

Spring Oscars @ Pentland Day Care of Children

Pentland Primary School
Oxgangs Green
Edinburgh
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Telephone: 07971095274

Type of inspection:
Unannounced

Completed on:
10 October 2024

Service provided by:
Out of School Scotland Limited

Service provider number:
SP2007009266

Service no:
CS2007159335

About the service

Spring Oscars @ Pentland provides school-aged childcare to a maximum of 55 children at any one time during term time and school holiday periods.

The service is provided by Out of School Scotland Limited, an organisation providing day care services for children across Scotland. Based in Pentland Primary School, the service is delivered from the dining hall with toilets within the school corridor. Children have direct access to the school playground for outdoor play.

The service benefits from being close to local amenities and public transport links. Street parking is available around the local area.

About the inspection

This was an unannounced inspection carried out on Monday 07 October 2024 between 14:30 and 18:00. We returned to view the breakfast club and complete the inspection on Wednesday 09 October 2024 between 07:45 and 09:15 and also from 14:00 until 18:00. One inspector 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 the last inspection.

In making our evaluations of the service we:

- observed 52 children using the service on day one and 54 on day two
- received feedback from 17 parents
- 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 provider representatives by videocall on Thursday 10 October 2024.

Key messages

Children were mostly settled and helped to feel secure through connections and relationships with core staff.

Children were missing opportunities for stage appropriate play due to the limited range and quality of resources on offer.

Best practice in early learning and childcare was not always guiding the provision for children. As a result, children were not fully supported to reach their full potential.

The provider must ensure effective quality assurance to enable staff in making and sustaining improvements to benefit 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

How good is our care, play and learning?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate

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. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for children.

Quality indicator 1.1: Nurturing care and support

Children were mostly nurtured and supported throughout their daily experience. They were welcomed with warm and familiar interactions by staff collecting them from school. This was comforting for children. A parent said, "The kids trust key staff and genuinely feel comfortable, safe and well looked after". They had choice on arrival to play before engaging in routine tasks such as snack. This was an improvement from the last inspection. As a result, children had more autonomy to decide what was best for themselves at that time. However, the start of the session was chaotic and loud, as all children arrived within a short space of time. This meant that staff became focused on tasks, rather than being ready to engage with children meaningfully. Children would benefit from free-flowing snack and outdoor play, which would disperse them around the setting. While some children settled to their play quickly, others were burning off energy and enjoying the freedom of the service. The arrival process should be revisited to make it as positive and nurturing as possible. A parent said, "It's a bit chaotic and I'm not convinced all children are supervised adequately".

The snack experience was sociable for children as they sat together and chatted with friends. The presentation of food and involvement of children had improved since the last inspection. For example, children could self-serve from a selection of cut fruit and butter their own crackers. However, many children were able to eat at the same time resulting in a long waiting time and potential safety issues. Staff did not routinely sit with children, which also contributed to increased choking risks. The snack experience and safety measures improved on day two as staff made some small changes to benefit children.

Children's individual wellbeing was not yet fully benefiting from effective use of personal planning. Staff were knowledgeable about children's needs and preferences, leading to consistency in their approach to supporting individual children. However, some plans were out of date and did not reflect the current supports for children. This had the potential to impact on children's progress being monitored and supports being evaluated to make sure they were effective. Moving forward, the provider should ensure processes to support children are quality assured to keep them relevant and purposeful (see requirement 1 in key question 3 'How good is our leadership?').

Medication was being stored and recorded effectively, which had been maintained since the last inspection. Further improvements had been made to keep staff informed of children's health needs, such as information flash cards. However, the reviewing of medication and health need plans was inconsistent. This meant information to guide the support of children was potentially out of date. The quality assurance of medication has been addressed in key question 3 'How good is our leadership?'.

Quality indicator 1.3: Play and learning

Children had fun as they were creative with the resources and space available to them. They played alone and with friends, often engaging staff in games or sociable chat. There was laughter and negotiation as children created games and decided on ideas. Puzzles and riddles were used regularly to engage older

children in discussions and problem-solving. Parents said their children enjoyed playing outside and with their friends. Moving forward the provider should ensure the play needs of all age groups are considered and planned for.

Children had choice in their play as they generally had freedom to use resources and space as they wished. For example, they moved tables to make dens, moved cushions from the rest area, and used storage boxes for building. Staff were responding to children's requests for resources and help. However, child-led play was not yet fully guiding staff in their approach with children. For example, some children were interested in wrestling but were stopped rather than being supported to do it safely. In addition, children's energy on arrival was not being responded to, which resulted in a chaotic environment during that time. A parent commented that staff mostly supervise children rather than engage with them. Moving forward, staff would benefit from guidance around their role in supporting children's play.

Children's likes and interests from their personal plans were starting to be used to influence planning of experiences and activities. This was not yet consistent and should continue to be developed to engage and challenge children.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for children.

Quality indicator 2.2: Children experience high quality facilities

The service was delivered in the school dining hall. While this was not a homely or comfortable space, it was familiar to children. Some actions had been taken to show children that their comfort mattered, such as spaces to store their belongings and their artwork displayed on the walls. However, ongoing building works in the school meant that additional furniture was being stored in the room, impacting on the space available for children to play. This was improved on day two as snack was finished quicker and the space was used for play. A parent commented on the space and said, "The space could be used in such a more efficient way".

The setting and equipment were mostly safe and secure. Staff carried out headcounts during the school pick-up and were vigilant coming back to the setting. However, the door was left open and staff were task focused so were unaware of children's movements at that time. This meant there was potential for children to leave the setting un-noticed.

Infection prevention and control measures were not consistently being used. For example, hand gel was used by staff preparing snack rather than handwashing. Children in breakfast club were washing their hands in a basin of water rather than running water with soap. Ongoing quality assurance should be carried out to ensure infection prevention and control practices are consistently used to reduce the risk of infection spread. This would support the embedding of change to staff practice. The provider should refer to infection prevention and control best practice to guide and inform staff (see area for improvement 3 in the section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

The indoor environment should be improved to make it a developmentally appropriate space. The resources available for children to use were limited in range and were not fully age appropriate. For example, duplo bricks are suitable for younger children with small hands. In addition, many resources were tired, grubby or missing. For example, there were no accessories for the dolls house, the baby dolls were dirty and books

were torn. While staff told us that sand, water and natural materials were available a few times per week, they were not present on the two days of the inspection. There were no open-ended materials to encourage the flow of imagination. All parents felt the resources and experiences could be improved. An area for improvement which has remained in the last two reports has yet to be met (see area for improvement 2 in the section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

The outdoor environment was a secure and spacious playground area. Children had enough space to move freely and use in play. Children could choose from some outdoor equipment, such as balls and team games. A parent said, "Would like the school grounds to be better utilised such as the woodland garden as it was previously".

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare or safety of children may be compromised, or their critical needs not met.

Quality indicator 3.1: Quality assurance and improvements are led well

The manager had been absent over a period of time, with the depute taking the lead. While staff remained committed to the families they worked with, the ongoing lack of leadership was impacting on staff morale and general capacity to improve the service and outcomes for children.

Children were listened to on a basic level, such as when they asked for staff help. However they had not been involved in recent changes to the room layout, resource purchasing or the routines of the day. As a result, children were not partners in the planning and delivery of a service which aimed to meet their needs. Similarly, parents often arrived at the setting with limited interaction from staff. Some parents said they did not have a relationship with staff who were caring for their child. A parent said, "On pick up there is a lack of engagement but if we ask anything we are given information, just need to prompt". This approach to parent engagement did not help the building of relationships and had the potential to impact on the sharing of information to support children.

The organisation was putting processes in place to support, empower and inform managers. For example, through monthly emails, monthly meetings and time with peers. However, we were concerned that the level of support required by the team at this time, was not being consistently provided. Staff were not yet quality assuring the environment, play experiences or planning for opportunities each day. They would benefit from the modelling of best practice and being directed and guided in practice reflection. There remained significant gaps covered by quality assurance processes, resulting in improvements to aspects of the service not being consistently made or sustained over a period of time. An area for improvement from the last inspection had not been met. Due to the lack of progress to improve children's outcomes this unmet area for improvement will be included in a requirement. The provider must have an overview of the service in order to make and sustain improvements for children (see requirement 1).

Requirements

1. By 28 February 2025, the provider must improve the service to ensure the health, welfare and safety of children at all times.

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

- a) have an overview of the day to day running of the service
- b) carry out monitoring of staff practice and deployment
- c) carry out monitoring of children's care, play and learning experiences
- d) ensure improvements are being made and sustained over a period of time through quality assurance processes.

This is to comply with Regulations 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, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for children.

Quality indicator 4.3: Staff deployment

Management had worked to secure additional core staff which provided stability and familiarity for children and families. Children knew who was caring for them and were able to build relationships. While recruitment continued for more staff, a childcare agency was used daily. The same staff were requested by the service, providing continuity for children. However, on day one of the inspection, there was not enough staff to safely care for the number of children that were scheduled to attend. The responsibility of organising staffing each day was delegated to another service manager. A delegated task such as staffing must be understood and carried out effectively to ensure the health, safety and welfare of children. This was an issue discussed in a previous inspection (see requirement 1 in key question 3 'How good is our leadership?').

Children experienced calm and relaxed interactions from staff. Quiet voices were used and staff were measured in their movements. This was reassuring for children. All staff present were mostly engaged in practical tasks throughout the session, resulting in limited time for meaningful preparation and engagement with children. For example, doing headcounts, checking the register or tidying snack away. As a result, the quality of children's experiences was not being fully considered or improved. The provider must provide the team with leadership to improve outcomes for children (see requirement 1 in key question 3 'How good is our leadership?').

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 children's personal plans are reflective of their care and support, the provider should continue their development, including:

- children's choices and wishes are known and used to plan their care
- strategies of support are recorded and used for consistency between all staff.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My personal plan (sometimes referred to as my 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) and 'My needs as agreed in my personal plan, are fully met and my wishes and choices are respected' (HSCS 1.23).

This area for improvement will remain in place from the last report.

This area for improvement was made on 8 September 2023.

Action taken since then

The personal plan format had changed throughout the organisation, in response to feedback from children and staff. It continues to be a work in progress.

Children who needed additional support plans had them. However, they had not been reviewed regularly to ensure the information was current and the strategies were effective for children. Staff were able to consistently describe children's needs and how they were being supported. Further work was needed to quality assure the personal plans to make sure they were up to date. This has been addressed in key question 3 'How good is our leadership?'.

This area for improvement has been met.

Previous area for improvement 2

In order to enhance children's play experience, a range of toys and resources which are challenging, inviting, stage appropriate and interesting, should be provided. This should include open-ended and natural materials for unlimited possibilities in play.

This is to ensure care and support is consistent with the Health and Social care Standards (HSCS) which state: 'As a child I can direct my own play and activities in a way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

This area for improvement has not been met and will remain from the last report.

This area for improvement was made on 8 September 2023.

Action taken since then

Resources were limited, tired and not stage appropriate for children in attendance. This continued to impact on the quality of experience children had.

This area for improvement has not been met and will remain.

Previous area for improvement 3

To contribute to sustained improvements in children's experiences, the provider should ensure staff are led and enabled by best practice documents, modelling of practice, self-reflection and quality assurance.

This is to ensure 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).

This area for improvement was made on 8 September 2023.

Action taken since then

The setting and play experiences did not reflect best practice in early learning and childcare. In addition, there was limited leadership to model and promote best practice, nor to fully sustain improvements being made.

This area for improvement has not been met. Due to the lack of progress to improve children's outcomes, it has been included in a new requirement (see requirement 1 in key question 3 'How good is our leadership?').

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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