Gingerbread Tollcross ASC
Day Care of Children

Tollcross Primary School
117-119 Fountainbridge
Edinburgh
EH3 9QG

Telephone: 07825925851

Type of inspection:
Unannounced

Completed on:
6 May 2026

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 shops and amenities and has good transport links.

Children use the school playground for outdoor play.

About the inspection

This was an unannounced inspection which took place on 27 April 2026 between 15:00 and 18:00 and an announced visit on 28 April between 14:30 and 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 four of their families
- reviewed online electronic questionnaires from two staff
- spoke with staff and management
- spoke with the operational manager
- observed practice and daily life
- reviewed documents.

Key messages

- One requirement and one area for improvement had been met since the last inspection.
- Four requirements and five areas for improvement remained outstanding.
- Children were kept safe as there was adequate supervision in place.

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	2 - Weak
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

Quality indicator: Leadership and management of staff and resources

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

Leadership and direction within the setting were not yet effective in ensuring high-quality experiences for children. While there had been recent changes in staffing and some emerging capacity for improvement, these had not yet resulted in sustained or measurable improvements.

An operational manager had been appointed to provide oversight and support across the organisation. Plans were in place for this role to contribute to training, quality assurance processes and one-to-one staff support. The operational manager had identified that further work was needed, for example in relation to personal plans. While leaders expressed a desire to take a measured approach to change, they acknowledged that the pace of improvement had been too slow. Some requirements identified in August 2024 remained unmet. Since the previous inspection, only one requirement and one area for improvement had been addressed. This demonstrated that leadership was not yet impacting positively on outcomes for children.

In addition, a new manager had been recruited in January 2026 to lead the club. It was evident through discussion that the manager had identified key areas for improvement and had ideas for positive changes. However, these plans were at an early stage and had not yet translated into improved practice. As a result, there was limited impact on outcomes for children.

The vision, values and aims of the service required review. Leaders acknowledged that these were outdated and did not reflect the current context of the organisation. There were plans to involve children, families and staff in updating these. This was a positive step, which would offer an opportunity to develop a shared vision.

Self-evaluation processes were underdeveloped and lacked impact. Quality assurance processes in place were not thorough. Audits had been undertaken, however some of these did not clearly identify what had been reviewed or what actions were required. Vital documentation, including policies and support plans for children were not available within the service. As a result, staff were not consistently supported to work in line with current expectations. An area for improvement made previously had not been met. (See area for improvement 2 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Engagement with families required improvement. Although parents had completed questionnaires, there was limited evidence of meaningful discussion, particularly where different views were expressed. Feedback to families was planned but had not yet happened, reducing opportunities for partnership working. This did not fully support families to contribute to the development of the service. An area for improvement made previously had not been met.(See area for improvement 5 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Overall, leadership was not yet effective in driving improvement or ensuring high standards. Although systems and paperwork had been developed, this had not yet been implemented. Action needed to be taken to ensure that these have a positive impact on the outcomes for children.

Quality indicator: Staff skills, knowledge, values and deployment

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

Staffing arrangements ensured that children were supervised and able to access both indoor and outdoor play throughout the session. On each day of the inspection, two agency staff were present. These staff were familiar with the setting and the children, which supported some continuity of care. Staff deployment was effective in maintaining ratios and enabling children to move freely between different areas. Recruitment was currently being carried out to employ permanent staff to compliment the current team.

There were early signs of improvement in supporting staff to gain their qualifications. One staff member had recently begun working towards a relevant childcare qualification, another was due to join the next training cohort. It was positive that staff were motivated to progress their learning. However at the time of inspection staff skills, knowledge and understanding were not yet sufficiently developed to consistently support high-quality experiences for children. This impacted on the quality of interactions and the ability of staff to effectively support children's learning through play. A requirement made previously had not been met. (See requirement 1 under 'What the service has done to meet any requirements we made at or since the last inspection').

The newly appointed manager had encouraged staff to use their individual interests and strengths to contribute to the experiences offered within the club. This had begun to support some improvement in the range of activities available to children. However, this approach was not yet embedded across the team and had not led to consistently improved outcomes.

Arrangements for staff support and professional reflection were at an early stage of development. The operations manager had introduced the use of team meetings to include training videos and opportunities for staff to reflect and discuss practice together. While this was a positive step, it was not yet fully established, and as a result, staff were not consistently supported to reflect on and improve their practice. A requirement made previously had not been met. (See requirement 1 under 'What the service has done to meet any requirements we made at or since the last inspection').

Plans were in place to carry out a knowledge audit and observations of staff practice. This approach had the potential to provide a clearer understanding of staff strengths and areas for development, helping to target support more effectively. However, this work had not yet been implemented and therefore had not contributed to improvements in staff performance or outcomes for children. An area for improvement made previously had not been met. (See area for improvement 6 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

A staff safeguarding policy and reference to staff wellbeing in the 'Mental health and wellbeing policy' had been developed and shared with staff. Staff now had access to an Employee Assistance Programme to support all areas of their wellbeing. A requirement made previously had not been met. (See requirement 5 under 'What the service has done to meet any requirements we made at or since the last inspection').

Children thrive and develop in quality spaces — 3 - Satisfactory / Adequate

Quality indicator : Children experience high quality spaces

We evaluated this quality indicator as adequate, where strengths just outweigh the weaknesses.

Children accessed a suitable environment which supported their basic play and care needs. However, this was not of a high quality and required further development to fully meet children's needs and interests.

Staff prepared the main hall before children arrived, providing activities such as board games, art materials, construction and books. This supported children to make some choices about how they wished to spend their time and enabled a smooth start to the session. While this approach was positive, the environment overall lacked stimulation and did not consistently reflect the differing ages, stages and interests of children attending. Although there were some attempts to improve the environment, these changes were not yet embedded.

Children's views were not consistently sought or used to inform the environment or resources. As a result, some resources were limited and not always appropriate to the age and stage of children attending. This impacted on children's engagement and the overall quality of their experiences. A requirement made previously had not been met. (See requirement 3 under 'What the service has done to meet any requirements made at or since the last inspection').

Children had access to outdoor play for most of the session. They benefited from opportunities for fresh air, physical activity and freedom of movement. Staff supported children to move between indoor and outdoor areas, which contributed positively to their wellbeing. However, the range of outdoor resources was limited, with children mainly accessing balls and hula hoops. This restricted opportunities for creativity, challenge and sustained engagement. There was scope to improve outdoor provision by consulting with children and expanding the range of resources available.

Staff had completed infection prevention and control training and demonstrated appropriate practices to support a clean and safe environment. Tables were cleaned before and during the session and general hygiene routines were followed. This contributed to children's overall wellbeing.

Improvements had been made in relation to the safety and security of the building. Regular headcounts, the use of walkie-talkies and staff supervision of children moving between spaces contributed to children's safety. A requirement made previously had been met. (See requirement 2 under 'What the service has done to meet any requirements made at or since the last inspection').

There were limited opportunities for children to rest or relax. A small book area had been created using rugs, cushions and a room divider. While this demonstrated some awareness of children's need for quieter spaces, the provision was not sufficient to meet demand or provide a truly comfortable and inviting environment for rest. An area for improvement made previously has not been met. (See area for improvement 1 under 'What the service has done to meet any areas of improvement made at or since the last inspection').

Children play and learn 2 - Weak

Quality Indicator : Playing, learning and development

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

Staff had accessed online training to support their professional development and understanding of their role. However, this was currently limited to mandatory training. Staff did not consistently demonstrate the knowledge and skills required to provide high-quality play experiences that promoted curiosity, creativity and sustained engagement. While this indicated some commitment to improvement, a more focused approach to professional learning was required to ensure staff are better equipped to support children's play and learning. An area for improvement made previously had not been met. (See area for improvement 7 under 'What the service has done to meet any areas for improvement made at or since the last inspection').

A system had been developed and was due to be introduced to better reflect children's interests and ideas in the provision of experiences, spaces and resources. At the time of inspection, this had not been implemented in practice. As a result, children were not consistently experiencing play opportunities that were responsive to their interests or that promoted deeper engagement. When fully implemented and embedded, this approach has the potential to improve the quality of children's play. A requirement made previously had not been met. (See requirement 3 under 'What the service has done to meet any requirements made at or since the last inspection').

On the first day of inspection, the manager was absent, which impacted on the quality of provision. For example, the craft area was limited to colouring books and pens, offering little challenge or creativity. Despite a senior member of management being present, staff were unable to locate the weekly planning sheet, resulting in planned experiences not being delivered. Although staff acknowledged that the environment did not reflect expected standards, this situation highlighted a lack of robust systems to ensure continuity and quality. New activity sheets were being introduced to capture children's interests and views. While not yet in use, these had the potential to improve planning and the overall quality of experiences. An area for improvement made previously had not been met. (See area for improvement 3 under 'What the service has done to meet any areas for improvement made at or since the last inspection').

The manager recognised the need to enhance the range and quality of experiences, particularly through the introduction of Science Technology Engineering and Maths (STEM) related activities. Some improvements had been made, including the introduction of slime making, pizza making and baking. However, these experiences remained limited in scope. For example, baking opportunities were constrained due to lack of access to an oven, resulting in a narrow range of activities such as tray bakes and crispy cakes. Staff should further develop creative approaches to extend learning, for example through no-cook food preparation such as fruit kebabs or simple food exploration activities. This would provide children with more choice and healthy eating opportunities.

There were some emerging strengths in practice. One staff member had introduced dance sessions in the gym hall, teaching routines which children enjoyed. These experiences supported children's confidence and willingness to persevere, contributing to aspects of resilience and a growth mindset. The team should continue to develop this practice to provide more consistent opportunities for children.

Children had completed "All About Me" profiles to share their interests. At the time of inspection, this information was not being used to inform play experiences or personalise learning. The manager recognised the need to review these profiles with keyworkers and develop a system to ensure that children's interests meaningfully influenced planning.

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 weakness.

Approaches to nurturing care and support were inconsistent and did not reliably ensure that children's wellbeing and individual needs were met.

Information relating to children's care and support needs was not accurate, accessible or consistently understood by staff. For example, daily records indicated that children had support plans in place, however staff confirmed that these were no longer in use and required updating. This created confusion and increased the risk of staff not having the correct information to meet children's needs. While this could be addressed through timely updates, including handwritten amendments where necessary, this had not been implemented. As a result, staff did not have a shared or consistent understanding of how to support individual children.

There was some evidence of staff beginning to develop their understanding of a trauma informed practice. Meeting minutes from January 2026 showed that some staff had engaged with training on trauma informed approaches, followed by discussion. Plans were in place to revisit this at a future meeting. While this was positive, it was not yet consistently reflected in staff practice or interactions with children. A requirement made previously had not been met. (See requirement 1 under 'What the service has done to meet any requirements made at or since the last inspection').

Staff were able to describe some strategies used to support children experiencing difficulties with emotional regulation. However, these approaches were not formally recorded or consistently applied. For example, staff discussed a child who required support, yet there was no clear or up-to-date support plan available. Although incidents and parental discussions had taken place, there was no structured documentation outlining agreed strategies. This limited staff's ability to provide consistent, individualised support.

Access to support plans was disorganised. Some plans had been removed from the club and were not available within the service at the time of inspection. In addition, information held in central records was inconsistent with staff understanding. Agency staff indicated that they were unsure of specific strategies and would rely on core staff for guidance. This demonstrated a lack of clear communication and systems to support all staff to meet children's needs effectively. A requirement made previously had not been met. (See requirement 4 under 'What the service has done to meet any requirements made at or since the last inspection').

There were significant gaps in relation to health and safety information. For example, a child with known allergies had this recorded in their personal plan but this was not highlighted elsewhere. Staff did not routinely check lunchboxes, which increased the risk of exposure to allergens. This placed children at potential risk and demonstrated weak systems for sharing critical information. A requirement made previously had not been met. (See requirement 4 under 'What the service has done to meet any requirements made at or since the last inspection').

Personal plans were in place for children; however, these were not consistently up to date or accurate. Contact details were known to be incorrect, and attempts to address this were ongoing. Audits had identified weaknesses, but these had not yet resulted in consistent improvement. Recording of significant events, including child protection concerns, was unclear and difficult to follow. Staff were uncertain about the sequence of actions taken, indicating that recording systems were not robust or well understood. A requirement made previously had not been met. (See requirement 4 under 'What the service has done to meet any requirements made at or since the last inspection').

Staff interactions with children were variable. In some instances, staff supported children to resolve conflicts; however, opportunities to empower children and promote independence were missed. During an observed incident, a child was hurt and staff did not consistently acknowledge or validate the child's feelings. This was a missed opportunity to provide emotional support and model restorative practice. In contrast, an agency staff member demonstrated a nurturing response, offering reassurance and validating the child's emotions, which helped the child to feel comforted. This highlighted inconsistency in staff practice.

Overall, children did not consistently experience nurturing, responsive care. Significant improvement was required to ensure that support is well planned, clearly communicated, and delivered through warm, consistent and skilled interactions.

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

During inspection visits, there were instances where children did not receive appropriate support or comfort and their feelings were not acknowledged by staff, indicating gaps in staff understanding and practice. Children's emotional cues were not always understood or responded to appropriately, resulting in missed opportunities to support their wellbeing.

Staff had begun to explore trauma informed practice during team meetings through videos and reflective discussions. However, this had not yet involved all staff and learning was not fully embedded in practice. While plans were in place to continue this work, there was limited evidence of impact on staff practice at this stage.

This requirement had not been met and we have agreed an extension until 01 September 2026.

Not met

Requirement 2

By 18 November 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

During the inspection visits the security of the building was maintained and children were effectively supervised to ensure their safety.

a) Staff used walkie talkies to communicate effectively, ensuring coordinated supervision when children moved between indoor and outdoor areas. Children were kept within staff line of sight during transitions, and handovers between staff were managed safely.

b) Internal exits were secured and checked by staff throughout the session.

c) Staff carried out regular headcounts, ensuring children were accounted for at all times.

d) Risk assessments were in place, clearly outlining potential risks and the actions staff should take to minimise them.

These measures resulted in a safe and secure environment, where risks were appropriately identified, managed, and minimised. Children were consistently supervised, and staff demonstrated awareness and understanding of safety procedures.

Met - within timescales

Requirement 3

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

a) A system to capture children's interests was only at an early stage of development. Current planning consisted of a basic weekly plan, which linked some activities to individual children's interests. However, activities did not consistently take place and there was no evaluation of activities, limiting the ability to build on children's interests. A new planning sheet had been developed to strengthen this approach, but this was not yet in use and therefore had not impacted on practice.

b) Planning approaches were unclear and very basic, with limited structure beyond responding to some children's ideas. There was no evidence of wider planning to support children's development, interests or progression. While the service had begun to explore ideas to enhance children's roles and engagement, this work was not yet established or embedded.

c) On arrival, children were signed in by staff, however, on the first day of inspection, they were not consistently greeted or welcomed into the main hall, limiting a sense of belonging and emotional support. While staff engaged with children at times (e.g. during snack and some interactions), this was not consistent throughout the session. Children could move between indoor and outdoor spaces with staff support, however, overall interactions were not sufficient to fully support all transition points across the day.

This requirement had not been met and we have agreed an extension until 01 September 2026.

Not met

Requirement 4

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

a) Personal plans had been updated with parents, however, these contained only basic information and, in some cases, inaccurate details. Plans did not consistently provide clear guidance on how children's needs should be met and required further development and detail. Important information, such as children's allergies, had not been highlighted to all staff, increasing risk and demonstrating ineffective use of plans.

b) While information was collected from parents, there was no clear evidence of meaningful partnership working in the development of personal plans. Parents were not actively involved in shaping support strategies, and chronologies within plans were unclear. Children completed "All About Me" forms, however, the information gathered was not used to inform care or planning. We discussed how this information could be used to support children's interests.

c) Personal plans and healthcare plans had been reviewed with parents, however, ongoing or updated information lacked clarity. For some children, it was unclear whether support needs had changed, and staff had different understandings of current strategies.

d) For a child with an identified support need, the support plan was not available within the club, having been removed and not returned. Staff provided inconsistent information about support strategies, indicating a lack of shared understanding. Support plans should be available in the club, so that staff are aware of any strategies used to support children.

e) When agency staff arrived at the service they were directed to review a booklet about all children attending the club. This contained information about any support strategies in place, although was different from the strategies staff said that they used. Details of medical needs and allergies were missing for one child. This creates a risk that staff are not fully informed about children's needs or support strategies.

This requirement had not been met and we have agreed an extension until 01 September 2026.

Met - outwith timescales

Requirement 5

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

Policies had been developed to support staff in relation to their wellbeing and development needs.

a) The manager had been in the role since January, the operations manager was their line manager and had carried out a 1:1 with them. The operational manager told us the plans they had to support the new manager in their role. Staff had access to online training and had undertaken mandatory training, such as First Aid, child protection, and manual handling. Whole team meetings had begun to offer opportunities for staff to attend training and reflect on learning together. One staff member had started their qualification in childcare, this could impact positively on practice.

b) A staff safeguarding policy and reference to staff wellbeing in the 'Mental health and wellbeing policy' had been developed and shared with staff. Systems in place to support staff included support and supervision with the manager, which were due to start, and access to the Employee Assistance Programme.

c) A manager from another Gingerbread service had visited the club to offer support to the new manager. The manager should be able to role model and mentor staff to support them in their practice.

This requirement had not been met and we have agreed an extension until 01 September 2026.

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

The environment was not well maintained, welcoming, or comfortable. The hall did not provide an inviting space and lacked a warm, engaging atmosphere for children to relax and play. Resources available were not consistently age and stage appropriate, meaning they did not fully meet the needs of all children attending the service. There was a limited range of resources and activities, restricting children's choice and opportunities for play and engagement.

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

There remained a lack of effective overall quality assurance systems within the service. While some audits had been introduced, these were not having a measurable impact on improving the quality of care or addressing identified weaknesses. Gaps in the service provision continued to exist, indicating that monitoring processes were not robust or effective in identifying and driving improvement. Some quality assurance processes were still in the development stage and had not yet been implemented or embedded into practice.

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

On the first day of the inspection, the manager was absent, and effective leadership arrangements were not in place. Although a senior member of the management team was present within the service, there was a lack of clear leadership and direction for staff. As a result, the usual routines of the club were not followed, indicating that those covering did not have sufficient knowledge or oversight of the service. This lack of leadership led to inconsistencies in practice and children did not experience the expected structure and continuity. Consequently, children did not receive the continuity of care they should expect, highlighting the impact of ineffective leadership arrangements.

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 school collection policy was in place and was stored within the risk assessment folder, ensuring it was accessible to staff. This policy had been reviewed and updated in November, making it specific to the Tollcross setting and clearly reflecting the service's procedures for collecting children safely. This demonstrated that the provider had taken steps to ensure the policy was relevant, clear and tailored to the needs of the service, supporting consistent implementation.

An additional organisation-wide policy was also present, however, this had the potential to cause confusion. During inspection, it was identified that this should be removed to support clarity and consistency for staff. The provider was responsive to this feedback.

This area for improvement has 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

a) A senior member of management met individually with parents and completed questionnaires regarding the care and support provided. Completed questionnaires were viewed during the inspection. However, where parents raised concerns or disagreed with a question, there was no evidence of further discussion, follow-up, or recorded feedback. While the provider advised there were plans to share outcomes with parents, this had not yet been implemented. Although some attempts had been made to gather feedback, there was no clear evidence that views had being responded to or used to inform service improvement.

b) The policy folder was not available within the club during the inspection. Policies were not readily accessible to parents, limiting their awareness and understanding of procedures. The complaints procedure was displayed, however it required updating to include clear guidance on how to make a complaint to the Care Inspectorate. The provider indicated plans to make policies available online, but this was not yet in place.

c) Inspectors observed some positive practice, with staff giving informal verbal feedback to parents at collection time. This supported parents to have a general understanding of their child’s day. However, this approach was inconsistent and informal, with no structured system in place to ensure all families received regular, meaningful updates. The manager advised of plans to introduce a floor book to capture children’s experiences and share these with 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 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

There was no comprehensive audit of staff or management skills in place to identify gaps in knowledge, experience, or competency.

While questionnaires had been introduced for use in 1:1 meetings, these were not a substitute for a structured and systematic skills audit and had not been used to fully assess staff competencies. Staff observations had not been consistently carried out, limiting the provider's ability to evidence staff practice, identify development needs, or ensure good practice was embedded. The only audit evidence seen related to Scottish Social Services Council registration status and a training plan, which focused on compliance rather than a holistic assessment of skills and capability.

As a result, there was no clear link between identified needs and a targeted, ongoing training and development plan.

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

The operations manager advised that staff job descriptions had been reviewed and were considered to appropriately match staff roles. However, this did not evidence ongoing monitoring of staff competence or development in practice.

New 1:1 supervision sheets had been developed, but these were not yet implemented. As a result, there was no consistent system of supervision in place to support staff, review performance, or identify training needs. While the introduction of these supervision tools had the potential to support staff development, they were still at an early planning stage and had not yet impacted practice.

There was no evidence of regular practice observations or appraisals being carried out, which limited the provider's ability to assess staff competence, support improvement, or ensure high quality care was consistently delivered.

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.

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	2 - Weak
Playing, learning and developing	2 - Weak

Children are supported to achieve	2 - Weak
Nurturing care and support	2 - Weak

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