

Spring Oscars @ Carrick Knowe Day Care of Children

Carrick Knowe Primary School
Lampacre Road
Edinburgh
EH12 7HU

Telephone: 07971095334

Type of inspection:
Unannounced

Completed on:
7 March 2025

Service provided by:
Out of School Scotland Limited

Service provider number:
SP2007009266

Service no:
CS2014323766

About the service

Spring Oscars @ Carrick Knowe is registered to provide care to a maximum of 40 primary school aged children at any one time. During school holidays and in service days the service may be provided to a maximum of 40 children at any one time aged from entry to primary school up to the end of year two secondary school.

The service is located in the residential area of Carrick Knowe, Edinburgh and is close to transport links, parks and other local amenities.

The service operates from a stand alone building within the school grounds of Carrick Knowe Primary School. The service has sole use of this accommodation which includes two play rooms, toilet facilities, a kitchen area and office space. They also have direct access to the school grounds for outdoor play. Further toilet facilities are also available within the playground area.

About the inspection

This was an unannounced inspection which took place on Tuesday 4 March 2025 between the hours of 14:20 and 18:00. We returned to continue with the inspection on Wednesday 5 March 2025 between the hours of 14:00 and 17:50 and on Friday 7 March 2025 between the hours of 07:35 and 09:00.

The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:-

- spoke with children using the service
- spoke with staff, manager and senior operations manager
- observed practice, daily routines and children's experiences
- reviewed documents in the service
- reviewed information sent to us by email
- took into account feedback we received from 19 families.

We provided feedback to the manager and representatives of the provider on Friday 7 March 2025.

Key messages

- Children experienced a welcoming environment and had built up positive relationships with staff.
- Personal plan information was used by staff to support children's care and wellbeing needs.
- Children's interests and confidence were supported through the varied experiences provided and skilled staff interactions.
- The improvements to the quality assurance processes should continue to be embedded into practice. This would support a culture of continuous improvement to promote further positive 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 experienced welcoming, respectful and caring approaches from staff. The majority of staff knew the children in their care well whilst sessional staff were supported to build up positive relationships. As a result, children were confident in their environment and were able to seek support, ask questions and involve staff in their play experiences. Children's health and wellbeing was also supported as when needed, staff reminded them of the boundaries to keep themselves safe and to be respectful of others.

All children had personal plans which included information gathered from families via the registration form. The personal plan processes had been developed since the previous inspection and reviews were carried out in consultation with families. As a result, information was kept up to date and used effectively to plan for children's health and wellbeing needs. Where children had any individual needs, risk assessments and additional information was documented to outline any strategies of support needed. For example, dietary requirements and medical needs. The personal plan systems should continue to be enhanced to support a consistent format for documenting changes to information. For example, for recording any updates to information including any links with other professionals or when clarifying information with families.

Medication systems had improved since the previous inspection. Where children had any medication needs, this was clearly documented and medication was stored appropriately in line with best practice. This meant that staff knew how to support children in the event of medication being required. In consultation with the provider, the manager and staff planned to review the location of the medical care plans to ensure a consistent approach. For example, some children had several medical plans which were stored in their personal plan folders and in the medication box even if there was no associated medication needed. Streamlining the systems would support staff to access the information needed quickly and ensure any duplicated copies were also kept up to date.

Children experienced a snack routine that was relaxed, unhurried and dietary requirements were catered for. Quality assurance processes had highlighted the benefit of children being more involved in the snack routine. As a result, children's suggestions had been sought and they also learned new skills such as chopping foods safely as well as food hygiene procedures. Children could also choose when to have snack during the session and this meant that their play was not interrupted. Children's snack experiences were continuing to be reviewed and enhanced to take into account children's suggestions in line with best practice guidance. Feedback we received from families, included a preference for younger children to have snack on their arrival to the setting. Other feedback from families outlined that they would like healthier breakfasts provided, more snack and milk for snack. The manager was reflective of this feedback as part of the ongoing development of the mealtime routines.

Quality indicator 1.3: Play and learning

Children were having fun and were able to lead their own play through a variety of different types of play opportunities to support interests and children's creativity and imagination. For example, bracelet making,

painting, role play, board games, playdough and outdoor play. As a result, children were sustained in their play for long periods of time. Staff extended children's experiences with support for learning new skills such as crafts experiences. Children's achievements were celebrated by staff during the session and photographs were shared with families about the activities provided online. Feedback from families about what their child enjoyed included, a good selection of activities, playing outside, making dens, dressing up, sports, messy play, the toys, playing with their friends and the Lego challenge game which they recreated at home. Feedback we received about what would make the service better included, more footballs, better footballs, more outside play and more resources.

'All about me' documents had been created to seek information from children about their interests. This had included asking children about the job they wanted to do when they were older. This information was displayed on the wall for ongoing reflective discussions and for planning associated activities as appropriate. For example, some children wanted to be a teacher and plans were in place to develop resources and materials to support this experience through role play.

Planning and evaluation processes had been developed including having a children's ideas and suggestions book as well as 'you said we did' information in a floor book in the foyer. This had helped children to become actively involved in the planning and evaluation of the experiences provided. As a result, their changing interests and needs would continue to be taken into account to ensure children would be sufficiently challenged by learning new skills or to revisit activities they enjoyed. Feedback we received from families outlined the importance of ensuring that all children had an input to ideas and suggestions. The manager was reflective of this information and to support all children to record their ideas or speak to staff. The ongoing evaluation of planning should also help staff to assess the impact of experiences provided for children and their use of the resources. For example, some children enjoyed art and craft experiences and having further areas to use the general loose parts materials would support children's creativity and imagination.

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

Children benefitted from a welcoming environment that had plenty of natural light and ventilation to support their wellbeing. The building was generally well heated. However, the temperature of one of the playrooms had been raised with the landlord. Interim arrangements meant that the spaces could be heated prior to the children's arrival. This helped ensure children's comfort.

Children were safeguarded as measures were in place to ensure the security of the building. For example, the new doorbell system meant that anyone entering or leaving the building would be known by staff. Regular headcounts also took place and this meant that children were accounted for throughout the session. To support this, children used a photo card to indicate whether they were indoors or outdoors during the session. The gates to the playground were closed during outdoor play and the boundaries of the areas to play were defined and known by children. This further ensured their safety.

The indoor areas used by children had improved since the previous inspection. The walls had been painted and the foyer was a welcoming space with information displayed for children and their families, including art work. The play areas now provided children with a variety of different types of play and opportunities.

This meant that children could make choices which supported their imagination and curiosity as well having areas to relax. This demonstrated that children were respected and valued.

Children's safety and wellbeing needs were supported through ongoing risk assessments of the environment and staff vigilance. Staff and children worked well together to identify and minimise potential risks. For example, children were learning about food hygiene and how to safely prepare snack. Where any issues were identified, these were reported to the appropriate person. However, there were ongoing issues with the indoor handwashing sinks. The pressure of the water was low and the temperature of the water became too hot which impacted on handwashing routines. The service continued to report this to the landlord and action was due to be progressed. Interim arrangements were in place to support children's handwashing routines. A mobile sink was also due to be provided by the service to facilitate children's access to additional handwashing facilities at snack time. This would support effective handwashing and children's health and wellbeing.

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 improvement are led well

There was a shared vision, values and aims for the service and these had helped inform staff practice. A new manager had been appointed and together with the staff team, improvements had been made to enhance the environment and experiences for children. The welcoming foyer displayed key information about the service. The views of children and families were also sought and the action taken was documented in the foyer. This demonstrated that the views of the children and their families were valued and had helped influence changes in the setting. For example, the snack routine and menu was currently being improved.

Feedback we received from some families, recognised that improvements were being made. Feedback from one family highlighted that the comments book in the foyer was not confidential. The manager was reflective of this and was committed to support the anonymity of families. We discussed that the improvement plan and the ongoing priorities for the service should be shared with families to reassure them of the planned approach for changes.

Self evaluation was supported through a variety of new quality assurance processes that had been developed. This helped the manager and staff to assess and reflect on what worked well in the service and identify areas for development. For example, through the sharing of best practice documents, observations of staff practice, weekly team meetings and the auditing of children's experiences and personal plan information. Self evaluation processes should continue to be embedded into practice including the ongoing the audits of the environment and assessing the impact of staff training. This would support the service to sustain the improvements made and continue to enhance children's experiences.

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

The majority of staff knew the children in their care well and newer or relief staff were building up positive relationships with them. All staff were respectful and caring in their approach. As a result, children involved staff in their play, discussions and sought support when needed. Some feedback we received from families included, 'Friendly, professional and supportive staff' and 'Staff who have been here a while are good and have a good relationship with the children'.

Since the previous inspection, the approach to staffing had improved. Additional staff were now employed in the setting. This meant that staff were available to respond to children's needs and interests. Children were also able to make choices of where they wanted to play as staff were deployed to ensure both of the indoor rooms and the outdoor space were available. The deployment of staff should continue to be monitored by the manager and provider to support a consistent approach and facilitate further choices. For example, children told us they would like to be able to go outside to play during the breakfast session and at times, they had to wait for a space to be able to go outdoors in the afternoon.

The staff team had a variety of experience, knowledge and skills. This meant that they were worked together to ensure the roles and responsibilities expected of them were carried out. For example, the setting up of the play areas, having a rota for supporting specific area such as the snack routine and they also supported newer staff.

Families were welcomed into the setting by staff. However, not all families had the opportunity to engage with staff on their arrival or had time to view the information in the foyer. Some feedback we received from families outlined that they did not know the names of staff or who was in charge. Although this information was in the foyer, the service was reflective of this feedback. Further consideration was to be made about how to inform families about the daily staff in attendance including relief staff and their role. This would help families to know information about the staff deployed during both the breakfast and after school sessions.

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

Personal plans should be improved to ensure they support children to receive the care and support that is right for them. They should be reviewed and updated at least once every six months in line with legislation or sooner if changes to care needs occur. They should contain information that helps staff to plan support strategies that promote positive outcomes for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS, 1.15).

This area for improvement was made on 31 August 2023.

Action taken since then

Children's personal plans had all been reviewed in consultation with families and this was documented. Where any changes had been made as a result of reviews, this information was also recorded.

Additional information including risk assessments had also been developed to outline the strategies of support to be carried out by staff to support children with any specific dietary or medication needs.

This area for improvement has been met.

Previous area for improvement 2

To support children's health and wellbeing, the provider should ensure reviews of medical information and parental consents are carried out in line with good practice guidance. This is to ensure practice is consistent with Care Inspectorate document, 'Management of medication in daycare of children and childminding services' (Care Inspectorate, 2014).

This is to ensure that care and support is consistent with the Health and Social Care Standard which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS, 1.24).

This area for improvement was made on 31 August 2023.

Action taken since then

Improvements had been made to the medication systems and the storage of medication needed to support children's individual needs. Medication was stored in individual boxes with a photo of the child and information about the action to be taken, the expiry date and permissions from the child's family.

The medication and associated documentation was also reviewed in consultation with families and in line with best practice.

This area for improvement has been met.

Previous area for improvement 3

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is safe and secure' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 31 August 2023.

Action taken since then

Risk assessment information had been reviewed by the new manager. A daily checklist was also completed by staff to help assess the environment and identify any concerns. Where issues were identified with the environment, this was reported to the landlord for action to be taken. Whilst there were still issues with water temperature and pressure in the indoor toilets, this had been reported to the landlord on several occasions. This was continuing to be progressed by the manager and discussed with staff.

The daily checklists were to continue to be developed to ensure that there was a consistent approach to recording the ongoing issues with the water and the action taken. The checks should also include the outdoor toilet facilities.

This area for improvement has been met.

Previous area for improvement 4

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

This is to ensure care and support is consistent with the Health & Social Care Standards which state that: 'I 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 31 August 2023.

Action taken since then

A number of quality assurance systems had been implemented. This included, observations of staff practice, the routines of the day and children's experiences. Audits had also been carried out on the information held in children's personal plans. Systems had also been introduced to support children and their families to give their views about the service. These processes were to continue to be embedded into practice to support sustained improvements to the service and children's experiences.

This area for improvement has been met.

Previous area for improvement 5

To support children's wellbeing and improve the quality of experiences, the provider should further develop the processes for staff induction and ongoing support and supervision. These processes should support staff to develop their confidence and knowledge, reflect on their practice and plan for their own professional development and learning needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled (HSCS 3.14)' and 'I use a service and organisation that are well led and managed' (HSCS, 4.23).

This area for improvement was made on 31 August 2023.

Action taken since then

A number of processes had been developed since the previous inspection. To support new staff into the setting, an induction was completed. This was also done for relief staff when they attended the setting. This ensured that staff were given the information needed to support them in their role. Systems had also been developed to support new staff to register with a professional body such as Scottish Social Services Council (SSSC) within the appropriate timescale.

Team meetings were now carried out weekly with the manager and staff. These provided an opportunity for staff to reflect on their practice and share best practice guidance.

The new manager had met with staff on a one to one basis to get to know the team and affirm training achieved and to identify any training needs. For example, child protection training and first aid training. To

support staff skills and knowledge, ongoing observations of staff practice and to determine the impact of any training or best practice shared was to continue.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	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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