

# Spring Oscars @ St.John's Day Care of Children

St.John's RC Primary School  
18 Duddingston Road  
Edinburgh  
EH15 1NF

Telephone: 07971 095179

**Type of inspection:**  
Unannounced

**Completed on:**  
25 February 2025

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

**Service provider number:**  
SP2007009266

**Service no:**  
CS2010279825

## About the service

Spring Oscars @ St. John's is based in a local primary school, situated on the outskirts of Portobello, Edinburgh. The school building is close to local transport links, parks and other amenities.

Children have use of a large dining hall and gym hall. They also have access to the playground. Toilet facilities are available within the school.

The service is registered to provide a care service to a maximum of 40 primary school aged children at any one time.

## About the inspection

This was an unannounced inspection carried out on Thursday 20 February 2025 between the hours of 14:20 and 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 registration.

In making our evaluations of the service we:

- observed children using the service
- invited parents to complete an online survey and received no responses
- 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 Tuesday 25 February 2025.

**Key messages**

Children's emotional wellbeing benefited from a relaxed, fun setting where they could play, chat with staff or hang out with friends.

An area for improvement from the last inspection was not met. As a result, personal planning needed further work to ensure they consistently identify, plan for and monitor children's needs and wishes.

Two areas for improvement from the last inspection were met. As a result, children had an improved play experience through enhanced resources and staff using new knowledge.

While improvements had been made, there remained work to do to further develop and embed them in practice. This will help the service get into a cycle of improvement to continually enhance outcomes for 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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
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?

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 1.1: Nurturing care and support

Children were supported throughout their daily experiences. Warm welcomes into the service made children feel valued and noticed. Relationships had been formed where children felt confident and comfortable. Time was spent allowing children to share news, catch-up with staff and decide how to spend their time. As a result, the pace of the day was child-led and relaxed.

Snack was safe, sociable and moved at children's pace. Staff supervised the snack area to support where needed and ensure children were sitting to eat. This helped to reduce choking hazards. Children took the lead on snack planning and knew what was on offer for the week, which kept them informed. A snack book was created to support children in their snack planning with healthy choices. The preparation of food was practiced at points in the week so children were learning self-care skills for the future. This should be available each day for children to choose when they wanted to be involved in preparation.

Each child had basic personal plan information, such as contacts, consents and health needs. These were kept up to date and relevant through regular reviews with parents. Staff were able to give examples of how they supported specific children and how their development had progressed. However, this was not consistently being captured in children's personal plans. As a result, there remains potential for needs to be missed or inconsistently approached by staff. An area for improvement made at the last inspection has not been met and will remain (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'). Further improvements were needed on personal plans to ensure they identify, plan for and monitor individual needs and wishes of children.

Health needs and medication were stored, recorded and administered according to best practice to keep children safe and well. However, while staff knowledge of health needs and medication was inconsistent, they did know where to find the information quickly. To further ensure children's health and medication needs are managed effectively, quality assurance should be used to check staff knowledge regularly.

### Quality indicator 1.3: Play and learning

Children were having fun with friends as they experienced a range of play, learning and development opportunities. A mix of free play and planned activities meant that children had variety and opportunities to develop or extend their interests. For example, structured football sessions were offered weekly which developed skills and teamwork; art and craft activities were introduced such as pompom making and bag charms. Children's individual interests from their personal plans were used to inform experiences and resources. This gave children a strong message that they were being listened to and valued.

Children were busy and engaged as they moved between activities or had prolonged play with their friends. Examples included, being creative with junk modelling and imaginative play with dinosaurs and construction materials. They had space and time to follow their ideas without being interrupted. Staff were relaxed and in tune with children in play. They were engaged in board games at children's request and invited children into craft activities. Children enjoying free play were respected and left to do that, however staff were responsive

when approached.

Being physically active in play was a daily routine for children. Indoors, children had opportunities to dance and play football, while outdoors they played large movement games alone or together.

## 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 high quality facilities

The service was delivered from the school dining room. Staff took action to make the setting welcoming and comfortable for children. For example, each child had space to store their belongings, while artwork and photographs were displayed and celebrated. As children arrived, they could see what was available for them to do, eat and which staff were caring for them. This familiar routine and space was reassuring for children.

The setting was safe, secure and well-maintained. Staff understood their responsibilities for identifying and reducing risks and followed agreed procedures. For example, supervision was provided for younger children during school collections; and visits to the toilet were monitored. Children were signed into the service and were accounted for. Resources were checked and maintained to ensure they were of a high quality for children.

Infection prevention and control measures were in place to reduce infection spread. For example, tables were cleaned before snack, handwashing took place and staff used personal protective equipment (PPE) where appropriate.

Children had the freedom to move between indoors and outdoors throughout the session. The indoor space had toys and resources displayed attractively and invitingly. Staff understood this would invite children's interest and curiosity. The range and types of resources had improved since the last inspection, resulting in children having a better quality play experience. For example, real household items added a more authentic experience, real dress-up clothes fitted this age group of children, more and different books were on offer, and open-ended materials provided endless possibilities in play.

The outdoor area was part of the school playground and offered lots of space to move around and explore. The service was looking to expand on the outdoor opportunities, however was exploring storage options with the school. The gym hall was used later on in the day for specific activities such as the football sessions. Children therefore had a variety of spaces to meet their different needs.

## How good is our leadership?

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 3.1: Quality assurance and improvements are led well

A positive, fun and friendly ethos was evident in the service, demonstrated by both children and staff. The team were open and receptive to suggestions throughout the inspection and the manager demonstrated a

drive to improve the service. Relationships and connections with families, meant that parents felt comfortable to offer feedback and suggestions. The manager was developing more formal ways to consult with and engage parents in the evaluation of the service. This would help parents to see how their input is being used.

Quality assurance, including self-evaluation and improvement plans were developing and so were starting to aid improvement. Informal quality assurance took place throughout the session as the manager delegated and directed to ensure quality for children. More formal audits highlighted where improvements would benefit children. For example, feedback and observations of children resulted in the creation of a snack book and improvements to the resources and the cosy corner.

The provider led the manager on a monthly focus of self-evaluation, however there was flexibility for the manager to be responsive to their own service. Progress with the improvement plan was monitored to aid timely achievements. The most recent improvement plan had been led by the outcome of the last inspection, which helped focus development to the most needed aspects of the service. Moving forward, improvements should be planned from staff, children and parents feedback, as well as inspiration from best practice documents. This would ensure children received a current, responsive and well-planned service. An area for improvement made at the last inspection regarding this had not been fully met and will remain (see area for improvement 3 in 'What the service has done to meet any areas for improvement we made at or since the last inspection').

In summary, the service continues on its journey of improvement. The provider should continue to develop the manager's skills and knowledge of quality assurance and improvement planning so they become a continuous cycle, which all staff take forward.

## 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

Children were cared for by enough staff to meet their needs. The core team was consistent, providing familiarity and continuity for children. This also allowed relationships to build and flourish. A good mix of skills, knowledge and experience within the team, offered children a variety of opportunities and holistic care. Staff used their own interests and skills to expand children's opportunities, such as football training and crafts. This was aided by a good team morale, where staff felt supported in their work.

Professional development opportunities were available to staff with the aim of improving outcomes for children. Core courses were undertaken to refresh knowledge and equip staff for managing different situations, such as ensuring food hygiene and health and safety; as well as enhancing play through open-ended materials. In addition, discussions took place in the team focusing on professional boundaries, safeguarding children and deployment during outdoor play. Staff were starting to use new knowledge to reflect on their practice and make improvements. This was an improvement since the last inspection. For example, real and open-ended materials were available for children in play. To further enhance children's outcomes through staff development, quality assurance should be used to encourage continuous reflective practice and embed improvements over a period of time.

Children benefited from effective teamwork and communication between staff. Team members worked well

together to ensure play spaces were covered, tasks were done and children were responded to. They were familiar with each other's personalities and approach to work and so used their own initiative to recognise and fill gaps. For example, having a seamless transition between snack and outdoor play. The use of hand-held radios helped to streamline communication and keep everyone informed without being disruptive to children.

## 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 all children reach their full potential, the provider should ensure:

- personal plans show the detail of how children's health, welfare and safety needs will be met
- support strategies are monitored to track progress and inform further care
- personal plans are quality assured so that they continue to be up to date, relevant and consistently used to plan and track children's care and support.

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 a care plan) is right for me as 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 14 March 2024.**

#### Action taken since then

Personal plans remained basic showing consents, contacts and health needs of children. Where children had an additional support need, then that was planned for. Chronologies were used to record significant information and progress, however were not used consistently for all children. Staff were able to give examples about how they had supported specific children, however this was not consistently recorded. Personal plans continued to miss opportunities to consistently plan and monitor children's general needs and wishes.

Further work was needed to ensure personal plans help staff to identify, plan for and monitor the meeting of children's needs and wishes. This would enable staff to be informed and consistent with approaches to children's care and support

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

#### Previous area for improvement 2

To ensure children experience challenge and depth in their play, the service should improve the range of resources and experiences taking account of children's needs and interests.

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

This area for improvement was made on 27 September 2023.

**This area for improvement was made on 27 September 2023.**

### Action taken since then

Improvements had been made to children's play experiences since the last inspection. Children had been involved in thinking about their play spaces and what was needed to make them better. As a result:

- some real items had been added to give an authentic aspect to play. For example, real clothes for dress-up and kitchen utensils for role play
  - equipment had been upgraded to ensure it was stage appropriate for school age children
  - some open-ended materials had been added for intrigue and creativity
  - book storage had been created to offer a wider number and variety of books each day
  - craft opportunities had been offered to introduce new knowledge and skills
- a wider selection of resources were available each day for children and were set-up invitingly to spark interest.

These improvements demonstrated staff pride in the environment and their commitment to a quality experience for children. They also resulted in more settled, engaged children who were having fun.

**This area for improvement has been met.**

### Previous area for improvement 3

To enable the service to make meaningful improvements, the provider should support the management team and staff in consultation with children and families, to develop a clear, focused and effective improvement plan that addresses the needs of the service.

This is to ensure 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).

This area for improvement was made on 27 September 2023.

**This area for improvement was made on 27 September 2023.**

### Action taken since then

An action plan was created following the last inspection, focusing on the highlighted improvements needed. However the content of this was driven by the inspection outcome. Moving forward, the service should involve staff, parents and children in deciding what is needed for the service. In addition, the use of best practice would continue to inspire and motivate improvements for children.

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

### Previous area for improvement 4

To improve the quality of the service, the provider should develop effective systems for quality assurance in order to monitor all areas of practice and improve outcomes for children.

This is to ensure 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).

This area for improvement was made on 27 September 2023.

**This area for improvement was made on 27 September 2023.**

#### Action taken since then

Improvements had been made since the last inspection, to develop quality assurance processes to improve outcomes for children. For example:

- the manager informally modelled, directed and delegated to staff during points in the day such as setting up the play spaces
- reflections on play spaces took place to help staff consider quality and plan for change
- reflections on routines such as snack time took place to consider any impact on children
- an action plan was created following the last inspection to keep progress on track and allow the provider to monitor progress
- a quality assurance calendar was introduced to plan a monthly focus to self-evaluate and improve

As a result of these improvements, children were more involved in decision-making and planning of changes. Play spaces were more inviting and better resourced for children's choice and opportunities. The service should continue maintaining these improvements and developing according to best practice and children's needs.

**This area for improvement has been met.**

#### Previous area for improvement 5

To improve the quality of care and support children experience, all staff should be supported to develop their skills and practice through a range of learning and support opportunities, including tailored training and learning opportunities and effective monitoring arrangements.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 27 September 2023.

**This area for improvement was made on 27 September 2023.**

#### Action taken since then

Action had been taken since the last inspection, to support staff professional development with the aim of improving outcomes for children. As a result:

- staff felt supported in their role and happy at work
- core knowledge was refreshed through an online platform
- professional discussions allowed staff to explore topics and plan how to implement them in practice
- staff had more clarity about their supervisory role at various points in the day to keep children safe
- staff were sharing their skills, interests and knowledge with each other to promote shared practice

Moving forward, quality assurance should be used to ensure learning is embedded in practice and benefiting children over time.

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](http://www.careinspectorate.com).

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
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?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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