Oscare
Day Care of Children

Scout Association
21 Aidans Brae
Clarkston
Glasgow
G76 7EP

Type of inspection:
Unannounced

Completed on:
21 August 2026

Service provided by:
Alexandra Aitken trading as Oscare

Service provider number:
SP2014985732

Service no:
CS2014324190

About the service

Oscare provides a school aged childcare service in Clarkston, East Renfrewshire. The service is registered to provide an out of school care service to;

A maximum of 56 children attending primary school at any one time on a Monday to Thursday from 15:00 to 18:00, term time only.
A maximum of 32 primary school age children attending before school on a Monday to Friday from 08:00 to 09:00, term time only.
A service can be provided to primary school age children on the two in-service days in August from 10:00 to 14:00.

At the time of inspection 51 children were registered with the service.

The service is delivered from a community space with children accessing two large halls, a mezzanine area, outdoor space and toilets. The service is close to local schools, shops, parks and other amenities.

About the inspection

This was an unannounced inspection which took place on 20th and 21st August 2026. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. 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
- We received feedback from four families through online questionnaires
- Spoke with two staff
- Spoke with the provider and manager of the service
- Observed practice and daily life
- Reviewed documents

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, no improvements were identified relating to the core assurances.

Key messages

- The manager had a clear vision for improvement and demonstrated commitment to supporting positive change.
- We asked the manager to embed a robust quality assurance process to ensure a high quality service was sustained.
- The provider and manager had created a positive ethos and respectful culture in the team.
- Children played an active role in influencing changes within the environment and resources.
- Children had access to a wide range of quality, well-maintained resources for both indoor and outdoor play experiences.
- Resources were organised to encourage independence and enable children to lead their own play experiences.
- Children were having fun and engaged in their play with friends and staff.
- Staff interactions were consistently warm, respectful, and nurturing.
- We asked the team to continue to develop their responsive planning cycle to support high quality play and learning experiences.
- Children experienced warm, kind, and nurturing care from all staff which supported their health and wellbeing at the service.
- We asked the manager to revisit the teams processes for reviewing personal plans with children and their families.

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	4 - Good
Children thrive and develop in quality spaces	5 - Very Good
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

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

Leadership 4 - Good

Quality Indicator: Leadership and management of staff and resources

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

We found the manager of the service to be visible, friendly, approachable, and accountable, which contributed to a positive and supportive ethos across the service. Staff spoke positively about their roles and told us they enjoyed working at OSCARE. The manager had a clear vision for improvement and demonstrated commitment to supporting positive change. They spoke openly and reflectively about the challenges the service had experienced in recent years and showed insight into the impact this had on children, families, and staff. This gave us confidence in the service's capacity to improve.

Self-evaluation using A Quality Improvement Framework for the Early Learning and Childcare Sectors: School Age Childcare was at an early stage. The manager outlined plans to support staff to engage with the challenge questions and consider what the service was doing well, and what they needed to do to improve. Embedding this reflective cycle will strengthen consistency, shared responsibility, and effective self-evaluation for improvement.

We discussed the importance of involving children and families in self-evaluation activities to ensure any improvement priorities are informed by the views and experiences of those using the service. Existing consultation approaches, such as "Question of the Month" for families, were identified as effective methods that could be reinstated to gather meaningful feedback and support service development. The manager agreed to progress this.

We reviewed the service's vision, values, aims, and objectives and noted that these had not been formally reviewed for some time. Throughout the inspection, we observed children were at the centre of decision-making and daily practice, reflecting the service's commitment to promoting positive outcomes for children. To further strengthen this, we discussed with the manager reviewing the vision, values and aims in partnership with children, families, and staff. This would help ensure they accurately reflect the current ethos, aspirations, and priorities for the service. Making these visible within the setting, for example on the welcome board, would support a shared understanding and sense of ownership amongst OSCARE community.

The manager reported that they were in the initial stages of developing a quality assurance calendar to support a more robust, systematic, and evidence-informed approach to monitoring and evaluating practice. While there was a clear awareness of key quality assurance responsibilities and improvement priorities, the processes for implementation were not yet fully established or embedded. As these systems develop, they will support the manager to monitor quality, identify trends, celebrate success, and drive continuous improvement across the service. (See area for improvement 1).

The service's recruitment processes followed current safer recruitment guidance. The manager had established a system to monitor staff registration with the Scottish Social Services Council, and all staff were appropriately registered for their roles. This promoted children's safety, wellbeing, and development.

Staff had completed core training during inductions or through annual refreshers, including child protection, first aid and infection prevention and control. We encouraged the manager to consider training in person or group reflection on training undertaken online to ensure all staff understood the information, their roles, and responsibilities. This would support a more skilled and confident staff team. The service demonstrated an ongoing commitment to safeguarding children. To further strengthen leadership and ensure compliance with current national and local child protection guidance, coordinators should complete Lead Child Protection training.

Areas for improvement

1. To support continued best outcomes for children and families, the provider should develop and implement robust quality assurance systems. This should include but not be limited to:

• Establish regular, formal self-evaluation processes to promote reflective practice and drive continuous improvement.

• Update policies and procedures to ensure these reflect current best practice guidance and relevant legislation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Children thrive and develop in quality spaces — 5 - Very Good

Quality Indicator: Children experience high-quality spaces

We found major strengths in this aspect of the setting's work and identified very few areas for improvement; therefore, we evaluated this quality indicator as very good.

Children experienced a welcoming, inclusive, and well considered environment that promoted wellbeing, choice, and meaningful play. Children played an active role in influencing changes within the environment and resources. Staff promoted a rights-based approach, enabling children to make decisions about their spaces, such as selecting new equipment and other resources. Children were also supported to understand and manage risk, while still engaging in meaningful, risk-beneficial play. For example, we observed children have fun and engage in gymnastics activities. The manager supervised and prompted children to consider how they could keep themselves safe when using the balance beam and bar.

Children had access to a wide range of quality, well-maintained resources that supported creativity, curiosity, problem-solving, and social interaction for both indoor and outdoor activities. Resources were organised to encourage independence and enable children to lead their own play experiences. Staff regularly reviewed resources alongside children to ensure they reflected children's interests, preferences, and emerging ideas. One parent told us, "They provide a wide range of activities and invest in new equipment regularly". This helped to create an environment that was responsive, stimulating, and meaningful for children, contributing to high levels of engagement and enjoyment.

Opportunities for children to develop their critical thinking, creativity, and problem-solving skills through STEAM (Science, Technology, Engineering, Art, and Math) were evident throughout the setting. A wide range of loose parts and natural, open-ended materials were available indoors and outdoors to support this learning. Children could independently choose where and how they want to play, with staff responding sensitively to their interests by providing additional resources to extend learning.

The environment demonstrated a strong understanding of the varying needs of children across different age groups. Older children had access to the mezzanine area, providing opportunities for socialising, relaxing and engaging in age-appropriate activities. This supported children's growing independence, sense of ownership and belonging within the service. We suggested the team consider creating a quiet, cosy spaces for all children to access afterschool.

Infection prevention and control procedures were embedded throughout the service and reflected current guidance and best practice. Staff demonstrated a clear understanding of their responsibilities in maintaining a safe and hygienic environment. Regular handwashing was promoted, daily cleaning routines, and clear procedures contributed to a culture where the health, safety and wellbeing of children and staff were prioritised. These arrangements supported children to enjoy their play experiences within a clean and safe environment.

Clear systems were in place for recording, monitoring, and analysing accidents and incidents. Records were detailed, accurately maintained and shared appropriately with families, supporting effective communication and partnership working. The manager had implemented effective auditing processes which enabled patterns and trends to be identified and acted upon promptly. This supported a culture of continuous improvement and helped ensure preventative measures were implemented to further enhance children's safety and wellbeing.

Safety routines in the service were well established. Secure entry and exit procedures were in place, during drop off and collection procedures at the venue. Collections within school grounds were well established and children were confident in the routine. Staff carried out regular head counts to ensure awareness of children's whereabouts. Risk assessments had recently been reviewed to ensure they remain current, robust, and reflective of ongoing service delivery and environment. The team had given careful consideration to children accessing the outdoor spaces and car park to play with appropriate mitigation measures established to keep children safe.

Information management systems were well organised, and the setting had appropriate data protection measures in place, including registration with the Information Commissioning Officer.

Children play and learn — 4 - Good

Quality Indicator: Playing, learning, and developing

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children were having fun, motivated, demonstrating sustained interest, enthusiasm and enjoyment across their play and learning during our inspection. Throughout the session, children and staff were observed chatting, laughing, and smiling together, creating a positive and welcoming atmosphere. Children were confident, relaxed and settled in their play, including children who were new to the service.

They moved freely between rooms and independently accessed resource, making decisions about how they wished to spend their time. This demonstrated that children felt safe, secure, and confident within the setting.

Staff interactions were consistently warm, respectful, and nurturing. Staff responded sensitively to children's needs, offering comfort and reassurance when required. Staff engaged meaningfully with children by listening attentively, getting down to their level, and allowing sufficient time for children to think, communicate their ideas and make choices. Children's views were respected, and they were supported to have a genuine voice in their play experiences. This rights-based approach supported children to develop their knowledge and skills at a pace that was right for them.

Play work principles and children's right to play were embedded in practice. Children confidently led their own play experiences, self-selected resources and extended their ideas creatively. Opportunities for uninterrupted play enabled children to explore, experiment and follow their own interests, supporting their wellbeing, creativity, and enjoyment. One child told us, "There is lots of fun things to do." The strong emphasis on child-led play effectively promoted children's wellbeing, confidence, and independence.

Children had regular access to play outdoors. The team had assessed the space available and purchased a variety to resources and equipment to support a wide range of play experiences. This enabled children to be active, explore the outdoors and develop their problem-solving skills. We saw examples of children creating tracks, playing in the mud kitchen, planting, playing sports or building tents. Children told us they enjoyed the experiences they could participate in at the out of school care.

Planning approaches emerging were child-centred, flexible, and responsive to children's interests, requests, and emerging ideas. Staff used a range of methods to capture children's experiences, including mind maps, observation records, a communication book, and big books containing children's comments and photographs of activities. Children's interests and play "sparks" were also recorded and used to inform future experiences. Staff had begun to share potential ideas and activities in a newly established group chat. These approaches demonstrated a commitment to listening to children and ensuring their voices influenced the play opportunities available.

To further strengthen practice, consideration should be given to streamlining recording systems to create a more manageable and coherent planning process. This would support clearer tracking of children's interests, achievements, and progression, while ensuring observations effectively inform the planning cycle. We encouraged the manager to ensure children were part of the whole planning cycle, including the evaluations of what went well, what could they do next and what could be done better.

Children are supported to achieve — 4 - Good

Quality Indicator: Nurturing care and support

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children experienced warm, kind, and nurturing care from all staff. Staff interactions were consistently caring, patient and respectful, helping children to feel secure and valued. One parent told us, "Staff are friendly, they know the children". Another parent told us, "The staff are wonderful, they are very caring with the children".

Children were happy, relaxed and enjoyed time with their friends and staff. Staff listened to children and responded positively to their ideas and requests, which supported trusting relationships and ensured they felt listened to.

The team's rights-respecting approach was further supported by the service's children's wellbeing policy. The policy demonstrated a clear commitment to promoting children's health, wellbeing, and emotional resilience. It reflected a shared understanding of how staff should sensitively support children's individual needs, helping to ensure children experienced consistent, responsive care and support.

Children experienced snack times that were relaxed, sociable and unhurried. The atmosphere encouraged children to engage in conversations with their peers and staff, supporting positive social interactions and a sense of community. Children were encouraged to develop independence and life skills through opportunities to self-select and self-serve snacks. Staff provided appropriate support where required while promoting children's confidence and autonomy. One parent told us, "There is a good range of healthy snacks and when my children had dietary intolerances these were catered for appropriately".

Every child attending had an enrolment form and personal plan in place. We found personal plans contained relevant core information about children's individual support needs, interests, and preferences. Children created "All about me" documents with staff, customising their own front cover with pictures and designs. While SHANARRI documentation was in place, some plans did not clearly reflect children's individual needs or agreed strategies to support wellbeing and development. We found that some plans had not been updated with in the minimum six-monthly period as set out in a Guide for providers on personal planning, Care Inspectorate. (See area for improvement 1).

The manager had begun reviewing the template with children to establish what information they felt was important to them and that they would like to share with staff. This demonstrated a strong commitment to children's participation and ownership of their plans. The team should now embed these new templates and introduce a system to review personal plans more effectively, and record more clearly what has changed, what this means for the child and how staff will respond in practice.

Medication records and consent forms were well maintained and reflected current best-practice guidance. Systems were in place to support the safe administration, recording and storage of medication where required. Individual risk assessments and health plans were in place for children with allergies and medication to support the team to meet children's health and wellbeing needs safely.

Discussions with staff demonstrated a clear understanding that effective transitions are essential to children's wellbeing and that supports should be tailored to individual circumstances. Observations and discussions evidenced that children were known well by the team and staff responded flexibly and sensitively to changing circumstances. The example of using transport arrangements to support children who were tired, unwell, or finding transitions challenging demonstrated a thoughtful and child-centred approach.

Relationships with families were evident. Parents were welcomed into the venue and relationships between staff and families were warm, relaxed and valued. Positive conversations at collection time promoted continuity of care and supported children's wellbeing and families' connections to the service. One parent told us, "Staff are fabulous". Another parent told us they had "great relationships with all staff, the manager and provider".

Areas for improvement

1. The provider should ensure that all children have a detailed personal plan that sets out clear strategies to meet their health, welfare, and safety needs. Personal plans should be developed in partnership with children and parents and should be reviewed at a minimum of six-monthly intervals or sooner where required.

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).

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	4 - Good
Leadership and management of staff and resources	4 - Good

Children thrive and develop in quality spaces	5 - Very Good
Children experience high quality spaces	5 - Very Good

Children play and learn	4 - Good
Playing, learning and developing	4 - Good

Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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