.

To do this the provider must, at a minimum, ensure that all staff fully understand their responsibilities in relation to children's allergies and dietary needs to keep them safe.

This is to comply with Regulation 4(1)(a)(b) (Welfare of users) of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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).

This requirement was made on 31 October 2024.

Action taken on previous requirement

Management focussed on improving procedures to safely manage children's dietary needs and allergies. Training delivered during regular staff meetings was helping staff to understand how to manage this to keep children safe.

New staff were given information about children's allergies and could confidently talk about children's health, dietary, and medication needs.

Good systems to manage food allergies at mealtimes continued. For example, colour coded plates and coasters which identified children's individual food allergy needs. As an additional safety step, staff verbally shared food ingredients with colleagues when delivering food to playrooms.

Improvements in effectively managing children's dietary needs was recognised and the requirement was met. However, good procedures in place were not yet consistently reflected in all staff practice, including effective supervision at mealtimes. We have made an area for improvement for the provider to continue quality assurance processes to address remaining gaps in practice **(see area for improvement 1 in key question 3: How good is our leadership?).**

This requirement has been met.

Met - within timescales

Requirement 3

By 19 December 2024, the provider must implement effective quality assurance and self-evaluation processes which clearly detail expected standards and actions planned. The provider must begin the process to ensure that ongoing monitoring results in improved procedures and actions being embedded and sustained in practice.

To do this, the provider must, at a minimum ensure that:
robust infection prevention and control practice is embedded
effective management of children's dietary needs and allergies is in place
staff practice is child centred and value based in line with children's rights at all times
children's play, care and learning is not impacted by adult led routines or ineffective staff deployment.

This is to comply with Regulation 4(1)(a)(b)(d) (Welfare of users) of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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).

This requirement was made on 31 October 2024.

Action taken on previous requirement

Management focussed on addressing gaps identified at the last inspection.

Quality assurance, including self-evaluation and improvement planning were in place and leading to continuous improvement. Improvements had been made in respecting children's rights, and management of children's dietary needs and allergies. Similarly, improvements had been made to ensure that children's play, care, and learning was not impacted by adult led routines or ineffective staff deployment. General cleanliness of the setting had improved and there had been an improvement to handwashing procedures. Children now washed their hands after eating.

Staff were being supported to reflect on their practice and were taking part in self-evaluation processes. For example, participating in reviewing the action plan and using audit tools to evaluate practice.

Improvements were recognised and the requirement has been met. We have made an area for improvement to continue with quality assurance processes to address remaining gaps in practice as identified in this report **(see area for improvement 1 in key question 3: How good is our leadership?).**

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

To enhance outcomes for children through effective supervision and quality engagement, the provider should be more proactive in recognising where gaps exist when considering staff deployment within teams.

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).

This area for improvement was made on 31 October 2024.

Action taken since then

We saw improvements in staff deployment since the last inspection. Training had reduced the level of concern that staff primarily focused on a daily routine which worked around adults agenda. Most staff now remained in their areas and focused on putting children first.

There remained occasions when some staff were task focused, and children were disengaged. For example, during mealtimes for younger children, which resulted in children being disengaged.

We recognised improvements in this area. However, it was not consistent enough to benefit all children.

This area for improvement has not been 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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
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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