

Gingerbread - Lorne Day Care of Children

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

Telephone: 07825 925 849

Type of inspection:
Unannounced

Completed on:
24 November 2022

Service provided by:
Gingerbread Edinburgh and Lothian
Project Limited

Service provider number:
SP2003002804

Service no:
CS2003011995

About the service

Gingerbread @ Lorne provides a service to a maximum of 41 children of primary school age. The service is based in a primary school in the Leith area of Edinburgh. Accommodation accessed by the service consists of the dining hall with access to toilets, the sports hall and outdoor play space. The service is close to local parks and shops and has good transport links.

About the inspection

This was an unannounced inspection which took place on Tuesday 15 November and Wednesday 16 November 2022. 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 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 12 people using the service and four members of their families.
- Spoke with four staff and the manager.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- Children were happy and settled.
- Staff were approachable and caring.
- Children could choose from a wide range of age appropriate resources.
- Parents were positive about the service they received.
- The manager should further develop children's personal plans as detailed in the requirement.
- The manager further develop quality assurance procedures.
- The manager detailed on the certificate of registration is not registered with the Scottish Social services Council as a manager. They must submit an application to the SSSC without delay as detailed in the requirement.

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?	4 - Good
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.

1.1 Nurturing care and support

We saw that children were happy to come into the after school club where they were given a warm welcome from staff. It was apparent from the nurturing quality of their conversations and interactions that staff knew the children well and were genuinely interested in each individual child. This helped the children to feel safe and comfortable in the setting.

Children were happy and had lots of fun as they played and worked together. They were positive about the relationships they had with staff. One told us 'I love x, she's like my Aunty' another said 'If you need anything they'll always help you.'

Children with additional needs were well supported because staff spent time with families gathering information about their needs and interests. Meetings with parents helped ensure that information on these children's needs remained up to date and relevant. Staff used this information to ensure that children could be fully involved in the service. This contributed to children feeling safe and valued.

Parents told us that staff were available to talk to them about their children at any time. However, it was apparent that not all children had personal plans. This meant there was no formal up to date record or review of these children's needs. Personal plans should be in place for all children and should be reviewed with their families at least once every six months in order to ensure that the information held by the service is relevant to their care and support needs.

This was a requirement made in the previous report and is now carried forward. In addition we signposted staff to the document 'Guide for Providers on Personal Planning' which can be found at www.hub.careinspectorate.com to help support them with this (see requirement 1).

1.3 Play and learning

The service was well resourced. Children were aware of the range of toys and games available and were confident in asking for them. Children told us staff met with them and asked them about what they wanted to play with and what they were interested in. We saw that staff used this information to set up the service in order to meet these interests. This showed respect for children's wishes and meant they settled quickly to their chosen activity.

Children focused well. We saw that they spent long periods of time engaging with their chosen activities, including STEM projects, storytelling, comic making and active games. Some children worked on long term projects and interests which they carried over from previous days. Staff engagement with children as they worked on their projects was positive and respectful which built self esteem and recognised the time and effort children put into their work.

Children were enthusiastic in describing fire training which included a visit from the fire service and first aid training. These gave the children real life skills and it was clear they felt empowered by them.

During the inspection we saw that staff used their observations to support children. For example, one noticed that a child doing an art project was struggling because they could not achieve the effect they wanted with the resources available. They spoke to the child about what might help and together they decided on more suitable resources. Another supported a child to finish a board game that their friends had moved on from. This showed respect and a desire to support children to achieve their goals which built self confidence.

Children enjoyed daily opportunities for active play because they had use of the school sports hall and the outdoor play area. These were used for activities including team games, individual active play and traditional street games. Loose parts in the outdoor area give children opportunities to create and build. Children's experiences were extended through outings in the local community and further afield. The range of activities and the choices available to the children built physical strength and confidence. Parents who returned our questionnaires told us they were happy with the active play opportunities children were able to choose from.

Requirements

1. The provider must ensure staff have all the relevant information to promote and consistently support children's well-being. By 31 January 2023 children's personal plans must be completed with parents and where appropriate, children, to reflect needs and steps and strategies staff should take to meet such needs. This must include, but not be restricted to children's personal plans, completion of chronologies to record specific events and medication records. These records must be updated when there is a significant change in a service users health, welfare or safety needs, and at least once every six months.

This is in order 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 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) and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

We have agreed an extension to the timescale of 10 March 2023

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.

2.2 Children experienced High Quality Facilities

The service was based in the light and airy dinner hall of a local primary school. Children also had access to the sports hall and the outdoor play area. Together these areas provided a variety of spaces which supported different types of play as identified in Quality Statement 1.3. This range of opportunities, to make choices and be active, supported children's physical and emotional wellbeing. Parents and children were positive about the active play their children experienced. The increasingly early darkness during winter afternoons meant time outdoors was limited. The manager was aware of this and we discussed some of the ways this could safely be extended.

Staff spent time talking to children about their interests and the activities they wanted to take part in. This information was used as the basis of the opportunities available. Plentiful and well maintained resources were well presented so that children could see exactly what was available to them. Some had been set on tables and some on mats on the floor. Children were able to move resources if they chose to in order to play where they felt most comfortable. Having choice over where they wanted to play and being able to see all of the resources stimulated children's natural curiosity and supported learning opportunities.

Parents were responsible for providing their children with an afternoon snack. Written information about the service asked parents to ensure that the snacks they provided did not contain nuts. This was in order to protect any children who might have allergies to these foods.

Staff has set aside an area for children to sit and eat. They ensured that children always had water to drink with their snack and throughout the session, so that they remained hydrated.

The toilets used by the service were well supplied with running water, soap and handtowels and children were reminded of the importance of washing their hands at key points in the session. However on arrival at the service children used anti bacterial gel to clean their hands and went on to eat their snack. This is not in line with national guidance. We discussed the benefits of hand washing over the use of anti bacterial gel and asked the service to ensure that children always washed their hands under running water in line with current national guidance. We signposted the service to the Scottish Governments Covid-19 national guidance. On our second visit we saw that this had been put in place (see area for improvement 1).

Areas for improvement

1. To support children's health and safety the provider should take action to ensure that appropriate infection prevention and control procedures are in place and are carried out in line with national guidance. This includes ensuring that effective hand washing procedures are in place for adults and for children. 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 to follow professional and organisational codes' (HSCS 3.14).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate where strengths only just outweigh weaknesses.

3.1 Quality Assurance and improvement are well led

Staff told us the manager was approachable. They felt comfortable in approaching them for support and advice in relation to their role.

The manager understood the importance of effective communication with families. Parents were asked for feedback about the service. A parent induction pack had been developed which helped ensure parents had information about how the service operated, how to find out more or take forward any concerns they might have. This was supplemented by a monthly news letter focused on activities and events within the service. These steps helped ensure that parents felt welcomed and their opinions valued.

Some quality assurance procedures were in place. Because the manager worked on the floor on a daily basis she had the opportunity to make informal observations how staff worked individually and as a team. She was also able to see first hand how the children used the resources available to them.

The manager told us she made formal observations of staff at work. In conversation with the manager it was apparent that she was aware of the strengths and areas for development of her team however these observations were not always recorded which meant that information could be lost.

An improvement plan which identified areas for development with targets for completion was in place. Most of the targets in the plan end November of this year and the process of reviewing the plan was in place.

Quality assurance procedures should be reviewed in order to ensure that policies and procedures are up to date and support staff to follow best practice. This should include, but not be limited to the following areas, effective hand washing, personal plans, staff registration with the Scottish Social Services Council appropriate to the post held. We made this an area for improvement (see improvement 1).

The named manager of the service was not registered as a manager with the Scottish Social Services Council. We have made a requirement about this (see requirement 1).

Requirements

1. By 31 January 2023 the provider must provide the Care Inspectorate with their written assurance that the manager named on the services certificate of registration has submitted an application to the Scottish Social Services Council for registration as manager.

This is to comply with Regulation Regulation 7(2)(d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI/210).

This is also 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" (HSCS3.14).

Areas for improvement

1. Quality assurance procedures should be reviewed in order to ensure that policies and procedures are up to date and support staff to follow best practice. This should include, but not be limited to, ensuring that the manager and staff were aware of best practice and legislation in the following areas: effective hand washing, personal plans, staff registration with the Scottish Social Services Council appropriate to the post held.

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 organizational codes." (HSCS 3.14) and "I experience high quality care and support based on relevant guidance and best practice." (HSCS 4.11)

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.

4.3 Staff Deployment

There were sufficient staff across both days of the inspection to support children and meet their needs. Children were looked after by a qualified, and well established staff team who were enthusiastic about their work. The staff team worked well together acknowledging one another's strengths and using them to support children's experience. Effective communication meant staff were deployed across all of the areas used by the service which helped ensure children were free to play where they wanted to and were safe. This created a positive enabling environment for the children in their care.

Parents were positive about the care and support staff gave their children. One told us "The staff team are great, stable and experienced. They are good at interacting with all ages" and "I have regular contact with my key worker. I am confident they are pro-active in supporting my child."

Staff had been given key worker responsibility for children. They felt this worked well and allowed them to build supportive bonds with the children in their key groups. We saw examples of this in the positive and confident way children interacted with staff.

Staff attended regular team meetings. We looked at a sample of the minutes from these meetings. Discussion focused on meeting children's changing needs, effective communication and parental involvement. This helped ensure that staff and parents had consistent information on children's progress.

One - one support and supervision sessions took place. This was an opportunity for the manager and staff to discuss their work within the team, how they were meeting children's needs and their professional development. Staff told us they found these sessions supportive and looked forward to them. The meetings helped ensure accountability between the manager and staff.

Staff took part in regular training in Child Protection, First Aid and Food Hygiene which helped keep children safe and secure. Some staff taken part in additional training in areas including development planning, risk assessments and disability awareness. We asked the manager to continue introducing a wider range of training opportunities which focused on further developing the range of skills within the team.

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

Requirements

Requirement 1

The provider must ensure staff have all the relevant information to promote and consistently support children's well-being. By March 2020 children's personal plans must be completed with parents and where appropriate children to reflect the needs, steps and strategies staff should take to meet such needs. This must include, but not be restricted to children's personal plans, chronologies to record specific events and medication records. These records must be updated when there is a significant change in a service users health, welfare or safety needs, and at least once every six months.

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

This is to ensure care and support is consistent with the Health and Social Care Standards which state, "My personal plan (sometimes known 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) and "Any treatment or intervention that I experience is safe and effective" (HSCS1.24).

This requirement was made on 17 December 2020.

Action taken on previous requirement

Limited action had taken place which was not enough to meet the requirement.

The requirement has been restated in Key Question 1.1 Nurturing care and support with a time scale of 31 January 2023.

Not 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	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
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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