

# Gingerbread Tollcross ASC Day Care of Children

Tollcross Primary School  
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Edinburgh  
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**Type of inspection:**  
Unannounced

**Completed on:**  
23 July 2024

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

**Service provider number:**  
SP2003002804

**Service no:**  
CS2003011833

## About the service

Gingerbread Tollcross ASC is currently registered to provide a daycare of children service to a maximum of 55 children aged between three years and 14 years at the breakfast club, wraparound service and after school club.

During the school holidays, the service may currently be provided to a maximum of 100 children aged between three years and 14 years at the holiday playscheme. The service is part of the Gingerbread group that offers out of school and holiday care throughout Edinburgh.

The service is delivered from Tollcross Primary School which is in the city centre area of Edinburgh. It is located near to shops and amenities and has good transport links. During the holiday playscheme, the service has the use of the school gym hall, the school dining hall and kitchen area, toilets and outdoor play spaces within the school grounds.

Our inspection raised significant concerns in relation to how children's health, welfare and safety needs were met. As a result, we issued the provider with a letter of serious concern on 18 July 2024 detailing the immediate action that was required. We have reported on this under Key question 2: How good is our setting?

Due to ongoing significant concerns in relation to how children's health, welfare and safety needs were met, we issued the provider with an Improvement Notice on 31 July 2024. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

## About the inspection

This was an unannounced inspection which took place on Tuesday 16 July 2024. We returned to continue the inspection on Thursday 18 July 2024 and Monday 22 July 2024. Feedback was provided on 23 July 2024. 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:

- spent time and spoke with children using the service
- spoke with and received feedback from 12 families using 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**

- We took enforcement action to require the provider to improve the quality of children's care. Please see the service's page on our website for more information.
- The tone and manner of some interactions between staff and children did not support the overall wellbeing and nurture of children. This impacted on the building of safe, trusting relationships within the service.
- The service had failed to effectively gather important information in personal plans to support staff to implement supportive and nurturing strategies in children's care and support.
- Children's safety, health and wellbeing was compromised as the service had not sufficiently developed, implemented or shared effective risk assessments and appropriate road safety guidelines.
- The provider and leadership team had failed to effectively quality assure staff practice or support some of the staff team to reflect on their practice. This meant there was a failure to drive and sustain improvement.
- The lack of balance in the skills, knowledge and experience of staff meant there were gaps in the qualifications and skills needed to keep children safe and promote high quality outcomes for children.

**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?	1 - Unsatisfactory
How good is our setting?	1 - Unsatisfactory
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory

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

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

## 1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we assessed this key question as unsatisfactory. We issued an Improvement Notice on Friday 26 July 2024, as urgent improvement was required to ensure children's safety and wellbeing was being prioritised.

### Quality indicator 1.1: Nurturing care and support

While some children experienced some warm and nurturing approaches at some points during the day by some staff members, this was not consistent across the service. The tone and manner of some interactions did not support the overall wellbeing and nurture of children, and were at times authoritarian, lacking in respect or were task focused. They lacked compassion and failed to recognise needs in children which meant they did not fully support children to develop and thrive. Some staff did not always make themselves physically accessible to children, for example, they did not consistently sit at a low level or were generally not close to them. Rather than initiating conversations, some staff at varying points shouted across the room. This added to the distress for some younger children in particular. Their need for supportive interactions and compassion was missed as staff either did not recognise or did not respond to children who were exhibiting signs of distress. For example, one child was isolated, watching peers, and exhibiting repetitive behaviours. Opportunities to identify and address this were missed. When inspectors drew staff's attention to the child, one said, "they just cry all the time, all day." As a result, children's feelings and communication styles were ignored or invalidated, resulting in increased and prolonged distress. Children told us that if they broke the rules, they were isolated on time outs. There must be a replacement of these approaches with supportive, relationship-based practices to nurture and support children with empathy and warmth. **As a result, this formed part of the improvement notice issued on 31 July 2024.**

Daily experiences such as snacks and mealtimes were rigid, stressful experiences which did not support children's independence or their preferences around where or when to play. Strict rules were shouted across rooms to go and wash hands and line up in corridors which meant the atmosphere became noisy, hurried and disorientating for children and some staff. Children were told where to sit rather than making their own choices to sit with friends, and though staff sat with children, for some this became a task to complete rather than an opportunity to engage in warm interactions and engagement. Children became bored, frustrated and distressed due to staff not recognising or responding to children's cues around these transition points in the day and instead were directive in their interactions. This was compounded when children were restricted from leaving the table as they were told they could not leave by staff (**see requirement 1**).

Personal planning was not effective in supporting children's wellbeing, or in providing staff with appropriate information to support and nurture children's daily experiences. As a result, staff could not promote consistency and continuity of children's care routines and their development. Leaders had failed to support staff to gather, document, implement and monitor the support needs of children. Whilst some families said they had some opportunities to develop or review their child's personal plan, others did not. One family told us, "The paperwork we are given to complete is sporadic and often doesn't really make sense ... it's not usually clear what the aim of the forms is." Another told us, "I am welcomed into the centre, but there is no plan for discussing my child's care, play and learning" and "My child tells me what they have done in the day but I've not been involved in their personal plan."

Plans must now be developed to ensure they are meaningful working documents that are used consistently by staff to inform their practice and support children's wellbeing. This would provide opportunities for staff to effectively collaborate with families to improve and reflect upon children's experiences over time and promote high quality and compassionate care (**see requirement 2**).

We were seriously concerned about the inconsistency and lack of understanding regarding the management and administration of medication, and the clarity and understanding by leaders and staff regarding children's health needs. This had the potential to put children at risk of harm. **As a result, this formed part of the improvement notice issued on 31 July 2024.**

Some children in the service were not getting the support they needed to reach their potential and thrive. Staff did not have strategies to support children who required additional support or support to self-regulate. Some staff at all levels lacked understanding of the potential impact of adversity and children's differing communication styles, and were limited in their understanding of their roles and responsibilities in child protection. Staff did not have all the information they needed to help keep children safe and protected from harm. They did not respond appropriately or sensitively to those children with added vulnerabilities and missed opportunities to nurture and support children with additional support needs. **As a result, this formed part of the improvement notice issued on 31 July 2024.**

### Quality indicator 1.3: Play and learning

Whilst children had opportunities to choose where and how they played at some points during the day, this was impacted by rigid daily routines such as snack and mealtimes. Opportunities for children to engage in physical play and to support their creativity and choices through their play experiences were also constrained as staff closed the door to outside at points during the day. The lack of a consistent free flowing indoors/outdoors play experience meant children could not engage in play experiences they chose, such as football and gymnastics which resulted in frustration and boredom for some children.

Many children told us they did not feel the experiences or resources provided in the service were either interesting or inviting. Experiences and spaces within the service lacked inspiration and were not personalised or sufficiently challenging to support different stages of development. Staff were unclear on the age range of children attending, which resulted in a lack of planning to invite, engage or support different age ranges into play. For example, there was a lack of opportunities for younger children to engage in rich and stimulating experiences relevant to them, such as sand and water play, or different types of construction and sensory play. Older children told us they were often annoyed due to a lack of resources to interest them, and that footballs, for example, were flat which meant their game was frustrating. Some told us they had tried to engage in their favourite experiences indoors when they couldn't go outside, such as gymnastics, but that they did not have resources for this and this too had been restricted. **We have addressed this in requirement 1.**

Leaders should ensure that staff have opportunities to engage in reflective practice around current child development theory and reflect on up-to-date guidance, such as The Playwork Principles (Play Scotland/ Play Wales, 2015). For younger children and those in early primary school, we signposted the service to the best practice document Realising the ambition: Being me (Education Scotland 2020). Conversations with children often lacked structure and missed opportunities to engage in children with their interests. Whilst some staff demonstrated some skills and did adapt their styles to different children, most did not respond or recognise opportunities to engage in play or in fun development opportunities. They remained at adult height for example and walked around in a supervisory capacity. Staff must enhance their understanding and respond to the differing communication needs of children, especially those who may be pre-verbal,

distressed, or are learning English as an additional language. There was no impactful use of children's feedback, or their interests or achievements, verbal or otherwise to enable staff to respond and plan appropriately to meet children's individual needs, including any additional support need where required. To promote staff's ability to support children to reach their potential, the provider must audit staff skills and knowledge to enable them to implement appropriate training to address these gaps. **As a result, this formed part of the improvement notice issued on 31 July 2024.**

## Requirements

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).

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).

## How good is our setting?

## 1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we assessed this key question as unsatisfactory. We issued an Improvement Notice on Friday 26 July 2024, as urgent improvement was required to ensure children's safety and wellbeing was being prioritised.

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

We were very concerned about aspects of safety within the environment and the approach to risk assessments both within the setting and for trips out into the community. Some risk assessments had been developed to identify potential risks, but these were not effective in reducing them. Children were put at risk as newer staff demonstrated a lack of confidence in carrying out risk assessments in the playground and an inspector had to intervene to support them. For example, after having completed a risk assessment in the morning, we found that a gate had been left unsecured in the playground.

Children were also at risk of harm by staff who did not check the identity of people collecting children. This was also raised as a significant concern by families, where they expressed concerns that often their child had been handed over to them without any checks that they were authorised to do so (**see area for improvement 1**).

The arrangements for monitoring, maintenance and repair had not fully supported staff to identify potential risks. For example, the cleaning cupboard was left open in the toilets which contained potentially hazardous materials, putting children at serious risk of harm. The garden area in the playground was full of overgrown weeds and nettles which posed a potential risk to children's health and wellbeing. Staff were also not deployed within this area and so could not effectively supervise play (**see requirement 1**).

Staff were not clear on the risk assessments to promote safety on trips outside of the setting and at several points during the session there was confusion around the numbers of children present. Whilst some staff worked hard to protect children and keep them safe, some did not demonstrate understanding around road safety, putting children at risk. We issued a serious concern letter with specific actions to be undertaken immediately to ensure the wellbeing and safety of children in the service on trips. We followed this up immediately after the inspection, where specific requirements made to support staff to keep children safe were not met. Leaders had not taken all the necessary steps to uphold the rights of children to be safe and protected from harm. **As a result, this formed part of the improvement notice issued on 31 July 2024.**

The setting itself needed improvement to create warmth and be more welcoming for children. There were limited homely touches and decoration to invite children into play. Spaces lacked stimulating play resources which may inspire or spark the interest of children of different ages, and there was a lack of opportunity for children to explore, problem solve or invite intrigue. Resources were tired and unkempt. For example, many books were old and ripped and had their front covers torn off. Spaces across the day became untidy and, at times, posed a risk to children of slips and falls. For example, the home corner became inaccessible due to clothes and cushions all over the floor. Art resources were not replenished throughout the day which resulted in it becoming uninviting, and resources were not easily accessible to younger children. They approached inspectors to ask for resources out of their reach, or those they could not open by themselves. The environment must be developed to give children a stronger message that they matter. It should enable children to make choices, be empowered to use and develop their own skills and be independent in order to encourage individual creativity in play (**see requirement 2**).

## Requirements

1. 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).

2. 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).

### Areas 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)

## How good is our leadership?

1 - Unsatisfactory

Due to our evaluations in previous quality themes and significant concerns about the service delivery, we have assessed this key question as unsatisfactory. We issued an Improvement Notice on Friday 26 July 2024, as urgent improvement was required to ensure children's safety and wellbeing was being prioritised.

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

We had significant concerns about the oversight of the service and the lack of clear lines of accountability and responsibility. Staff's ability to reflect on and make improvements to children's care and support was hindered by the lack of a clear, shared purpose, vision or values. The poor culture across the service was having an impact on the wellbeing of staff and their ability to provide high quality outcomes for children. Some reported significant impact on their wellbeing as a result of tensions within the workforce that had not been effectively addressed; and staff were following policies in place to enforce punitive practice put in place by leaders. There had been an ongoing high turnover of staff resulting in a lack of consistency and continuity in children's care and support needs. This had led to poor and potentially harmful outcomes for children. **As a result, this formed part of the improvement notice issued on 31 July 2024.**

There was a lack of meaningful involvement of families around priorities for improvement. While some families reported they had been asked for some feedback, many asked for improvements in communication between themselves and the service. One told us, "Communication to parents ... has been incredibly sporadic. Some months I get a statement of accounts, most months I do not. Some months we get a "monthly" newsletter, most months we don't. Sometimes I hear of events or changes via word of mouth from other parents rather than from the service itself ... the service is very poorly run. There are a few excellent staff (unfortunately some no longer work at the club) and some who I just don't have confidence in." Another told us, "We have never been asked anything. Everything should change there. I am very frustrated."

The culture developed had resulted in some staff and families who either did not have confidence in leaders to make changes, or in them feeling unable to highlight gaps or make improvements. One family told us, "Any surveys given are not anonymous so I have never felt I can give constructive feedback." Another said, "As I don't know many of the staff (there was a recent change in almost all staff) I don't feel confident to ask." Others told us there was "no engagement from staff" and "I think the service can, and should, improve in several areas ... I wouldn't recommend this service to friends looking for childcare." Children told us they lacked trust in some staff in the service as when they had previously asked for support, resources or when they were upset, this had not been provided (**see area for improvement 1**).

We acknowledge that there have been recent changes to the board to work towards addressing the capacity to drive and sustain improvement moving forward. Changes were already being undertaken in relation to the complaints procedure. Leaders must now ensure this is clearly communicated to all families and staff moving forwards, and that any policies such as complaints and whistleblowing, for example, are updated to reflect up-to-date guidance.

Action plans had not resulted in improvement to children's outcomes. Leaders had failed to address and identify gaps in staff skills and knowledge, or training needs required to provide high quality outcomes for children and in the provision of nurturing care and support. We were particularly concerned about the lack of effective checks around areas which heightened risks to children's health, safety or wellbeing as documented in this report. For example, health and medication needs, risk assessments and staff deployment, outdated policies and procedures with regards to children's behaviours and communication, and practice around security and safety (**see area for improvement 2**).

Quality assurance of practice must be addressed. Leaders should identify support needs in staff to further develop their skills and knowledge to provide high quality outcomes for children. Leaders must ensure that any continuous professional learning is underpinned by and takes into account the codes of practice for childcare workers, the principles of the UNCRC (United Nations Convention on the Rights of Children, 1989) and the Health and Social Care Standards (Scottish Government, 2017). Leaders must provide opportunities for staff to suitably reflect on their practice and give useful feedback in order to identify any learning needs of staff. **This formed part of the improvement notice issued on 31 July 2024.**

## Areas for improvement

1. 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).

2. 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).

## How good is our staff team?

## 1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question. We issued an Improvement Notice on Friday 26 July 2024, as urgent improvement was required to ensure children's safety and wellbeing was being prioritised.

### Quality indicator 4.3: Staff deployment

The approach to staff deployment was led by organisational needs rather than responsive to the continuity of care for children. For example, at busier times of the day such as snack and mealtimes the door to outdoors was closed which restricted children's choice of where and when to eat or play. Children became distressed due to inflexible routines where there was insufficient staffing to support changes to plans, such as staff absences, the planning for trips, or to support transitions around mealtimes. Some children became frustrated when they were not allowed to leave the lunch hall when they had finished, or when they could not go outside to play. When we asked why they could not go outside, or leave the room, they told us, "It's because there isn't enough staff." Many staff members told us that they only felt there were enough staff to meet children's needs sometimes. Families told us, "I only see [staff] for a few minutes at drop off or collection and it's often different staff members, so I don't really know them. Some of them don't know who my child is."

Gaps in specific skills or knowledge needed to keep children safe and healthy resulted in some children not getting the support they needed. For example, some children did not get nutritional support they needed at lunch time due to covering staff being placed beside them without this information being shared with them. During trips, children were put at risk of harm due to a lack of preparation and effective deployment of the right members of staff. Deployment outdoors needed to be fully considered to ensure there were no areas which were unsupervised, such as the garden area where staff could not see children. One family told

us, "I would say there are sufficient staff in terms of numbers and ratios, but not always the right mix of staff skills to meet all children's needs." **As a result, this formed part of the improvement notice issued on 31 July 2024.**

Continuity across the day was widely variable, and did not allow for the mentoring, role modelling or support of newer or unqualified staff. Training and development opportunities had not improved outcomes for children due to a lack of opportunity to reflect on learning. Induction processes were insufficient to take account of new, unqualified staff and their ongoing learning and development. We were told by staff that support was inconsistent, with some staff receiving some form of induction and others who did not. Leaders told us they were currently evaluating their induction procedures. They should ensure that this is not limited to a one-off event, or overly focus on policies and procedures and ensure there is more consideration of how to support and develop the care, play and learning needs of children. Currently, staff told us they were often unclear of what was expected of them, with no mentoring arrangements to support staff to better understand their role. One told us, "No one knows what's going on." As a direct result of this, along with feeling a lack of support impacting on their wellbeing, one newer member of staff resigned from their role on the day of inspection after a few weeks in the service. To ensure children's needs are consistently provided for, more experienced staff should be deployed and empowered to enable the mentoring and support of newer, less experienced, or covering staff. Leaders should draw on the skills of some of these staff to offer positive role modelling to others (**see requirement 1**).

## Requirements

1. 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).

## 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 provider should ensure that there are cleaning systems in place and clear instructions for all staff, appropriate to their role, which will ensure the toilets used by the club are cleaned to an appropriate level. This is to ensure there are procedures in place to help minimise the spread of infection. 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 2 October 2017.**

#### Action taken since then

The service had implemented a task list for cleaning checks and staff were clear on their roles regarding this. We observed trips to the toilets with children, and staff were aware who had responsibility for checks. Toilets were clean and children were encouraged to wash their hands at various points across the day which helped to reduce potential for infection.

**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?	1 - Unsatisfactory
1.1 Nurturing care and support	1 - Unsatisfactory
1.3 Play and learning	1 - Unsatisfactory
How good is our setting?	1 - Unsatisfactory
2.2 Children experience high quality facilities	1 - Unsatisfactory
How good is our leadership?	1 - Unsatisfactory
3.1 Quality assurance and improvement are led well	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory
4.3 Staff deployment	1 - Unsatisfactory

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