

# GillzlittleGemz Childcare Day Care of Children

West Dunbartonshire Council Social Work  
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**Type of inspection:**  
Unannounced

**Completed on:**  
28 January 2025

**Service provided by:**  
GillzlittleGemz Childcare Partnership

**Service provider number:**  
SP2015012473

**Service no:**  
CS2023000002

## About the service

GillzlittleGemz Childcare is registered to provide a day care of children service to a maximum of 74 children at any one time of whom;

- no more than 16 are aged 3 years to an age to attend primary school
- no more than 56 are of an age to attend primary school.

The service is based within single-storey accommodation comprising of six playrooms, a cloakroom, toilet and office facilities. There are two adjoining outdoor play areas, which were closed for refurbishment at the time of inspection.

The service is located in Alexandria in West Dunbartonshire and can be accessed on foot, by car or public transport. There are several parks and local primary schools within walking distance.

## About the inspection

This was an unannounced inspection which took place on Tuesday 15 October 2024 followed by two short notice announced inspection visits on Wednesday 22 January 2025 and Monday 27 January 2025. This was the first inspection of the service. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 15 people using the service and eight of their families
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Children felt confident, safe and secure in the setting. They were settled and comfortable in their relationships with staff and each other. The children we spoke did not tell us about anything they didn't like or would like to be improved, which demonstrated how happy they were with the quality of the service provided.
- Since relocation to the new premises there had been a large investment in improving the environment for children and there were plans in place to continue with this e.g. replacing floor coverings, upgrading the remaining toilets.
- The manager had a clear vision for the service and was committed to continuous improvement and should now take forward areas for improvement identified at this inspection, specifically around risk assessment and lone working arrangements.
- Staff worked well together and had developed positive relationships with 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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

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

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality indicator 1.1: Nurturing care and support

Staff were focused on supporting children's emotional wellbeing. Children felt confident, safe and secure in the setting. They were settled and comfortable in their relationships with staff and each other. Staff were warm and caring in their interactions and demonstrated interest in children's lives outside the service. Some families told us they had good relationships with staff and commented: "I feel it's a good relationship, they know my kids and respond to their needs."

Several families told us they did not know staff well. One family member commented: "I don't really have a relationship with staff. I don't know their names and I have not heard them say mine." Having discussed arrangements for drop off and collection with the manager, we found that most parents waited at the door to collect their children. We discussed the many benefits of enabling parents to come in to the service to collect their children and the manager agreed to consider this.

Each child had a personal plan which was completed in collaboration with children, and in some instances their families. The plan format for children under five years had recently been revised to contain more relevant information. Personal plans allowed staff to tailor care and activities to suit children's individual needs and interests. Families told us that they were not fully involved in developing and reviewing their children's personal plans. While there was a process in place to review these plans, we found that it had not been consistently applied. We highlighted the need to ensure that these plans were reviewed at least once in every six months to ensure that staff always had the most relevant and current information about the children in their care.

Children had access to healthy snacks and drinks during their time at the setting. Most families agreed that their child could choose from a healthy range of snacks and meals that reflected their individual cultural and dietary needs. Comments included: "There are always plenty of snack options available for the children and even with my child being very fussy with food, there is always something available that my child will eat."

Children aged under five years ate snack together while staff read a story. They enjoyed their snack and ate well. To make their snack routine more sociable, staff needed to sit with children to supervise and facilitate chatting and discussion. Children did not have individual plates for their snack, and while they were encouraged to serve themselves promoting independence, where possible using tongs or other serving implements would have prevented potential opportunities for the spread of infection. Staff should sit with children to facilitate chatting.

Some of the older children participated in snack preparation. They worked well together with a member of staff to prepare snack for all of the children. Children were able to select from a variety of choices. They ate well and displayed good table manners. Children could select their own food and clear plates but would benefit from more opportunity to self-serve, for example drinks and cereal. Children told me they enjoyed the snacks offered and always had plenty to eat. Arrangements for snack were calm and sociable.

To support emotional wellbeing, older children had access to quiet areas to relax and recharge. The youngest children would benefit from a soft, cosy area in their playroom to allow them to rest and have quiet time. Similar areas could be developed in the outdoor areas when they are refurbished.

We could see that children had a clear sense of belonging within the setting. They were keen to show us around the facilities discussing the purpose of each playroom. They had a keen sense of pride in their setting.

Staff were confident in their responsibilities to protect children from harm, bullying and abuse. Annual training was carried out inhouse. However, the manager had identified a need for some in-person training and this had been organised with the NSPCC (National Society for the Prevention of Cruelty to Children).

At the time of our visit, no children required medication to be administered by staff. Procedures were in place but these needed to be revised to take account of "as required" medication. There were insufficient arrangements in place to document signs and symptoms where children had asthma or an identified allergy. We advised the service manager that best practice guidance on the administration and storage of medication had recently been revised and this needed to be taken into account to review and adapt the current procedures in place within the setting (see area for improvement 1).

### **Quality indicator 1.3: Play and learning**

Children told us they could make suggestions about what they would like to do and what resources they needed. None of the children we spoke with could tell us anything they didn't like or would like to be improved, which demonstrated how happy they were with the quality of the service provided.

Staff had completed relevant childcare qualifications or were working towards completion of these which gave them an understanding of child development, play theory and practice. Staff working with the youngest children were refreshing their knowledge of national guidance documents including Curriculum for Excellence and Realising the Ambition.

Children enjoyed many opportunities for outings within the local and extended community. Families agreed that there was a varied programme in place with one parent commenting: "My child has been involved in outdoor play, trips during school holidays and lots of indoor activities that are non-repetitive." Staff had developed intergenerational links with a local care home and children had enjoyed carol singing for the residents at Christmas. Staff were keen to develop these links.

The youngest children were comfortable and free to explore the resources in their playroom. During our visit, they enjoyed story time and painting ice castles. Staff agreed that activities and resources were adult led and we suggested that moving forward children could have more opportunities to lead their own play with staff providing provocations to promote creativity, inquiry and curiosity. We discussed improving the arts selection to support children to be more creative. For example, using less colouring sheets and templates.

Staff met with the older children monthly to talk about what activities they would like to do in the next month. Staff then planned and resourced these activities to correspond with children's attendance patterns to ensure they could experience the activities they had suggested. Children told us they could make choices and enjoyed the toys and resources available. They told us they enjoyed meeting and playing with their friends at the setting.

Junior children enjoyed free play, STEM (science, technology, engineering and mathematics) and making models with playdough and modelling clay. Children talked to us about the planets and the solar system and showed us the planets they had created. Other children played in groups with the toys, made jewellery with loom bands, created artwork and were setting up their own post office. Children were very engaged throughout our visit. They were kind and keen to help each other. For example, teaching their peers how to making loom band jewellery.

Senior children were enjoying activities around Lunar New Year and were learning about the Year of the Snake. They had created a large snake poster and learned some Chinese words to decorate this. Others took turns to play with the games console or spent time in the STEM room making Lego models and chatting sociably.

Children told us how much they enjoyed coming to the setting. They enjoyed playing with their friends and discussed their positive relationships with staff and each other.

We could see from the attractive wall displays that children had been learning about recycling, children's rights and their story of the week.

Families agreed that their children's development was supported through interesting and fun play experiences and commented on the activities: "All aspect of play, too many to list. For example, STEM, Nature/Environment, History (museum visits) etc", "Science experiments, challenges" and "The activities are amazing and my child is always so engaged in them all and likes to tell me about them."

Staff used the Family App to capture observations about children's experiences and share these with families. For the youngest children, observations could have more of a focus on learning and development going forward. Families told us they enjoyed seeing these but felt that communication could be more regular. A parent told us: "More communication around what my child has been doing during session, pictures etc."

Interactions between staff and children were very positive. We could see children and staff had developed very positive relationships. Staff actively joined in the activities and had fun with the children.

At the time of our visit, the outdoor area was closed for refurbishment, therefore, children were missing opportunities for outdoor play and fresh air. There was a plan for these areas to be redeveloped.

## Areas for improvement

1. To support children's wellbeing and safety, the provider should ensure that the procedures for the administration of medication are reviewed to take account of best practice guidance.

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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

GillzlittleGemz Childcare moved to the current premises two years ago. We were able to see that there had already been a large investment in improving the environment for children and there were plans in place to continue with this including replacing floor coverings and upgrading the remaining toilets.

Overall, the setting was well-maintained and clean with enough space to meet children's needs to play indoors. A cleaner had recently been appointed and we could see that this had improved hygiene standards since our first visit. The accommodation was well-furnished and decorated to a satisfactory standard. Good quality furnishings and fittings were in place for children.

The layout of the playrooms supported children to play together in groups or to play alone if they chose. Children were involved in setting up, caring for and tidying resources in a way that was age appropriate.

Children were confident and secure in the setting and moved freely between playrooms. The manager was seeking a better approach to offering children free flow access to outdoors. Under normal circumstances, children were able to access two outdoor play areas. However, both were closed for refurbishment at the time of inspection.

There was a varied selection of play resources which were well-maintained. Resources were displayed at child height to encourage choice and self-section. Resources for the youngest children needed to be enhanced. Staff working with the youngest children needed to be supported to plan and layout the playroom more effectively to create a more enabling environment which would foster curiosity, imagination and creativity.

There were effective procedures in place to control and prevent the spread of infection within the service to protect staff and children but some improvement in how these were applied was needed. Children and staff demonstrated good hand washing practices and children were learning how this helped to protect them from germs. Children highlighted the handwashing visuals to us which reinforced this. Some of the pedal bins within the setting needed to be replaced to ensure children could open them without using their hands which created a small infection risk.

To keep children safe, risk assessments were in place and had been reviewed. However, we found that these risk assessments needed to be developed to be less generic and more specifically address the individual risks and control measures identified. Individual risk assessments needed to be developed for each playroom within the setting, for each school pick up and outings. Risks needed to be clearly outlined with the control measures specific to them easily identifiable. This task needed to be completed as a matter of urgency to ensure comprehensive risk assessments were in place and shared with staff to ensure they understood what was needed to keep children safe (see area for improvement 1).

### Areas for improvement

1. To ensure children are safe and protected from risk, the provider should develop a comprehensive risk assessment procedure in collaboration with staff which:

- a) takes account of best practice guidance
- b) identifies risks and control measures clearly
- c) takes account of lone working arrangements
- d) is reviewed regularly.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event (HSCS 4.14) and "My environment is secure and safe" (HSCS 5.19).

## How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

The manager had a clear vision for the service and was committed to continuous improvement. An improvement plan was in place which highlighted priorities and timescales for identified improvements. Self-evaluation was carried out using Scottish Out of School Care Network (SOSCN) guidance and identified what was working well and what could be developed and improved.

The manager was carrying out regular monitoring of quality within the setting, but had already recognised the need to ensure this was improved to capture and record actions identified and taken. We directed the manager to quality assurance resources on the Care Inspectorate Hub, which would assist with this process.

Staff met regularly to discuss the service and highlight where improvements were needed. Staff told us they felt valued and could make suggestions for improvement. Families were routinely invited to make suggestions and we could see that some of these were highlighted on a You Said We Did display which showed how their ideas had been taken forward. Most parents told us they felt involved in a meaningful way and commented on some of the ways they had been involved:

"Online surveys."

"Suggestions always welcome."

"Questionnaires."

"The manager regularly sends out feedback forms and keeps everyone up-to-date with newsletters etc."

"Parents' views and suggestions are taken into account."

"We can always give any ideas or things we would like to do or have at the club, the children are listened to about what they would like."

Children were consulted at monthly meetings and through informal daily chatting. We could see how their suggestions were implemented to make improvements.

Appropriate arrangements were in place to record details of any accidents and incidents occurring, and to pass this information on to families through the Family App. Some staff were trained in first aid to ensure they had the skills and confidence to react to any accidents or health issues arising. The manager was awaiting further training to allow regular monitoring of accidents and incidents to ensure hazards and patterns could be identified to keep children safe.

## How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.



Families and children were kept informed and introduced to any new staff in the team who may be caring for their children. Regular newsletters were issued which contained information on staff and any changes planned. Children were told about staff changes and during our visit they told us how much they would miss a member of staff who was leaving at the end of the week. It was encouraging to see children had been given time to process this information and make plans to say goodbye.

Adult to child interactions were very positive. Staff and children had developed good relationships and had fun together. Staff listened attentively to children and were interested in what they had to say.

Keyworking arrangements were in place to promote continuity of care across the day, ensure positive transitions for children and good communication with families. Staff managed transitions well across the day in a way that allowed children to feel secure and prepared for what was happening now and next. Staff knew children well and responded sensitively and respectfully to their needs. Families valued the relationships their children had with staff and commented: "Great communication both through the Family app and face-to-face during pick up times. All staff are extremely friendly and appear to know the children very well" and "Have a great relationship with all staff and they are all very welcoming and fantastic with my children, it's lovely watching their bonds grow."

Staff worked well together as a team and told us they valued the support they received from their colleagues and manager.

Staff had been recruited safely but we reminded the manager of the importance of accurate recording of all checks done.

We discussed the arrangements for lone working. School pick ups were, at times, carried out by one member of staff only. The manager was aware of the risks around this and informally assessed need before allowing lone working to go ahead. However, there was an urgent need to develop and apply formal written procedures around this to keep children and staff safe at all times. The hazards of lone working needed to be considered in depth and factored into the formal risk assessment process (see area for improvement 1).

## Areas for improvement

1. To ensure the safety of children and staff, the provider should develop and apply formal procedures on the arrangements for lone working including:

- a) assessing the hazards and risks involved
- b) identifying control measures
- c) ensuring staff are clear about their responsibilities and secure in their knowledge of steps to follow in the event of an unplanned incident
- d) regular review of lone working practices.

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) and "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14).

## 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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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