

# Gingerbread - Dalry Day Care of Children

Dalry Primary School  
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**Type of inspection:**  
Unannounced

**Completed on:**  
10 May 2024

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

**Service provider number:**  
SP2003002804

**Service no:**  
CS2003011822

## About the service

Gingerbread - Dalry is registered to provide a day care of children service to a maximum of 50 children between three years and primary seven at any one time. The service is part of the Gingerbread group that offer out of school and holiday care throughout Edinburgh.

The service is delivered from the grounds of Dalry Primary School which is close to the city centre. It is located near to shops and amenities and has good transport links. The service is situated in a free-standing building used as the dining hall by Dalry Primary School. The club has use of the toilets within the main school building. Children can access the playground for outdoor play.

## About the inspection

This was an unannounced inspection which took place on Wednesday 8 May 2024 between 14:30 and 17:45 and continued on Thursday 9 May 2024 between 13:00 and 14:45. Two inspectors carried out the inspection.

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

To inform our evaluation we:

- spoke with children using the service and some of their families
- considered feedback from five families through an online form
- spoke with staff and management
- observed practice and daily life
- reviewed documents relating to the care of children and the management of the service.

## Key messages

- Most children were happy and confident in the service.
- Staff were welcoming and enjoyed their time with children.
- Staff need further support to identify and respond to children's individual needs.
- Staff should be supported to identify potential risks in the service and introduce control measures to reduce the risk of harm to children.
- Improvements were required to infection prevention and control procedures.
- Quality assurance processes should be developed and implemented to monitor and improve practice.
- The provider must ensure there are the right number of people with the right skills supporting children's care and development.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
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?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

### Quality Indicator 1.1 - Nurturing care and support

Children were cared for by staff who showed nurturing approaches and enjoyed their time with children. At times staff were not always responsive to children's needs. This resulted in some children's emotional needs not being identified or met. We asked the staff to ensure they were attentive to children's needs to enable responsive care and support.

Children had developed positive relationships with each other. Some families were moving out of the area and the service were arranging for them to become pen pals with children in the service. This would help children stay connected and provide an opportunity to learn about different cultures and countries.

The service were in the process of changing the format of their personal plans. They should streamline the information stored, to ensure children and staff can easily understand the information and use it to meet their needs. Children had the opportunity to contribute to their plans to help share their thoughts, feelings and choices. The service should develop further ways of supporting children's views to be included in their personal plans if they choose not to complete the forms provided. We asked the service to ensure personal plans detailed how children's needs would be met. For example, we found children with additional needs did not have required information about how their needs were being supported. Strategies of support should be identified and documented, to allow the service to monitor and identify progress. This would ensure children are being supported to fulfil their potential (**see area for improvement 1**).

Most children brought a snack with them to eat in the club. Fresh fruit was provided and a table was set up for children to eat and independently access water. This helped children to remain hydrated. At times staff sat with children and engaged in conversations. Not all children were encouraged to sit at the snack table and were eating their food while walking about and engaging in play. We were concerned the lack of support at snack times could have compromised children's safety. The service was keen to review their routine to ensure children experienced a calm and safe eating experience that enhanced their social interactions (**see area for improvement 2**).

Children's rights were being promoted for most of the time, as they were treated as individuals. We observed some instances when children's dignity was not fully respected. For example, toilets were within the school building, and children needed to be supervised when going. Due to staffing constraints, staff would announce to all children they were going to the toilet to ask who else needed to go. This restricted children's choices and independence. The service should revisit the procedure to ensure appropriate support is available. This would ensure children's dignity is upheld and support good bowel and bladder health.

We found medication was being appropriately stored and recorded. However, some staff had a lack of understanding of children's medication requirements. The service should ensure all staff working in the service have a clear understanding of children's medical needs and administration requirements. This will ensure effective identification and management of children's medical needs (**see area for improvement 3**).

### Quality Indicator 1.3 - Play and learning

We recognised significant recent investment in resources which meant children were having fun playing games with their friends. The service were discussing ways to identify how they could record children's play and learning, and had considered starting a photo book. They discussed how they could use this to record different play types available. We encouraged the service to progress with this positive idea as it would allow them to identify if there was a breadth of play types available across a period of time.

Child centred planning systems were not yet fully established. Staff could identify some children's interests, however the new staff team were still getting to know children. We found there were missed opportunities to extend play. For example, there were children enjoying drawing at the creative area, however there were limited resources for children to easily access to extend their interest. There should be a focus on staff observing children's play to identify their interests and plan for ways to further extend their play and learning. This would add value to children's experiences and ensure they are fully supported to achieve and be challenged in their play **(see area for improvement 4)**.

#### Areas for improvement

1. To support children's wellbeing and ensure they are supported to achieve their potential, the provider should ensure children's personal plans include individual strategies of support where required. These should be regularly reviewed and updated.

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).

2. To enable children to benefit from a sociable, safe and enjoyable experience while eating, the provider should review their policy and procedures for snack times. This should include, but not limited to, ensuring quality interactions between staff and children, and ensuring children are safe when they are eating.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

3. To ensure children's health and wellbeing is protected, the provider should ensure all staff are aware of medication brought into the service and ensure they are confident with administration requirements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

4. In order to ensure children are supported to achieve, staff should develop the way they plan experiences and play spaces, to support children to enjoy a wide range of play opportunities. They should ensure that children are consulted in this process so it is responsive to their needs and choices. This should recognise children's development and provide appropriate challenge in their play as well as identifying how children can be fully supported to fulfil their potential in the future.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

## How good is our setting?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

### Quality Indicator 2.2 - Children experience high quality facilities

Children and families received a warm welcome when they arrived at the club. There were some soft furnishings that created an area for children to rest and relax. There was a creative area set up that was inviting with a colourful table mat, an area for board games and space for children to enjoy dressing up. The resources were well used and laid out to support children to follow their own interests and choose where they spent their time. The service were keen to continue to develop their resources and we encouraged them to consult with children to ensure they offered a range of rich play resources to support and challenge children's learning.

Children and staff were put at risk due to poor levels of infection prevention and control. The service used a building within Dalry Primary School that was used as a dining room and breakfast club for children attending the school. Cleaning procedures were not effective, which meant some areas of the club were not kept clean or well maintained. There was an unpleasant smell in the building which did not create a respectful environment for children to play and eat. The provider must ensure procedures are improved, monitored and sustained, to protect children and staff's health and wellbeing (**see requirement 1**).

Staff asked some children to wash their hands when arriving at the club and some children were reminded to do this before snack. This was not carried out routinely by staff and children needed further support to wash their hands effectively. The provider must ensure hand washing procedures are reviewed and improved to prevent the spread of germs (**see requirement 2**).

Some risk assessments were in place throughout the service. Children were involved in risk assessing the playground which enabled them to develop their understanding of keeping themselves safe. We asked for risk assessments to be further developed with staff, to support a consistent understanding and introduce control measures to reduce risk. We found a number of risks in the service and environment. For example, children were left unsupervised inside the building and the front door was not secure. There were two external gates in the playground that were also not secure. We asked the service to ensure individual risk assessments were completed for children where required, in consultation with children and their families. This will ensure children's safety is considered and appropriate measures are taken to minimise any potential risks (**see requirement 3**).

### Requirements

1. By 30 June 2024, the provider must be able to demonstrate that all members of staff working in the service understand and can implement current infection prevention and control in childcare settings guidance.

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

- a) ensure cleaning procedures are implemented and regularly monitored
- b) ensure that effective systems are in place to identify gaps in staff skills, knowledge and in the implementation of best practice guidance in hygiene. Any actions arising should be recorded and taken forward.

This is in order 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: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

2. By 31 May 2024, to protect children's health and wellbeing, and to reduce the risk of the spread of infection, the provider must ensure that effective hand washing measures are in place for children and staff in line with current guidance. Staff should ensure that handwashing is carried out at appropriate times in the day, such as when arriving in the service, before and after eating and when returning inside from outdoor play.

This is in order to comply with Regulations 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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

3. By 30 June 2024, to protect children's health, safety and wellbeing, the provider must ensure risk assessments are developed and working as planned, to support effective practice and maintain a safe environment. These must be clear and easily understood by all people involved in the service. Staff involvement in developing the risk assessments would support this to be a shared approach and impact positively on these being implemented into practice.

This is in order to comply with Regulations 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 5.17).

## How good is our leadership? **3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

### Quality Indicator 3.1 - Quality assurance and improvement are led well

The staff team working in Dalry at the time of the inspection, were new to the service. They had transferred from another club within the Gingerbread group and were getting to know the children and families. Information regarding the change was shared with families through letters and emails. Staff met with children to support and prepare them for the change. The management team had recently reviewed the service vision, however we advised they revisit this to ensure staff, children and families can be more involved in this process. Parents told us they would like more information from the club and would like better communication. The new staff team should spend time consulting with children and their families to ensure their views and ideas can be shared. This would allow the service to meet their needs and choices, and allow the whole team to work towards the service vision.

We recognised the provider and managers commitment to improving the quality of the service. We discussed how they plan to move forward and develop the service to ensure they are working towards continual improvement. There was an action plan in place however we asked the manager to further develop this to be clear on their aims. They should identify next steps and actions planned to support them to meet their goals.

Quality assurance processes were not in place to monitor practice and ensure children's safety and wellbeing. We discussed that quality assurance processes need to be developed to identify and address any gaps in practice, such as poorly cared for environments and infection prevention and control measures. The service should develop monitoring systems that clearly detail expected standards of practice and provide high quality feedback for staff. This would support the service to monitor the requirements identified throughout this inspection report (**see area for improvement 1**).

The service had submitted their annual return, which is information we ask services to provide to help us plan, inform and carry out our inspections and improvement work. We found statements written in their annual return related to their self-evaluation did not reflect the information provided at inspection. The service were in the early stage of their self-evaluation for improvement journey. They should ensure staff are fully supported to reflect on their practice and use the information gathered to influence positive change to outcomes for children and families. Children, families, and staff should be fully involved in the process of assessing and improving the service. This would ensure they are meaningfully involved and can benefit from a service committed to continuous improvement.

The service had told us about some important events, such as when the manager was leaving and about some incidents that required them to notify us. They were no longer submitting some information that was required by services. In order for us to respond and support services appropriately, important information and significant events should be notified to us within required timescales, in line with current guidance.

## Areas for improvement

1. To improve outcomes for children and ensure that there is a culture of improvement in the club, the provider should implement an effective system of quality assurance to monitor and improve practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## How good is our staff team?

**2 - Weak**

We evaluated this key question as weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

### Quality Indicator 4.3 - Staff deployment

There had been a full staff team change in the month prior to the inspection, which had resulted in the service relying on agency staff. The provider was actively seeking additional permanent staff and was undergoing interviews and suitability checks. The recruitment procedures helped ensure children were cared for by staff who had the right skills, experiences and qualifications for the role.

There were unplanned absences on the day of the inspection which were poorly managed. This meant there were not enough staff to provide effective supervision and support for children. For example, children were not collected from school at the appropriate time and staff from within the school brought children to the club to ensure they were safe. The provider should support staff to develop roles and responsibilities so they can identify any gaps in staffing. This would improve the overall outcomes for children.

We were concerned about the supervision of children during their time in the club. For example, one child had chosen to go indoors to read a book. Children outside were enjoying listening to loud music, however staff did not recognise the risk this posed to the child left unsupervised indoors. Staff would not have heard if the child required assistance and would not hear if someone entered or left the building. Staff were respectful towards one another but should improve their communication and develop a better understanding of their roles and responsibilities to keep children safe. This would ensure effective and appropriate supervision of children at all times to ensure their health, safety and wellbeing (**see requirement 1**).

The service had recently reviewed their induction procedures. We asked for this to be further developed to ensure it supports staff to fully understand their roles and responsibilities and would promote reflective practice. The service planned to use the ELC National Induction Resource and the Care Inspectorate Quality Framework to support staff induction. These resources support reflective practice and link with key documents such as the 'Health and Social Care Standards'. This will help staff to understand and use current theory, best practice documents and guidance that underpins their practice. This will enable children to benefit from having high quality staff providing their care and supporting their development.

## Requirements

1. By 31 August 2024, to ensure that children's care and support needs are met, the provider must ensure staffing arrangements are safe and effective.

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

- a) regularly assess and review children's care and support needs
- b) demonstrate how the outcome of children's assessments are used to inform staffing number and arrangements
- c) implement quality assurance systems to evaluate children's care experiences and assess if staffing arrangements are effective in providing responsive, child-centred support.

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 the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

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

### Requirements

#### Requirement 1

In order to ensure that medication is administered to children safely the provider should ensure:

- children who require medication for allergies or a medical condition has the necessary medication held by the club along with information regarding its administration to inform staff,
- consent forms for long-term medication are completed for all medication held by the club and reviewed with parents in line with legislation,
- recording forms clearly state which medication is being recorded when administered to children.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011/SSI 210 Regulation 4(1)(a) and (b) Welfare of Service Users and refers to the good practice document 'Medication in Daycare and Childminding Services'.

**This requirement was made on 9 March 2017.**

#### Action taken on previous requirement

The club held all required information about children's medical needs and we found medication was stored safely.

This requirement was met, however we had some concerns as not all staff working with children had the required knowledge and information about children's medication needs. Please see area for improvement 3 in 'How good is our care, play and learning'.

**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 manager should review the snacks offered at the club to ensure they are varied and healthy to help to ensure the children's health and wellbeing.

National Care Standards early education and childcare up to the age of 16  
Standard 3: Health and wellbeing

**This area for improvement was made on 9 March 2017.**

#### Action taken since then

The service's policy is for children to bring their own snack to eat during their time in after school club. The service do however provide fresh fruit and water for children.

This area for improvement is met, however we did have some concerns about children's safety when they were eating. Please see area for improvement 2 in 'How good is our care, play and learning?'

#### Previous area for improvement 2

The provider should review and update the club's Collection Policy to ensure it clearly states that parents wishing older siblings or relatives to collect their child must give written consent if they are under 16 years of age.

National Care Standards early education and childcare up to the age of 16  
Standard 3: Health and wellbeing  
Standard 14: Well-managed service.

**This area for improvement was made on 9 March 2017.**

#### Action taken since then

The service had revised their policies and procedures which state only people aged 16 years and over can collect children from the club.

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](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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