

Pinkie St Peter's Out of School Club Day Care of Children

Pinkie St. Peter's Out of School Club
Pinkie St Peter's Primary School
44 Pinkie Road
Musselburgh
EH21 7HA

Telephone: 07759300667

Type of inspection:
Unannounced

Completed on:
24 March 2026

Service provided by:
Pinkie St Peter's Out of School Club

Service provider number:
SP2024000340

Service no:
CS2024000362

About the service

Pinkie St Peter's Out of School club is located within Pinkie St Peter's Primary School in the town of Musselburgh, East Lothian. The service is close to local parks, beaches and other amenities. The service is registered with the Care Inspectorate to provide a care service to a maximum of 80 children of primary school age at any one time.

The service has use of a large gym hall and a playroom; both spaces have direct access to outside. Play areas include the woodland space and a multi sports AstroTurf. The service has access to a kitchen, toilets and an office space.

About the inspection

This was an unannounced inspection which took place on 20 March 2026 between 12:00 and 18:00. 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 and their family members
- received 22 online questionnaires from families and spoke with three during the inspection visit
- spoke with staff and received nine online questionnaires
- 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, no improvements were identified relating to core assurances.

Key messages

- Strong and purposeful leadership created a shared vision that consistently shaped practice across the club.
- Children benefited from a variety of environments that encouraged independence, active play and exploration.
- Robust self-evaluation, supported by meaningful input from children, families and staff, ensured improvements were well informed and effectively monitored.
- Warm, nurturing interactions promoted children's wellbeing, confidence and sense of security, with staff responding sensitively to individual needs.
- Overall, personal plans and planned support were used effectively to meet children's needs.
- Strong collaboration and communication between families and staff enhanced outcomes for children.
- Family engagement was purposeful which contributed to trusting relationships and continuous 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	5 - Very Good
Children play and learn	4 - Good
Children are supported to achieve	5 - Very Good

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

Leadership 5 - Very Good

We found major strengths in this aspect of the setting's work and identified very few areas for improvement, therefore we evaluated this quality indicator as very good.

Quality indicator: Leadership and management of staff and resources.

The service demonstrated strong leadership, with a clear and purposeful vision that consistently shaped practice across the club. The vision, values and aims were effectively promoted through displays and within the development plan, ensuring they were visual and available to families and children. The regular use of Floorbooks and surveys gave children and families a strong voice in shaping the club. Their feedback directly informed improvements, building shared ownership and strengthening trust.

The club's aim to provide a safe, stimulating and inclusive environment was clearly achieved in practice. Families told us, 'I really appreciate regular communication from the manager' and, 'we are very impressed with all the effort the staff make to keep the kids entertained, as well as safe and secure'. This demonstrated the success in achieving the vision.

Self evaluation processes were embedded and effective. The development plan drew on findings from the previous inspection and incorporated feedback from children, families and staff. Families told us, 'We're frequently asked for input and the kids also' and 'The team work hard to get the views of both the parents and children'. Children were actively encouraged to contribute thoughts through idea "bubbles" and through participation in the children's committee. These approaches ensured that children's voices were not only heard but were used meaningfully to shape improvements. The entries within the clubs Floorbook provided further evidence of children's voices and plans for progress and supported some reflection. The development plan, with clear notes of actions taken, demonstrated an organised and well monitored improvement journey.

Quality assurance was a shared and purposeful process, with responsibilities delegated according to individual strengths. Staff valued this approach and described feeling trusted, respected and listened to. This collaborative culture contributed to a motivated team, committed to continuous improvement. Staff told us they felt confident to discuss ideas openly with the manager, supporting a reflective and forward thinking ethos.

Training and supervision was well structured, supporting continuous professional learning. Staff accessed a broad range of training and were encouraged to apply new learning in practice. Opportunities to share learning during daily huddles and in service days further strengthened consistency and team development.

Peer observations and mock inspections were used effectively to build staff confidence and deepen their understanding of quality expectations. Records demonstrated reflective comments, areas for improvement and examples of strong practice, reinforcing a positive learning culture.

The induction process had notably strengthened since the last inspection. This offered new staff a clear, supportive and structured induction to their roles. This ensured they quickly developed confidence in routines, expectations and were supported with feedback of peer observations and reflections. Staff described how this had improved consistency across the service.

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.

Quality indicator: Playing, learning and developing.

Children experienced a range of play opportunities that supported their curiosity, independence and engagement. Most children were meaningfully engaged in a variety of experiences, playing in the woods, field and the gym hall. These spaces contributed positively to children's exploration and engagement in play. During our visit one child told us, 'The woods are the best, I love it, we can play tig here'. Another said, 'It's fun, we build dens and play games with friends, like red river, hide and seek, rounders and with loose parts too'. Children benefited from positive relationships, meaningful outdoor experiences and opportunities to lead their own play and learning.

Indoors a variety of natural materials, sports equipment, drawing and Hama beads supported most children to engage in good quality play. However, the closure of the small room reduced access to cosy, creative and quieter activities. This limited opportunities for rest, relaxation and naturally occurring learning. The manager acknowledged our feedback and confirmed they will review the range of spaces and resources available on Fridays. This would contribute to enriched play experiences and provide more inclusive opportunities, including calmer spaces and activities for children who need them.

Staff interactions were mostly warm, supportive, and respectful. Staff used praise and encouragement to build children's confidence and sense of belonging. Clear and descriptive language supported children well during activities such as baking and group games. This contributed to children's language, communication and social skills, whilst promoting a sense of achievement. However, at times, staff missed opportunities to extend children's curiosity and thinking. For example, children showed interest in insects found outdoors, but staff did not take up the opportunity to build on this interest. Gentle questions and extending resources could have deepened engagement. More consistent, high quality interactions would improve play experiences, strengthen learning, and help children stay engaged for longer.

Child centred planning mostly supported children's interests well. Staff documented individual observations, identifying children's achievements and emerging interests. Children were encouraged to contribute to mind maps, and daily observations helped gather their ideas. This ensured planning reflected what mattered most to them. Shared interests were used to shape planned activities, with clear evidence of children's voices, photographs and identified next steps within the Floorbook. One child told us, 'They ask us what we want and chat about what we like about the club and what could be better'. As a result, children experienced learning that was meaningful and engaging. Children spoke positively about outdoor play, creative opportunities, friendships and visits to local places, demonstrating high levels of enjoyment and ownership.

Children are supported to achieve 5 - Very Good

We found major strengths in this aspect of the setting's work and identified very few areas for improvement, therefore we evaluated this quality indicator as very good.

Quality indicator: Nurturing care and support.

Staff interactions throughout the day were consistently calm, warm and respectful. We observed staff offering praise, reassurance and encouragement, which contributed to a nurturing atmosphere where children felt valued and confident. Most staff were responsive when children needed help in social situations

or practical tasks. Children spoke positively about feeling safe and supported. One child told us, 'The after-school ladies are so nice'. Families also praised the positive relationships staff have with the children. One family saying, 'My children express how much they love the club and how cared for they feel'. This demonstrated the strong, trusting and secure relationships between staff, children and families.

Children showed high levels of independence and moved confidently between different areas of the club. Staff used radios to maintain oversight and complete regular head counts, ensuring children's freedom and safety were well balanced. We identified local sport clubs had use of the other spaces within the building. The manager had begun to review the supervision in shared spaces and was proactive and responsive during our feedback. This demonstrated a commitment to the safety and quality of care for the children.

Lunchtime routines were calm and well organised. Staff sat with children, promoted positive social interactions and ensured those who needed more time were not rushed. However, afternoon snack was task led, with all children called together at the same time. This disrupted children's play and the natural flow of the afternoon. It also resulted in children waiting to wash their hands and queue for snack. Once settled, snack time was sociable and well supported. Staff recognised the need to reintroduce rolling snack on Fridays to enhance children's independence and choice. Snack options had been reviewed to ensure they were nutritious and followed best practice, which promoted children's health and wellbeing.

Medication records were clear and up to date and audits had been completed in line with best practice guidance. Daily huddles supported awareness of any children with health care needs attending each day. This was further supported by the distribution of small individual healthcare information cards. These enabled staff to have the information they needed at hand to respond quickly and safely in the event of an emergency. This contributed to ensuring children's health care needs were met.

Personal plans demonstrated a good understanding of children's individual needs. Support plans for children who required them were mostly detailed, current and used effectively to support children's needs. Plans showed collaboration with families and included strategies for transitions, emotional regulation and routines. Staff responded sensitively when children required flexible approaches, ensuring experiences remained positive and manageable. Yearly re-registration, followed by online reviews after six months, ensured the club had current information to best support children. However, some reviews needed clearer, more structured updates to ensure consistent staff practice and promote children's wellbeing. The manager responded positively to feedback, agreeing to record review dates on paper forms and "all about me" sheets to support consistency.

Family engagement has continued to strengthen. Coffee mornings, surveys and "staff of the month" initiatives improved communication and relationships. Families reported feeling well informed, and staff recorded regular discussions with parents to support wellbeing needs. Collaborative work with the school and parent committee, including the development of the secret garden, demonstrated a proactive approach to enhancing children's experiences through partnerships with families.

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

Requirements

Requirement 1

By 15 May 2025, the provider must ensure all children's medication and health needs are reviewed and planned for. To do this the provider must at a minimum, ensure:

- a) All health needs are recorded in the child's personal plan, including clear signs and symptoms when they require medication.
- b) All staff understand children's health and medication needs and know how to respond quickly and safely.
- c) Review medication consent at least every three months or at the start of a new term to check that medication is still required, is in date and that the dose has not changed.

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 care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

This requirement was made on 28 March 2025.

Action taken on previous requirement

All children's health care needs were recorded in their plans, information included clear signs and symptoms. Staff understood and were able to tell us about individual children's needs and medical care plans. Medication reviews had been completed in line with best practice guidance. (See quality indicator: Nurturing care and support)

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 enable children to benefit from care and support that is right for them, the provider should review children's personal plans. They should be meaningful working documents that support children's care and include strategies of support and progress made. They should be regularly reviewed with children and families to ensure information is up to date to reflect children's current needs, wishes and choices.

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 area for improvement was made on 28 March 2025.

Action taken since then

Enrolments and personal plans were updated and reviewed every six months, in line with legislation and good practice. This supported the service to maintain current information and permissions for all children. Wellbeing records reflected children's likes, dislikes and identified support needs, with evidence of regular discussion with children and families. (See quality indicator: Nurturing care and support).

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

Leadership	5 - Very Good
Leadership and management of staff and resources	5 - Very Good
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	5 - Very Good
Nurturing care and support	5 - Very Good

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