

## Gingerbread Tollcross ASC Day Care of Children

Tollcross Primary School  
117-119 Fountainbridge  
Edinburgh  
EH3 9QG

Telephone: 07825925848

**Type of inspection:**  
Unannounced

**Completed on:**  
22 May 2025

**Service provided by:**  
Gingerbread Edinburgh and Lothian  
Project Limited

**Service provider number:**  
SP2003002804

**Service no:**  
CS2003011833

## About the service

Gingerbread Tollcross ASC is registered to provide a care service to a maximum of 42 children who attend primary school, at any one time.

The service is delivered from the dining hall within Tollcross Primary School in the city centre of Edinburgh. It is located near to shops and amenities and has good transport links.

Children use the school playground for outdoor play.

## About the inspection

This was an unannounced inspection which took place on Wednesday 14 May 2025 between 14:45 and 18:10, Thursday 15 May 2025 between 13:40 and 17:55 and Tuesday 20 May 2025 between 14:00 and 18:05.

This service was subject to an Improvement Notice that was issued on 31 July 2024. All improvements had been met, prior to this inspection commencing. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

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 two parents onsite
- received five responses from parents via an online survey
- spoke with staff and management
- observed practice and children's experiences
- 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

- Children's health care needs were supported as the arrangements for medication were mostly effective.
- Some children had developed positive relationships with staff who knew them well.
- Children's emotional wellbeing was not always supported and prioritised.
- Children's wellbeing was compromised due to ineffective snack time routines.
- Play experiences needed to improve to ensure all children's needs and preferences were met.
- Children's safety was compromised as staff practice did not always identify and manage risks.
- Quality assurance systems needed to improve to aid the development of 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?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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

## How good is our care, play and learning?

2 - Weak

We made an evaluation of weak for this key question. While some strengths could be identified, these were compromised by significant weaknesses.

### Quality indicator 1.1: Nurturing care and support

The service had taken action to improve children's wellbeing as punitive practices such as time out were no longer used. As a result, children's rights were better respected. At times, staff showed warmth and kindness to children, which supported their wellbeing and helped to promote positive relationships. Several parents spoke positively about the relationships their children had with staff. One parent said, "Everyone is very supportive and understanding."

While improvements had been made, concerns remained in relation to the service's approach to supporting children's emotional needs and regulation. At times, children were not well supported by staff. Staff missed opportunities to recognise children's behaviour as a way of communication and showed a lack of child development knowledge. Other staff recognised situations when children required further support but were unable to engage with children due to other competing needs. This resulted in periods where some children were upset and overwhelmed, which impacted negatively on their wellbeing. On various occasions inspectors had to alert the staff and management team to the level of noise and children's emotional needs. One staff member made the following comment through our online survey, "we have plenty of staff available in the club, need confidence to deal with situations, training on how to both engage with a child at play and also be alert to what is happening around them." All staff must be supported to understand children's wellbeing needs and be confident in implementing effective supports to enhance wellbeing (**see Requirement 1**).

Children did not experience positive transitions between different points of the day. The beginning of the sessions were often overwhelming, noisy and chaotic. This did not support positive wellbeing. While some children were having fun, other children and staff shared the noise level was uncomfortable and caused them to feel overwhelmed. A requirement made during the previous full inspection has been extended (**see Requirement 1 in 'What the service has done to meet any requirements we made at or since the last inspection'**).

The quality of the snack time experiences remained poor. Some improvements had been made to managing aspects of children's safety. For example, most staff encouraged children to sit while eating. However, staff did not understand the importance of hydration and children were not encouraged to have a drink. Poor hydration can have a significant impact on children's health and wellbeing. While parents provided some children with snacks, the provision of food by the service was poor. There was not enough choice to ensure children had balanced and healthy options. For example, children were provided with flavoured rice cakes but there was no butter or spread to enhance nutrition. Also, the crackers were in limited supply. Children were not involved in the planning and preparation of snacks. As a result, children missed opportunities to develop valuable life skills. Snack experiences often became noisy and disorganised, which limited the social aspect of mealtimes. To promote children's health and wellbeing, the service must improve the snack time experience for all children (**see Requirement 2**).

Children's individual wellbeing was beginning to benefit from an improved approach to the use of personal planning. Most children had 'All About Me's' that held information to support staff engagement. For some children support strategies had been identified and staff were beginning to use these in practice. However, we found this was not always consistent meaning there were missed opportunities to provide effective and sensitive care and support to all children. Further work was needed to ensure personal planning approaches were consistent and effective for all children. A requirement made during the previous full inspection has been extended **(see Requirement 2 in 'What the service has done to meet any requirements we made at or since the last inspection')**.

Improvements made to the management of children's medication and health care needs had been sustained. Children were supported as most staff knew their medical needs and key information such as allergies was recorded and shared with staff. Reviews of medication and health care plans were taking place with parents, helping to ensure the information remained up to date. Although improvements had been sustained, the service should ensure good practice is consistently followed. For example, where a child may need medication, this must be clarified and planned for before their placement starts. This is to ensure the service can maintain children's health and wellbeing.

### Quality indicator 1.3: Play and learning

Overall, children's play experiences needed further improvement to consistently inspire and motivate children. The service had started to introduce a range of play and learning materials and activities. For example, an art trolley had been introduced and children were able to select cars and construction items from a designated unit. This enabled some children to follow their individual interests. Indoors, some defined play spaces had been created. For example, there were board games, craft materials, construction, and small world. These resources supported children's creativity and problem solving. However, the range and depth of experiences and resources remained inconsistent and did not support all children to experience high quality play. Most resources were single purpose plastic toys, which can at times limit children's creativity. Some staff told us that the service lacked the necessary materials needed to plan high quality experiences and activities for children. When asked 'what could make the club even better?' one family responded "Better things to play with". Children did not have good opportunities to explore materials such as loose parts, technology or sensory play. Experiences such as baking and crafting were limited. To ensure all children have access to play which suits their individual preferences and needs, the service should enhance the quality and range of resources and experiences **(see Requirement 1 in 'What the service has done to meet any requirements we made at or since the last inspection')**.

Many children enjoyed active play outdoors. They had access to a few ball games such as football, tennis, and badminton. This supported children's skills development and promoted their wellbeing. One parent said, "Whenever the weather is good, they take them outside to learn more new skills."

Staff interactions with children's play and the planning of play experiences needed to improve. While staff responded to children's requests for more materials, the interactions to provide challenge or extend children's play were limited. For example, across two of our visits children consistently made slime from glue and scraps of paper. During this time, staff did not support this creativity by planning further opportunities for children to create slime or engage in other sensory experiences. Overall, staff mostly supervised children rather than engaging in meaningful conversations and extension of the play children took part in. Children must have greater opportunities to be involved in planning the experiences within the service. To enable this staff should develop their understanding of planning for play in school aged childcare. This is to ensure children's right to high quality play is achieved **(see Requirement 1 in 'What the service has done to meet any requirements we made at or since the last inspection')**.

## Requirements

1. By 5 September 2025, the provider must ensure children's emotional wellbeing needs are recognised and supported by skilled and knowledgeable staff.

To do this the provider must, at a minimum:

- a) Ensure there are suitably skilled and knowledgeable individuals in place to recognise children's emotional needs and respond to these in supportive and consistent ways.
- b) Ensure staff are supported to develop their skills in trauma informed practice and supporting children's wellbeing and needs.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS, 4.11).

2. By 5 September 2025, the provider must improve the snack time experience to ensure children have safe eating experiences where they are nurtured, hydrated and well nourished.

To do this the provider must, at a minimum:

- a) Ensure staff promote children's hydration during snack times and throughout the sessions.
- b) Provide sufficiently balanced and healthy snack options based on good practice guidelines.

This is to comply with Regulation 4(1)(a) 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 Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning (HSCS, 1.33) and 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible (HSCS, 1.35).

## How good is our setting?

## 2 - Weak

We made an evaluation of weak for this key question. While some strengths could be identified, these were compromised by significant weaknesses.

### Quality indicator 2.2: Children experience high-quality facilities

Since the last full inspection, some improvements had been made to the spaces used by children. Each day staff created small areas with cushions and mats to aid children's relaxation needs. However, there needed to be more comfortable areas for children to rest and relax. The service should continue to review the space and consider how it can be made more welcoming, inclusive and comfortable for all children. Further work was needed to ensure the spaces used by the service were well-maintained and comfortable. For example, a hole in the wall had not been reported as a maintenance issue and the children did not have enough comfortable seating options. This did not support children to experience a consistently respectful, homely and welcoming space **(see Area for improvement 1)**.

Overall, staff communication had improved in relation to the number of children present in the service. Staff used headcounts and checks of internal school activity clubs to make sure they knew where children were on arrival and throughout the session. This helped to support children's safety and had been a sustained improvement.

However, there were other significant gaps in staff practice in relation to reducing the risk of children leaving or getting lost in the service. During the inspection visit, doors to the gym hall, upper school, and playground were not effectively secured to ensure children's safety. On one occasion this could have resulted in children accessing an unstaffed playground that led out into the local community. On some occasions concerns we raised about security were not immediately addressed. Further work was needed to improve the supervision of children in the corridor as they transitioned between indoors and outside. On one occasion we found a child in the corridor out of sight of staff and on another occasion found the school cleaning cupboard open in an area children walked past. To ensure children are safe and protected from risks, staff should check the corridor for any issues such as the accessibility of doors and ensure they supervise children as they go in and out. Risk assessments and daily checks should be revisited to ensure they are understood and effectively implemented by all staff. As a result, concerns remained about the safety and security of children **(see Requirement 1)**.

Within the service's designated playground, staff deployed themselves effectively. This meant they were able to monitor the space and play equipment. This helped to ensure children were safe and accounted for when playing outside.

While the management of the front door and the registration of children had improved, there remained inconsistency in the practices relating to the safe collection of children by parents and the approach to communication in relation to children's attendance. For example, there had been two recent incidents where children's safety was compromised as the management team did not have appropriate oversight of collection arrangements. To address this issue, a previous area for improvement has been continued **(see Area for improvement 1 in What the service has done to meet any areas of improvement we made at or since the last inspection)**.

Overall, the environment was clean. Staff cleaned tables prior to children eating. Some staff took time to sweep up debris and reset the spaces. This supported children to experience a clean and more organised space. Toys and materials were clean and safe. A requirement made at the last inspection about the safety of resources had been met. Further attention was needed to address dirty soft furnishings and cushions. These should be washed regularly. This is to ensure children experience a consistently clean and comfortable environment.

## Requirements

1. By 14 July 2025, the provider must ensure the management team and staff effectively support children's safety and ensure the security of the building is maintained.

To do this, the provider must, at a minimum:

- a) Ensure staff effectively supervise children as they move between indoors and outside.
- b) Ensure external exits are secured and internal exits are managed safely.
- c) Ensure staff take action to address risks as they arise and work in partnership with external professionals to ensure steps are taken to keep children safe.
- d) Ensure risk assessments are implemented which set out clear mitigations for staff to follow.

This is to comply with Regulation 4(1) (a) 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 environment is secure and safe' (HSCS 5.19).

## Areas for improvement

1. To support children's comfort and wellbeing needs, the provider, manager and staff should ensure the environment is well-maintained, welcoming and comfortable.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy well maintained premises, furnishings and equipment' (HSCS, 5.24) and 'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax' (HSCS, 5.6).



## How good is our leadership?

## 2 - Weak

We made an evaluation of weak for this key question. While some strengths could be identified, these were compromised by significant weaknesses.

## Quality indicator 3.1: Quality assurance and improvement are led well

An improvement plan had been developed based on the outstanding requirements. While some progress had been made, overall further improvements were still needed across the service. The improvement plan needed to be a shared document, which informed the staff and management's understanding of improvement priorities and the actions required to meet these improvements. The service should further embed approaches to improvement planning to ensure the pace of change improves and meaningful improvements are made and sustained.

A lack of robust and effective quality assurance systems continued to adversely impact the quality of the service. The approach to quality assurance was inconsistent. For example, there were gaps in the quality assurance systems related to the environment, the management of first aid, personal plans and play experiences. Outcomes for children were not as positive as possible, and improvements were needed to the quality assurance processes to ensure meaningful change. A previous area for improvement has been amended to reflect the current inspection findings **(see Area for improvement 1)**.

The vision, values and aims for the setting were unclear and earlier work to support the development of value based practices was not always clear. For example, the relationships policy and children's committee were no longer used as tools to develop the vision and values. Some children told us they 'loved' the service and others said they used the suggestion box to share their ideas. Within the suggestion box, a few children had stated that the service should ban incident forms. This suggested that children felt incident forms were used in a negative way. This raised concerns about the ethos of the service and staff responses to children's behaviour. When reviewing incident forms, it was evident that staff understanding in supporting children's emotions and behaviours needed further work. To ensure children experience positive wellbeing and respectful care, further action is needed to address the culture, values and vision of the service.

The organisation had implemented a more structured approach to individual meetings with staff. These meetings were beginning to support the development of staff skills and confidence. Individual meetings gave staff an opportunity to reflect on their practice and enabled the manager to provide feedback to aid development. This work was at an early stage and was not yet significantly impacting on the quality of outcomes for children. To aid further improvements, we have continued an area for improvement made following compliance with an improvement notice **(see Area for improvement 5 'What the service has done to meet any areas of improvement we made at or since the last inspection')**. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

During some of the inspection visits, staff were not provided with effective leadership and guidance to help them ensure children's needs were sensitively and effectively met. The provider must ensure that staff and managers have the skills and knowledge needed to support the effective delivery of the service. During the inspection, most information held about children was not readily available. This compromised the service's ability to effectively support children and impacted on the management of the service. The provider should ensure the service is effectively led including in the absence of the manager **(see Area for improvement 2)**.

Many parents said communication approaches were positive and informative. The manager was proactive in their approach to working in partnership with parents to support children's needs. While progress had been made, we have continued an area of improvement about communication to ensure more general communications and access to procedures such as complaints are embedded into practice (**see Area for improvement 2 'What the service has done to meet any areas of improvement we made at or since the last inspection'**).

## Areas for improvement

1. To improve the quality of the service, the provider should ensure the manager and staff team develop quality assurance systems that monitor the quality of the service and address gaps in the provision and care provided to children.

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).

2. To ensure children experience a well-led service, the provider should ensure effective leadership arrangements are in place at all times. This would include but not be limited to, ensuring leaders, including those covering in the service are skilled in supporting staff and have appropriate knowledge of the service to provide effective leadership.

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 are well led and managed' (HSCS, 4.23).

## How good is our staff team?

**2 - Weak**

We made an evaluation of weak for this key question. While some strengths could be identified, these were compromised by significant weaknesses.

### Quality indicator 4.3: Staff deployment

During the inspection visits, there was enough staff present to aid the supervision of children within specific play spaces such as in the dining hall and within the designated playground. Staff used headcounts and checked internal sports and activity clubs to make sure all children were accounted for at the start of the session. This helped to support children's safety and was a sustained improvement since the last inspection.

The service had employed additional staff, meaning new staff were settling into their roles and were beginning to develop relationships with children and each other. The additional staff made the management of planned and unplanned absences more effective.

At times during the inspection visits, staff became task focused and this impacted on the quality of support children received. For example, it took a long time for outdoor play to be available. As a result, some children were unsettled and bored within the indoor space. At busier times of the session such as the transition into the service, staff deployment did not always support children's needs. Staff were not always available or alert to children's changing needs as they were focused on setting up or doing headcounts. Some staff did not notice when children needed support. The management of tasks and staff deployment must be reviewed to ensure children experience consistently positive and nurturing care.

Overall, across the inspection visits there were gaps in specific staff skills needed to keep children safe and promote high quality outcomes for children. For example, staff needed support to understand and implement effective support strategies especially in relation to aiding children's wellbeing and enhancing play experiences. Some staff needed support to develop their understanding of managing children's safety and responding to risks in the environment. Structured and robust training plans should be implemented for staff to help ensure they develop the skills needed to effectively support all children. To aid further improvements, we have continued an area for improvement made following compliance with an earlier improvement notice (**see Area for improvement 4 'What the service has done to meet any areas of improvement we made at or since the last inspection'**).

The approach to staff inductions and ongoing support was developing but still needed to improve. It was not always clear who was taking responsibility for leading and mentoring new staff. Staff had mixed responses in relation to the quality of the induction processes. The provider should further review the approach to inductions and mentoring to ensure it meets the needs of all staff and benefits their wellbeing. This is so children and families can be confident that staff are supported in their roles. A previous requirement made at the last full inspection has been extended (**see Requirement 5 in 'What the service has done to meet any requirements we made at or since the last inspection'**).

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

### Requirements

#### Requirement 1

By 31 October 2024, the provider must ensure staff are supported to provide daily experiences and play opportunities suited to differing ages and stages of children and which uphold their right to choose, have their voice heard and to play and rest at times suitable to them.

To do this, at a minimum, the provider must ensure:

- a) A system is developed where children's interests and views have been taken into account in the provision of experiences, spaces and resources.
- b) Planning approaches are child-centred and responsive to children's experiences.

c) Staff take into account and plan for the differing transition points across the day to support children to feel at ease and contribute to their wellbeing.

This is to comply with regulation 3 and regulation 4(1)(a) 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 am empowered and enabled to be as independent and as in control of my life as I want and can be" (HSCS 2.2).

**This requirement had not been met and we agreed an extension until 31 March 2025.**

**This requirement was made on 23 August 2024.**

### Action taken on previous requirement

Overall, the experiences, spaces and resources still needed to improve to ensure they suited the differing ages and needs of all children. When asked about children's play and learning via our online survey, one staff member responded, "[We] have a good variety of toys available to us but could do with more outdoor toys such as loose parts play". Another said, "Resources are there but limited."

Further work was needed to ensure the service developed a system that supported children's interests and views to be reflected in the resources and experiences available. Some children used a suggestion box to provide ideas about snacks or make suggestions about the service. It was not evident how these suggestions were consistently considered and used to plan experiences or improve the service. Staff listened to children's requests for materials and where possible provided these. At times, staff did miss opportunities to extend children's play as they did not notice play cues such as an interest in den building or slime making. Staff must develop their understanding of play experiences and play types to enhance the opportunities provided.

At team meetings staff were beginning to discuss experiences and resources and record some plans on weekly activity sheets. This system was not used during the inspection visits so was not yet having a consistent impact on the daily experiences provided for children.

Transitions into the service, to outside play and to snack did not always contribute to children's wellbeing. These transitions were often noisy and disorganised. This meant children did not experience a calm, nurturing environment.

**This requirement had not been met and we have agreed an extension until 5 September 2025.**

**Not met**

## Requirement 2

By 30 September 2024, you must ensure the care and support of children is informed by the effective use of individualised personal plans.

To do this, at a minimum, the provider must ensure:

a) Each child's personal plan reflects their current needs and sets out how these needs should be met.

- b) Plans are developed in partnership with families and children (where appropriate).
- c) Plans are reviewed at a minimum of six-monthly intervals, or sooner if there are significant events in a child's life that might mean they require additional support or changes to their plan.
- d) When a child has an identified need for support, staff have an understanding of the child's needs and the skills required to put strategies of support into practice.
- e) Systems are in place so new or covering staff review the contents of children's plans and understand any support strategies in place.

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 had not been met and we agreed an extension until 10 February 2025.**

**This requirement was made on 23 August 2024.**

#### Action taken on previous requirement

The service had made a positive start to developing personal planning approaches. Improvements had been made to personal plans and most plans held some information to support children's needs, wishes and choices. Most staff were aware of children's preferences and needs. The manager spent time with staff discussing children's plans. Staff could discuss individual risk assessments and support plans for some children. This knowledge supported some aspects of children's wellbeing. Support plans were developing and most plans had clear actions for staff to follow. Some parents had reviewed their child's support plan with staff but this was not consistent for all children. Some personal plans had not been reviewed within appropriate timescales. This meant there was potential for information to be out of date, for example consents and contacts had not been checked with families within appropriate timescales.

While progress had been made, some inconsistencies in practice remained. Personal plans were not always available in the service, meaning they were not consistently used as working documents. Also, for some children key information such as wellbeing preferences and consents were missing from the information shared with the staff team. The service used a contact sheet system but there were gaps in how initial registration information was handled and shared. There were missed opportunities to use the information held to plan for children's care and support needs.

The service should review the current approach to personal planning to build on the strengths while addressing the gaps that remained.

**This requirement had not been met and we agreed an extension until 5 August 2025.**

**Not met**

## Requirement 3

By 30 September 2024, to ensure children are protected and safe from harm, the provider must ensure that monitoring, maintenance and repair systems fully support staff to reduce risks or hazards within the setting.

To do this, the provider must, at a minimum:

- a) Review current systems to ensure the inclusion of checks around any cleaning cupboards or areas where hazardous materials are kept are monitored closely by staff and kept out of children's reach or locked away.
- b) Include a thorough check of the garden area to locate and minimise the risk of further harm to children.

This is to comply with Regulation 4(1) (a) 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 environment is secure and safe" (HSCS 5.19) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

**This requirement had not been met and we agreed an extension until 10 February 2025.**

**This requirement was made on 23 August 2024.**

### Action taken on previous requirement

Improvements had been made as there was a maintenance log in place and most issues were reported. We discussed with the service the importance of ensuring maintenance also took account of children's comfort as well as their safety.

There continued to be issues with cleaning cupboard access, while the service stored their cleaning materials safely, a cupboard used by the school facilities team was at times left open. While at times, the service took action to address the open cupboard, we have made a new requirement about the management of safety due to other issues found during the inspection (**see Requirement 1 in 'Key question: How good is our setting?'**).

Staff completed garden checks prior to children using the outdoor space. Overall, the garden was free of debris and the boundary areas were effectively secured. Staff supervised children as they played, including when using large play equipment.

**Met - outwith timescales**

## Requirement 4

By 29 November 2024, the provider must support children to reach their full potential through high quality play and learning experiences.

To do this, the provider must, at a minimum ensure:

- a) Resources are thoroughly checked for wear and tear and replaced when broken or unfit for use.

b) Staff role model learning around tidying away resources once finished with them to ensure the environment is inviting and free from any hazards which might result in unnecessary trips and falls. Staff should also ensure all spaces and resources are well replenished throughout the day to ensure they remain attractive and engaging.

This is to comply with Regulation 4(1)(a) 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: "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 requirement was made on 23 August 2024.**

#### Action taken on previous requirement

Overall, resources were fit for use. The service had reviewed some of the resources and discarded damaged or broken items. This helped to ensure children were not using items that could cause harm. There remained a high reliance on one purpose plastic resources. While resources and toys were safe further work was needed to ensure children experience high quality play materials (**see key question 1: How good is our care, play and learning?**).

During most of the inspection visits, staff role modelled positive approaches to tidying spaces and resources to aid children's safety. Children were reminded to store their own bags and jackets safely. Some staff replenished materials as children requested these.

While this requirement has been met further work was needed to ensure children experience high quality play materials and spaces (**see key question 1: How good is our care, play and learning?**).

**Met - outwith timescales**

#### Requirement 5

By 29 November 2024, the provider must ensure clear, shared policies are in place to support staff in relation to their wellbeing and development needs. These should be developed in collaboration with staff so they all know and understand where to seek help if required. Any agreed supports should be implemented and monitored. This is so that staff are able to provide safe and high quality care to maintain children's health, wellbeing and safety.

This should include, but not be limited to:

- a) Putting in place effective and appropriately paced induction and training procedures that enable staff to feel confident in providing for children's care and support needs. There should be opportunities for reflecting on these over time.
- b) Having supportive systems in place to enable staff to report on and be supported in matters concerning their wellbeing at work.

c) Provide opportunities for role modelling, mentoring or buddying which enable staff to demonstrate development and confidence in their role.

This is in order to comply with section 7 of the Health and Care (Staffing)(Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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" (HSCS 3.14). and "I experience a warm atmosphere because people have good working relationships" (HSCS 3.7).

**This requirement was made on 23 August 2024.**

## Action taken on previous requirement

Some improvements had been made in relation to supporting staff through training procedures. Most staff had accessed first aid training, which supported children's health and wellbeing needs. Staff spoke about the training and how the learning had aided their confidence. Moving forward, the provider must address the gaps in staff practice and training needs that relate to children's safety and wellbeing as outlined in this report.

Further work was needed to ensure inductions were well organised and consistent. For example, some staff had not received effective guidance in relation to key areas of the organisation. Induction information was disorganised so it was not clear what aspects of staff inductions had been completed. Inductions provided limited opportunities for staff to reflect on their learning and their role. As a result, there were missed opportunities to support staff development needs.

The manager held regular support meetings with staff, where they were able to discuss their wellbeing and work. These meetings were at an early stage in relation to the impact they were having on staff wellbeing and development. All staff who responded to our online survey did agreed or strongly agreed to the question: 'My wellbeing needs are recognised and supported by leaders'.

Opportunities for role modelling and mentoring needed to improve. At times during the inspection visits, newer staff did not receive appropriate levels of guidance to help them in their role. This led to the sessions observed becoming overwhelming for some staff and some children. Through the online survey a staff member shared, "Due to the current situation with the amount of newer staff there is not enough longer time staff there to properly mentor new staff and also carry out their own duties." Further work was needed to embed mentoring and role modelling into the induction processes.

**This requirement had not been met and we have agreed an extension until 5 September 2025.**

**Not met**



## 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 ensure children are kept safe from harm, the provider should review and develop their policy around safe collection of children to ensure it is fully shared, understood and implemented consistently by all staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe" (HSCS 5.19).

**This area for improvement was made on 23 August 2024.**

#### Action taken since then

Further work was needed to ensure staff fully understood and implemented safe procedures. The collection policy had been updated but recent incidents highlighted that good practice was not fully embedded. The policy could be further developed to be clear on the steps staff would take should a child go missing in the setting or on the way to the setting. There were a number of policies related to safe collections and the actions staff should take to manage children's attendance, collections and incidents. This made it difficult for staff to establish which policy or procedures should be followed. The service should continue to strengthen and review the policies and procedures in relation to the management of children's collections, attendance and safety in the service.

**This area for improvement has not been met.**

#### Previous area for improvement 2

The provider should improve its communication with families to promote a collaborative approach to improvement that is meaningful to them. This should include, but not be limited to:

- a) Providing open, transparent opportunities to allow families and children to express their views, and demonstrate that this is being used to inform and direct the improvement of the service.
- b) Ensuring families have access to appropriate policies and procedures with clear lines of responsibility and accountability, such as the complaint's procedure.
- c) Implementing manageable, effective regular communication with families about children's daily experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7) and "My care and support is consistent and stable because people work together well" (HSCS 3.19).

**This area for improvement was made on 23 August 2024.**

## Action taken since then

Many parents said communication approaches were positive and informative. The manager was proactive in their approach to working in partnership with parents to support children's needs and gather parents' wishes.

The service had produced a 'Meet the Team' sheet but this had not been updated with new staff.

Further work was needed to enhance communication and improve the approaches to gathering children and families views.

**This area for improvement has not been met.**

## Previous area for improvement 3

To promote safe and high quality outcomes for children, the provider should improve quality assurance systems and procedures. This should include, but not be limited to, thorough and regular quality assurance of practice to ensure leadership and management have a clear overview of all aspects of the service. Roles should be clear and defined to mitigate against any gaps, such as in the nurturing care and support of children, planning for medication and health needs, or the understanding of and implementation of risk assessments. Any outdated policies and procedures must be reviewed and updated in accordance with legislation, best practice or guidance.

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 23 August 2024.**

## Action taken since then

The service had improved the approach to assigning roles to manager's and staff roles were more clearly defined.

Overall, the approach to quality assurance was inconsistent. Some quality assurance systems were not in place and others were not effective. Some improvements had been made as a result of quality assurance. For example, overall, medication was managed safely and checked regularly by the management team. However, further work was needed as there remained significant gaps in the areas covered by the quality assurance systems. Inconsistencies in practice were not fully identified and improvements were slow to be made.

This area for improvement has not been met. We have amended it to better reflect the current needs of the service (**see Area for improvement 1 in, How good is our leadership?**).

## Previous area for improvement 4

To ensure children receive care and support based on good practice and to aid staff development, the provider should conduct a comprehensive skills audit of staff and management to identify gaps in knowledge, skills, and experience. The audit should be used to inform an ongoing targeted training and development plan.

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 19 March 2025.**

#### Action taken since then

The overall mix of skills and knowledge across the staff team needed to improve. The provider should ensure the management team and staff are supported to improve practices and further develop their skills. This is to ensure outcomes for children improve and to support the development of staff skills and practice.

Structured and robust training plans must be implemented for staff to help ensure they are developing the skills needed to effectively support all children. A comprehensive skills audit should be carried out to identify gaps in skills, knowledge and experience and aid the development of staff practice.

While progress has been made, we have continued this area for improvement to support the embedding of effective systems that support staff practice.

**This area for improvement has not been met.**

#### Previous area for improvement 5

To ensure children experience high quality care that consistently promotes their wellbeing, the provider should implement a system of regular support. This should include but not be limited to individual development meetings, practice observations and appraisals to monitor staff and management competence and identify ongoing training needs. The support system should promote the development of skills, knowledge and experience across the staff and management team and should inform the training plans where relevant.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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' (HSCS 3.14).

**This area for improvement was made on 19 March 2025.**

#### Action taken since then

Some work had started to support staff practice as the organisation was implementing a more structured approach to support meetings. Individual meetings between the manager and staff were beginning to support reflections on practice and enable staff member's understanding of their roles. This work is at an early stage and was not yet significantly impacting on the quality of outcomes for children. The provider should ensure the manager receives effective support to aid their development and support leadership across the service.

While progress has been made, we have continued this area for improvement to support the embedding of effective systems that support staff to provide high quality outcomes and promote children's wellbeing.

**This area for improvement has not 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](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.