

Pinkie St. Peter's Primary School Nursery Class Day Care of Children

Pinkie St Peters Primary School
44 Pinkie Road
Musselburgh
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Telephone: 01316 652 024

Type of inspection:
Unannounced

Completed on:
23 January 2026

Service provided by:
East Lothian Council

Service provider number:
SP2003002600

Service no:
CS2003015820

About the service

Pinkie St. Peter's Primary School Nursery Class is registered to provide a care service to a maximum of 76 children aged 3 years to entry into primary school at any one time. Of those 76 children a maximum of 12 children will be cared for within the ASN Specialist Provision (Green room).

The service is attached to Pinkie St. Peter's Primary School, which is situated in the town of Musselburgh, East Lothian. The purpose-built building provides a welcome area, cloakroom, two playrooms, toilets, kitchen facilities, a family room and has direct access to three outdoor areas.

About the inspection

This was an unannounced inspection which took place on 19 January 2026 between the times of 08:30 and 16:00 and 20 January 2026 between the times of 09:00 and 16:45. This 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spent time with children using the service
- received 4 completed questionnaires from families and 12 from staff through our online questionnaires
- assessed core assurances, including the physical environment
- spoke with staff and the leadership team
- observed practice and children's experiences
- 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, no improvements were identified relating to core assurances.

During this inspection we 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.

Key messages

- Strong leadership within the service promoted a culture of continuous improvement.
- Children were confident in their environment, independently accessing resources and spaces to support their play and learning.
- Children benefited from staff using a wide range of strategies to support communication, transitions and routines, creating predictability and a sense of emotional security.
- Staff interactions were child-focused, and they responded well to children's cues, exploring alongside them.

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	4 - Good
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

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

Leadership 4 - Good

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Leadership and management of staff and resources

The service had a shared vision focused on improvement and positive outcomes for children, families, and staff. The vision and values had begun to shape daily practice, fostering an honest, kind, and respectful culture. Connections with families and the wider school were developing. For example, primary seven pupils had been working with the nursery to share the school values through singing and drama. Ongoing continuous improvement was beginning to positively influence practice across the setting, contributing to higher quality experiences for children.

Improvements had been made following the last inspection and the previous requirement had been met. Strong leadership and a clear action plan were driving improvements forward. Leaders worked with staff to ensure a collaborative and well-paced approach to improvement planning and families were beginning to be consulted on improvements. Staff had taken on leadership roles to support actions within the improvement plan, for instance, implementing universal approaches to support communication with children and developing the service's values with children. These improvements respected children's rights and empowered staff resulting in higher quality practice. One family commented, "I feel the service has so improved since last year, I had so many concerns, with the many changes I feel I can now drop my child off and they are safe". As a result, the service was developing a more consistent and reflective approach to improving, leading to more positive outcomes for children and families.

Quality assurance was in place, however, monitoring and auditing processes needed to be strengthened to ensure a consistent approach across the service. Leaders and staff had reflected on previous incidents. Effective measures had been introduced, including door alarms, walkie talkies, improved staff deployment and individual risk assessments. These actions helped keep children safe and accounted for. Some keyworkers updated and evaluated personal plans and learning journals well however, staff and leaders were not consistently auditing overall quality. As a result, gaps were identified, some of which were addressed during inspection. Strengthening auditing and monitoring will support more consistent, effective care and lead to improved outcomes for all children (see area for Improvement 1).

Areas for improvement

1. To support children's wellbeing and promote the continued development and improvement of the service the manager and staff team should ensure robust self-evaluation, quality assurance and auditing is taking place and is effective. This should be well organised, so it is achievable, reviewed and monitored over time.

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).

Children play and learn 4 - Good

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Playing, Learning and developing

Children were happy, relaxed, and engaged in the mainly free flow environment. They were confident and had fun exploring quality play and learning experiences, for instance, making playdough, arts and crafts, construction, role play, sand and water play. Children used a variety of spaces, including the gym hall, soft play and sensory areas. Play and learning experiences across the service supported children's choice, creativity, wellbeing and social skills. Staff responded skilfully in the moment and naturally extended learning through quality interactions. Children also had time to 'just be' and freely explore indoors and outdoors. They often led their own play through a balance of planned and responsive experiences which built independence, confidence and ownership of learning. As a result, children experienced meaningful play that supported their overall development.

Overall, free flow access to the outdoor area enriched children's choice, curiosity, and physical development. All families agreed their children always have opportunities to play outdoors. One family commented, "My child loves, Cycling, running, toy cars, plane watching, football, water play and play with sand". Some children risk assessed the space as they went outside, building responsibility and awareness of risk. Outdoors, they enjoyed bikes, water and sand play, loose parts, block play and group games such as "What's the Time, Mr Wolf?". These experiences provided opportunities for turn taking, counting, and social interaction. Staff also encouraged creativity, for example, when children painted the fence with water. As a result, children benefited from active, engaging outdoor play with quality interactions that supported their learning and development. We discussed with the service the importance of ensuring all children have consistent free flow access to outdoor spaces.

Staff interactions with children had improved since the last inspection. Interactions were child-focused and staff responded well to children's cues, exploring alongside them. They used a range of skilful approaches, including gesture, observing, waiting, listening, and getting down to children's level, visual timetables and now and next visuals. These approaches supported smooth transitions, predictable routines, and safe boundaries. Positive interactions, such as commenting, using key words, wondering aloud and appropriate questioning, helped develop children's communication, language, social skills, and curiosity. As a result, children's self-regulation, play, learning and engagement was increased.

Systems were in place for recording, assessing and evaluating children's progress, however these were inconsistent. Staff documented children's play, learning and development through observations and photos in their learning journals. Some children proudly shared these with inspectors, showing a sense of achievement and belonging. Observations had improved since the last inspection, although these were not consistently linked to development or achievements. Next steps were limited, making it hard to see progress over time. Leaders acknowledged that strengthening this approach would help children continue to progress and deepen their learning. This had been identified as a priority within the wider school improvement plan. An area for improvement following the last inspection had not been met and will be carried forward.

Children are supported to achieve 4 - Good

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Nurturing care and support

Staff were responsive to children's emotional needs and created a nurturing environment. They knew the children well and had built positive relationships with them. One family commented, "The staff are all really kind and know my child well". Another family told us, "My child has a good relationship with the staff". Staff were kind and compassionate; their warm interactions supported children's wellbeing. They offered comfort and reassurance when needed, promoting emotional security. As a result, children felt safe, settled, and confident in their care, play and learning.

Children's transitions and routines were thoughtfully considered. Staff supported children well throughout the day. They used strategies such as song signifiers, visual supports, sign language, and objects of reference. This helped children understand what was happening and what would happen next, creating predictability and a sense of safety. Risk benefit assessments and quality interactions supported a safe and consistent approach to transitions and daily routines. Children experienced mostly flexible, child-centred transitions and routines which promoted choice. These were reviewed regularly and mainly responsive to children's needs. As a result, children's needs were met, and they remained safe, settled, and well supported. Staff could review routines leading up to lunch to ensure they are adaptable and developmentally appropriate. This could include looking at the quality and level of engagement during group time. This would further support children's wellbeing and sustained engagement.

Mealtimes were calm, unhurried, and well organised. Staff promoted independence, choice and social interaction by sitting with children and offering support. Some children showed confidence by pouring drinks and helping to tidy up. Staff used communication boards and questions to build conversation and curiosity, such as talking about the ingredients in the soup. Staff sat with children and sometimes ate with them, modelling healthy eating and encouraging children to try new foods. They communicated well to ensure an adult was always at each table, which supported safe supervision. Staff recognised when children needed extra help and offered sensitive encouragement. The new lunch club further enhanced mealtime experiences for some children. As a result, children developed confidence, independence, social skills, and a positive relationship with eating.

Improvements had been made to the personal planning approach. As a result, children's individual needs were met more effectively. Overall plans were clear, meaningful, and supported children's health and wellbeing. They were reviewed with families when needed and at least every six months. Families agreed they were fully involved in developing and reviewing their child's personal plan. One family commented, "I am involved in decision making about my child". Some children had enhanced plans developed with staff, families, and partner agencies and children's views were included. Children's personal plans had clear strategies that staff used well. This meant children received tailored support that promoted their development and participation. To strengthen personal planning further, pastoral logs could be reviewed. Some were incomplete or recorded elsewhere. Using wellbeing indicators in these logs would promote a shared language and a holistic approach to support children to fully achieve. Leaders recognised these gaps and planned further training with the staff team (see area from improvement 1, under the heading, Leadership).

We asked the service to review spaces for all children to rest and relax. While the larger playroom had dedicated quiet areas, rest options in the smaller playroom could be improved. The service should ensure all children's choices and preferences are respected during routines such as sleep and rest. These should be agreed with families, where necessary and documented in children's personal plans. This would respect children's freedom of movement, choice and ensure safe, comfortable rest for all children.

Improvements had been made to managing children's healthcare needs. All children who required them had a healthcare plan, reviewed with families in line with best practice. We asked the service to update procedures to reflect recent guidance and to review documentation for one child. The service updated their medication procedures during the inspection and strengthened the child's records. Improving staff understanding and ensuring accurate documentation across the service would contribute to ensuring all children's healthcare needs are met effectively (see area for improvement 1, under the heading, Leadership).

The service had begun to encourage family involvement, this was helping to build connections. Families were welcomed through stay and play sessions, celebrations, and daily interactions. Communication diaries for some children also supported information sharing. These approaches had begun to strengthen relationships and helped children settle confidently during transitions. The service gathered family views and shared updates through questionnaires and newsletters. Staff were beginning to update the new website. As a result, communication had improved and children experienced more consistent support between nursery and home. We received mixed feedback from families about opportunities to discuss children's care, play, and learning. The service should continue to improve connections and opportunities to share children's progress and achievements. This would give families greater confidence and further strengthen partnerships. An area for improvement following the last inspection had not been met and will be carried forward.

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

Requirements

Requirement 1

By 30 May 2025, the provider must ensure each child receives appropriate care and support and their wellbeing needs are met.

To do this the provider must at a minimum ensure:

- a) Personal plans reflect children's current needs and how they will be met. These must be developed in partnership with families and children (where appropriate).
- b) Ensure that strategies for support are clear and regularly assessed to ensure that evidence-based assessments can be made.
- c) Ensure all staff are aware of and understand the information within the personal plans and use this to effectively meet each child's needs.
- d) Ensure that the procedures around the management of children's medication and medical needs are regularly updated to meet best practice guidelines. These should be consistently shared with staff.

This is to comply with regulation 4(1)(a) and regulation 5 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 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 requirement was made on 4 February 2025.

Action taken on previous requirement

Improvements had been made to children's personal plans. These improvements contributed to meeting children's individual care, support, and wellbeing needs more effectively. Children and families helped shape these plans, which meant they reflected children's preferences and changing needs. Staff identified support strategies well and reviewed them regularly. They understood each child's plan and used the information to promote positive outcomes for children. Procedures for managing medical needs were mainly effective and helped ensure children received the care they needed. Examples are provided in the main body of the report under the heading Nurturing care and support.

Met - within timescales

Requirement 2

By 30 June 2025, the provider must ensure children receive a high quality of care and support where there is continuous improvement.

To do this the provider must:

- a) Implement regular, robust quality assurance audits and ensure effective monitoring and auditing of quality assurance processes.
- b) Develop meaningful family engagement and ensure the views of families are collected, analysed and lead to service improvement.
- c) Ensure roles and responsibilities of staff and leaders are clearly identified to ensure consistent and effective implementation of high-quality practice.

This is to comply with Regulation 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (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 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 4 February 2025.

Action taken on previous requirement

Quality assurance processes had become more effective. Monitoring and auditing systems had improved, which led to better outcomes for children. Although a few areas still needed further strengthening, the service had already begun to address these. Family engagement was becoming more consistent, and children's and families' views had started to shape a range of planned improvements. Leadership had strengthened, with clear roles and responsibilities in place. Staff worked well together and demonstrated quality practice. They had a strong understanding of their duties, and this contributed to improved experiences and outcomes for all children. Examples are provided in the main body of the report under the heading Leadership.

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

The service should review how they track children's learning and evaluate their progress. This would ensure children are sufficiently challenged within their play and learning. They should create opportunities for families to be kept informed and to discuss children's care, play and 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).

This area for improvement was made on 4 February 2025.

Action taken since then

The service was at an early stage in tracking and evaluating children's progress. Although systems were in place, they were not used consistently or effectively across the setting. This had been identified and included within the wider school improvement plan; staff and leaders recognised the need for further development.

Some improvements had been made in how children's play, learning, and development was shared with families. This helped strengthen communication and support children's learning. Continued work to improve connections and opportunities to share children's progress and achievements would give families greater confidence and further strengthen partnerships. Examples are provided in the main body of the report under the headings Children play and learn and Children are supported to achieve.

This area for Improvement has not been met and will remain in place.

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

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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