

Gingerbread Tollcross ASC Day Care of Children

Tollcross Primary School
117-119 Fountainbridge
Edinburgh
EH3 9QG

Telephone: 07825925851

Type of inspection:
Unannounced

Completed on:
12 September 2025

Service provided by:
Gingerbread Edinburgh and Lothian
Project Limited

Service provider number:
SP2003002804

Service no:
CS2003011833

About the service

Gingerbread Tollcross ASC is registered to provide a care service to a maximum of 42 children who attend primary school, at any one time.

The service is delivered from the dining hall within Tollcross Primary School in the city centre of Edinburgh. It is located near to shops and amenities and has good transport links.

Children use the school playground for outdoor play.

About the inspection

This was an unannounced follow up inspection to assess the actions taken by the provider to meet requirements and areas for improvement made at previous inspections. The inspection commenced on 16 July 2025 between 10:00 and 13:40. The inspection began in response to notifications made to us by the service. The inspection recommenced on Monday 8 September 2025 between 14:40 and 18:00. We returned to the service on Tuesday 9 September 2025 between 14:35 and 18:05. We also met with the provider and business manager via video call on Wednesday 10 September 2025.

Across the inspection visits, the inspection was carried out by three 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 four parents onsite
- received written feedback from eight parents via an online survey
- spoke with the staff and management team and the provider
- observed practice and children's experiences
- reviewed documents
- spoke with two other professionals who work alongside the service.

Key messages

At this follow up inspection, we remained concerned about the quality and compliance of the service currently being provided. We will continue to liaise with the provider regarding the expected improvements needed and take further scrutiny action if required.

Children did not experience consistently safe and nurturing outcomes as the service continued to operate at a weak level.

Children did not always experience care that sensitively supported their emotional needs.

There was potential for children's care to be compromised due to ineffective personal planning approaches.

Children's opportunities to play and have fun were impacted by the lack of planned experiences, poor quality materials and under resourced play spaces.

Children's safety was compromised as staff practice did not always identify and manage risks as children moved around the service.

Quality assurance systems must improve to aid the development of the service and improve outcomes for children and families.

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

Requirements

Requirement 1

By 5 September 2025, the provider must ensure children's emotional wellbeing needs are recognised and supported by skilled and knowledgeable staff.

To do this the provider must, at a minimum:

- a) Ensure there are suitably skilled and knowledgeable individuals in place to recognise children's emotional needs and respond to these in supportive and consistent ways.
- b) Ensure staff are supported to develop their skills in trauma informed practice and supporting children's wellbeing and needs.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which

state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS, 4.11).

This requirement was made on 22 May 2025.

Action taken on previous requirement

Further improvements were needed to ensure children's emotional wellbeing needs were recognised and supported. Staff skills and knowledge had not developed sufficiently enough to ensure children were responded to in supportive and consistent ways.

During the inspection visits, some children did not get the support they needed to regulate and process their emotions. This led to some children displaying heightened and dysregulated behaviours that had the potential to impact on their wellbeing or the wellbeing of others. Staff engagement with children during these periods was minimal and often ineffective. For example, at times children were not always supported to manage peer relationships in respectful ways. At other times, some staff did try to support children's emotional needs. For example, when children sought staff out for comfort or connection, this was facilitated by some staff. However overall, staff practice and skills in supporting children's emotional wellbeing lacked quality and the support provided was inconsistent. As a result, children's emotional wellbeing was not always recognised and supported.

Staff needed further learning and development opportunities to aid their understanding, knowledge, and skills in how to support children's emotional wellbeing. During team meetings, some work had started to explore children's emotional needs and develop strategies of support for staff to implement. However, this work had not been continued and embedded. There was limited evidence of training and development work in relation to staff being supported to develop the skills and knowledge needed. As a result, staff could not consistently support children's emotional wellbeing needs.

Parent's feedback in relation to how staff met children's emotional needs varied. Some parents felt staff nurtured and supported their child through positive engagement and the development of strong relationships. However, other parents were worried that the service did not effectively support their children's needs. Some parents spoke about their child being hurt in the service and staff not responding to this appropriately. A child told us that they felt staff did not respond effectively when they needed support with peer relationships. This evidence showed that staff did not have the skills or resources needed to consistently and effectively support children's emotional wellbeing.

We remained concerned about the service's capacity to support children's emotional wellbeing needs. We have extended this requirement and will continue to liaise with the provider regarding the expected improvements needed.

This requirement had not been met and we have agreed an extension until 24 November 2025.

Not met

Requirement 2

By 5 September 2025, the provider must improve the snack time experience to ensure children have safe eating experiences where they are nurtured, hydrated and well nourished.

To do this the provider must, at a minimum:

- a) Ensure staff promote children's hydration during snack times and throughout the sessions.
- b) Provide sufficiently balanced and healthy snack options based on good practice guidelines.

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 Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning (HSCS, 1.33) and 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible (HSCS, 1.35).

This requirement was made on 22 May 2025.

Action taken on previous requirement

Improvements were made to the provision of snacks and hydration. The provider had adjusted the approach to petty cash. This meant staff could easily access funds to buy and replenish food. As a result, children had access to enough food.

Snacks were more varied and provided a greater nutritional balance for children. For example, crackers, a selection of fruit and cereal options were on offer during the inspection visits. Snack choices were better presented with some opportunities for children to self-serve their own choices. This promoted a more inviting snack experience for children.

Water jugs and cups were available indoors and outside so children could help themselves. This supported improved opportunities for hydration. Some children still needed to be reminded to have a drink, and we encouraged staff to continue to develop their practice in relation to supporting this need.

Most children were encouraged to sit while eating their meals. This meant that staff could see what children were eating and check any allergen needs. Some children did sit away from the table eating their own items such as a lollipop and popcorn. Inspectors had to inform staff of this. Practice should continue to be developed in relation to staff providing high levels of supervision and engagement during mealtimes. This would include noticing when children may be eating their own food away from the snack area. This is to ensure mealtimes are as safe and nurturing as possible.

This requirement has been met.

Met - within timescales

Requirement 3

By 14 July 2025, the provider must ensure the management team and staff effectively support children's safety and ensure the security of the building is maintained.

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

- a) Ensure staff effectively supervise children as they move between indoors and outside.
- b) Ensure external exits are secured and internal exits are managed safely.
- c) Ensure staff take action to address risks as they arise and work in partnership with external professionals to ensure steps are taken to keep children safe.

d) Ensure risk assessments are implemented which set out clear mitigations for staff to follow.

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).

This requirement was made on 22 May 2025.

Action taken on previous requirement

Some improvements had been made to staff practice in relation to the management of exits and entrances. On day two of the inspection a senior staff member was proactive in checking and closing doors as needed. However, on day one of the inspection further vigilance was needed to ensure children's safety was prioritised. For example, an internal door to another area of the building was left open and not secured by staff. The provider should ensure safety procedures and mitigations of risk are reinforced with staff and embedded into practice.

Children's safety was at times compromised as staff supervision of their movements between indoors and the playground was inconsistent. Sometimes staff followed the service's procedure and monitored children as they moved between inside and outdoors. However, at other times children were found wandering in the corridor with no staff present. Some children's personal plans showed they needed greater support to safely transition around the spaces, but this was not always provided. As a result, staff did not consistently support these children's safety and supervision needs.

The service used walkie talkies to aid communication between staff and support children's transitions around the service. While these were in use during the inspection visits, several sources stated these had not been in use in previous weeks. This showed that some measures and procedures to keep children safe were not always followed. As a result, we were not confident that the service was consistently promoting children's safety as they did not always implement the mitigations set out in their own procedures and risk assessments.

We remained concerned about the service's capacity to support children's safety. We have extended this requirement and will continue to liaise with the provider regarding the expected improvements needed.

This requirement had not been met and we have agreed an extension until 18 November 2025.

Not met

Requirement 4

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).

This requirement was made on 23 August 2024.

Action taken on previous requirement

The service had failed to build on previous gradual improvements made in relation to children's play and the daily experiences. Children's play was adversely impacted by the lack of planned experiences, poor quality materials and under resourced play spaces. Children had too few opportunities to have fun. Throughout the inspection visits, some children became bored, and others spent periods inactive or disinterested. While other children were engaged in some activities, their choices and creativity were not well supported. For example, indoors there was a table with drawing and crafting materials, some construction-based toys and a small selection of books. Outside children had access to a static climbing frame and a few ball games. These offerings did not provide children with daily experiences and play opportunities that suited their differing ages and stages. The service did not uphold children's right to high-quality play experiences.

Child centred planning approaches were not in place. As a result, there were no planned experiences available during the inspection visits. Staff told us they consulted informally with children about the activities provided. However, there was no evidence that these consultations resulted in improved choices or experiences. Also, staff were not skilled in responding to children's interests in the moment or in future planning. We observed several occasions during the inspection where staff failed to recognise and respond to children's play through effective engagement or through the provision of additional resources. As a result, there were missed opportunities to support and enhance children's creativity.

Transition points across the day remained noisy, disorganised and at times felt chaotic. Experiencing this environment could adversely impact children's wellbeing. On day two of the inspection there were some improvements. For example, children were able to access outdoor play quicker than the previous day, which helped to reduce noise levels and supported some children's need for active play. However, further work was needed to ensure the routines of the day, staff interactions and the quality of the spaces improved. These improvements are needed to ensure children are able to play and rest at times suitable to them. Also, see area for improvement 1 (in 'what the service has done to meet any areas for improvement we made at or since the last inspection') in relation to the provision of comfortable and welcoming spaces.

We remained concerned about the service's capacity to support children's play and promote daily experiences that are as positive as possible. We have extended this requirement and will continue to liaise with the provider regarding the expected improvements needed.

This requirement had not been met and we have agreed an extension until 12 December 2025.

Not met

Requirement 5

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).

This requirement was made on 23 August 2024.

Action taken on previous requirement

Previous gradual improvements in the approach to personal planning for children had not progressed. As a result, there was potential for children's health, safety and wellbeing needs to be unmet and their care to be compromised.

On the first day of the inspection, staff, including those leading the service could not locate children's personal plans. This meant staff could not access important information as needed. Contact information and medical information was present in the service on the second day of the inspection. However, further work was required to ensure staff had the information needed to keep children safe and maintain their wellbeing.

Personal plans were not well maintained or regularly reviewed by staff, children and parents. For example, previous plans put in place to support children's emotional wellbeing in relation to peer relationships had not been maintained. Information including additional support plans and agreed approaches to care were outdated. Furthermore, there were no plans in place to support new children as they settled into the service. Information provided by parents was not always used to plan support. As a result, personal planning approaches were ineffective and did not meet the holistic needs of all children.

There was some consistency within the staff team in relation to the knowledge they had of specific children. For example, some staff could share what medical needs children had and how they would respond. Also, a few staff were familiar with the support strategies for children's personal care or comfort needs. However, personal plans lacked detail so strategies were basic and not always followed. As a result, children did not consistently receive the support they needed.

There was not an effective system in place to ensure agency staff, staff covering from other settings or staff returning from extended leave gained the information they needed about children before starting to work with them. For example, agency staff were asked to sit with children at snack but were not given information about children's allergies or where to locate this information. This had the potential to compromise children's care. The provider must ensure improvements are made so that the care and support children experience is informed by the effective use of individualised personal plans. This is to ensure children's health, safety and wellbeing needs are consistently and effectively met.

We remained concerned about the service's capacity to ensure personal planning approaches aid safe and supportive care. We have extended this requirement and will continue to liaise with the provider regarding the expected improvements needed.

This requirement had not been met and we have agreed an extension until 18 November 2025.

Not met

Requirement 6

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).

This requirement was made on 23 August 2024.

Action taken on previous requirement

Further work was needed to ensure induction and training procedures enabled staff to feel confident in meeting children's care and support needs. There was limited evidence of inductions being structured and focused on developing staff confidence. For example, there were not effective systems in place to ensure

new staff including those covering in the service had the information they needed to provide supportive care and feel confident within their role. Some staff had completed core training such as first aid and child protection but other opportunities for learning and development related to staff needs and the needs of the service were limited. Support meetings had been used as a tool to discuss staff development and wellbeing. However, plans were not put in place to address the needs identified by either staff or leaders during these meetings. As a result, new and existing staff did not have enough opportunities to develop confidence or reflect on their development and wellbeing needs over time.

Staff had access to an online employee support application that could promote their wellbeing, and the service were developing a staff wellbeing policy. However, this had not yet been shared with the staff team or implemented into practice. Staff were provided with a copy of the service's whistleblowing policy and were aware of how to raise concerns. However, systems for whistleblowing and raising concerns were not fully effective as concerns were not always managed promptly. Staff reflections showed that some staff felt their wellbeing was impacted by their work and their professional development needs were not always met. Further work was needed to support staff to understand how to report on and be supported in matters concerning their wellbeing at work. This is to ensure staff wellbeing improves so that it positively impacts on children's care and the quality of the service. We asked the provider to consider all staff wellbeing concerns and take this forward through the implementation of effective procedures.

We recognised that the manager of the service had recently left and during the inspection visits the future management arrangements were still under review. However, we remained concerned about the opportunities for role modelling, mentoring and buddying provided to staff. Some informal buddying took place between staff, and some staff spoke positively about the support they received from leaders and colleagues. However, this support and its impact was not evident during our inspection visits. Mentoring, engagement and leadership was at times passive and ineffective. For example, staff leading the service did not always step in to support less experienced staff when needed. This reduced the quality of children's care and did not promote a positive approach to supporting staff development and wellbeing. There were gaps in the quality of staff practice and the skills needed to promote high quality outcomes for children and families. The lack of effective role modelling and mentoring meant staff development needs were not always met.

We remained concerned about the service's capacity to ensure staff are supported in relation to their wellbeing and development needs. We have extended this requirement and will continue to liaise with the provider regarding the expected improvements needed.

This requirement had not been met and we have agreed an extension until 12 December 2025.

Not met

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 comfort and wellbeing needs, the provider, manager and staff should ensure the environment is well-maintained, welcoming and comfortable.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy well maintained premises, furnishings and equipment' (HSCS, 5.24) and '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 22 May 2025.

Action taken since then

There were limited areas to rest and relax and no areas for children to retreat to from the busy environment. As a result, children did not experience a comfortable and welcoming environment to play, relax and explore.

Staff told us some soft furnishings had been bought but were thrown out over the summer and not yet replaced. Staff did not consider good practice guidance when setting up the spaces. Therefore the environment did not reflect children's comfort and wellbeing needs. To promote children's comfort and wellbeing, the provider should ensure improvements are made and sustained.

We have continued this area for improvement and will continue to liaise with the provider regarding the expected improvements needed.

This area for improvement has not been met.

Previous area for improvement 2

To improve the quality of the service, the provider should ensure the manager and staff team develop quality assurance systems that monitor the quality of the service and address gaps in the provision and care provided to children.

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).

This area for improvement was made on 22 May 2025.

Action taken since then

The approach to quality assurance remained inconsistent. For example, there were gaps in the quality assurance systems related to the environment, the management of personal plans, the auditing and reflections of incidents, staff knowledge, medication and play experiences. Inconsistencies in practice were not fully identified. Therefore, staff were not supported to address gaps in their practice. Improvements were needed to the quality assurance processes to ensure meaningful changes were made.

We have continued this area for improvement and will continue to liaise with the provider regarding the expected improvements needed.

This area for improvement has not been met.

Previous area for improvement 3

To ensure children experience a well-led service, the provider should ensure effective leadership arrangements are in place at all times. This would include but not be limited to, ensuring leaders, including those covering in the service are skilled in supporting staff and have appropriate knowledge of the service to provide effective leadership.

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

This area for improvement was made on 22 May 2025.

Action taken since then

The leadership arrangements within the service remained inconsistent and often ineffective. As a result, children did not experience a well-led service. We recognised that recent changes in management were impacting on the leadership of the service. However, the provider should ensure those leading the service have the skills and knowledge needed to give effective guidance to staff and provide a well led service. For example, during our first inspection visit, staff did not know where children's personal plans were. This had the potential to impact on the care provided to children.

Some parents told us they were worried about the leadership change within the service and did not feel well informed about how the provider was managing any gaps in leadership as a result. The provider should ensure effective and stable leadership arrangements are in place to provide a well led service to children and families.

We have continued this area for improvement and will continue to liaise with the provider regarding the expected improvements needed.

This area for improvement has not been met.

Previous area for improvement 4

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).

This area for improvement was made on 23 August 2024.

Action taken since then

A collection policy had been updated and shared with staff. However, we found this procedure was organisation wide so was not specific to this service. Within the service's policy folder there were two additional policies covering the collection of children. Therefore, it was not clear which procedure staff should follow.

Some improvements had been made to the collection of children as there was an effective system in place to sign children in as they arrived. Some staff checked if children had arrived at internal clubs, however, staff knowledge of the procedure for collecting children from these clubs was inconsistent. Further work was needed to ensure relevant staff were clear on the policies to follow and that the correct policies were shared and implemented. The service should continue to strengthen and review the policies and procedures in relation to the management of children's collections, attendance and safety in the service.

We have continued this area for improvement and will continue to liaise with the provider regarding the expected improvements needed.

This area for improvement has not been met.

Previous area for improvement 5

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).

This area for improvement was made on 23 August 2024.

Action taken since then

Some parents felt communication with the service and the wider organisation was effective. However, other parents raised concerns about the lack of communication around recent management changes and their children's care.

While staff told us they had been encouraged to provide parents with more information, not all staff engaged well with parents when they collected their children. This meant there remained missed opportunities to provide families with effective, regular communication in relation to children's daily experiences. Further work was needed to improve communication with families to promote a collaborative approach that is meaningful to them.

At the start of the new term a welcome email was sent to all parents. This communication included a parent's handbook with some relevant policies and procedures. However, there was little evidence of parents and children having opportunities to express their views to inform improvements. For example, the service had previously implemented a suggestion box for children but staff said this was no longer in use.

We have continued this area for improvement and will continue to liaise with the provider regarding the expected improvements needed.

This area for improvement has not been met.

Previous area for improvement 6

To ensure children receive care and support based on good practice and to aid staff development, the provider should conduct a comprehensive skills audit of staff and management to identify gaps in knowledge, skills, and experience. The audit should be used to inform an ongoing targeted training and development plan.

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).

This area for improvement was made on 19 March 2025.

Action taken since then

The service had failed to complete a staff skills audit and there was no structured and robust training plans in place. This meant there were missed opportunities to effectively support staff to develop the skills needed. A comprehensive skills audit was needed to identify gaps in skills, knowledge and experience and aid the development of staff practice. Overall, children did not receive consistently safe and positive care and support because there were not effective processes in place to develop and strengthen the staff and leaders skills and knowledge.

We have continued this area for improvement and will continue to liaise with the provider regarding the expected improvements needed.

This area for improvement has not been met.

Previous area for improvement 7

To ensure children experience high quality care that consistently promotes their wellbeing, the provider should implement a system of regular support. This should include but not be limited to individual development meetings, practice observations and appraisals to monitor staff and management competence and identify ongoing training needs. The support system should promote the development of skills, knowledge and experience across the staff and management team and should inform the training plans where relevant.

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).

This area for improvement was made on 19 March 2025.

Action taken since then

Previous improvements towards implementing a system of regular support for staff including leaders had not been sustained or progressed. Support meetings that took place were inconsistent in both purpose and frequency. For example, support meetings held prior to the summer break and reflections of the summer provision had not been progressed with clear actions to take forward. Practice observations and other tools to support the development of staff skills, knowledge and experience were not in place. There was no evidence that individual training plans were being developed for staff based on their needs and skill sets.

Overall, there was not effective support systems in place to ensure children experience high quality care that consistently promotes their wellbeing.

We have continued this area for improvement and will continue to liaise with the provider regarding the expected improvements needed.

This area for improvement has not 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.

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