

Pennyburn Primary School Early Years Class Day Care of Children

Sundrum Place
Pennyburn
Kilwinning
KA13 6SE

Telephone: 01294 552807

Type of inspection:
Unannounced

Completed on:
16 March 2026

Service provided by:
North Ayrshire Council

Service provider number:
SP2003003327

Service no:
CS2003016032

About the service

Pennyburn Primary School Early Years Class is provided by North Ayrshire Council and is based within Pennyburn Primary School in Kilwinning, North Ayrshire. The service is situated close to public transport links and other local amenities. The early years class comprises of two playrooms, with attached 'quiet' rooms, a lunch room, a canopy area and a fully enclosed outdoor play space.

The service is registered to provide a day care of children service to a maximum of 52 children not yet attending primary school at any one time. Of these 52 children, no more than 16 are aged two to under three and no more than 36 are aged three to not yet attending primary school. At the time of our inspection 66 children were registered with the service.

About the inspection

This was an unannounced inspection which took place on Monday 9 and Tuesday 10 March 2026 between 09:30 and 17:30. 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 completed electronic questionnaires from six families and five members of staff
- spoke with staff and the management team
- observed practice and daily life
- reviewed documents
- assessed core assurances, including the physical environment.

As part of this inspection, we assessed 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
- children's engagement with the experiences provided in their setting.

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

Key messages

- Children experienced kind and caring interactions from staff who knew them well.
- Children experienced an environment that was warm and welcoming.
- Improvements were needed to the quality of play and learning experiences to ensure children consistently benefited from high-quality play opportunities.
- The management team should continue with their plans to fully embed quality assurance processes to ensure they lead to improved outcomes for children and families.
- To strengthen accountability and strategic oversight, the management team should revisit the scheme of delegation and clarify roles and responsibilities across the 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

Leadership	3 - Satisfactory / Adequate
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 3 - Satisfactory / Adequate

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

Quality indicator: Leadership and management of staff and resources

The service's vision, values, and aims were established and had recently been reviewed with input from staff and families. This led to the introduction of new value, integrity, alongside existing values of ambition and kindness. The value of kindness was clearly reflected in day-to-day interactions, supporting positive, trusting relationships and contributing to a welcoming environment for children and families.

The views of staff and families had been routinely gathered through verbal feedback, voting polls, and questionnaires. Where feedback had contributed to changes, updates were shared with families through newsletters, promoting transparency and demonstrating how families' views informed developments. All parents who responded to our questionnaire agreed that they were meaningfully involved in developing the service. This contributed to partnership working and had the potential to support ongoing improvements within the service.

A detailed improvement plan reflected national priorities and previous inspection findings. Multiple prolonged staff absences had affected progress, resulting in some planned actions not being taken forward as intended. This led to slower progress and early signs of regression in some areas, including work to develop the playroom environments. There had been some developments, for example staff engagement in 'My Happy Mind' training to support children's emotional wellbeing. Although, overall progress remained limited. The management team should continue to prioritise and drive improvement to secure sustained, positive outcomes for children.

Processes to support self-evaluation were in place, and staff used in-service days to reflect on their practice and identify improvements. Actions such as enhancing mealtimes had been implemented effectively, though progress was not consistent across all priorities within the service. For example, although staff recognised the need to improve learning experiences to better reflect children's interests and provide appropriate challenge, this had not yet been embedded. All five staff who completed our questionnaire agreed they were involved in self-evaluation processes. A more consistent approach to acting on identified improvements should ensure children consistently experience a high-quality service.

Monitoring and quality assurance systems had been developed, including a monitoring calendar and a distributed leadership model designed to share responsibility with senior practitioners. Recordings varied in quality, and did not consistently lead to improvements in practice. We made an area for improvement relating to improving quality assurance processes in our previous inspections in 2024 and 2025. As this had not been met, it will be repeated (see previous areas for improvement).

Ongoing staff absences and contractual shift patterns had created instability within the team, resulting in the management team providing additional playroom cover. This reduced strategic oversight and limited capacity to drive improvement and make sustained change. We asked the service to revisit and clarify roles and responsibilities across the team to ensure expectations are clear and to strengthen accountability and leadership at all levels (Area for Improvement 1).

Communication systems, including informal check-ins and weekly emails helped staff stay informed of upcoming events. Staff had opportunities to meet with management for professional 'time to talk' meetings. Formal processes could be strengthened by identifying future goals that are specific, measurable, achievable, relevant and time-bound. This could increase confidence, ownership and leadership within the team.

Areas for improvement

1.

To ensure children and families experience a high-quality service, the management team should revisit the roles and responsibilities of all individuals involved in leading aspects of service delivery. Sharing this information across the team should reinforce accountability and promote shared understanding of expectations. Establishing a clear and transparent scheme of delegation would further strengthen strategic oversight, ensuring improvement actions are carried out effectively, leading to enhanced outcomes for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I use a service and organisation that is well led and managed' (HSCS 4.23).

Children play and learn 3 - Satisfactory / Adequate

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

Quality indicator: Play, learning and developing

The service had recently changed its model of operation, with children aged 2-5 years sharing play spaces for most of their session. This approach created valuable opportunities for younger and older children to learn alongside one another, extend their language and vocabulary, and role model positive behaviours. It also supported peer mentoring and helped children build trusting relationships across age groups.

Some interactions naturally promoted language, counting, and early mathematical thinking. At other times, interactions ended quickly or relied on praise without extending children's thinking. Staff would benefit from support to use more effective questioning to extend learning and promote children's critical thinking.

Processes for planning for play and learning were in place and aimed to balance responsive and intentional approaches. Some gaps in documentation and limited evidence of children's ideas and interests shaping play meant that planning was not yet fully embedded. Leaders told us this was due to staff shortages. As a result, play spaces did not always offer relevant or challenging opportunities that supported children's developing skills and interests.

Following the move to shared 2-5 play spaces, staff had not yet received training to support multi-curricular learning. While some reflective adjustments had been made, these were not fully embedded, resulting in limited differentiation across experiences to meet children's varied stages of development. Staff also highlighted challenges in delivering high-quality experiences due to resource shortages, storage areas that were not consistently well organised and staff absences within the team. Providing targeted training, improving access to resources and strengthening accountability for resource organisation would enable staff

to offer a broader range of meaningful opportunities that better support children's progress and individual learning needs.

Children had some opportunities to lead their play, but their engagement levels were often low. Many children moved quickly between areas or showed unsettled behaviours, such as crying, running, or climbing indoors. These behaviours were linked to inconsistent access to high-quality, engaging materials and limited availability of quiet spaces to support emotional regulation. For example, the expressive arts area lacked variety in creative resources and mark making tools, pencils were not sharpened, and games in the quiet room were tidied away while children were still using them. In addition, due to limited staffing, quiet rooms were closed at key times during the day, limiting children's access to calm and nurturing spaces. When all play areas were available and more purposeful and meaningful play invitations were introduced on the second day of inspection, children's engagement improved noticeably and unsettled behaviours reduced. As a result, children experienced more settled, focused play.

The service should review the quality and responsiveness of play experiences to ensure they are engaging, reflect children's interests, and offer appropriate levels of support and challenge to enable children to make progress. An area for improvement relating to developing high-quality play and learning experiences was made at previous inspections in 2024 and 2025. As this had not been met, it will be repeated (see previous areas for improvement).

Children are supported to achieve **3 - Satisfactory / Adequate**

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

Quality indicator: Nurturing care and support

Children benefited from responsive and nurturing interactions from permanent staff who knew them well and had built strong relationships. Staff engaged at children's level and offered comfort when needed, helping children feel secure and supporting positive attachments. All parents who responded to our questionnaire strongly agreed they were happy with the care and support their child received. However, supply staff did not always know children's names, family relationships, or developmental needs, resulting in some occasions of less personalised care. This was evident when some children referred to staff as "teacher," indicating reduced familiarity. We encouraged the management team to review the induction process for supply staff to ensure they are fully prepared to meet children's individual needs and provide more consistent, familiar care.

Children experienced a positive mealtime that was calm, nurturing, and unhurried. Staff sat with children, engaged in sociable conversations, and used lunch trolleys to minimise time spent away from the table. Children's independence was promoted through opportunities to choose foods, pour drinks, serve meals, and scrape food waste. Meals were nutritious and prepared in line with children's allergy requirements. We discussed with the provider that delays in supplying tailored menus for children with additional health needs should be addressed to ensure equity and consistent nutritional support.

Staff mostly adhered to safe infection prevention and control practices, although inconsistencies were observed in the correct application and removal of personal protective equipment. Revisiting expectations as part of ongoing staff development would strengthen confidence and ensure routines consistently support children's health and wellbeing.

Personal care and sleep routines were calm and supportive, with staff offering cuddles, reassurance, and using pictorial prompts and positive language to promote privacy and understanding. Some delays to care were observed due to staff absences, impacting children's comfort. This included occasions where wet clothing was not removed promptly or where personal care was carried out by unfamiliar staff. Staff shared similar concerns, noting that staffing patterns affected their ability to meet needs consistently. The management team had raised these issues with the provider, and staffing arrangements were under review by the end of the inspection. Strengthening these arrangements could contribute to children receiving timely, sensitive care that supports comfort, dignity, and emotional security.

Personal plans were in place and informed by strong partnership working with external agencies, ensuring coordinated support to meet children's needs. All six parents strongly agreed they were fully involved in developing and reviewing plans. As a result, children were supported in ways that had the potential to promote progress in their learning, development, and wellbeing.

Families were kept informed through communication diaries, newsletters, and regular updates. Parents spoke positively about staff relationships, with all strongly agreeing they were happy with the care provided. Parents commented, "Staff are friendly and supportive and always provide good feedback regarding my child" and "Nursery staff are so loving; it's not just for the kids but adults too." Planned support initiatives to support wider family learning included 'Little Learners' and 'Book bug' sessions. Encouraging families to consistently enter children's playrooms at drop off and collection times would further strengthen existing connections. The Care Inspectorate's practice guidance, 'Me, my family and my childcare setting' should support the service with this.

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 improve outcomes for children, the service should develop high quality play and learning experiences that are interesting, stimulating and fun. Planning, resources and staff interactions should add depth, progression and challenge to all aspects of children's play and learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials' (HSCS 1.31) and

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

This area for improvement was made on 8 February 2024.

Action taken since then

Planning approaches had been reviewed to support a better balance of responsive and intentional planning. However, due to staff absences processes were not yet implemented consistently, and gaps remained in documentation. Staff would benefit from further support to ensure planning approaches led to consistently high-quality play and learning experiences for all children that were interesting, stimulating and fun. This would enable children to engage meaningfully in their play and learning to reach their full potential.

This area for improvement was not met.

Previous area for improvement 2

To develop a cycle of continuous improvement, the service should develop robust and sustainable quality assurance and monitoring processes with clear priorities, actions and timescales. This should involve self-evaluation that meaningfully includes children, their families and the staff team.

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 area for improvement was made on 8 February 2024.

Action taken since then

The management team had developed and implemented quality assurances and monitoring processes. Processes involved a distributed leadership model to support peer monitoring. Due to inconsistency of staffing, these processes were not yet fully imbedded across all areas of service delivery or resulting in sustained improvements.

This area for improvement was not met.

Previous area for improvement 3

The provider should ensure the overall communication and information sharing with parents is improved. Plans to introduce a system which allows parents regular updates of their children's learning and development should be further explored.

This is to ensure care and support is consistent with Health and Social Care Standard 2.9: I receive and understand information and advice in a format or language that is right for me.

This area for improvement was made on 23 May 2024.

Action taken since then

Communication methods available to support families to be involved in their child's care, learning and development have been reported on within this inspection report.

This area for improvement was met on 16 January 2025.

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	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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