

Spring OSCARS @ South Morningside Day Care of Children

South Morningside Primary School
116 Comiston Road
Edinburgh
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Telephone: 07974124202

Type of inspection:
Unannounced

Completed on:
26 September 2025

Service provided by:
Out of School Scotland Limited

Service provider number:
SP2007009266

Service no:
CS2023000134

About the service

Spring OSCARS @ South Morningside is within South Morningside Primary School, Edinburgh and is close to transport links, parks and other local amenities. The accommodation used by the service in this building includes their own entrance to the basement of the building, use of two open-plan dining halls and office space. The school grounds are also used for outdoor experiences.

The service is registered to provide a care service to a maximum of 71 school aged children at any one time. When more than 64 children attend an additional room in the school must be used.

About the inspection

This was an unannounced inspection which took place on Wednesday, 24 September 2025 from 14:15 to 18:00 hours and Thursday, 25 September 2025 from 14:00 to 17:30 hours. 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 and parents using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe 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 within Leadership.

As part of this inspection, we undertook a focus area. We have 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 with services.

Key messages

- Children were welcomed into the service by friendly and approachable staff.
- Children benefitted from improved play spaces to have fun in.
- Approaches to parental engagement could be developed further to ensure parents are included in the life and development of the service.
- Quality assurance approaches were beginning to impact positively on children's experiences.

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	3 - Satisfactory / Adequate
Children thrive and develop in quality spaces	4 - Good
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

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

Leadership 3 - Satisfactory / Adequate

We evaluated this heading as satisfactory/adequate where strengths just outweighed the weaknesses.

Quality indicator: Leadership and management of staff and resources

The service was in a period of transition with temporary changes within the management of the service. There were proposals for future plans within the leadership and management of the service with timescales still to be finalised. We recognised the progress and improvements made so far, and the positive impact this had for children. For example, improving play spaces for children to have fun and play. Approaches should now be embedded in practice to ensure consistency over time; this will be supported further with the stability of a management team.

Since the last inspection, the provider has worked to improve outcomes for children. Quality assurance priorities and improvement plans were based around improvements and requirements set at the last inspection. This resulted in the requirements and most areas for improvement being met. This meant that the service was making progress and improvements to children's daily experiences. To further build on this positive approach, the area for improvement from the last inspection will remain (see area for improvement 4 under "What the service has done to meet any areas for improvement we made at the last inspection?").

Recruitment processes were in place, including staff being registered by the provider with relevant professional organisations. This meant that all staff were registered within timescales. Induction plans were in place for new staff and included completing mandatory training and knowing the values of the service. Leaders supported and guided day-to-day practice through role modelling and providing explanations of the rationale behind practice. This meant that staff had a better understanding of the service, and children experienced consistent approaches to their care.

Since the last inspection, the provider has worked to improve outcomes for children. Changes were made in consultation with children and introduced at a steady pace. For example, children were asked about snack menu planning; exploring healthy snacks, and the times of snack during the session. Their feedback was captured in a floor book, enabling children to reflect on their comments and add to as required. As a result, children experienced a rolling snack that could be accessed across the session, with a varied selection of food choices across the week.

Since the last inspection, the provider has worked to improve outcomes for children. Consultations with parents were at the early stages of being introduced formally in the form of a parental engagement floor book; although, informal conversations were taking place at pick-up times between staff and parents. A parent fed back to the service and commented that they had seen improvements to the set-up of spaces and how engaged their children were. They were feeling more confident in the care and support that their children were receiving in recent months. Leaders understood the importance of gathering feedback from parents. We acknowledge the progress the service had made since the last inspection. However, improvements were at the early stages and needed more time to fully embedded.

Quality indicator: Staff skills, knowledge, values and deployment

A core staff team provided continuity of care for children and supported the building of relationships. Absences were managed through cover from other Spring Oscars services, or the same agency staff. This meant that staff often knew the service and children, and supported continuity of care.

Children benefitted from leaders role modelling and communicating good value based practice. This meant that children experienced and observed, respectful interactions, active listening and their feelings being validated. Leaders had a good knowledge of how children develop and play, and used this to guide and enhance staff's knowledge and practice. This meant children experienced play that was of interest to them in their environment and interactions. There was a balance of skills and responsibilities across the leadership team, which worked together to ensure priorities were being actioned across the service.

Staff training opportunities were beginning to impact positively on experiences for children. Staff had completed mandatory training, including first aid and child protection, which kept their knowledge of procedures fresh. There were opportunities to engage in professional discussions during team meetings that led to improvements. For example, a session on themes around play spaces. This led to the development of play spaces, creating defined areas that had improved play experiences for children. Further opportunities should be provided for staff to reflect on training and consideration of how this could be applied to their practice would help to enhance experiences for children.

There were enough staff available to promote children's independence and allow choice of movement. For example, children could decide when they wanted to move between indoors and outdoors. Two-way radios enabled staff to communicate to each other about children's movements. Staff skills and interests were beginning to be used to benefit children. For example, a member of staff who was interested in dance supported a group of children interested in choreographing dance routines.

Children thrive and develop in quality spaces
4 - Good

We evaluated this heading as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Quality indicator: Children experience high quality spaces

Children experienced an environment that was safe and secure. Effective procedures were in place for collecting children from their classrooms, with staff providing supervision. Registers were updated in response to children attending extra-curricular activities. This meant that children were accounted for. A secure entry system was used to access the service and was managed by staff. Two-way radios were used to support communication between staff as children moved around play spaces outdoors and indoors. Children were aware of procedures and knew to inform staff when they were going outside. As a result, children were kept safe.

Children benefitted from having access to the playground for outdoor play. Boundary areas in the playground were clearly marked to ensure that children in the service were kept safe, and school pupils and parents attending extra-curricular groups had collection points in the playground. This meant that children could have space to play that was separated from other children and parents using the playground for school pick-ups.

At the time of inspection, the school toilet facilities were being refurbished. Temporary measures and approaches to children accessing the toilet in the playground were in place. Risk assessments were carried out and updated when required. Procedures were in place to report any maintenance issues, and these were actioned promptly through school facilities management. This meant children were kept safe during the refurbishment work.

Play spaces were attractively set up and children's preferences were considered in planning this. For example, staff explained that loose parts are often used in the construction area, so they were placed beside each other. Children could move and use resources as they wished. There was enough space for them to play; for example, the train track had space to allow children to spread out the track as they played. This meant that children could explore their play freely.

Children were consulted with during daily conversations as staff engaged in play. Children's ideas and opinions were captured in floor books that were available to children during the session. For example, sharing their ideas for activities during the week that they would like to take part in. Staff were responsive to this and, as a result, the experiences for children were influenced by their contributions. This approach should continue to be built on as the service moves forward.

Systems were in place to ensure the safe storage of personal information. This included paperwork stored in locked cupboards, and digital security for social media and digital applications. This meant that information and images were secure and available only to relevant individuals. Consideration could be given to how children give permission for their photographs being taken and the purpose of them being kept. For example, photographs taken of children with their artwork that is shared digitally with parents.

Children play and learn 4 - Good

We evaluated this heading as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Quality indicator: Playing, learning and developing

Children's play experiences were fun and engaging. A range of free play and planned activities were available. Children chose where to play, with some choosing to spend most of their time outdoors. There were opportunities to participate in playground games, ball games and quieter activities. Staff observed children and were balanced in their approach of when to engage or stand back. For example, some children needed help with the weaving activity and staff provided help. This ensured children could lead their own play and get support when needed.

Staff and children interacted positively with each other during play. For example, children and staff had fun as they played monopoly, negotiating and laughing with each other. This meant children had fun with staff who were present and genuinely engaged with them. Staff were at children's level, either sitting on the floor or joining them at a table. This meant that some staff's interactions sustained children's play over a period.

Experiences and activities were planned based on children's interests. Children recorded their ideas in a floor book and staff engaged with children to prioritise the activities and seek further information. As a result, children could direct their play and were listened to. Some activities had optional informal challenges

set for children. For example, most children participated in the Lego challenge and resulted in the challenge being continued over several days as children created elaborate designs and constructions. This meant that children's curiosity and creativity were being developed. Responsive planning sheets were beginning to be introduced to formally record children's experiences and the possible next steps in their play. This should continue to develop so children can be further supported to progress.

Children are supported to achieve 4 - Good

We evaluated this heading as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Quality indicator: Nurturing care and support

Children were welcomed into the service by staff, who asked about their day and were interested in what children were sharing. This let children know that they are valued and important. Activities were set up to support interactions between friendship groups or for social interactions. For example, a cosy space was created for a group of children to relax and read their books together. A spinning top game was enjoyed by a group of friends. This meant that children had opportunity to play with their friends or with new friends.

Families contributed to children's personal plans to ensure staff had enough information to meet their needs. For example, opportunities had been created in response to a child's preference for having space to run around. Staff had a good knowledge of children's needs and spoke confidently about these. Further work was needed to record strategies of support for children; this would help enable effective evaluations to be made of children's progress and changing needs over time. As a result, the area for improvement made at the last inspection will remain (see area for improvement 2 under "What the service has done to meet any areas for improvement we made at the last inspection?").

Improvements had been made to the management and administration of medication. Reviews were completed with parents and management were allocating additional time to ensure all reviews were completed in timescale, so they were reflective of current guidance. Overall, children's health needs were being met.

Food choices at snack were nutritious, plentiful and safely prepped. Water was available for children throughout the session. A rolling snack had been introduced to ensure equity across the session for children who attended extra-curricular classes in the school. This meant that children were hydrated and could decide when and what they had for snack. Snack experiences could be strengthened further with additional opportunities for children to develop independence skills and prepare snack.

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

Requirements

Requirement 1

By 10 March 2025, to ensure children's safety and wellbeing, the provider ensure that medication systems including the storage of medication are improved. To do this the provider must, at a minimum develop and implement robust systems to ensure all the necessary information is gathered and documentation completed. Information must clearly outline the strategies of support needed by staff to support children with any medication needs. Medication must be stored safely whilst ensuring staff can quickly locate this and the associated information to support children when needed.

This requirement was made on 25 January 2024.

Action taken on previous requirement

The management and administration of medication had been improved and was reflective of current guidance. Medication was stored securely and accessible to staff. A record of medication and administration was in place for children who need it. This meant that children's medical needs were met promptly and effectively when required.

Met - within timescales

Requirement 2

By 31 March 2025, to ensure children are safe and protected, the provider must have effective systems to ensure the professional registration of staff with the appropriate professional body. To do this the provider must, at a minimum develop and implement robust support and monitoring arrangements for staff to gain and sustain their appropriate professional registration.

This requirement was made on 25 January 2024.

Action taken on previous requirement

The provider ensured that new staff applied for registration with a professional body at the start of their employment. This meant that applications were processed at the earliest point and ensured staff were registered within timescales. A system was in place to review staff professional registration. An overview sheet provided key information including renewal dates and registration conditions. The system in place supported annual audits and reviews.

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

To support children's health and wellbeing, the provider should ensure that the snack routine is improved. This should include supporting social interactions with staff, further menu options, the portions provided and the presentation of drinks.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

This area for improvement was made on 25 January 2024.

Action taken since then

Improvements had been made to snack time routines and experiences for children. A rolling snack had been introduced that ensured that snack was available for all children including those attending extra-curricular classes. Children helped to create menus and snack options were presented well and were nutritious. Staff sat with children and engaged in social conversations. This brought a social element to the experience and also decreased risk to children when eating.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

This area for improvement has been met.

Previous area for improvement 2

To support the wellbeing of children, the provider should ensure that all personal plan reviews are carried out a minimum of once every six months in consultation with families. This should include clearly outlining any changes or updates to the strategies of support and how these will be effectively planned for by staff.

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 area for improvement was made on 25 January 2024.

Action taken since then

Personal plans were in place for all children and held information from home that enabled staff to care for children. Further work was needed to record strategies of support for children that could be reviewed and actioned in response to children's changing needs. This would ensure that children experienced consistent approaches that supported their needs and development. Records held, would inform future strategies of support.

This area for improvement was not met.

Previous area for improvement 3

To support children's safety and wellbeing, the provider should ensure that assessments of the toilet facilities are effectively carried out and any issues identified are reported to the appropriate persons. Any action taken as a result should be clearly documented.

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).

This area for improvement was made on 25 January 2024.

Action taken since then

Risk assessments were in place to ensure children's safety when accessing the temporary toilets. Staff deployment was adjusted to allow a member of staff to supervise children to access the toilets.

This area for improvement has been met.

Previous area for improvement 4

To improve outcomes for children and ensure that there is a culture of continuous improvement, effective quality assurance processes should be developed to monitor and assess the service and staff practice.

This is to ensure care and support is consistent with the Health & Social Care Standards 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 25 January 2024.

Action taken since then

Improvements had been made to quality assurance, and priority areas were impacted positively with improvements made. Supervision and support were in place for staff and value-based practice from leaders was supporting practice. As approaches to quality assurance were at the beginning stage of influencing change, additional time is needed to embed approaches into practice.

This area for improvement has not been met.

Previous area for improvement 5

To support children's health, welfare and safety needs, the provider should ensure that suitable staffing levels are maintained at all times. There should also be a consistent approach to staff deployment to support children's choices, interests and their individual support needs.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 25 January 2024.

Action taken since then

There were a core group of staff caring for children on a regular basis. Absences were managed through redeployment of staff from other Spring Oscar services or the same agency staff being used. Numbers had been capped by the service to 64 as they go through this period of change within the management and to ensure children are receiving the care and support needed.

This area for improvement has 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	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Staff skills, knowledge, values and deployment	4 - Good
Children thrive and develop in quality spaces	4 - Good
Children experience high quality spaces	4 - Good
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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