

# Spring Oscars @ Blackhall Day Care of Children

Blackhall Primary School  
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**Type of inspection:**  
Unannounced

**Completed on:**  
6 February 2026

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

**Service provider number:**  
SP2007009266

**Service no:**  
CS2010279822

## About the service

Spring Oscars @ Blackhall is registered to provide an early learning and childcare service to a maximum of 60 children at any one time of primary school age. The care service can be provided to a maximum of 80 children, aged from entry to primary one, to age 14 years during the school summer holiday period. Within this number care can be provided to a maximum of 10 children who are registered to start school in the August of that year.

The service operates after school hours and provides a morning breakfast club. The service has use of two rooms in a prefabricated standalone building within the school grounds of Blackhall Primary School. The service also has use of a large gym hall. Older children are usually based in the gym hall, and younger children use the standalone building.

## About the inspection

This was an unannounced inspection which took place on 3 and 4 February 2026 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 eight children using the service, and gathered feedback from 16 of their families
- 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 that children are safe, the physical environment is well-maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvements are necessary throughout the report.

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 all children's needs are being met
- children's engagement with the experiences provided in their setting.

## Key messages

- Snack times were sociable and safe, where children enjoyed a variety of healthy foods.
- Children had positive relationships with the staff caring for them helping them to feel secure.
- The service could further develop the play offered to children, to ensure that they continue to have fun playing, learning and developing.
- Security measures and practice should be reviewed, to ensure that children are consistently safe in the service.
- The service should take action to address the outstanding areas for improvement made at previous inspections, to support them to deliver high quality experiences to the children.

## 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	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate

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

## Leadership 3 - Satisfactory / Adequate

### Quality indicator: Leadership and management of staff and resources

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

The service would benefit from developing their vision, values and aims with families, children and staff to reflect the current aims and objectives for the service. Some recent practice highlighted how the service valued children's views. For example, new equipment was purchased for the cosy corners like bean bags to make it more comfortable, as requested by the older children. The development of a tree climbing policy and risk benefit assessment, also showed how the service could consult with children and families to develop new practice. Work like this could support the service to shape how they develop the vision, values and aims, to reflect the needs of children and families currently using the service.

Staff had regular catch ups with leaders to set out plans for the activities. Formal meetings were less regular and could be developed to give staff clear aims to work to, for example, developing practice around communication with families. Staff would benefit from more consistent and clear leadership to support them to drive improvement. For example, managers always being on-site to support staff, role modelling practice and leading change.

Recorded observations of practice and improvement plans based on the areas for improvement from the last inspection had been developed. This supported one of the five improvements to be met. However, the other four areas for improvement remain outstanding. More work is needed to ensure that practice continues to develop and improve experiences for children. For example, leading the team to build confidence in liaising with families daily, sharing what expected practice should look like and evaluating progress on this. We shared ways in which observations could be more targeted, and resources that would support self-evaluation. This would enable the service to identify clear and measurable improvements over time. The provider should continue to follow up any actions identified by the staff team, for example the damaged carpet in the eating area of the huts.

Recently developed 'you said we did' floor books showed how children's voices were used to develop the activities in the p3 - 7 space. Further development of this approach with the younger children would enhance their experiences and inclusive practice.

Some staff had particular areas of interest or skill, this was not shared across the staff team to support the team's practice development. Staff could be further supported to develop their skills and knowledge, and share their practice with colleagues to drive improvements in these areas across the service.

Staff would benefit from benchmarking the service against national best practice guidance, to support them in evaluating the quality of provision. For example, looking at creative resources, like our creative journey and loose parts play, to help evaluate the experiences offered.

The area for improvement made at the last inspection on quality assurance had not been met, (see area for improvement 5 in 'What the service has done to meet any areas for improvement we made at, or since the last inspection').

The service was currently registered for 60 children during the school term, and 80 during the school holidays. The spaces used during our visit had access to enough toilets for 50 children. The service had not varied their conditions of registration since the last inspection, to address the area for improvement made at the last inspection. Registers showed that staff offered places to 50 children during our inspection, which meant there were enough facilities for the children present. The provider should submit a variation to address the gap in provision, or submit details of the additional facilities they will be accessing, to allow them to keep the higher numbers of registered spaces. The area for improvement made at the last inspection on quality assurance had not been met, (see area for improvement 4 in 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Recruitment practice was in line with current best practice guidance, helping to keep children safe. A central team was responsible for recruitment, meaning managers did not always have information to hand to support new staff. Further work could be done to ensure that all information is trackable, and shares how recruitment decisions are made to support managers, to provide staff with inductions which will meet their needs. Some systems were in place for ensuring that staff were appropriately registered with the Scottish Social Services Council (SSSC). However, this had not highlighted a member of staff who was not yet registered, but was approaching their 6 months in-service deadline. The service took action to ensure that the staff member would not be working in the service until their registration was complete.

Induction was basic and lacked reflection on skills analysis and practice competencies. Further development of this, and the feedback staff receive on their ongoing performance would support the service to develop staff skills and continued practice development. The manager was in the process of further developing this using the National Induction resource.

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

### Quality indicator: Children experience high quality spaces

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

Since the last inspection the service had moved to a different prefabricated hut space. This was freshly decorated, making it a more welcoming environment. This addresses an area for improvement made at a previous inspection. The reception area in the hut was welcoming with the service's registration certificate and some policies displayed. The gym hall reception space had floor books displayed, which shared some recent work consulting with children. The service could further develop the reception space at the gym hall, to share important information with the families who only accessed this space.

Children had space to hang their coats and bags, helping them feel welcomed and respected. The younger children also had space to display their artwork. Consideration could be given to supporting this for older children who only accessed the gym hall, and were unable to display their work.

Older children had space to play active physical games, and had a variety of board games and craft tables to move between. The book corner was well used with some bean bags, rugs and cushions making it a more inviting space. However, children told us, "it is supposed to be a quiet space and it isn't." Younger children benefited from the space not having to be tidied away each evening, and had a variety of play opportunities to choose from. However, there were missed opportunities for younger children to access a larger space for indoor games. Older children had limited opportunities to be able to continue projects from one session to

the next, and had limited creative resources available. There were missed opportunities for the different age groups to mix. There were also missed opportunities to develop really quiet spaces, especially for the older children. The service should consider how they are using the spaces, and if they are maximising their potential, to support equity of experience.

During the inspection there were missed opportunities to make use of the outdoor space. On the second day of inspection when the space was used, the children had limited experiences to choose from. The service should develop staff knowledge and confidence in planning for play in the outdoors to increase variety, depth, challenge, curiosity. Consideration should be given to supporting children to accessing natural resources all year round, to support children's wellbeing and develop their knowledge and respect for nature.

Children benefited from appropriately sized furniture, which meant they could enjoy snacks and meals in a sociable way, and sit comfortably at tables to access activities.

Children were collected from school by staff, who used a register and checked with teachers if children were not present when expected. The service should consider keeping a record of any actions taken to ensure children's safety, for example, phoning parents to confirm that children are not attending the service.

Children in the hut area were collected by families who had to ring the buzzer for staff to let them in, meaning they were kept safe. Families of children in the gym hall could access the space unannounced. This did not keep the space safe and secure. Children in this space could also leave the space unsupervised, without staff being alerted to the door opening. The service should develop staff awareness of security considerations, for example, reviewing 'Keeping children safe - look, think, act campaign' (Care Inspectorate, 2021) resources, to develop practice and keep children safe (see area for improvement 1).

Children were familiar with good handwashing routines, and were reminded by staff to wash at appropriate times. Toilets were generally clean, and children were comfortable accessing them, when staff need to address body fluid spills they should always use appropriate cleaning materials and personal protective equipment (PPE), to prevent the spread of infection.

The carpets in the huts had debris on them at the start of the sessions. Monitoring of the space should highlight this. Staff should have appropriate cleaning materials to support them to make the space inviting for children, if scheduled cleaning has not been effective.

Children told us staff asked them about things they liked to do. The 'you said we did' book shared how staff acted on children's views, for example, buying new beanbags and resources for the cosy corner. During the inspection staff responded to children's requests to play with toys from home. This could be further developed by adding to club resources, and facilitating development of the play around the current areas of interest.

The service should continue to develop their inclusive resources, to ensure that all children feel welcomed and see themselves in, for example, the books and home corner resources, or home cultures being reflected in daily practice.

Some risk assessment had been developed to support riskier play practice. For example, the risk benefit assessment developed for tree climbing. More could be done to ensure that practice like this is supported throughout children's time at the service.

Children's information was stored confidentially in the service. Some personal information was stored on digital apps which were password protected. Some personal information was stored on paper to support staff, if there were connectivity issues. These were kept in a lockable office.

### Areas for improvement

1. Security measures should be reviewed to ensure that children are safe in the service. This should include, but is not limited to, developing risk assessments and practice which will ensure that:

- members of the public cannot access the service unannounced
- children cannot leave the service unsupervised
- staff know where children are at all times.

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), and "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20).

## Children play and learn 3 - Satisfactory / Adequate

### Quality indicator: Playing, learning and developing

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

Children were having fun playing with friends. Children enjoyed opportunities to be alone or play in groups. Most children were engaged in play throughout the inspection visits. More could be done to build on the types, variety and quality of play being offered, to support children to have consistently high-quality experiences. For example, offering outdoor play which is interesting and provides challenge could support children to be active, healthy and develop a respect for nature. Consideration should be given to planning for different play types, to ensure that children access a rich variety of experiences at the service. Developing staff knowledge of what high-quality play looks like, will support them to provide a richer variety of experiences, and support children's learning and development.

Staff mostly knew children well and supported them through responsive interactions. We saw some kind nurturing chats, and some staff exploring children's interests. The service should continue to build on this to offer extension to children's ideas and play. Some staff used children's names helping them to feel respected and promote their individual identity. The service should consider ways to improve staff interactions, to ensure that all children have consistently positive experiences.

Floor books showed that the service had started consulting with children about themes they would like to explore in their play. Planning shared the activities on offer to children as a result. This was not consistent for different age groups in the service, and should be further developed to promote equity of experience. The service should now consider how to develop curiosity, creativity, depth and challenge as part of their evaluations of the play (see area for improvement 1).

Play should be further developed to promote individual skills and development and extend children's ideas. For example, more could be done to link the information gathered in all about me, and informal chats to the play offered to build new skills and develop areas of interest.

Children could request resources to be brought out. To ensure children's choices are informed, they should be aware of what resources are available to them. Staff should consider the variety and depth of resources provided for some activities, to ensure this fully extends children's experiences. For example, providing more than pens and pencils for arts and craft activities, and resources which have no fixed outcome to support creativity.

Consideration should be given to how children can be supported to have extended projects in the service, to develop their ideas. Approaches should be developed to how digital resources could support children's curiosity and exploration, for example, scales and thermometers. Children told us they wanted to access computer games. The service could consider how they could support children to do this safely, in consultation with families.

The service should find ways to share children's activities, experiences and achievements with families to support them to be engaged in the service, and feel included in their child's learning and development.

## Areas for improvement

1. To support children's wellbeing and development, the provider should review and improve the play opportunities provided. This should include but is not limited to:

- developing the variety of play opportunities provided outside to build children's skills and confidence, including providing access to natural environments
- monitoring and developing the variety and quality of play offered to children, to ensure that they are providing challenge and interest, and enriching their experiences in line with individual personal plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials" (HSCS 1.31), and "As a child, I play outdoors everyday and regularly explore a natural environment." (HSCS 1.32).

## Children are supported to achieve 3 - Satisfactory / Adequate

### Quality indicator: Nurturing care and support

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

Staff were generally kind and caring. Most staff were responsive to children's immediate needs, for example, if they wanted attention. Some staff were using children's names routinely and provided richer interactions, which would support their sense of self and wellbeing. Some children had positive relationships with staff inviting them into their play. This was not consistent across the service.

Transitions into the service were safe, and some staff welcomed children helping them to feel included. Some staff could develop their practice to ensure that this was consistent for all children.

Snacks were healthy and well-presented. Children ate well and some had seconds. Children's dietary preferences were recorded, helping them to access a healthy diet. Children told us they liked the snacks and that they were healthy. Menus were varied and looked appealing. Children were washing hands before snack and had opportunities to serve themselves and tidy up, helping them to learn new skills. The service could continue to develop children's opportunities to prepare snacks, to build their independence. Staff sat with children helping snack to be sociable and safe experience.

Permission to administer medication was well recorded and stored appropriately. Healthcare needs where no medication was required were also recorded in health care plans, helping to keep children safe.

Children had registration forms which were reviewed every six months. Children were involved in developing personalised 'all about me' sheets, which shared information which could be used to provide individualised care. It was not clear how this information was being used to support staff to meet children's needs. There were missed opportunities to plan strategies of support to care for children, and no clear plan for sharing information with families about children's experiences or achievements at the service. The service had methods to record significant information about children to support them to plan for their needs, however, this was not being used effectively. This meant that the area for improvement from the last inspection had not been met, and is continued in this report (see area for improvement 2 in 'What the service has done to meet any areas for improvement we made at, or since the last inspection').

Many families in our feedback highlighted that there was a lack of communication with them about the staff caring for their child, and about their child's time at the service. Many families also did not feel meaningfully involved in the service. During the inspection staff did not routinely welcome families, or give feedback about their child's day. The service should develop their practice to support families to feel welcomed, involved in the service and in developing their child's personal plan. Consideration should be given to building staff confidence, information sharing, personal planning approaches and further developing consultation, to help families feel meaningfully involved in the service. The area for improvement from the last inspection had not been met, and is continued in this report (see area for improvement 1 in 'What the service has done to meet any areas for improvement we made at, or since the last inspection').

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

### Areas for improvement

#### Previous area for improvement 1

To ensure parents are informed about their children's experiences and the service, improvements should be made to communication and the levels of engagement the provider, manager and staff have with parents and families.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state: "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS, 4.6), and "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 8 November 2023.**

## Action taken since then

Newsletters had shared some activities and events with families. However, these were not consistent. Families were not always welcomed into the service, and there were limited opportunities to discuss their child's experience or care. Overall there were missed opportunities to engage with families.

This area for improvement is not met.

## Previous area for improvement 2

To ensure children's personal plans are reflective of their care and support needs, the provider should ensure plans are reviewed and updated with staff, children and parents every six months, or sooner if needed. Information within personal plans should be used to develop strategies of support, that enable staff to provide responsive and consistent care.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state: "I am fully involved in developing and reviewing my personal plan, which is always available to me. (HSCS, 2.17), and "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 8 November 2023.**

## Action taken since then

Children had been involved in developing 'all about me' information for their personal plans. It was not clear how this information was used to support children in the service. Children's personal plans missed opportunities to develop strategies of support for children. Plans to review personal plans missed opportunities to share information with families about children's achievements and experiences at the service.

This area for improvement is not met.

## Previous area for improvement 3

To ensure children experience a consistently positive and respectful environment, the provider should ensure ongoing maintenance needs are identified and actioned through effective quality assurance. This would include, but not be limited to, carrying out repairs and upgrades to the fixtures and fittings of the building.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.22), and "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 8 November 2023.**

#### Action taken since then

The service had moved from their previous prefabricated hut to a new one since the last inspection. The areas were freshly decorated and welcoming for the children. A new issue with the carpet in the play space had been reported to the school and provider, and the manager was following up with them about the action to repair this.

This area for improvement is met.

#### Previous area for improvement 4

To support children's right to high-quality facilities, the service should review the toilet facilities, and make a plan to address gaps in the current provision. This would include, but not be limited to, ensuring there is enough toilets to meet the conditions of registration.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My environment is secure and safe" (HSCS 5.17), and "I experience a service that is the right size for me." (HSCS, 5.5).

**This area for improvement was made on 8 November 2023.**

#### Action taken since then

There are not enough toilets for the number of children the service is registered to care for. The provider should submit, either a plan to evidence how they will address the gap in toilet provision, or a variation of reduce the number of registered places on their certificate to align with the toilet provision available.

This area for improvement is not met.

#### Previous area for improvement 5

To improve children's experiences and support ongoing improvements, the manager and provider should develop a culture of continuous improvement and ensure effective improvement planning, self-evaluation and quality assurance systems are developed and used in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I use a service and organisation that are well led and managed" (HSCS, 4.23), and "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 November 2021.**

#### Action taken since then

The manager had taken action to address this by observing practice and planning, to address the areas for improvement made at the last inspection. The manager was also accessing resources online to support them to develop their strategies. These approaches were not yet effective in securing improvements consistently in the service.

This area for improvement is not met.

## 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

<b>Leadership</b>	<b>3 - Satisfactory / Adequate</b>
Leadership and management of staff and resources	3 - Satisfactory / Adequate
<b>Children thrive and develop in quality spaces</b>	<b>3 - Satisfactory / Adequate</b>
Children experience high quality spaces	3 - Satisfactory / Adequate
<b>Children play and learn</b>	<b>3 - Satisfactory / Adequate</b>
Playing, learning and developing	3 - Satisfactory / Adequate
<b>Children are supported to achieve</b>	<b>3 - Satisfactory / Adequate</b>
Nurturing care and support	3 - Satisfactory / Adequate

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