

## Spring Oscars @ Buckstone Day Care of Children

St.Fillans Church  
Buckstone Drive  
Edinburgh  
EH10 6PD

Telephone: 07971 094317

**Type of inspection:**  
Unannounced

**Completed on:**  
1 May 2025

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

**Service provider number:**  
SP2007009266

**Service no:**  
CS2010279824

## About the service

Spring Oscars @ Buckstone is registered to provide a service to a maximum of 80 children at any one time of primary school age, with a maximum of 40 children at St Fillans Church and a maximum of 40 children at Buckstone Primary School.

Both sites are located in residential areas with good transport links.

At the school site children have access to one large gym hall and the school playgrounds.

At the church site children are accommodated in a large hall. They have access to the front and side gardens.

## About the inspection

This was an unannounced inspection which took place on Monday 28 April 2025 between the hours of 14:00 and 18:00. We returned to complete the inspection on Tuesday 29 April 2025 between the hours of 13:45 and 17:45. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke to and interacted with children using the service
- spoke with the staff, manager and the quality assurance manager
- observed practice, daily routines and children's experiences
- reviewed documents in the service relating to children's care, play and learning
- took into account online feedback we received from eight families.

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

- Four areas for improvement from the last inspection were met. This meant that children had a more comfortable, engaging environment and care from a skilled and better deployed staff team.
- Improvements relating to quality assurance and personal planning were not yet fully embedded to impact positively on all children. As a result, two areas for improvement will remain.
- The provider must ensure children's safety in relation to walking home from the service unaccompanied. This can be achieved through developing clear procedures for staff to follow.
- The service did not have enough toilets per children and staff attending the church site. The provider should produce an action plan on how they will address this.
- In general, the service has improved since the last inspection, however time is needed to embed changes into everyday practice so children consistently benefit.

## 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?	3 - Adequate
How good is our staff team?	4 - Good

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

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

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 nurtured and supported throughout their daily experiences. They were welcomed warmly from school by staff who showed interest in them and their day. Kind and friendly interactions showed children that they were valued.

The pace of the day was calm and mostly responsive to children. They were familiar with the routine of the day such as putting their belongings away, washing hands, having snack and choosing where to play once the playground was safe and secure. This was respectful of the varying needs of children.

Snack time was part of children's day and moved at their pace. Children were kept safe as staff sat with children to supervise and chat about their day. Improvements had been made to snack since the last inspection. For example, the food was presented attractively and children were washing their own dishes. Some self-care skills were being practiced by children, such as pouring drinks and spreading toast. The service should continue to offer opportunities for children to be involved in all aspects of snack preparation if they wish. In addition, serving food from the main table in the church would minimise children's waiting time.

Children's individual wellbeing was benefiting from effective use of personal planning. All children had up to date information about their care needs and preferences, which kept staff informed. Reviews took place with parents regularly which kept the information relevant. A parent said, "Staff are kind and respectful to children and their parents. I enjoy chatting with them about my child's experiences. I feel comfortable discussing anything with them". Additional support plans had been created to provide consistency of care for some children, however this was not yet consistent across the two sites. The service should ensure that all plans are reviewed and updated to reflect children's current care needs. An area for improvement from the last inspection had not been fully met and will remain.

Overall, medication was managed in line with best practice to ensure children's health needs were met. The storage of medication was accessible and the records were detailed. This helped staff to be knowledgeable and respond when needed. Further improvements could be made by reviewing the potential risks for children with medication needs during the walk from school; and ensuring medication management is quality assured effectively.

### Quality indicator 1.3: Play and learning

Children had fun as they experienced good play, learning and development opportunities. They were engaged and animated, having prolonged play with friends or by themselves. This meant that children were able to follow their ideas. There was creative and imaginative play, lots of physical movement and time and space to chill out. This range of play allowed children to decide what they wanted to do and when. A parent said, "My child has fun. Gets to engage in a good range of activities. Playing board games, doing craft. Playing outside. Making up games with friends".

Staff were available and were often invited into play. They knew when to allow children to flow with their own interests or when to intervene with suggestions. A parent noticed this too and said, "Staff are friendly and helpful, and get involved with creative crafts and letting my child play independently".

Children played outdoors everyday. The walk from school was engaging and was part of the play experience. For example, some children had their own scooters, they were noticing flowers and engaging with local people. The service should help children to consider the impact of their choices on environmental sustainability of their local area. For example, understanding when flowers can be picked or not.

Children's interests and ideas were being used to inform weekly planning. They were asked for suggested activities which were then brought to life the following week. Staff gave examples of when interests were extended by staff to enhance the experience for children. Following the last inspection, staff were more mindful in the set-up of play spaces to make them interesting and engaging. As a result of meeting the area for improvement from the last inspection, children were more engaged. Moving forward, the service should consider the value of planned opportunities to introduce new things and spark new interests and thoughts for children. In addition, providing more open-ended materials would enhance children's imaginations and offer endless possibilities in play.

## 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 setting was well-furnished, comfortable and homely. Both sites had to be set up each day to make them suitable for children. Staff made an effort to ensure the sites were inviting for children and relaxing after a day in school. Space was provided to store their belongings, they were well-ventilated and naturally lit. Information boards were used to display service information and keep children and parents informed and included. An area for improvement from the last inspection had been met. This meant improvements had been made to the environment to create more cosy spaces for children to retreat to and relax. As a result, children were comfortable in the setting. They moved around comfortably, took their shoes off and relaxed looking at books.

The indoor and outdoor environments were suitable for school-aged children. Children could move around spaces independently and choose additional resources when they wished. Play spaces reflected children's interests such as role play and crafts. Improvements had been made to the resources since the last inspection which gave children a strong message that they mattered. As a result, children had the choice of a range of age appropriate resources and experiences. To continue the development of resources, the service should consider real and open-ended materials to provide intrigue and creativity.

Outdoor areas were spacious for play. The natural environments provided places for children to explore and outdoor toys added value to their experiences. The church garden was secure enough for the age group of children, however the manager should continue to risk assess this depending on the needs of children attending.

The setting and equipment were generally safe, secure and well-maintained. Risk assessments had been created to identify risks and actions to reduce them. Staff used these daily to ensure children were safe. This included safety measures for children being escorted from the school to the church by staff. However, the walk should be further quality assured to ensure safety measures were appropriate and consistently carried out. For example, the safe use of scooters and bikes (**See Requirement 1 in Key Question 3 'How good is our leadership?'**). In addition, the church site does not have a secure garden, therefore, further safety measures to secure the church door when children are outdoors with staff were needed.

As discussed previously with the provider, there are not enough toilets per children and staff attending at the church site. By not complying with best practice guidance, there is potential for children's health and welfare to be impacted upon. The space standard guidance for early learning and childcare, Space to Grow & Thrive (Care Inspectorate 2024), is clear that one toilet is needed for 10 children; and staff and children should have separate facilities. While we did not see any adverse impact on children and staff during inspection, this should be addressed by the provider (**See Area for Improvement 1**). During the inspection, the manager was already considering how to increase handwashing sinks for children to free the toilets at busier times, such as snack time.

## Areas for improvement

1. In order for children and staff to have an environment suitable to meet their personal needs, the provider should create an action plan to improve toilet facilities in the church site. This should include timescales for actions to be taken.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'I can easily access a toilet from the rooms I use and can use this when I need to' (HSCS 5.2).

## How good is our leadership?

### 3 - Adequate

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

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

Staff and parents were in agreement that children attend the service to relax after school and have fun with friends. This aim was guiding the day to day running of the service. A general ethos of kindness and respect meant that relationships were maintained. This was modelled between staff and demonstrated between children and staff.

Children and families were starting to be involved to influence change within the setting. A children's committee was being developed and had consulted with their peers about snack and play. As a result of this involvement, more varied fruit was on offer and new resources had been purchased. Staff were committed to continue the development of the committee to ensure children's voices were heard.

Parents consultation and involvement continued to be mostly informal. Staff had built good connections with parents which made them accessible. More formal methods such as online polls, were starting to develop. This would help parents to offer suggestions about aspects of the service in a quick and simple way.

Quality assurance, including self-evaluation and improvement plans were starting to be used. Following the last inspection, an action plan was used to progress aspects of the service and keep staff focused. A variety of audits and spot checks were used regularly by the manager and the provider to monitor the progress of the service. However, the monitoring processes were not yet fully effective to identify improvement areas or embedded for consistency. For example, out of date information was being displayed for children and parents. An area for improvement from the last inspection was not fully met and will remain. In addition, the inspection highlighted inconsistent processes for children who had permission to walk home from the service by themselves. This had resulted in incidents where a child left the service unnoticed and another was allowed to go home in error. The provider must ensure children are safe at all times (**See Requirement 1**).

The manager, staff and senior management were open and responsive to the inspection process and were keen to explore suggestions for improvement. An example of this was the sharing of practice within the organisation. This led to the flow of ideas and the trialling of different approaches. The service continues on its journey of improvement and has made good strides forward, however now needs time to embed changes.

## Requirements

1. By 27 June 2025, the provider must ensure children are safe at all times.

To do this, the provider must at a minimum:

- a) review the organisation's policy about children walking to and from the service unaccompanied,
- b) ensure clear procedures are developed to guide staff in keeping children safe on their way to and from the service,
- c) implement a system to quality assure children's safety when walking to and from the service.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

## How good is our staff team?

**4 - Good**

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

### Quality indicator 4.3: Staff deployment

Deployment and levels of staff were effective in keeping children safe and meeting their needs. Management understood the importance of appropriate staffing and continued to engage in recruitment processes to secure more core staff. Staff were mostly considered in their deployment and aimed to keep children at the centre of their decisions. This had improved since the last inspection. A parent said, "The level of supervision of the children is good, the atmosphere feels controlled but not constrictive".

There was a range of skills and a consistent approach to staffing at each site. This meant that positive relationships had been built and staff knew children well. A parent said, "The rotation of staff has been minimal. This helps my child feel settled and me feel that they are cared for by people I know and have a relationship with". A mix of qualified and unqualified staff offered children a variety of skills and knowledge. Moving forward the provider should aim to further empower staff to share their own interests and knowledge with children through planned activities.

New and covering staff received induction information relevant to their role. Agency staff felt informed and supported to do their job. Staff recognised that some routines had to be adapted to include agency staff, such as merging the school walk into one. The impact of this on children's experiences should continue to be considered.

Staff engaged in professional development opportunities. For example, the role of the adult in play and safeguarding. The manager was identifying further training staff would benefit from to support specific children. While the manager could see improvements to staff practice, they were not yet at the point of evaluating their learning and using it to aid improvements in a meaningful way for sustainability. While an area for improvement from the last inspection was met, the team should continue to reflect on their learning to ensure children benefit from it.

Staff were flexible and supported each other to work as a team to benefit children. The use of radios allowed staff to be in constant contact, updating each other and generally relaying information about children. Staff had set tasks they were responsible for each day, while lead staff delegated and directed as needed to ensure any gaps were filled. A parent said, "(They are) professional friendly staff who know the children in their care and genuinely enjoy working with them".

## 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 enable all children to be effectively supported, approaches to personal planning should be further developed. This is to ensure children's personal plans accurately reflect their individual needs and agreed strategies of 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 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 was made on 30 November 2023.**



**Action taken since then**

Improvements had been made to supporting children through individual strategies of support. A new information form had been created and completed alongside parents and children. Staff were aware of these and used them to provide consistent care. However, this was not consistent for all children who needed support. For example, some information did not reflect children's current needs. When the personal plans are being reviewed, staff should ensure all information is agreed with parents as being relevant and current.

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

**Previous area for improvement 2**

To promote challenge and enhance children's play experiences, improvements should be made to the range and quality of resources and equipment. Children should experience an enabling environment that meets their varying needs. This would include but not be limited to, the introduction of loose parts materials and resources which meet the varying ages and interests of children attending the service.

This is in order to ensure care and support is consistent with the Health and Social Care Standards 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) and 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

**This area for improvement was made on 30 November 2023.**

**Action taken since then**

Improvements had been made to the range and quality of resources available to children. Some loose parts were incorporated into play spaces. These should continue to be built upon. A good range of play types was on offer giving children choice. They had freedom to move and use resources as they wished and could also access additional resources if they wished. New resources had been purchased in consultation with children so their interests were being considered.

As a result, children were engaging in prolonged play which was creative and stage appropriate. Moving forward, the service should continue to build on new or consolidating experiences so children can broaden horizons and spark new interests.

This area for improvement has been met.

**Previous area for improvement 3**

To create a nurturing, welcoming environment and to promote children's wellbeing the provider should improve the physical environment and spaces. Children should experience an environment that is comfortable and inviting.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state, 'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax' (HSCS, 5.6) and 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS, 5.20).

**This area for improvement was made on 30 November 2023.**

## Action taken since then

Improvements had been made to the general environment through resourcing and changing the room layout. New rugs provided pleasant places for children to rest and play. Resources were set up invitingly for children to choose from with a good range being on offer. An area had been created in consultation with the older children and continued to be developed with their needs and wishes in mind.

As a result, children looked comfortable and happy.

This area for improvement has been met

## Previous area for improvement 4

To ensure the outcomes for children improve, the provider should implement effective quality assurance processes including improvement planning and self-evaluation approaches that recognise strengths and address areas for improvements.

This is in order 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 30 November 2023.**

## Action taken since then

Improvements had been made to the quality assurance processes and improvement planning in the service. For example, a quality assurance calendar was introduced which provided a structure for the manager to work from. Quality assurance visits took place from the provider, leading to new resources.

However, these processes were in the early stages of being embedded, therefore were not always effective in identifying areas for development. As a result, there were discrepancies with personal planning and children's safety measures.

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

## Previous area for improvement 5

To support engagement with children and the quality of experiences, staff deployment and practice should be reviewed and improved. This should include, but not be limited to, ensuring that any tasks and routines are planned in a way that enhances children's experiences and supporting staff to consider how their deployment can impact on the interactions they have with children.

This is in order 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 30 November 2023.**

## Action taken since then

Improvements had been made to the practice and deployment of staff. Staff communicated well with each other to ensure children's freedom of movement around the setting. They were engaging with children in play and were attentive to their verbal and non-verbal cues. Staff deployment was planned depending on staff knowledge of children, such as agency staff being paired with core staff for outdoor play. Routine tasks such as snack time involved children more, with additional staff sitting with children to interact.

As a result, children had their needs and wishes recognised and responded to.

This area for improvement has been met.

#### Previous area for improvement 6

To ensure children have consistently positive experiences, the mix of skills and knowledge within the staff team should be improved. The provider should ensure staff are supported through individualised inductions and tailored professional development that meets their individual needs and the needs of the children attending.

This is in order 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 30 November 2023.**

#### Action taken since then

Improvements had been made to ensure a mix of skills and knowledge within the team. All staff engaged in core training, which was then built on with specific training relating to the service and staff needs. Staff were using a range of information sources to inspire them and offer new knowledge or skills.

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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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