

Gingerbread - Lorne Day Care of Children

Lorne After School Club
Lorne Street Primary School
Lorne Street
Edinburgh
EH6 8QS

Telephone: 07825925849

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Gingerbread Edinburgh and Lothian
Project Limited

Service provider number:
SP2003002804

Service no:
CS2003011995

About the service

Gingerbread - Lorne is registered to provide a day care of children service to a maximum of 41 children of primary school age.

The service is delivered from Lorne Primary School, in the Leith area of Edinburgh. The service is located near shops and amenities and has good transport links. The service has the use of the school dining room, toilets and the gym hall. The service has direct access to a playground area.

About the inspection

This was an unannounced inspection which took place on Tuesday 10 June 2025 between 14:50 to 18:05 and Wednesday 11 June 2025 between 14:30 to 18:00. 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 written feedback from three 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 were supported by warm and friendly staff.
- Improvements had been made to personal planning approaches. This was beginning to support children to experience improved outcomes.
- Further work was needed to improve children's play and learning experiences.
- Children would benefit from more opportunities and spaces to rest and relax.
- Effective staff deployment supported children's safety.
- Staff worked well together, which created a friendly, welcoming atmosphere.
- To ensure children experience consistently positive outcomes, quality assurance processes and improvement planning needed further development.
- To improve outcomes for children, staff needed further learning and development opportunities to enhance their skills, knowledge and confidence in specific areas of children's care, play and learning.

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?	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?

3 - Adequate

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

Quality indicator 1.1: Nurturing care and support

Children were nurtured and supported through their daily routines. Staff took time to build connections with children, showing an interest in their day, family and friendships. This contributed to positive wellbeing and promoted meaningful attachments. There were a few missed opportunities to nurture some children's specific needs. This had the potential to confuse children and did not on these occasions create a sense of nurture. Staff should further consider their interactions with children to ensure they are consistently meaningful and nurturing.

Since the last inspection, mealtime experiences had improved. Children had access to water throughout the day and food choices were healthy and varied. Children's independence was promoted as they served their own food. Further work to involve children in the mealtime experiences could support greater participation. For example, children could be invited to help prepare the snack and set up the table. This would aid the development of life skills and support children to take ownership of the experience. Some staff sat with children aiding supervision and promoting conversations. The service should ensure staff consistently sit with children to model good practice and support the social aspects of mealtimes. This is to ensure children's wellbeing is fully supported.

Progress had been made in relation to developing personal planning approaches. A previous requirement had been met. Children's plans contained important information about their health and wellbeing needs. Plans were reviewed with parents, helping to ensure the information remained relevant and up to date. 'All about me' plans enabled children to share their interests and preferences with staff. Moving forward, the service needed to ensure all information was used effectively to support all children. For example, children's wishes in relation to play were not always well planned for. To support ongoing improvement and build on the progress made, we have set a new area for improvement to address the outstanding issues (see area for improvement 1).

Improvements had been made to the management of health care needs. Children's health and wellbeing was supported as medication was stored safely. Staff had most of the information they needed to support any health care need. For example, information included the reason for the medication and the signs and symptoms the child may display. This enabled staff to respond appropriately. To further enable safe care, the service needed to record the steps they should take if medication does not work. A requirement had been met; however, we have made a new area for improvement to address the outstanding issue (see area for improvement 2).

Children were safeguarded as the staff and manager had developed their understanding of child protection procedures. All staff, including the manager, had completed child protection training relevant to their role. This had increased their knowledge and confidence in relation to responding to, reporting and managing child protection concerns. Further work was needed to ensure records were consistent and reflected all aspects of children's wellbeing and protection. To support ongoing improvements and build on the progress made, we have set a new area for improvement to address the outstanding issues (see area for improvement 3).

Quality indicator 1.3: Play and learning

Children were confident and happy to attend and play in the service. They were able to make choices about their play and how to spend their time. Many children chose to play outdoors, enjoying their time with friends and staff. One parent shared, "My child loves joining in with the older children and spends the majority of their time outside." Outdoor play supported children's health and wellbeing.

Most staff responded to children's play and ideas with enthusiasm. This practice gave children the message that their play mattered. Some staff were skilled at asking questions to help children's curiosity. For example, making up quizzes together and helping children to problem solve. This approach was developing but not yet consistent. As a result, some staff missed opportunities to sensitively extend children's play experiences. For example, a child was showing an interest in experimenting with movement by sliding toys and shapes along the floor. However, staff stopped this play unnecessarily and there were not sufficient resources to offer an alternative possibility to suit this play type. Staff should continue to develop their understanding of how to promote and extend children's play through meaningful interactions. This is to ensure staff consistently promote, rather than limit children's play.

Since the last inspection, some improvements had been made to play experiences and resources. For example, there were more outdoor resources, with a few active games and water play available to children. Indoors, children enjoyed small world play, reading, sand play and using some craft materials to make creations. Staff supported children to develop new skills as they played board games and chess together. These experiences were fun and engaging. However, further work was needed to ensure play resources and experiences were sufficiently interesting and challenging for all children. Some areas were under resourced and uninspiring. This meant children did not use these areas well. Many resources were single purpose plastic items, which were at times not suitable for the age range and interests of the children. Some resources such as pencils, dolls, small world and construction needed replaced. Children would benefit from greater opportunities to explore loose parts play, which supports the development of natural curiosity. While some progress had been made, we have continued an area for improvement to reflect the further work needed (see area for improvement 2 in 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Planning for play and learning was developing but further work was needed to ensure children had stimulating, personalised play experiences that met their needs and interests. For example, staff needed to further consider children's interests and observations of play to plan experiences. Staff should consider what resources and materials children engage with and use this to plan and extend experiences. This is to ensure play opportunities are as positive as possible (see area for improvement 2 in 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Children's play and learning was supported well through the service's use of the local community. Children were involved in choosing trips and outings, which usually took place on Friday afternoons. These activities supported children's interests and promoted positive links with the local community. The approach to trips and outings could be further developed by involving children in the planning of these events. For example, children could research venues and experiences using technology. To ensure parents are satisfied with the provision of trips, the service should ensure they are meaningfully involved in decisions about outings.

Areas for improvement

1. To support children's care, play and learning needs, the provider should ensure children's personal plans are further developed to fully reflect their needs, wishes and interests. This should include, but not be limited to, recording how children's care, play and learning needs will be met in practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 secure children's safety and wellbeing, the provider should ensure medication and health care plans include a detailed stepped approach to managing the child's needs and condition. This would include, but not be limited to, ensuring the service records the steps staff must take should the condition worsen or if the medication is not effective.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS, 1.24).

3. To secure children's wellbeing, the service should develop the approach to recording significant information to ensure that there is a chronology of relevant events and communications.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

How good is our setting?

3 - Adequate

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

Quality indicator 2.2: Children experience high quality facilities

Children were cared for in a large dining hall, providing them with enough space to play. They had spaces to hang their belongings and knew what to expect when arriving at the service each day. The service had direct access to the playground, which promoted children's physical play. Staff were organised and swift in opening the space for play. This supported children's needs and helped to create a calm atmosphere.

Both, indoors and outdoors, further work was needed to ensure spaces were inviting and motivating for children. For example, children needed a greater range of resources and spaces to support their play experiences. A previous area for improvement had not been met. The provider should support the service to improve the quality and range of resources available to children (see area for improvement 2 in 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Overall, the environment was clean and well maintained. However, further work was needed to ensure the space was as homely and comfortable as possible. For example, a small rest area had been developed but overall, there had been limited progress to improve the spaces. As a result, children's comfort, rest and relaxation needs were not being effectively met (see area for improvement 3 in 'What the service has done to meet any areas for improvement we made at or since the last inspection').

The service was safe and secure. Staff were vigilant in supporting children's movements around the service. Transitions into the service were managed well. Procedures for checking children's attendance were clear and implemented effectively by staff. This practice helped to ensure children were accounted for. Staff used radios and headcounts throughout the session to communicate the number of children present. This promoted children's safety.

There was a clear system for reporting and actioning maintenance concerns. This supported children's safety. Staff were vigilant to maintenance issues arising. For example, they identified an unusable toilet at start of session and reported this to the school facilities team. This helped children to experience a safe and pleasant environment.

Risk assessments for areas of the service such as the dining hall and playground were clear and outlined the mitigation measures in place. For example, the outdoor boundary was secured and checked by staff, and staff used the video link to manage entries into the service. Staff implemented these measures well to support children safety.

Policies were in place to aid staff understanding of managing children's supervision and movements. However, further work was needed to outline the steps staff would take should a child go missing from the service or when out in the local community. Policies and procedures should be further developed to ensure if these events should occur, staff know what action to take, with minimal delay.

The service had developed risk assessments for recent outings risk assessments. However, some of the risk assessments for outings and trips were not robust and effective. For example, a risk assessment for local park did not effectively identify what steps staff would take to ensure the walk to the park was safe or how children would be supported to manage the equipment present in the space. Further work was needed to ensure all risk assessments identified any risks and clearly outlined appropriate mitigations. This is to ensure children and staff are as safe as possible during any planned outings (see area for improvement 1).

Areas for improvement

1. To ensure children's safety during trips and outings, the provider should ensure the service further develops the approach to risk assessing and managing risks related to these experiences. This would include but not be limited to, ensuring all outings are fully risk assessed and all risks are effectively recorded and planned for.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am helped to feel safe and secure in my local community' (HSCS, 3.25).

How good is our leadership?

3 - Adequate

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

Quality indicator 3.1: Quality assurance and improvement are led well

Overall, staff interactions with children and each other were kind and warm. While these interactions promoted a positive ethos, the service did not yet have a clear vision with well-developed values. This meant there was a missed opportunity to promote a shared understanding of the expectations for the service.

Parents were invited into the service giving them opportunities to talk with staff and see their children at play. This created a welcoming environment. Children and parent's views were sought through informal discussions and staff acted upon some of their feedback and requests. For example, children made suggestions for outings and staff planned these. However, some children were frustrated as they did not always feel their views were taken forward. For example, some children spoke about requesting additional craft materials, but staff were unable to provide these due to limitations with resources. The provider should ensure staff are able to act on children and parent's wishes in a timely and meaningful way. Moving forward the service should develop the approach to engaging with children and families to enable them to further influence the service and to help inform improvements. This is to ensure the service consistently reflects their needs and wishes.

Some progress had been made in relation to developing a targeted improvement plan. This helped the service to meet the requirements set at previous inspections. However, the plan needed further development to ensure it captured significant areas of improvement. The plan was not yet a working document, meaning there were limited opportunities for staff to engage with and reflect on the plan as a team. The provider should ensure all staff, including the manager, are supported to review and reflect on the improvement plan, their practice and the development needs of the service. Moving forward the use of improvement planning should be developed and embedded to ensure the service continually progresses at an appropriate pace (see area for improvement 4 in 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Some quality assurance processes were supporting some improvements to be made. For example, the manager and staff team had improved the approach to gathering and reviewing personal planning information. Within the environment, staff used health and safety checks consistently to support their practice. This led to children experiencing a safe, well maintained environment. The manager and staff team had used previous inspection feedback to develop areas of the service and practice, which was leading to some positive changes. Moving forward, the provider should support the service to further develop and embed quality assurance processes so that children experience consistently positive outcomes. For example, the service should begin to use best practice guidance to develop and benchmark the quality of children's experiences and staff practice. A previous requirement in relation to aspects of quality assurance has been met. We have made an area for improvement to address the outstanding aspects (see area for improvement 1).

The manager was beginning to log accidents and incidents, which gave an overview for the staff and manager to consider. However, the service was not yet effectively auditing and reflecting on accidents and incidents to aid improvement planning. For example, they were not yet identifying patterns and taking steps to address these. This meant there was potential for accidents and incidents to reoccur or for children's care needs to be missed due to a lack of reflection. To support improvements and secure children's wellbeing, the provider should support the service to develop effective approaches for auditing and reflecting on accidents and incidents (see area for improvement 1).

Areas for improvement

1. The provider should develop and embed quality assurance processes to ensure they are robust and effective in order to drive forward improvement. This would include but not be limited to;

- developing processes to monitor and improve the quality of children's care, play and learning experiences,
- developing processes to monitor and enhance staff practice,

- developing processes to audit and reflect on accidents and incidents in the service,
- developing the service's use of good practice guidance to monitor and benchmark the quality of the service.

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

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 4.3: Staff deployment

A core team of caring staff provided children with familiarity and continuity in their care. When asked what the most positive aspects of the service were, one parent said, "(their child's) caring and considerate key worker." Staff helped to create a welcoming and supportive environment for children. The number of staff present met the safety and supervision needs of children. However, one parent did provide the following feedback via our online survey, "We have witnessed times where one or two members of staff have 15 plus children in their care". We shared this with the manager to support them to reflect on deployment of staff over time.

Staff worked well together to support children's safety and supervision needs. Staff were clear on their roles and duties. This helped to support the routines of the day and ensured staff were deployed appropriately. Staff were responsive to children's changing needs. For example, while playing games with children staff remained alert to the needs of other children in the space. This helped to create a calm atmosphere.

Overall, the number of staff and the mix of skills across the day supported most children's health and wellbeing needs to be met. For example, staff were available to help children settle into the session and supported their transitions around the service. To further staff skills they attended core training on areas such as child protection and first aid. This helped all staff gain basic skills and knowledge on how to keep children safe. However, there were some gaps in staff skills and practice, particularly around supporting children who may require additional support and with children's play needs. Staff would benefit from engagement in a greater range of learning and development opportunities related to their role. This could enhance the support provided to children and further improve their experiences at the service. For example, training on children's wellbeing and development could support staff to enhance the range of support strategies they use. A previous area for improvement has been amended to reflect the current needs of the service (see area for improvement 1).

Safer recruitment procedures were followed. Suitable checks and references were in place prior to staff starting work. References provided clarity on who was providing the reference, their position and their relationship to the person being employed. This helped to safeguard children.

The approach to staff inductions was developing. Within the service, checklists were used to help staff to become familiar with the service's procedures and the routines of the day. Positive working relationships within the service helped staff to develop their experience and knowledge over time. However, there were some gaps in the organisation's approach to induction. For example, some staff had been in post for some time before they were informed about key policies such as the service's conduct policy and the procedure for registering with a professional regulatory body such as the Scottish Social Services Council (SSSC). This delay had the potential to impact on newer staff member's understanding of their roles and key areas of practice. The provider should ensure induction processes are further developed and strengthened. This is to ensure there is a consistent approach, which helps staff to be fully supported when they start their new role.

Areas for improvement

1. To promote positive outcomes for children, the provider should ensure staff are supported to develop the skills and knowledge needed to effectively and sensitively meet the needs of all children. This would include but not be limited to, supporting staff to develop their skills, knowledge and confidence when working with children who require additional support and supporting staff to develop their understanding of play, play types and the promotion of children's play.

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

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

Requirements

Requirement 1

By 10 March 2025, the provider must ensure the staff and manager develop their understanding of child protection procedures and enhance their knowledge in supporting children's wellbeing.

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

- a) ensure the manager and all staff undertake effective child protection training, as well as regular refresher updates
- b) record significant incidents in a structured chronology so that any pattern of information is clear and can be used to support the child
- c) share information when necessary with other agencies to ensure effective safeguarding around the child
- d) support the manager and staff to develop their understanding and skills in relation to trauma informed practice.

This is to comply with Regulation 4(1)(a) and (b) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This requirement was made on 17 December 2024.

Action taken on previous requirement

Improvements had been made to the staff and management team's understanding of child protection procedures. As a result, this requirement had been met.

All staff, including the manager, had undertaken child protection training suitable to their role. This had increased their knowledge and confidence in relation to responding to, reporting and managing child protection concerns. The manager and staff had reflected on interactions with children and discussed scenarios. This enabled them to consider their approach to and understanding of their roles in relation to child protection.

Positive partnership working had been developed with other professionals. This supported the service's approach to safeguarding children.

Chronologies were developing but further work was needed to ensure all events and communications were effectively recorded. We have made an area for improvement to support ongoing improvements (see area for improvement 3 in 'Key question: How good is our care, play and learning?').

Specific training in relation to trauma informed practice had not been undertaken. However, the manager and staff showed greater understanding and sensitivity to children's experiences and needs. As a result, children's wellbeing was better supported.

Met - within timescales

Requirement 2

By 31 January 2024, the provider must ensure that each child has an effective and complete personal plan which is reflective of their interests, needs, wishes and any strategies to support them. This will ensure there is a collaborative approach between the provider and families and that staff plan and understand children's care based on up to date and reliable information.

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

- a) have a full plan for each child which identifies their wishes, preferences and any needs are clearly documented
- b) ensure children who require additional support have clear strategies that are monitored, reviewed and adapted as required
- c) ensure these are reviewed with families and the child in line with legislation timescales
- d) ensure language used, and questions asked, support a values and strengths based approach to supporting any additional needs.

This is to comply with Regulation 5 (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My personal plan (sometimes referred to as my 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 have agreed an extension until 17 March 2025.

This requirement was made on 30 November 2023.

Action taken on previous requirement

Progress had been made in relation to developing personal planning approaches. The manager and staff had worked hard to develop the approach to personal plans. As a result, this requirement had been met.

All children had contact information recorded, which included key personal details, health information and consents. This was reviewed by parents, which helped to ensure it was up to date. 'All about me' information had been gathered from children. This helped to identify their interests and wishes. Moving forward, the service needed to ensure this information was consistently used to effectively support all children. For some children, the information gathered was still too limited to fully support their care, play and learning needs. For example, children's wishes in relation to play were not always well planned for.

Specific support plans were developing for some children who required additional support. These plans outlined the strategies of support children needed. Most staff were implementing the strategies in practice. This helped some children to receive care and support tailored to their individual needs and preferences.

The language used in personal plans was child centred and overall, focused on what the service needed to do to support children's wellbeing. Staff were kind and supportive of children, which was reflected in some of the strategies outlined in individual plans.

To build on the progress made and support ongoing improvement, we have made a new area for improvement to address the outstanding issues (see area for improvement 1, in 'Key question 1: How good is our care, play and learning?').

Met - within timescales

Requirement 3

By 01 December 2023, the provider must ensure that children's health, welfare and safety needs are met. Sufficient information must be gathered and recorded about all children's allergy and asthma needs. This will ensure staff plan and understand children's care based on up to date and reliable information.

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

- a) have a plan for each child detailing identified allergy and asthma needs, and how staff should support each child in a stepped approach
- b) ensure the detailed plan is stored with the medication for accessibility
- c) ensure the plan reflects medical instructions from the child's GP
- d) obtain a full and accurate medical history for these children from their parents, using translation services if required.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) 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 have agreed an extension until 14 February 2025.

This requirement was made on 30 November 2023.

Action taken on previous requirement

Sufficient information about children's allergy and asthma needs was gathered and recorded. As a result, this requirement has been met.

Both medicated and non medicated health care needs were planned for. Staff were knowledgeable about the needs of children attending the service and any related medication.

Medication was stored safely, with a plan in place that reflected the care needed. Overall, these plans detailed the steps the service should take to manage the health care need. This included the reason for the medication and the signs and symptoms the child may display. This enabled staff to respond appropriately.

While significant improvements had been made, to further enable safe care, the service needed to add the steps they would take should a medication be ineffective. This is to ensure all events or outcomes are effectively planned for. Following the inspection, the manager took some action to address this issue. We have made an area for improvement to address the outstanding issue (see area for improvement 2 in 'Key Question: How good is our care, play and learning?').

Met - within timescales

Requirement 4

By 29 February 2024, the provider must ensure the health, wellbeing and safety of children at all times through having a well-led service.

To achieve this, the provider must at a minimum:

- a) have an overview of the provision through effective quality assurance processes and self-evaluation and use these to improve specifically but not limited to monitoring personal plans and medication needs and staff knowledge of them.
- b) use a range of best practice guidance for benchmarking the service against and inspiration for improvement and make this into a manageable improvement plan.
- c) provide appropriate challenge and support for staff to use personal plan information, their professional knowledge and best practice guidance to enhance outcomes for children.
- d) ensure medication records are reviewed at a minimum every three months, checking for expiry dates and reflecting any updates of symptoms and stepped approaches.
- e) ensure robust systems are in place to document and audit any accidents and incidents within the setting.

This is to comply with Regulation 4. 1(a) (Welfare of service users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social care Standards (HSCS) which state: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement had not been met and we have agreed an extension until 28 March 2025.

This requirement was made on 30 November 2023.

Action taken on previous requirement

Overall, the service had made improvements in relation to the health, wellbeing and safety of children. There was evidence that improvement had been made to the way the service was led. As a result, this requirement had been met.

The manager and staff team had made a positive start in implementing some quality assurances processes, which were supporting children's health, safety and wellbeing. There was some overview of the service from senior staff when covering for the manager. However, further work was needed to ensure the provider had a good overview of all aspects of the service. Moving forward, quality assurances processes should be further developed and embedded to ensure outcomes for children and families are as positive as possible.

The manager and staff team had used previous inspection feedback and guidance to make some improvements. Moving forward further work was needed to ensure good practice guidance was used consistently to inform and evaluate improvement planning.

The manager was supporting staff to consider children's personal plans, and actively encouraged staff to discuss children's needs. Staff discussed children's personal plans, which was helping to shape improvements in children's care.

The manager had developed the approach to reviewing medication and health care records. As a result, improvements had been made to the management of children's health care needs.

The manager was beginning to log accidents and incidents, which gave an overview for the staff and manager to consider. However, the service was not yet effectively auditing and reflecting on accidents and incidents to aid improvement planning. For example, they were not yet identifying patterns and taking steps to address these. This meant there was potential for accidents and incidents to reoccur or for children's care needs to be missed due to a lack of reflection. To support improvements and secure children's wellbeing, the provider should support the service to develop effective approaches for auditing and reflecting on accidents and incidents.

This requirement has been met. However, to address the outstanding issues, we have made areas for improvement within the relevant key questions of this report, (see area for improvement 1 and 2 in, 'Key Question: How good is our care, play and learning?'; area for improvement 1 in, 'Key Question: How good is our leadership?' and area for improvement 4 in, 'What the service has done to meet any areas for improvement we made at or since the last inspection').

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

To support children's health, wellbeing and learning opportunities, mealtime experiences should be improved. The service should ensure that drinking water is always available for children throughout the session and that staff effectively supervise mealtimes. This would ensure children are kept safe, infection prevention and control measures were being adhered to, and also provide achievement in life skills and close bonding with staff.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21).

This area for improvement was made on 30 November 2023.

Action taken since then

Improvements had been made to the mealtime experiences.

Drinking water was available throughout the session. Food was varied and healthy. Staff set out food attractively to encourage children to try the items on offer.

Overall, children were supervised and most of the time staff sat with them creating a social experience. Staff practice aided children's safety and helped to ensure effective supervision and handwashing.

Children enjoyed selecting their own food and clearing away their plates. There were opportunities to further develop children's involvement in mealtime experiences. For example, they could be more involved in the preparation of snacks.

Through quality assurance processes the service should continue to monitor mealtimes to ensure improvements are consistent and maintained.

This area for improvement had been met.

Previous area for improvement 2

To support children to reach their full potential, the service should provide children with stimulating experiences and ensure consistency around the provision of resources that link to their interests. They should ensure that children are consulted in planning to support individualised play and learning spaces, experiences and interactions.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

This area for improvement was made on 30 November 2023.

Action taken since then

Further work was needed to ensure the service gave children consistently stimulating experiences. At times, experiences and resources did not reflect the needs and interests of children. As a result, there remained missed opportunities to support children to reach their full potential at the service.

Overall, the range and quality of resources and materials still needed to improve. Some areas were under resourced and uninspiring. This meant children did not use these areas well. Many resources were single purpose plastic items, which were at times not suitable for the age range and interests of the children. Some resources such as pencils, dolls, small world and construction needed replaced.

Further work was needed to ensure children were meaningfully involved in planning for play and learning. Staff needed to consider children's interests, ideas and feedback and use these to plan and extend play and learning opportunities.

While some improvements had been made, this area for improvement had not been met.

Previous area for improvement 3

To enable children to feel comfortable, relaxed and valued, a homely, well-furnished and maintained environment, with areas to rest if needed, should be provided and sustained.

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

This area for improvement was made on 30 November 2023.

Action taken since then

Limited progress had been made in relation to ensuring children had a comfortable and homely environment. Opportunities for rest and relaxation were limited. Further spaces, furnishings and materials were needed to ensure children were as comfortable as possible.

This area for improvement had not been met.

Previous area for improvement 4

To support the service to make targeted, embedded improvements the provider should ensure the service develops and implements a clear improvement plan that addresses the needs of the service.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 17 December 2024.

Action taken since then

Some progress had been made in relation to developing a targeted improvement plan. However, the plan needed further development to ensure it captured significant areas of improvement. The provider should ensure all staff, including the manager, are supported to review and reflect on the improvement plan, their practice and the development needs of the service. Moving forward the use of improvement planning should be developed and embedded to ensure the service continually progresses at an appropriate pace.

This area for improvement had not been met.

Previous area for improvement 5

To promote positive outcomes for children, the management team should ensure that staff are effectively deployed at all times. They should ensure there is a mix of staff skills and knowledge which would enable newer staff members to be mentored and supported to develop their skills and confidence.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support is consistent and stable because people work together well.' (HSCS 3.19).

This area for improvement was made on 30 November 2023.

Action taken since then

Overall, the number of staff across the day supported improved deployment. Staff were responsive to children's changing needs. Supervision was effective in maintaining children's safety. As a result, outcomes for children had improved.

The approach to induction within the service was supportive. Staff worked well together to support each other and provided newer staff with guidance when needed.

The mix of skills across the day supported most children's health and wellbeing needs to be met. However, there were some gaps in staff skills and practice, particularly in relation to supporting children who may require additional support and with children's play needs.

To support improvement, a previous area for improvement has been amended to reflect the current needs of the service (see area for improvement 1 in Key Question 4: How good is our staff team?).

Previous area for improvement 6

To improve recruitment and induction processes, the provider should ensure on application that named referees clearly document the position the person holds within the organisation they work for. Induction processes should be audited and improved to ensure they are having the required impact on staff. This would provide reassurance and confidence that all staff have the appropriate experience, skills and knowledge to support positive outcomes for children.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am confident that people who support and care for me have been appropriately and safely recruited (HSCS 4.24).

This area for improvement was made on 30 November 2023.

Action taken since then

Safer recruitment procedures were followed. Suitable checks and references were in place prior to staff starting work. References provided clarity on who was providing the reference, their position and their relationship to the person being employed. This helped to safeguard children.

The induction procedure on site within the service had improved since the last inspection. As a result, the staff team were more supported and improvements were being made in relation to children's care.

However, there were some gaps in the organisation's overall approach to induction. For example, some staff had been in post for some time before they were informed about key policies such as the service's conduct policy and the procedure for registering with a professional regulatory body such as the Scottish Social Services Council (SSSC). This delay had the potential to impact on newer staff member's understanding of their roles and key areas of practice. The provider was taking steps to ensure induction processes were further developed and strengthened to ensure staff are fully supported when they start their new role.

While some gaps remained, overall we have assessed this area for improvement as met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

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?	4 - Good
4.3 Staff deployment	4 - Good

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