Spring OSCARS @ South Morningside Day Care of Children

South Morningside Primary School
116 Comiston Road
Edinburgh
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Telephone: 07974124202

Type of inspection:
Unannounced

Completed on:
28 August 2026

Service provided by:
Out of School Scotland Limited

Service provider number:
SP2007009266

Service no:
CS2023000134

About the service

Spring OSCARS @ South Morningside is within South Morningside Primary School, Edinburgh and is close to transport links, parks and other local amenities. The accommodation used by the service in this building includes their own entrance in the basement of the building, use of two open-plan dining halls and office space. The school grounds are also used for outdoor experiences. The service is registered to provide a care service to a maximum of 71 school aged children at any one time. When more than 64 children attend the service, the additional support for learning room (Room 25) must be made available.

About the inspection

This was an unannounced inspection which took place on Tuesday, 25 August 2026 from 14:15 until 17:45 hours and Wednesday, 26 August 2026 from 14:15 until 18:00 hours. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, 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 and parents using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- reviewed completed electronic requests for feedback from eight families.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe 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 Quality indicators 'Leadership' and 'Children are supported to achieve'.

Key messages

• Children were welcomed into the service by friendly and approachable staff.

• Children benefitted from play spaces that were inviting and well resourced.

• Children had regular access to outdoor play, providing them with the opportunity to play in all weathers.

• Approaches to parental engagement were continuing to be developed. Leaders were eager to gather parents' views to inform service development.

• Some systems for quality assurance and self-evaluation were in place. This needs to be developed and strengthened further to meet the area for improvement made at previous inspections.

• Personal plans were in place and would benefit for further development to support the needs of children more effectively, and to meet the area for improvement made at previous inspections.

• Staff had recently attended trauma-informed training to support knowledge and practice. Through self-evaluation and reflection, trauma-informed language and terminology should be reflected in policies and paperwork.

• Staff and leaders at all levels engaged in discussions throughout the inspection and were receptive to suggestions made to improve and enhance experiences 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

Leadership	3 - Satisfactory / Adequate
Children play and learn	4 - Good
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

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

Quality indicator: Leadership and management of staff and resources

The service was in the process of reviewing the organisations vision, values and aims and staff had referenced how they could be put into practice. For example, "to bring passion and enthusiasm every day and valuing the impact this has on children's experiences in the club". The leadership team understood the benefits of having vision, values and aims that were relatable to the children, families and staff. To strengthen this further, the service could develop their own vision, values and aims in consultation with children and families to ensure it remains relevant and supports improvements at South Morningside.

Effective recruitment procedures were in place, including staff being registered with professional organisations. This meant children were kept safe. Staff benefitted from an induction plan that provided them with regular meetings with leaders and written guidance to follow during the induction period. A mentor was allocated to provide day-to-day guidance and support. This meant that new staff were supported. Leaders provided positive role modelling through their practice and interaction with children, families and staff. Leaders communicated the rationale behind their actions and decisions. This gave staff a better understanding to provide a more consistent approach to children. To ensure children experience a consistent approach, some staff would benefit from further support to ensure that they engage with children through play. For example, staff being at children's level rather than standing over them and being task focussed. This did improve on the following day of inspection with staff sitting with children and being accessible to them if they needed them.

The service had introduced a quality assurance calendar to help guide them on activities that needed to be monitored. This meant processes for evaluation of children's outcomes were beginning to be considered. A detailed action plan identified priority areas and evidence of this was displayed in an attractive floorbook. This was being used as an ongoing planning tool that was updated to reflect changes in children's needs and wishes over time. For example, the school toilets had been refurbished; during school hours, older children accessed these independently. The service created a registration display that children used to sign themselves indoors, outdoors or at the toilet. This meant that older children could freely access the toilets as needed and primary six prefects supported younger children with close staff supervision. This meant that children's dignity and privacy were being respected through personal care routines.

The service was in the process of developing systems to evaluate whether their plans were improving outcomes for children over time. The floorbook was being used to record discussions and progress made. To strengthen outcomes for children further, the 'Quality improvement framework for the early learning and childcare sectors: school age childcare' (2025) could be used to facilitate discussions and self-evaluation.

To ensure children receive consistent care and support, the service could improve auditing of areas such as, personal plans, accidents and incidents and other core assurances. This would help to identify any aspects to be developed. Systems were in place to share information with families if their child had an accident. This included a record on the digital platform, and a paper copy provided to families when they collected their child. There were occasions when parents did not sign to acknowledge the accident on the digital platform. We suggested that when parents had received verbal feedback and a paper copy of the accident sheet, this should be updated digitally to ensure that records are up to date.

Staff demonstrated a good understanding of child protection responsibilities and processes, and training was up to date. There were gaps in record keeping and decision-making regarding children's wellbeing. Quality assurance systems need to be developed further to ensure that records are reflective of children's changing needs over time and are kept up to date. The service would benefit from using quality assurance and reflective approaches to ensure that policies and paperwork in place use terminology that is trauma-informed and rights-based. The area for improvement from the last inspection relating to quality assurance will remain and be reworded (see area for improvement 2 under 'What the service has done to meet any areas for improvement we made at the last inspection?').

Children play and learn 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: Play and learning

Children were engaged in play as they had fun with friends. There was a range of resources available to children both indoors and outdoors. Play spaces were set up for children arriving, which let children know that they were valued. A parent commented, "The staff work really hard to keep the children engaged with different activities and look out for them." Children had the freedom to move resources around play spaces to extend their play, and staff were responsive to children's requests for resources. This meant that children's play was planned for and responded to in the moment.

Children contributed to plans for play, through conversations with staff, writing down their preferences in the floorbook and observations made by staff. Some requests were: to make bracelets, make pizza, have water balloons and a football tournament. Contributions from children were gathered over two weeks to allow time for all children to be included. Children's voices were beginning to be captured and used to inform the planning of fun experiences. For example, during a water play activity, a child said, "The water is so much fun." Leaders understood the importance of having activities available over time and for all children. For example, older children played with dolls and role played in the home area. This created an opportunity to revisit previous play experiences. To strengthen children's experiences further, the service could reflect on how children's individual interests and achievements are being captured and celebrated, ensuring that play experiences support curiosity and challenge.

Since the last inspection, the prefect role had been created for children in primary six. It was identified that older children in school had some additional roles and responsibilities and the service wanted to continue to promote children's independence and responsibility. We saw some children take pride in their prefect role through helping younger children. This included helping children who were new to the service and children in primary one. We equally saw younger children approach the prefects for help. As a result, children in the service were becoming aware of the service's culture of staff and children helping each other through interactions and role modelling.

Children are supported to achieve 3 - Satisfactory / Adequate

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

Quality indicator: Nurturing care and support

There were friendly interactions between children and staff. Children were asked about their day, and staff knew children well. Children described staff as being "kind, gentle and supportive". This meant that children experienced positive relationships with staff who genuinely cared for them.

Further work was needed to ensure that staff covering in the service had enough information to care for children, this included dietary requirements and specific approaches to support children's wellbeing. Leaders were responsive to the suggestion of providing a written overview of key children's needs each day that could be shared at the start of each session.

Children experienced mealtimes that were positive and safe with staff sitting with children, supervising and engaging in conversations. The rolling snack benefitted the staggered arrival of children. Younger children were able to have snack first before it became busier with additional children. Snack options were healthy and children had access to fresh water throughout the session. Children were consulted about snack choices through conversations and recorded their preferences in floorbooks. Children's contributions were gathered over two weeks to enable participation from all children. A parent told us, "Information is available about what the snacks are. My kids will berate me if I pick them up before snack time." This let us know that snack was a popular and enjoyable experience.

Children were familiar with infection prevention and control measures in place through daily routines. We saw children wash their hands on arrival and before snack, and staff further supported this through hand washing reminders. The newly refurbished toilets were clean and inviting. Children's independence was supported as toilets were easily accessible to children.

Personal plans were in place for all children, and a review sheet was used to record and date reviews with parents signatures. This let the service know that information held was correct. Some children had completed 'All about me' sheets that detailed their preferences, likes and dislikes. Other children did not have information on their sheets. This meant that staff did not always have up-to-date information to help them to care for children and relied on individual staff's informal knowledge of children. Some parents, as part of reviews, did provide changes to the information held and shared additional information that further helped staff in supporting children's needs. The responses to the statement in the Care Inspectorate's care standard questionnaire 'I am fully involved in my child's care, including developing and reviewing their personal plan' was varied between most parents strongly agreeing and agreeing to some parents not knowing about their involvement in personal plans. Additional information sheets and support plans were in place for some children who required them, although this system was not yet capturing all the children's needs effectively. Some children did have strategies of support in place; however, these were not being reviewed in a way that was meaningful. Strategies of support should be specific, easy to understand, implemented consistently and evaluated. This process should inform future plans that support positive outcomes for children. As a result, the area for improvement made at the last inspection will remain and be reworded (see area for improvement 1 under 'What the service has done to meet any areas for improvement we made at the last inspection?').

The service kept families up to date with regular communication at pick up times and through the digital platform as a newsfeed. Information included the activities that children had been engaged in, themes for play and projects and any other additional news from the club. A parent commented, "Always have the option to provide feedback." There were positive interactions between staff and parents at pick up time. A parent commented, "They are always friendly and attentive and give great confidence they are caring for your child."

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 support the wellbeing of children, the provider should ensure that all personal plan reviews are carried out a minimum of once every six months in consultation with families. This should include clearly outlining any changes or updates to the strategies of support and how these will be effectively planned, implemented and reviewed for by staff.

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 25 January 2024.

Action taken since then

Personal plans were in place for all children and some held information from home that enabled staff to care for children. Further work was needed to ensure that the service had enough information from home to care for children. Further work was needed to record strategies of support for children that could be reviewed and actioned in response to children's changing needs. This would ensure that children experienced consistent approaches that supported their needs and development.

This area for improvement was not met.

Previous area for improvement 2

To improve outcomes for children and ensure that there is a culture of continuous improvement, effective quality assurance processes should be developed to monitor, audit and assess the service and staff practice.

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).

This area for improvement was made on 25 January 2024.

Action taken since then

Improvements had been made to quality assurance, and some priority areas were impacting positively, including children's play experiences. Supervision and support were in place for staff and some value-based practice from leaders was supporting practice.

This area for improvement was not 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	4 - Good
Playing, learning and developing	4 - Good

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

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