

Spring Oscars @ Cramond Day Care of Children

Cramond Primary School
4 Cramond Crescent
Edinburgh
EH4 6PG

Telephone: 07971095330

Type of inspection:
Unannounced

Completed on:
30 May 2025

Service provided by:
Out of School Scotland Limited

Service provider number:
SP2007009266

Service no:
CS2016346891

About the service

Spring Oscars @ Cramond is situated in Cramond Primary School, Edinburgh. The service is close to local transport links and community services.

The service provides a daycare of children service to a maximum of 45 primary school aged children.

Children are cared for in the school's large dining hall. Toilet facilities are located in another part of the building. Children have access to the school grounds, which includes a paved playground, a grassy hill and a large slide.

About the inspection

This was an unannounced inspection which took place on Tuesday 27 May 2025 between 15:10 and 18:10. We returned to the service on Wednesday 28 May 2025 between 07:40 and 09:10 and Thursday 29 May 2025 between 14:40 and 18:10.

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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children in the service and two parents onsite
- received written feedback from five families in response to an online survey
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

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

- Staff had developed positive relationships with children and parents. This contributed to a welcoming and friendly atmosphere in the service.
- Children were engaged in play and learning experiences, which suited their needs and interests.
- To ensure children's safety, improvements were needed to the management of outdoor spaces and the use and implementation of effective risk assessments.
- To promote consistently high-quality care and support, the provider should ensure staff engage in meaningful, relevant and timely learning and development opportunities.

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?	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?

3 - Adequate

We evaluated different parts of this key question as adequate and good, with an overall evaluation of adequate.

Quality indicator 1.1: Nurturing care and support

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

Most children were happy and settled in the service. Overall, positive interactions from staff supported children's wellbeing. For example, staff warmly welcomed children into the service, they spent time playing games, chatting about their day and helping them with activities. This enabled the development of positive, familiar attachments.

Staff knew some children's interests, which helped them to promote play opportunities. For some children who required additional support staff implemented consistent strategies. For example, using communication tools to aid children's understanding of situations. While at times strategies of support were effective, there were times when the strategies could be further developed. To ensure all children are effectively and sensitively, the provider should support staff to further develop their skills in supporting children's emotional regulation and communication needs **(see area for improvement 6 within 'what the service has done to meet any areas of improvement we made at or since the last inspection')**.

Some progress had been made in relation to developing personal planning approaches. For example, for a few individual children strategies of support were outlined and implemented in partnership with parents. However, further work was needed to ensure all children's personal plans outlined how their care, play and learning needs would be met. For other children, the information gathered was limited and not used effectively to plan support. This meant there were missed opportunities to ensure staff could meet all children's individual needs and interests. Also, most personal plans were not consistently reviewed with parents. As a result, there was potential for essential information to be outdated **(see area for improvement 1 within 'What the service has done to meet any areas of improvement we made at or since the last inspection')**.

Staff were knowledgeable about children's dietary needs and preferences. This helped to support their health and wellbeing. For some children further work was needed to ensure all aspects of their health care needs were planned for. For example, where children have an allergy but no medication, actions should still be in place to help manage the allergy safely. The service addressed this issue during the inspection. Therefore, we have assessed the previous area for improvement as met **(see area for improvement 2 within 'What the service has done to meet any areas of improvement we made at or since the last inspection')**. However, further work on personal plans should be carried out to ensure personal planning approaches meet the holistic needs of all children **(see area for improvement 1 within 'What the service has done to meet any areas of improvement we made at or since the last inspection')**.

Snack times were positive experiences. Balanced and healthy food options supported children's health and wellbeing. Children took part in the planning and preparation of their own snacks. They selected their own items of food, poured their own drinks, and helped to prepare the snack. These familiar routines supported children to develop positive life skills. One parent commented, "The kids love having a choice of snack and a good variety to pick from." Staff sat with children as they ate. This practice promoted safety and supported relaxed and social experiences.

Progress had been made in relation to the service's approach to child protection. Recent training had been undertaken to aid the staff and management team's understanding of protection concerns. Overall, the staff and manager knew how to identify and report concerns. Further work was needed to ensure any agency staff were provided with enough information to help them recognise and report child protection concerns. For example, they should be signposted to the service's child protection procedures as part of their induction. To support all staff to consolidate their understanding of child protection, the provider should ensure further development opportunities are available to the team in relation to safeguarding and protection (**see area for improvement 1**).

Quality indicator 1.3: Play and learning

We evaluated this quality indicator as good, as several important strengths taken together, clearly outweighed areas for improvement.

Improvements had been made to the range and quality of resources. For example, children had access to a range of construction materials, small world, board games, role play, craft experiences and puzzles. Throughout the sessions, almost all children were fully engaged in their play. Many spent sustained periods on their chosen activities. One parent said, "There's a lot of variety, indoors and outdoors. The kids can create their own games or play with lots of different resources".

Indoors, children had opportunities to lead their own play. For example, some chose to draw while others made their own game using large pots and soft matting to make a bowling alley. These resources gave children opportunities to be creative and have fun. Outside, some improvements were needed in relation to the resources and experiences available. The range of toys and materials were limited. Those that were available did not always reflect children's stages of development. To further enhance the play experiences, the service should review the quality of resources for outdoor play. Children would benefit from the service increasing the range of open-ended materials and loose parts to aid children's creativity and inquiry skills. This is to ensure outdoor resources spark children's interests and support their play.

Staff listened to children's ideas, showing them that their play was important and valued. Children invited staff into their play and staff responded with enthusiasm. For example, staff spent extended periods supporting children with crafts or playing board games together. This created a fun and inclusive ethos.

Planning for children's play and learning was developing. At times, children's ideas were used to inform the resources and materials provided. For example, one child had suggested more painting opportunities and this was provided. However, there were further opportunities for children to lead the plans for play. For example, children could be more involved in planning activities or events that were relevant to their play and interests. On some occasions staff missed opportunities to extend interests or develop experiences that would sufficiently challenge and inspire children. Developing approaches to planning for play, could further enhance children's experiences and provide them with a greater sense of influence over the play experiences.

Areas for improvement

1. To support staff development and practice, the provider should ensure staff and management have further opportunities to consolidate learning and practice in relation to managing child protection. All staff including agency staff should be provided with appropriate information to aid their understanding of child protection procedures within the service.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

How good is our setting?

3 - Adequate

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

Quality indicator 2.2: Children experience high quality facilities

During the first inspection visit, we found children's safety and security was compromised as the outdoor space was not effectively risk assessed and managed. The service had changed the outdoor space they used since the last inspection and limited consideration had been given to the management of the new space prior to its use. Hazards such as building materials in the play space had not been identified and managed by staff. The use of such a large space also made staff deployment more difficult to manage. Safety measures such as ensuring gates were secured had not been implemented. To keep children, the manager and staff should ensure that risk assessments and daily checks are robust and effective. The service took immediate action to address these concerns. For example, they reduced the boundary of the area. This still gave children sufficient space to play. Following this, they developed an appropriate risk assessment, which assessed the space and addressed any additional hazards and risks. On subsequent inspection visits the space was safe and well managed. Moving forward, the service should ensure effective risk assessments and management of spaces is in place. This is to ensure children safety and wellbeing is prioritised (**see area for improvement 1**).

Overall, the indoor play space was safe, and children were well supervised. However, safety should be improved in relation to the external door as this was not always secured. Also, doors to other areas such as the school kitchen were accessible to children. These doors were not always secured meaning children could access the kitchen area. The service took immediate action to address this concern, but further work was needed to ensure all areas were safely secured and managed when children were present (**see area for improvement 1**).

Despite the concerns about the safety and management of spaces and risks, overall staff did support children's safety and supervision as they were alert to children's movements. Practices such as head counts and registers were in place, helping to ensure staff were aware of the children present. Older children informed staff when they needed to leave to use the bathroom and younger children were supported by staff as needed.

Children had ample space to meet their play needs. Designated spaces for reading and relaxation supported children's emotional wellbeing and comfort needs. The environment was beginning to give children a sense of belonging. There were boxes for children to store their personal items and display boards showcased their artwork. This supported children to feel recognised and respected within the space.

Spaces used by children were clean and well ventilated. The service was supported by school cleaning staff, who kept touch points, flooring and equipment clean and fresh. Effective handwashing procedures and daily cleaning helped to reduce the spread of infection. Children were familiar with the handwashing routines and staff provided support if needed. This helped children to develop important hygiene skills.

Areas for improvement

1. To ensure children's safety and wellbeing, the provider should ensure the service improves the approach to risk assessing and monitoring areas of the service.

This would include but not be limited to:

- ensuring the manager and staff effectively risk assess all areas of the service, including when changes are made to the space,
- ensuring any checks or audits are implemented effectively to maintain children's safety,
- ensure risk assessments and practice are regularly monitored to ensure they remain meaningful and effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My environment is secure and safe' (HSCS 5.19).

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

Recent changes to the staff team, including the manager covering within another service, meant the current team were still developing the approach to improvement planning. The service had an improvement plan in place and this had led to some improvements. For example in relation to the quality of play experiences. However, limited reflection and evaluation impacted on the monitoring and benchmarking of improvements. For example, the service improvement plan indicated substantial progress had been made in relation to personal planning approaches. However, inspection evidence showed gaps remained. The manager, staff and senior management were open and responsive to the inspection process and keen to explore and act upon improvement discussions. For example, swift action was taken to address the concerns in relation to the outdoor spaces and kitchen area. This showed the service had capacity to make improvements. The provider should ensure that the pace of change increases, so that children experience a consistently high-quality service (**see area for improvement 5 within 'What the service has done to meet any areas of improvement we made at or since the last inspection'**).

Key areas of quality assurance needed to improve. The approach to quality assurance varied and at times the processes in place were not effective and robust. For example, there were gaps in to monitoring and assurance in relation to managing safe outdoor spaces and the reviewing of children's personal plans. Further work was needed to strengthen quality assurance processes to support children's overall wellbeing and ensure a consistently high-quality service (**see area for improvement 5 within 'What the service has done to meet any areas of improvement we made at or since the last inspection'**).

Staff would benefit from a more structured approach to reflecting on practice and discussing the service. For example, they had limited opportunities for individual and team discussions that could aid development and support practice. This meant there were missed opportunities to discuss any training needs, practice developments and general wellbeing.

Children and parents felt welcomed into the service. Through our online survey, one parent said, "Staff are always approachable and welcoming." Children spoke about staff being kind and friendly. This supported a warm and inclusive ethos. The manager had started to develop ways to gather parents' and children's views. This was a positive start to supporting a culture of feedback and action. For example, when children made suggestions these were placed within a floorbook to show how the idea had been taken forward. This was beginning to support children and families to be meaningfully involved within the service. While there was an overall positive atmosphere within the service, revisiting and further developing the service's vision and values could strengthen the delivery of the service. Having a clear vision and values could support all stakeholders to be informed on how their needs will be met, while also supporting staff to be clear on the expectations for children's care. Parents and children should be involved in developing the vision and values of the service to ensure they are meaningful to everyone.

How good is our staff team?

4 - Good

We evaluated this key question as good, as several important strengths taken together, clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

There were enough staff available to meet adult to child ratios. As a result, staff were available to support some children who needed individual care and attention. This promoted children's wellbeing and a sense of nurture.

Staff managed the routines of the day well, ensuring there was enough staff available to support transitions without interrupting children's play. This meant children could decide what activities and experiences they took part in. For example, snack was open for most of the session and a staff member was always available to aid supervision and social interactions.

Staff communicated well with each other and children. This practice helped to promote safety and allowed staff to adjust deployment when needed. Although there were some concerns with deployment in the outdoor space during the first inspection visit, action was taken to address this.

The mix of skills and knowledge within the staff team could be further enhanced to maximise children's wellbeing. Staff would benefit from having a greater range of development opportunities related to their role. Some training such as first aid was aiding children's wellbeing. However, there remained gaps in staff skills. For example, in relation to supporting children's additional support needs and outdoor play experiences. An area for improvement made at the last inspection has been continued to support ongoing improvement work (**see area for improvement 6 within 'What the service has done to meet any areas of improvement we made at or since the last inspection'**).

Overall, planned and unplanned absences were managed well. Children were cared for by a consistent staff team. The provider often used staff from their other services to cover absences. This meant they were familiar with procedures and routines. This helped children to experience a continuity of care. Some parents said they were not always well informed about the staff team and who was caring for their children. The service should ensure changes to staffing are communicated effectively to parents to support their understanding of who is providing their child's care each day.

While agency staff said they were informed about key areas of practice, this was not always evident. For example, some agency staff were unsure about strategies needed to support individual children. Also, there were missed opportunities to ensure they fully understood the service's child protection procedures. To maximise children's wellbeing, further work was needed to ensure agency staff were given an appropriate induction into the service.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 28 June 2024, the provider must ensure the service has a robust and consistent approach to managing child protection concerns to ensure that all children are protected from potential harm.

To do this the provider must, at a minimum:

- a) ensure the manager and staff fully understand their responsibilities in relation to why, how and when to make relevant referrals to appropriate agencies,
- b) ensure the manager and staff are fully aware of the service's internal and national child protection guidelines and can implement these with confidence when needed,
- c) provide additional training and guidance to the manager and staff to ensure they have a sound knowledge of child protection and their duty in promoting children's safety and wellbeing.

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 Health and Social Care Standards (HSCS) which state: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This requirement was made on 3 May 2024.

Action taken on previous requirement

Progress and improvements had been made in relation to the manager and staff team's understanding of managing child protection concerns. The staff and manager were able to share how concerns should be reported and to whom. The manager was clear on internal and external reporting procedures. This helped to safeguard children.

Across the core team there was appropriate levels of knowledge in relation to types of abuse and concerns. Staff had recently undertaken training, which had informed their knowledge. The manager and staff discussed protection scenarios at team meetings and in-service days. This helped to support understanding.

While staff knowledge and understanding had improved through training and support, further work was needed to consolidate learning from recent training. To strengthen the procedures the provider should support the service to ensure all staff have the relevant information available to them to report a concern. For example, there was a lack of information on the procedures present in the service to effectively guide staff should they need to contact a lead agency.

This requirement has been met. We have made an area for improvement to address the outstanding issues (see area for improvement 1 in 'Key Question: How good is our care, play and learning?').

Met - within timescales

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 ensure personal planning approaches are developed and improved. This would include but not be limited to ensuring:

- children's needs and wishes are recorded and used to plan their care,
- information is used effectively to develop strategies of support that are consistently implemented by all staff and evaluated for effectiveness,
- personal plans are reviewed with parents in line with current good practice guidance.

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 3 May 2024.

Action taken since then

Some progress had been made in relation to children's personal plans. 'All about me' information had been gathered, which helped to identify children's wishes. Further work was needed to ensure this information was used effectively to support children.

Some work had taken place to develop strategies for individual children. However, this was not consistent for all children. As a result, there were missed opportunities to support all children. For example, with their interests.

Some elements of plans such as support plans were reviewed with parents. However, this was not consistent for all children and families. As a result, there were missed opportunities to ensure children's information and care was relevant and personalised.

Further work was needed to ensure all children benefitted from effective personal planning approaches.

This area for improvement has not been met and has been continued at this inspection.

Previous area for improvement 2

To keep children safe and promote their wellbeing, the provider must ensure the staff and management team have a clear understanding of all children's health and dietary needs. This would include but not be limited to:

- improving the system for recording children's health care needs, including where they do not require medication but may have a medical or dietary need,
- developing systems to help staff develop their knowledge of children's health care needs.

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).

This area for improvement was made on 3 May 2024.

Action taken since then

There remained gaps in the health care plans for children who did not require medication. The service took action to address the gaps during the inspection. The risk presented by these gaps was low as staff were aware of the steps to take but these were not recorded as part of the child's personal plan documents.

As a result, we have assessed this area for improvement as met. However, health care planning should be an integral part of the service's approach to personal planning for children.

We signposted the service to 'Management of medication in daycare of children and childminding services (Care Inspectorate, 2024) for reference.

This area for improvement has been met.

Previous area for improvement 3

To promote high quality play and learning that meet children varying needs and interests, the provider should ensure the range of resources and experiences are improved.

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 the 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 was made on 3 May 2024.

Action taken since then

Improvements had been made to the range of resources and experiences. As a result, children were more engaged and motivated in their play. Through our online survey a parent shared, "There's a great range of activities and toys."

This area for improvement has been met.

Previous area for improvement 4

To promote children's safety and wellbeing, the provider should support the service to develop the process implemented for children who walk home independently. This would include but not be limited to:

- developing individualised risk assessments that set out the measures in place to support children to reach home safely,
- ensuring written consent is recorded and forms part of the child's personal plan.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: 'I am helped to feel safe and secure in my local community' (HSCS, 3.25).

This area for improvement was made on 3 May 2024.

Action taken since then

Improvements had been made to the process for children walking home independently. Individual risk assessments had been developed. These documents outlined the measures in place to support children to reach home safely. Consents were clear and supported the approach to partnership working with parents. The provider was clear on the risks involved and how these would be managed going forward. As a result, children's safety was being well considered.

Previous area for improvement 5

To improve outcomes for children and promote a culture of continuous improvement, the provider should embed effective systems for improvement planning and quality assurance. This would include but not be limited to ensuring:

- the service develops a meaningful and realistic improvement plan that sets out priorities for improvement and how these will be met,
- systems for quality assurance that identify strengths, but also address aspects of the service that are not leading to positive outcomes for children.

This is to ensure care and support is consistent with the Health & Social Care Standards 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 3 May 2024.

Action taken since then

Some progress had been made in relation to aspects of the service. For example, children's opportunities for play and learning had improved. Staff were more attuned to children's needs and positive relationships had developed as a result. However, key aspects of the service still needed to improve. Improvement planning and quality assurance practices were inconsistent. Further work was needed to enhance and embed processes and practices to ensure children had as positive an experience as possible at the service.

This area for improvement has not been met and has been continued at this inspection.

Previous area for improvement 6

To support children's wellbeing, the provider should ensure staff access training and learning appropriate to their role, and apply their training in practice. This should include, but is not limited to training and learning in relation to:

- child protection,
- supporting children's play experiences,
- supporting children's emotional wellbeing,
- supporting children who require additional support.

This is to ensure that 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 (HSCS 3.14)'.

This area for improvement was made on 3 May 2024.

Action taken since then

The mix of skills, knowledge and practice was developing across the staff team. However, further work was needed to ensure staff had the training and learning opportunities needed to support consistently high quality care and support. For example, staff needed further support to extend their knowledge of supporting children's emotional regulation and communication needs.

This area for improvement has not been met and has been continued at this inspection.

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	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
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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