

## Spring Oscars @ Currie Day Care of Children

Currie Primary School  
59 Curriehill Road  
Currie  
Edinburgh  
EH14 5PU

Telephone: 07971095162

**Type of inspection:**  
Unannounced

**Completed on:**  
26 April 2023

**Service provided by:**  
Out of School Scotland Limited

**Service provider number:**  
SP2007009266

**Service no:**  
CS2018372402

## About the service

Spring Oscars @ Currie can provide an early learning and childcare service to a maximum of 40 school aged children up to entry to S2.

The service is provided by Action for Children. The organisation delivers breakfast clubs, out of school care and holiday clubs in a variety of venues across central Scotland. Based in Currie primary school, Edinburgh, the service has use of the dining hall, a small kitchen area and the outdoor playground space at the front of the school.

## About the inspection

This was an unannounced inspection carried out on Wednesday 19 April 2023 between 14:30 and 18:05. Two inspectors from the Care Inspectorate carried out this inspection.

To prepare for the inspection we reviewed information about the service. This included previous inspection reports, information submitted by the service and intelligence gathered since registration.

In making our evaluations of the service we:

- Spoke with children and parents in the service and invited more parents to offer feedback through digital means
- Spoke with staff and management
- Observed practice and daily routines
- Reviewed documents relating to children's care and the management of the service.

We gave feedback to the manager and provider by videocall on 26 April 2023.

## Key messages

Recent changes in staffing and management have resulted in many transitions for children. The new team should prioritise giving children familiarity, security and consistency to aid their wellbeing in the service.

Children had access to a range of resources for play, art and sports. These should continue to develop using open-ended materials for challenge and creativity.

Children are beginning to be active participants in the daily life of their service, by making decisions, contributing to daily routines and being involved in planning.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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

## How good is our care, play and learning?

## 3 - Adequate

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

### Quality indicator 1.1: Nurturing care and support

Children were nurtured and supported throughout their daily experience. Most children were generally relaxed and comfortable in the service, through warm and nurturing interactions with staff. The session had a relaxed flow where children looked familiar with what was happening next. This was reassuring for children. Management brought children together in a fun and engaging way, to introduce new staff. This was inclusive and positive for children in the midst of changes within the staff team.

Snack time was generally a relaxed and sociable experience with nutritious choices. Children were able to make choices, fill their own plate, help themselves to water and contribute to future menus. Staff were mostly present to chat and reduce the risk of choking. Children were able to help prepare snack for everyone which they enjoyed. However, the service should ensure snack preparation happens in a timeous way to keep children engaged and to feed children before they leave. The service should also explore the risk assessment of snack preparation to ensure children are being challenged with new skills and levels of responsibility, appropriate to their stage and needs.

Personal planning was not yet effective and so benefits to children were inconsistent. All children had basic information recorded on the online app, such as consents, contacts, health needs. This information provided staff with up to date knowledge for children's consistency. The service should consider how relevant information is gathered from parents and then used by the service to plan children's care. This should avoid duplication for parents whilst informing staff with detailed plans of action. Additional support plans were generally in place for children but had not been reviewed within the required six month timescale. This meant there was potential for support strategies not being useful for children anymore. Mostly strategies were not being monitored or reviewed, therefore not being updated and evolving to suit the needs of the child (**see restated area for improvement 1**).

Medication records were inconsistent and out of date as the reviewing of these had not been prioritised following the change in management. For example, medication forms did not always match with prescribed medication and staff were uncertain on stepped approaches for keeping children healthy and safe. This left potential for children's health and medical needs to go unnoticed or be mistreated. Any medications recorded on children's personal plans should be planned for, with detail to guide staff consistently. These plans should be reviewed and updated with parents every term to ensure they are fit for meeting children's needs. The service should access the Care Inspectorate's website The Hub for quick wins medication information. Medication management must improve to support children's health and wellbeing (**see requirement 1**).

Children were safeguarded as staff had sufficient knowledge of child protection concerns and their role in recording, monitoring and reporting. The provider should continue to revisit child protection scenarios and training for new staff. This will ensure knowledge remains up to date and staff have awareness of potential situations they may face.

### Quality indicator 1.3: Play and learning

Children were having fun as they experienced play opportunities. They enjoyed doing art, playing imaginative games with construction, spending time with each other and playing outside. They had opportunities to negotiate, collaborate, problem-solve and take risks safely, giving practice of essential life skills. The service should continue to ensure varying stages of development are challenged and engaged. For example, some older children would benefit from more engagement.

Children were mostly empowered to be involved in their play and learning through some resources being available and staff being responsive. Staff were available to join play when invited by children. Their contribution was often enhancing children's enjoyment and the learning of new knowledge or skills. For example, staff were teaching children the rules of chess. The provider could explore how to keep children informed of resources available to them. This would offer further choice and extend the play experience as children would be directing their own.

Staff were spending time with children, listening to them and noticing their interests. This knowledge was then used to plan resources and experiences, so children were starting to be involved in planning. For example, the creation of an origami shop and Harry Potter themed activities. The provider should continue to develop this mix of spontaneous play and planned opportunities for new skills and learning. To support this, the provider should enhance staff knowledge of play, child development and their role to enhance them. Play experiences would also be enhanced through the new team having a shared commitment to the service vision and aims.

### Requirements

1. By 5 May 2023, the provider must ensure children's health and medication needs are met.

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

- a) Have a plan detailing all identified health needs, medication and how staff should support a child in a stepped approach
- b) Ensure the detailed plan is stored with the medication for accessibility
- c) Ensure the plan reflects medical instructions such as prescriptions
- d) Quality assure health needs and medication at least every term to ensure the information is fit for the purpose of keeping children safe and healthy.

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

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

### Areas for improvement

1. In order for children to receive the right care at the right time, the provider should ensure personal plans are reviewed, updated and shared with staff in a timely way. For example, personal plans should be in place within 28 days of the child starting, however if medication or additional support is required, the plans should be in place to guide their care from the first time they attend the service.

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

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

Restated from the last report.

## How good is our setting?

## 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality indicator 2.2: Children experience quality facilities

The setting was well furnished and comfortable. It was a shared space with the school and so the service was limited to what could be changed. It was spacious for children to move freely around and well ventilated with lots of natural light for children's comfort. A quiet area was developing with a soft rug and sensory items to allow space to relax. Items to develop this further could be beanbags or chairs with backs for children to sit whilst reading or chatting.

The settings indoor and outdoor environments had improved. Children had an enhanced range of resources to choose from indoors. For example, construction, imaginative play, games, craft materials. Play spaces were more inviting as resources were displayed with rugs to sit on. This showed children what was available but also served to spark imagination and ideas. The provider should continue to build on this, using open-ended materials to entice children into play and add new purpose to the resources they have.

The outdoor space was part of the school playground. It was large with a variety of interesting areas such as trees, small hills, paths and grass. This offered children a variety of places to play in different ways. Children could use the static school equipment, such as climbing frames and bike railings to practice physical skills. A new storage unit had been added outside. This enabled children to choose from a selection of sports and outdoor resources. Children we spoke to enjoyed the outdoors area. There were some restrictions on children to free-flow but generally they were moving between indoors and outside. The provider should continue to work on reducing any barriers to children being outdoors whenever they want to be.

The setting and equipment were safe, secure and well maintained. Time had been spent reviewing and auditing the resources in the setting. The result was a range of resources being used which were fit for purpose and more age-appropriate for children's enjoyment and challenge. Children were generally safe in the setting. They were familiar with the school and outdoor area, giving some independence and responsibility. Children were aware of and respected the space boundaries which kept them within sight of staff outside. Staff knowledge of children allowed them to identify individual risks for children and plan to minimise them to ensure safety.

Infection prevention and control practices did not always follow best practice. For example, handwashing practice was inconsistent on arrival to the service and after snack, however children did wash hands prior to eating and helping to prepare snack. The food preparation area was also being used as office space which meant it was cluttered and generally unkempt. The provider should work with the team to consider risk of infection spread and the actions needed to reduce this.

## How good is our leadership?

## 3 - Adequate

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

### Quality indicator 3.1: Quality assurance and improvement are well led

The recent changes in staffing and management had meant unsettling times for children. A shared vision was just beginning to develop for the service through consistent management leading change. This was having a positive impact on what children could expect daily. As new staff and the new manager settle into their roles, this should only strengthen. The provider understood the importance of continued support for the new team and has made a commitment to do so. For example, an extended handover period has been planned for the new manager.

Revisiting the ethos and aims of the service would be beneficial for the new team. It would allow new staff and children to gain a common understanding, purpose and commitment to their service. It would also support the manager to identify any training needs to empower staff in their care and support of children. For example, staff understanding of children's communication styles when overwhelmed, and their role in supporting self-regulation.

Management had spent time enhancing the reputation of the service by building and maintaining relationships with all involved. Views of children were sought on the purchasing of new resources. One child told us, 'When we suggest activities, most of the time we get it' and another said, 'Staff sometimes come round with a notebook, and we can ask for stuff.' Children were beginning to feel more empowered in having ownership of their service. Management reported positive feedback from parents regarding resources and experiences. The new manager should explore creative ways to involve parents formally in service evaluations. This would offer invaluable guidance for service improvements. Relationships with other partners such as school staff had been revived. This benefited children as the school were flexible and responsive in their support. School staff told us that children were excited to come to the service.

Quality assurance, including self-evaluation and improvement planning were happening informally and were leading to some improvements. However, action was still needed to ensure and maintain consistent improvements for children. For example, regular checks to ensure children's personal planning was fit for purpose to meet their needs. We advised the use of documented action plans for monitoring and evaluation purposes, moving forward. This would support a new team by setting out expectations initially and continuing improvements made thus far.

An area for improvement in the last inspection was not met and continues to be necessary to support improvement. The provider should ensure the use of best practice documents to guide and inspire improved outcomes for children. A range of documents can be found on the Care Inspectorate's website The Hub. These showcase innovative work in other services which could be adapted or replicated (**see restated area for improvement 1**).

### Areas for improvement

1. To ensure children consistently receive a service which is continually improving, the manager should refer to best practice for benchmarking and inspiration. In particular but not exclusively, the manager should use the 'Health and Social Care Standards' (Scottish Government 2017) and 'A Quality Framework for daycare of children, childminding and school-aged childcare' (Care Inspectorate 2022).

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' (HSCS 4.11).

**Restated from the last report.**

## How good is our staff team?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality indicator 4.3: Staff deployment

Deployment and levels of staff were effective to care for the number of children in attendance. On the day of inspection, there was sufficient staffing to meet the needs of children, keeping them safe and well. Previous registers demonstrated that this was a consistent approach across a period of time.

Recent changes to the staff team meant that children had to get to know many new and covering staff. This had the potential to impact on children's enjoyment and feelings of security. However, the management team were consistent staff, offering continuity of routines and familiar and trusting relationships for children. Whilst children didn't know all staff well, we saw minimal impact of this on children's experiences on the day of inspection.

Staff moved around to support children's freedom and choices. They were flexible when working as a team through communication and some delegation. The provider should continue to ensure new staff are mentored and guided through shadowing opportunities to help settle them into their role if needed. This would contribute to children having consistently positive interactions with all staff.

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

### Requirements

#### Requirement 1

By 31 October 2022, the provider must ensure children's health, welfare and safety are secured each day by being cared for by the right number of staff. To do this the provider must at a minimum consider:

- The needs of children attending the service as outlined in their personal plans and risk assessments
- The mix of experience, knowledge and skills in the staff team
- The consistency of staff to support children's emotional wellbeing.

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



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

'My needs are met by the right number of people' (HSCS 3.15).

**This requirement was made on 12 September 2022.**

#### Action taken on previous requirement

Through checking previous registers and assessing staffing on the day of inspection, we were satisfied that sufficient improvements had been made to ensure children's health, welfare and safety:

- Registers showed the service being over ratio of staff to children on various days checked, contributing to children's safety and wellbeing
- The manager and operations manager remained the two consistent staff for children during this transition period, providing security and familiarity
- Numbers of children as well as their individual needs were considered when planning staffing each day, in order to keep children safe and well
- Agency staff were familiar to children and routines as they were consistently used by the service over a period of time
- The provider continues to recruit and induct new permanent staff to the service.

This requirement has been met.

**Met - within timescales**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

In order for children to receive the right care at the right time, the provider should ensure personal plans are reviewed, updated and shared with staff in a timeous way. For example, personal plans should be in place within 28 days of the child starting, however if medication or additional support is required, the plans should be in place to guide their care from the first time they attend the service.

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

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

**This area for improvement was made on 12 September 2022.**

## Action taken since then

Due to the recent transition in staffing, this area for improvement continued to be worked on:

- All children had basic information to inform staff about their emergency contacts, permissions, health and wellbeing needs and medication
- Additional support plans and medication forms were out of date and potentially not providing correct information to help staff support children
- Staff knew the children well and demonstrated their ability to engage and support individual children. Further work was needed to ensure children's personal plans reflect this, providing consistent and accurate information for all staff to follow.

This area for improvement has not been fully met and will be restated in this report.

## Previous area for improvement 2

To ensure children consistently receive a service which is continually improving, the manager should refer to best practice for benchmarking and inspiration. In particular but not exclusively, the manager should use the 'Health and Social Care Standards' (Scottish Government 2017) and 'A Quality Framework for daycare of children, childminding and school-aged childcare' (Care Inspectorate 2022).

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' (HSCS 4.11).

**This area for improvement was made on 12 September 2022.**

## Action taken since then

Improvements continued to be made to the quality of provision experienced by children, which they were involved in shaping. However, further benefits could be gained from using best practice guidance in early learning and childcare. This would extend improvements, offering children different experiences and opportunities that they may not have considered. Referring to best practice and discovering what other services are doing can extend staff thinking and inspire new practice and confidence.

This area for improvement has not been fully met and will be restated in this report.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	4 - Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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