

Gingerbread - Dalry Day Care of Children

Dalry Primary School
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Edinburgh
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Telephone: 07825925848

Type of inspection:
Unannounced

Completed on:
15 December 2025

Service provided by:
Gingerbread Edinburgh and Lothian
Project Limited

Service provider number:
SP2003002804

Service no:
CS2003011822

About the service

Gingerbread - Dalry is registered to provide a day care of children service to a maximum of 50 primary school aged children at any one time. The service is part of the Gingerbread group that offer out of school and holiday care throughout Edinburgh. The service is delivered from the grounds of Dalry Primary School which is close to the city centre. It is located near to shops and amenities and has good transport links.

The service is situated in a free-standing building used as the dining hall by Dalry Primary School. The club has use of the toilets within the main school building. Children can access the playground for outdoor play.

About the inspection

This was an unannounced inspection which took place on Tuesday 9 December 2025 between 14:15 and 17:45 and continued Wednesday 10 December 2025 between 13:15 and 16:15. One inspector from the Care Inspectorate carried out the inspection. 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.

To inform our evaluations of the service we:

- spent time with children
- received six responses to our request for feedback from parents and three from staff
- spoke to staff and management
- observed interactions, routines, and children's experiences
- reviewed documents
- assessed core assurances, including the physical environment.

As part of this inspection, we assessed core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary throughout the report and have made requirements and areas for improvement within 'Leadership', 'Children thrive and develop in quality spaces', and 'Children are supported to achieve'.

During this inspection we 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.

Key messages

- Staff were kind and offered support and comfort when requested.
- Self-evaluation for improvement had not progressed in most of the areas previously identified as in need of development.
- Significant gaps remained in key areas such as personal plans, management of medication, support for children's emotional wellbeing, and transitions from school to the service.
- Recruitment procedures were not robust or fully aligned with safer recruitment practices and new staff were not consistently supported.
- Children benefited from uninterrupted playtime and enjoyed playing with friends indoors and outdoors.

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

Leadership	2 - Weak
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	2 - Weak

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

Leadership 2 - Weak

We evaluated these quality indicators as weak, whilst we identified some strengths, these were compromised by significant weaknesses.

Quality indicator: Leadership and management of staff and resources

The service did not have clearly defined vision, values or aims. Values displayed were limited to rules for children rather than overarching principles. Although initial plans were made to improve aspects of care, these were not effectively implemented. As a result, the leadership approach failed to create a culture of collaboration and continuous improvement.

Self-evaluation for improvement had not progressed in most of the areas previously identified as in need of development. Significant gaps remained in key areas such as personal plans, management of medication, and support for children's emotional wellbeing. There were also continued gaps in staff training and knowledge in relation to best practice. Further work was needed to develop systems that effectively identify and action gaps in practice and contribute to positive outcomes for children. A previously made area for improvement, to implement an effective system of quality assurance to monitor and improve practice was not met and will be reworded (**see area for improvement 1**).

Recruitment procedures were not robust or fully aligned with safer recruitment practices. Key elements, such as obtaining detailed references from previous employers, were not consistently carried out. This posed a potential risk to the welfare and safety of children. Leaders should strengthen recruitment processes to ensure compliance with safer recruitment standards (**see area for improvement 2**).

New staff were not consistently supported. While some induction meetings took place, they were irregular and lacked sufficient detail. Staff reported uncertainty about their development goals. Senior management acknowledged the need for improvement and plan to use the Early learning and childcare: national induction resource (Scottish Government, 2023) as guidance. Future induction programs should be comprehensive and tailored to different roles. Improved induction and mentoring arrangements should now be prioritised to enhance outcomes for children (**see area for improvement 2**).

Quality indicator: Staff skills, knowledge, values and deployment

Core professional learning opportunities, including first aid and food safety, were delivered through online training courses. All staff completed training on managing emergency medication procedures for individual children, ensuring their safety and wellbeing. However, there was a gap in training that supported staff understanding of how children play and develop. This limited their ability to plan engaging play experiences to promote children's achievements. Moving forward, leaders should ensure that staff have retained learning from online training courses and have applied it effectively in practice to improve outcomes for children.

Staff meetings and supervision sessions had stopped, although leaders planned to reintroduce them. This is essential to create opportunities for professional dialogue and support staff development. Prioritising these sessions should ensure staff have the knowledge and skills required to meet children's needs.

While all staff were registered with the appropriate professional body, some had not updated their workplace details for this service. Leaders should monitor this key area to ensure that staff understand their responsibility to maintain correct registration and follow professional codes of practice **(see area for improvement 1)**.

Staffing levels met expected ratios. However, communication and guidance on routines and procedures were not embedded effectively, which impacted the quality of care for children. For example, procedures for children transitioning from school to the service were unclear. Although staff carried out essential tasks to the best of their ability, they lacked the tools and support needed to maintain service delivery in the absence of a registered manager. Senior management oversaw daily operations, but key areas were not sustained. For example, planning play experiences and holding staff meetings to provide guidance. As a result, staff were unable to develop interaction skills to extend children's play.

Agency staff arrived late in the session, leaving insufficient time to share important information about children's needs. This disrupted routines, such as children accessing outdoor play promptly. A previously made area for improvement to continually review staff arrangements to ensure a consistent staff team was not met and will remain in place **(see area for improvement 2 under the heading, 'Outstanding areas for improvement')**.

Areas for improvement

1. To improve outcomes for children and ensure that there is a culture of improvement in the club, the provider should implement an effective system of quality assurance to monitor and improve practice.

This should include, but is not limited to:

- developing and maintaining individual personal plans for each child
- managing medication safely and in line with agreed procedures
- providing consistent support for children's emotional wellbeing
- ensuring staff keep their professional registration accurate and up to date.

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).

2. To ensure children are supported and cared for by people who have been appropriately and safely recruited, the provider should improve recruitment and induction processes.

This should include, but is not limited to, obtaining detailed references from previous employers before new staff start their role. Auditing and improving induction procedures to ensure all staff have the necessary experience, skills, and knowledge to deliver 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).

Children thrive and develop in quality spaces

3 - Satisfactory / Adequate

Quality indicator: Children experience high quality spaces

We evaluated this quality indicator as satisfactory/adequate, where strengths just outweighed the weaknesses.

The physical environment was welcoming, bright, and heated, which enabled staff to maintain rooms at a comfortable temperature. Children had direct access to enclosed outdoor play spaces and enjoyed play experiences in the fresh air. This supported their health and kept them active.

An area with rugs, cushions, and blankets allowed children to rest or look at books. However, this space was not fully developed to provide a cosy, private feel. Adding homely touches and beanbags would enhance relaxation opportunities.

Some risk assessments had improved and were implemented to maintain a safe environment. Daily checks of outdoor play areas were completed, and children and staff understood and followed rules and boundaries. A child told us, "There are rules and boundaries of where we can go to in the playground." This strengthened protection of children's health, safety, and wellbeing in some areas.

Concerns remained about transitions from school to the service. Children were not consistently escorted from school, and attendance was not promptly registered on arrival. External doors were left open and unsupervised during this time, creating a risk of children leaving unnoticed. These weaknesses exposed children to potential harm. The provider must improve school collection procedures to ensure safety (**see requirement 1**).

Although staff had completed food safety and hygiene training, procedures did not align with best practice. For example, opened packets of crackers were not stored in sealed, labelled containers with allergens and dates clearly marked. A previously made area for improvement to review snack-time policies was not met and will be reworded to include food safety (**see area for improvement 1 under the heading, 'Children are supported to achieve'**).

A schedule for checking children's toilets existed but was not used in practice. As a result, toilets were messy and unclean until the school cleaner cleaned them mid-session. A previously made area for improvement to ensure all areas accessed by children were clean and regularly checked was not met and will remain in place (**see area for improvement 1 under the heading, 'Outstanding areas for improvement'**).

Children's files and information were stored securely in a locked cupboard, protecting personal data.

Requirements

1. By 28 February 2026, the provider must ensure that children's safety is the top priority during their transition from school to the service.

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

a) escort all children from school to the service without exception

- b) record each child's attendance immediately upon collection at the school
- c) use only one designated entrance for arrival at the club to reduce the risk of children leaving through an unsupervised exit.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 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 5.17) and, 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

Children play and learn 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

We evaluated this quality indicator as satisfactory/adequate, where strengths just outweighed the weaknesses.

Children had uninterrupted playtime and enjoyed playing with friends indoors and outdoors. Parents told us, "My child enjoys playing football, and other team-based activities," and, "my child comes home content and is happy to go again and enjoys it there."

Play spaces were organised into well-defined areas, including art and craft, small world, construction, dressing up, and board games. Resources supported children's interests but were not refreshed regularly, which limited choices. However, when children requested additional items, such as large cardboard panels to build a fort, staff facilitated this. This enabled children to extend their play.

Staff had positive relationships with children and engaged in interactions, however, these lacked structure and challenge. This resulted in missed opportunities to build on children's interests. For example, when children constructed the fort, conversations were not extended to provoke imagination and thinking. Staff observation of play was limited, which reduced opportunities to plan for extending learning. As a result, children's experiences were enjoyable but not consistently challenging or enriched to support achievement and deeper learning.

Child-centred planning systems were not established, which limited opportunities for children to follow their own ideas and interests. A parent told us, "Maybe there could be more structure in the activities. A weekly plan of activities." Procedures for capturing children's voices had ceased; for example, the suggestion board and box were no longer accessible. As a result, children's views were not consistently considered when designing the environment or planning experiences. Children enjoyed looking at the planning book and enthusiastically recalled previous play experiences recorded in it. However, the book had not been updated for several months. This reduced opportunities for children to influence planning and reflect on their learning. This also meant that experiences were not routinely evaluated or adapted to extend children's interests. Staff should reintroduce and develop the planning book with children, alongside reinstating systems such as suggestion boards and boxes. This would help to ensure that experiences are planned and evaluated collaboratively. It should also help to strengthen child voice, promote engagement, and lead to richer, more meaningful play experiences.

Plans had been put in place to start using an online digital platform to share information with families about their children's experiences. To help this, staff should be supported to develop their skills in observing children's learning and reflecting on next steps to help them achieve.

Children are supported to achieve 2 - Weak

Quality indicator: Nurturing care and support

We evaluated this quality indicator as weak, whilst we identified some strengths, these were compromised by significant weaknesses.

Staff were kind and offered support and comfort when requested. A parent said, "Staff are friendly and welcoming." Despite being relatively new, core staff had established relationships with children and were familiar with routines. A parent told us, "I would like to see the service keep staff, there have been way too many changes over the years." A key worker approach had recently been introduced and should now be developed to provide tailored support to meet the unique needs of each child.

Information in children's personal plans lacked relevance, so staff could not effectively meet individual needs. Management had identified this issue and planned improvements, but these were not implemented. As a result, plans were outdated, not developed or reviewed with families, and failed to reflect current needs and interests. Staff had insufficient guidance and systems to use plans effectively, leading to missed opportunities for support. For example, recorded concerns about children's wellbeing were not consistently addressed. The absence of documented strategies meant progress could not be monitored, limiting children's potential. We made a requirement at the last inspection that the provider must improve personal planning to ensure each child receives appropriate care and support and that their needs are met. This requirement had not been met. We have extended the timescale to 28 February 2026 (**see requirement 1 under the heading, 'Outstanding requirements'**).

The provider had previously been asked to improve medication administration procedures. However, systems remained unclear and disorganised. Medication reviews were not completed in line with legislative requirements. Information was not gathered effectively with families, and records failed to provide accurate details of current health needs and medication requirements. As a result, staff lacked the guidance needed to ensure safe and consistent medication management. We have escalated the previous area for improvement to a requirement (**see requirement 1**).

Children understood snack routines, and independence was promoted through self-serving snacks. Fresh water was available throughout the day, supporting healthy hydration. Staff supervised to ensure safety; however, interactions were minimal and task focused. Opportunities to engage children in meaningful conversations and learn about their interests were missed. As a result, children did not consistently experience rich interactions that reinforced their sense of being valued and important. An area for improvement made at the last inspection to review snack-time policies was not met and has been reworded (**see area for improvement 1**).

Requirements

1. By 28 February 2026, the provider must ensure that children's medical information is up-to-date, clearly documented and effectively managed in line with best practice guidance, 'Management of medication in a day care of children and childminding services' (Care Inspectorate, updated 2025).

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

- a) review individual medication with families every three months or sooner to gather and record accurate details of current health needs and medication requirements
- b) provide staff with training to ensure they fully understand their responsibilities and can confidently manage medication in accordance with established guidelines
- c) improve systems to be clear and organised, ensuring that essential information to keep children safe and well, can be quickly accessed.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 2011/210)).

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).

Areas for improvement

1. To enable children to benefit from a sociable, safe and enjoyable experience while eating, the provider should review their policy and procedures for snack times.

This should include, but is not limited to, ensuring positive, high-quality interactions between staff and children. Making sure all food is stored safely and in accordance with best practice guidelines.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

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

Requirements

Requirement 1

By March 2025, the provider must ensure each child receives appropriate care and support and their needs are met. To do this, the provider must, at a minimum ensure:

- a) personal plans reflect children's current needs and how they will be met
- b) personal plans are developed in partnership with families and children (where appropriate) to reflect children's needs
- c) systems are in place so new or covering staff review children's plans, understand the support strategies in place and use these to effectively meet each child's needs
- d) personal 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.

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 17 January 2025.

Action taken on previous requirement

Personal plans were not consistently developed or reviewed with families and children, leaving them outdated and ineffective. This meant that plans did not reflect current needs and interests. Staff lacked guidance and support to understand the purpose of the personal planning approach. Clear systems were not in place for core staff, or new staff, to use plans effectively.

Concerns remained about how the service supported children to get the most out of life. **We have restated this requirement with a new timescale of 28 February 2026.**

Not met

Requirement 2

By 31 May 2024, to protect children's health and wellbeing, and to reduce the risk of the spread of infection, the provider must ensure that effective hand washing measures are in place for children and staff in line with current guidance. Staff should ensure that handwashing is carried out at appropriate times in the day, such as when arriving in the service, before and after eating and when returning inside from outdoor play.

This is in order to comply with Regulations 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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS4.11).

This requirement was made on 10 May 2024.

Action taken on previous requirement

Children consistently washed their hands on arrival, before and after meals, and after outdoor play. This routine, reinforced by staff reminders, promoted good hygiene and reduced the risk of infection.

Met - outwith timescales

Requirement 3

By 30 June 2024, to protect children's health, safety and wellbeing, the provider must ensure risk assessments are developed and working as planned, to support effective practice and maintain a safe environment. These must be clear and easily understood by all people involved in the service. Staff involvement in developing the risk assessments would support this to be a shared approach and impact positively on these being implemented into practice.

This is in order to comply with Regulations 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 5.17)

This requirement was made on 10 May 2024.

Action taken on previous requirement

Some risk assessments were in place and working effectively to maintain a safe environment. They were clear and understood by everyone involved. For example, daily checks of outdoor play areas ensuring children know and follow rules and boundaries. Progress has been made in protecting children's health, safety, and wellbeing; however, concerns remain about safe transitions from school to the service. A new requirement under 'Children thrive and develop in quality spaces' has been set for the provider to address this.

Met - outwith 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 ensure effective infection prevention and control measures are in place for children, the provider should, at a minimum, ensure all areas accessed by children, including toilets, are clean, maintained and regularly checked in line with their procedures and best practice guidance.

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 and well-maintained premises, furnishings and equipment' (HSCS 5.22) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 17 January 2025.

Action taken since then

The toilets had not been checked before the children arrived and were not kept to a hygienic or respectful standard. Although a cleaning schedule exists, it had not been implemented to ensure the toilets were clean and tidy both on arrival and throughout the session.

This area for improvement is not met.

Previous area for improvement 2

In order for children to benefit from consistent care and support, the provider should continually review staff arrangements to ensure a consistent staff team benefit children's overall health and wellbeing.

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

This area for improvement was made on 17 January 2025.

Action taken since then

Changes in staffing and management had disrupted the consistency of care and support for children. Core staff had done their best but lacked the tools and guidance needed to maintain service quality without a consistent manager. As a result, key areas such as planning, children's choice, staff meetings, and induction were not sustained.

Although a new manager and a qualified staff member are scheduled to commence their roles in January 2026, the service does not yet have a complete and consistent staff team.

This area for improvement is not met.

Previous area for improvement 3

To enable children to benefit from a sociable, safe and enjoyable experience while eating, the provider should review their policy and procedures for snack times. This should include, but not limited to, ensuring quality interactions between staff and children, and ensuring children are safe when they are eating.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

This area for improvement was made on 10 May 2024.

Action taken since then

Staff supervised to ensure safety; however, interactions were minimal and task focused. Opportunities to engage children in meaningful conversations and learn about their interests were missed. As a result, children did not consistently experience rich interactions that reinforced their sense of being valued and important

This area for improvement is not met and has been reworded (see area for improvement 1 under the heading, 'Children are supported to achieve').

Previous area for improvement 4

To ensure children's health and wellbeing is protected, the provider should ensure all staff are aware of medication brought into the service and ensure they are confident with administration requirements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

This area for improvement was made on 10 May 2024.

Action taken since then

Management of medication systems remained unclear and disorganised. Staff lacked the guidance needed to ensure safe and consistent administration requirements.

This area for improvement is no longer in place and has been incorporated into a new requirement under the heading, 'Children are supported to achieve'.

Previous area for improvement 5

To improve outcomes for children and ensure that there is a culture of improvement in the club, the provider should implement an effective system of quality assurance to monitor and improve practice.

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 10 May 2024.

Action taken since then

An effective system of quality assurance to monitor and improve practice was not in place. Senior management were planning quality assurance processes and had prepared a quality assurance calendar to support the process. However, self-evaluation for improvement was at an early stage of development and had not resulted in improvement being made. Some requirements and areas for improvements set in May 2024 had still not progressed. This meant that children and families do not experience quality care, because improvement planning is not used consistently or effectively.

This area for improvement is not met and has been reworded (see area for improvement 1 under the heading, 'Leadership').

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

Leadership	2 - Weak
Leadership and management of staff and resources	2 - Weak
Staff skills, knowledge, values and deployment	2 - Weak
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	2 - Weak
Nurturing care and support	2 - Weak

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