Spring Oscars @ Pentland Day Care of Children

Pentland Primary School
Oxgangs Green
Edinburgh
EH13 9JE

Telephone: 07971095274

Type of inspection:
Unannounced

Completed on:
29 May 2026

Service provided by:
Out of School Scotland Limited

Service provider number:
SP2007009266

Service no:
CS2007159335

About the service

Spring Oscars @ Pentland provides school-aged childcare to a maximum of 55 children at any one time during term time. The service is provided by Out of School Scotland Limited, an organisation providing day care services for children across Scotland. Based in Pentland primary school, a breakfast and after school service is delivered from the dining hall, with toilets within the school corridor. Children have access to the school playground.

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

About the inspection

This was an unannounced inspection which took place on 26 and 27 May 2026 between 14:30 and 17:40. We returned to inspect the breakfast club on 28 May 2026 between 07:50 and 08:45. 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 using the service and observed their play
- reviewed feedback from an online survey from eight families, and spoke to one family within the service
- observed practice and daily routines
- spoke with staff and leaders
- reviewed documents relating to children's care, learning and development and the management of the service.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well-maintained and that a service is operating legally.

At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within the headings: Leadership and Nurturing care and support.

Key messages

- The service should develop a co-created, shared vision, values and aims which represents everyone's views within the Pentland community. This would support consistent interactions and experiences for children.
- Quality assurance processes were developing and had led to some improvements in children's outcomes, such as the snack routine.
- Safer recruitment and staff support arrangements were in place, which kept children safe.
- Some opportunities for child-led play were available. The service should continue to build on this to meet the needs of children of all ages.
- To ensure all children feel valued, respected and supported, the service should develop a rights-based and values-led approach to care and support.
- Most children had a personal plan with basic information. Further improvement would enable staff to plan appropriately for children and demonstrate impact on children's wellbeing.

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

Leadership	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate

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

Leadership 3 - Satisfactory / Adequate

Quality indicator: Leadership and management of staff and resources

We evaluated this quality indicator as satisfactory/adequate, where strengths just outweighed the weaknesses.

There was an organisational vision centred on children experiencing a thriving and nurturing childhood. The vision was not developed or understood by staff, children or families, and as a result was not reflected in practice or used to guide and influence change. This meant it did not underpin or consistently guide decisions or improve outcomes for children. Many families disagreed they were involved in ways to develop the service. One said, "I'm not involved at all" and "Every so often we receive a form - but I'm not sure it's used for anything."

Although some methods of gathering feedback were in place, such as asking if families were satisfied with the service, these were not yet meaningful, well-evaluated or used to inform change. This reduced the extent to which children and families experienced a sense of ownership, empowerment and partnership, and limited the service's ability to fully respond to individual needs and preferences.

Inconsistencies across the team in how children were supported impacted on the overall quality of their experiences. For example, at times, some interactions did not reflect a values or rights-based, nurturing approach, which undermined the overall vision and values of the organisation. To improve outcomes and create a strong, shared sense of purpose, the service should develop a clear vision, values and aims that are co-constructed with children, families and staff reflecting the whole Pentland community. These should be consistently understood and used to guide decision-making and improvement. It should underpin all aspects of practice, including the environment, experiences and interactions for children. (See area for improvement one).

Leaders had taken positive steps to strengthen quality assurance arrangements since the previous inspection. For example, medication systems had become more robust, and safeguarding practices had been strengthened following reflection on previous incidents. Staff had been able to contribute to some areas and initiate well-informed change and share responsibility for the process, such as snack times. These demonstrated an increasing capacity to respond to identified issues and improve aspects of children's safety and wellbeing.

Self-evaluation was in the early stages of development and was not yet consistently improving outcomes for children. To ensure children benefit from ongoing improvement, approaches should demonstrate the difference made to children's experiences rather than describing actions. For example, references to gathering parental feedback did not clarify what was said, how it was used or what improved as a result. Similarly, identified priorities, such as staff training did not clearly outline the intended impact or whether children's experiences had improved as a result. Some changes, such as the development of a special area for older children had not been sustained. This meant it was difficult for the team to determine whether actions had led to meaningful improvements in children's safety, wellbeing or engagement or to identify clear next steps. (See area for improvement two).

Safer recruitment practices were appropriately in place, supporting children's safety and wellbeing.

Induction, supervision and ongoing support systems provided a positive foundation for staff and contributed to them feeling supported in their roles. Leaders described planned improvements to induction, which would further strengthen staff reflection and enable clearer evaluation of how induction supports children's outcomes. While training had been undertaken, this had not always resulted in improved confidence or consistent changes in staff responses, particularly in relation to rights-based, relational approaches. The service should continue to build on these approaches to ensure staff and leaders remain reflective on their training opportunities to keep improving children's outcomes and experiences.

Areas for improvement

1. To improve outcomes for children, the provider should develop a shared vision, values and aims to consistently inform decision-making and underpin practice. These should be co-constructed with children, families and staff to reflect the whole Pentland community. These should be consistently understood and actively used to drive improvements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6) and

"I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership." (HSCS 4.7).

2. To improve children's experiences and outcomes, the provider should strengthen self-evaluation and quality assurance to ensure a clear focus on impact. This should include evaluating how actions improve children's safety, wellbeing and experiences. The views of children and families should be meaningfully gathered and used to inform change. Clear evidence of improvements, how these were achieved and next steps should be consistently recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8) and

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19).

Children play and learn 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

We evaluated this quality indicator as satisfactory/adequate, where strengths just outweighed the weaknesses.

Some children experienced opportunities for enjoyable play, particularly in areas such as construction, games and puzzles. Sustained engagement and social interaction at these times supported aspects of children's enjoyment, confidence and wellbeing. Some improvements to the environment had been made, demonstrating developing capacity to enhance play spaces.

Engagement was not consistent across all children or across the full session. Older children reported feeling bored and unable to access meaningful or age-appropriate spaces or experiences. They told us, "This whole club is about wee ones." Another child told us, "I'm bored. I don't know what to do." Families reflected these views, telling us that experiences were, "Repetitive and unengaging," or "I'm not sure and receive no information on this." As a result, there were missed opportunities to provide many children with motivating, challenging experiences or to develop skills for life and learning. Opportunities for open-ended, creative and investigative play were limited. This reduced children's ability to explore, solve problems and follow their interests in depth.

At times, children's play was restricted or interrupted, including delays or limited access to outdoor space. Children told us they wanted to be outside much more and to have a broader range of experiences, such as opportunities to climb, water play or sports tournaments. Restrictions and lack of choices meant children could not consistently lead their play and learn across the session. Interruptions to play for the whole group to gain attention, continued to limit children's ability to sustain their ideas and impacted on their enjoyment and engagement. Children also highlighted frustration because they felt their views and suggestions did not result in change, reducing their sense of involvement and ownership. Some children told us they enjoyed aspects of the club, particularly when their friends attended. However, others told us, "We have written down our wishes, but nothing ever happens."

The quality of interactions between staff and children was variable. Where interactions were positive and nurturing, staff actively engaged in play and supported card games and conversations. These moments contributed to children feeling valued and supported. Some staff took a more supervisory role, resulting in missed opportunities to extend learning, build on interests and deepen play. For example, during inspection children expressed a desire to play with water, but this was not developed by staff. This resulted in missed opportunities to respond to children's wishes and enhance their experiences and development in the moment.

Planning processes were in place and shared across the team, supporting some collaboration and fresh ideas for children. However, to enhance the types of play that promote children's curiosity, creativity or intrigue, it should be more child-centred and responsive. Evaluations carried out at the end of the week by staff tended to describe activities, rather than identify what children had learned, what interested them or what could happen next. There was no clear tracking of children's interests to inform their evolving interests or needs. As a result, planning did not consistently improve outcomes for children. (See area for improvement one).

While there were strengths in aspects of play and interaction, these were not consistent or sufficiently developed to ensure all children experienced high-quality, engaging and child-led play. Improvements were required to ensure children were consistently supported to lead their play, experience challenge and enjoyment, and make progress in their development.

Areas for improvement

1. To improve children's engagement and enable them to thrive, the provider should develop child-centred, responsive planning that meets children's individual needs, interests and stage of development. This should include gathering and using children's views and observed interests to inform play. Strengthening this approach will support more meaningful, sustained and appropriately challenging experiences, leading to improved engagement, enjoyment and development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "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) and

"I can maintain and develop my interests, activities and what matters to me in the way that I like." (HSCS 2.22).

Children are supported to achieve — 3 - Satisfactory / Adequate

Quality indicator: Nurturing care and support

We evaluated this quality indicator as satisfactory/adequate, where strengths just outweighed the weaknesses.

Some children experienced caring relationships with staff, which supported aspects of their wellbeing and sense of security. Where interactions were warm and responsive, children appeared settled and comfortable. Some families told us that, "The staff are friendly and caring" and "know my child well and respond to them." Some children with additional support needs benefited from consistent staff approaches, including support with communication and predictable daily routines. These strengths demonstrated staff capacity to provide nurturing care.

However, this was not consistently experienced by all children and families. Some staff responses were not fully aligned with a rights-based or nurturing approach. For example, removing children from their play or experiences had a negative impact on children's emotional wellbeing and engagement. This affected children's autonomy and dignity and restricted access to play and peer relationships that were important to them. Children told us, "There are too many rules," and some became disengaged as a result. Children's views and feelings were not always recognised or acted upon through relational approaches or changes in planning. To support children's wellbeing, the service should continue to develop a more equitable, rights-based approach in line with the United Nations Convention on the Rights of the Child (UNCRC, 1992). (See area for improvement one).

There were missed opportunities to provide calmer, quieter spaces where children could relax if they needed to. Although an area identified as a quiet space was comfortable, limited provision elsewhere meant it was often used noisily. As a result, children who required a calmer environment were not consistently supported to feel settled. One family described the setting as, "A very busy environment, overwhelming at the end of the school day." Delays in accessing outdoor play and periods of queuing further affected children's ability to move calmly between activities. Transitions were frequently managed using whole group approaches, such as clapping, calling out or switching lights on and off. Together, these approaches disrupted children's play and meant some children became unsettled or frustrated, impacting on their wellbeing and engagement.

Safety arrangements supported children's physical safety through daily checks and risk assessments, and some individual safety plans were in place and reviewed. However, approaches were not always applied consistently across the team. Ensuring risk assessments were routinely reviewed and consistently followed would help emerging risks to be identified and addressed promptly. Involving children more regularly in understanding and managing risk, would also support the development of their confidence, independence and responsibility.

Children's experiences of meal times had benefited from recent improvements, resulting in a more positive experience overall. Changes to routines had reduced queuing and created a calmer, more sociable environment. Younger children enjoyed being involved in snack preparation, supporting tasks, such as preparing and serving food and tidying away. These routines promoted independence, social interaction and a sense of belonging and provided a predictable and nurturing part of the session. Older children felt they had fewer opportunities to be involved as they arrived later in the session. They expressed a desire for greater involvement in planning snack and increased responsibility. Providing opportunities for older children to prepare their own food using age-appropriate tools, and supporting greater independence within the service, would further enhance their sense of autonomy and wellbeing.

Personal planning systems were in place, however, they were not yet effective in improving outcomes for children. While most plans included some information about children's needs and preferences, there was limited evidence this informed daily experiences. Children's recorded views had not led to meaningful change. Some children did not know their plans were available, and some plans were incomplete or lacked important information. As a result, plans did not clearly demonstrate how children's wellbeing had improved or how needs were being met over time. (See area for improvement two).

Some families described positive relationships with the service, while others reported limited communication and involvement. Parents told us, "There are no meetings to discuss care needs," "I'm not involved at all," and "There isn't really a relationship, I don't feel I get a lot of in-person communication." Many families did not feel involved in personal planning. As a result, partnership working was inconsistent, limiting the service's ability to respond in a coordinated way to children's wellbeing needs. Further development was required to strengthen a shared, rights-based approach to nurturing care, improve personal planning and build more consistent partnerships with families, so all children experience compassionate, responsive and reliable support.

Areas for improvement

1. To ensure children feel emotionally safe, respected and valued, the provider should ensure a rights-based approach to nurturing care and support. This should ensure responses to children's behaviour are consistent, proportionate and supportive, and do not unnecessarily restrict children's access to play, peer relationships or choice. Staff should be supported to recognise behaviour as communication and respond in ways that protect children's dignity, emotional wellbeing and rights, in line with the United Nations Convention on the Rights of the Child (UNCRC).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "As a child or young person, I feel valued, loved and secure" (HSCS 3.10) and

"I am supported to understand and uphold my rights." (HSCS 2.3).

2. To ensure children's individual needs and wishes are understood and planned for, the provider should strengthen their approach to personal planning. This should clearly inform daily practice and demonstrate impact on children's wellbeing. Plans should be complete, regularly reviewed with families and consistently used by staff to meet children's individual needs. Children's views should lead to clear actions and measurable improvements, enabling progress to be tracked over time.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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) and

"My needs, as agreed in my personal plan, are fully met and my wishes and choices are respected." (HSCS 1.23).

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

In order to continue the improvement of children's outcomes, the provider should ensure consistent and robust quality assurance and improvement planning. 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." (HSCS4.19). Made 31.03.25. This area for improvement has not been met August 2025.

This area for improvement was made on 19 August 2025.

Action taken since then

There had been progress made to improvement planning, using a more structured approach, including monitoring systems and action planning. However, these remained largely descriptive rather than evaluative, and impact was not evident in practice over a number of areas as identified within this report. We have rewritten this area for improvement under the quality indicator Leadership and management of staff and resources.

This area for improvement has not been met.

Complaints

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

Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate

Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate

Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.