

Mini Monkeys Day Care of Children

Brunel Road
West Gourdie Industrial Estate
Dundee
DD2 4TG

Telephone: 01382 624 312

Type of inspection:
Unannounced

Completed on:
18 April 2023

Service provided by:
Tanya Sneddon

Service provider number:
SP2017989412

Service no:
CS2017360818

About the service

Mini Monkeys provides a daycare of children service in Dundee. The service is registered to provide care to a maximum of 45 children who are not yet attending Primary School, of whom no more than 9 may be under the age of 2 years.

The service is located within an industrial estate in Dundee. The service is close to a country park, shops, play parks and a local library.

About the inspection

This was an unannounced inspection which took place on 17 April 2023 between 09:00 and 17:15. Feedback was shared with the service on 18 April 2023. 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 evaluation of the service we:

- observed practice and daily life
- spoke with management and the staff team
- reviewed documents
- spoke with the children using the service and sixteen of their family members

Key messages

- Children were happy and were leading their own play indoors and outdoors.
- The staff knew the children well and had all the information required to meet their needs.
- Staff worked well together as a team and communicated effectively with each other.
- The service should further develop their approach to quality assurance.
- The service should reflect on and review their approach to staff deployment to ensure quality play experiences can be maintained consistently.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 1.1 Nurturing care and support

Interactions between staff and children were kind and caring and staff were responsive to the needs of children. Children were comforted when upset and were offered reassurance and cuddles. Staff were down at the child's level during interactions and children asked them to join their play. This resulted in quality interactions to support positive relationships. A parent shared with us that 'All of the staff are very friendly, and nothing is ever too much for them.'

There were areas for children to rest and relax within each of the playrooms to support their wellbeing and resilience. Staff were responsive to following children's routines from home which included sleep routines. Children were provided with the opportunity to rest or sleep when required. We discussed with the service that the quiet cosy areas could be further developed to try to make them comfier and more nurturing.

Personal plans had been developed since the last inspection. They now included more detailed information to support staff to fully meet the needs of the children in their care. Information from other professionals involved with children was stored safely, however, it would be beneficial for all staff to be aware of where this is stored. Personal plans should be updated to reflect the information, strategies and actions from other professionals. Children's personal plans were reviewed with families at least every six months to ensure information was current. The service should ensure that registration forms are reviewed by families along with the personal plans to make sure children's contact information was up to date. Parents strongly agreed that they were fully involved in reviewing the personal plans.

Mealtimes were a nice social experience for children and staff interacted with them throughout. Some children were given the opportunity to serve their own meal and pour their own drink, however, this was not consistent with all children within each of the rooms. We discussed with the service that opportunities for children to develop their independence and life skills should be developed within all rooms. The mealtime experience was unhurried, and children could leave the table once finished and return to their play and learning. Most parents strongly agreed that their children could choose from a healthy range of snacks and meals each day.

Medication was stored safely and securely in each of the rooms. Consent forms were in place and these were reviewed monthly with parents. Emergency plans and protocols were in place to maintain the health and wellbeing of children. The service carried out monthly audits of all medication held. This ensured safe practice was being maintained.

Nappy changing was a nurturing and respectful experience for children. Infection protection and control procedures were followed throughout which included the appropriate use of personal protective equipment (PPE) and appropriate hand washing.

Quality Indicator 1.3 Play and Learning

Children were busy and were leading their own play through exploring and investigating a variety of resources. Children's interests were supported and extended by staff providing appropriate resources to support their play. For example, a hairdressing salon had been set up in one room and a staff member was asked to join the play where nice discussions took place about hairstyles. A small group of children experimented by mixing paints. One child said, 'red and yellow makes brown.' The children discussed the different colours they could make. This learning experience could have been further developed by children having access to additional colours to extend their learning experience. Children were having fun during their play experiences. One parent commented that 'there's always lots of different activities out that are based around the children's interests.'

Staff had extended a current interest in animals in the baby room. They had planned for and created a variety of play experiences for children to take part in to develop their learning. Language and communication was developed throughout these experiences through imitating sounds, story sharing and the use of simple language. An interactive story that had been developed in response to this interest further supported children's literacy and numeracy. Children showed a lot of interest while taking part in a bug hunt outdoors. One child said 'I want the slug to go onto my stick.' Effective questioning supported children to develop their knowledge throughout this experience. A parent shared that 'the learning, care and play is fantastic and challenging.'

Language, literacy and numeracy were naturally incorporated within children's play and learning. Children were independently counting outdoors, and recipes, road signs and wall displays supported the development of literacy and numeracy. The use of simple language and imitating of sounds was embedded into practice to support the younger children to develop their communication skills. The service should continue to develop a numeracy and literacy rich environment outdoors to further support children's learning.

The service used in the moment planning to support and develop current interests within each room. Group and individual observations were recorded which identified specific learning and some next steps within each child's learning. Observations and photographs were shared within floorbooks and online learning journals. The child's voice was evident within their individual floorbooks and children were keen to share their books with us. Staff had a visual overview of each child's next steps which supported them to track and support progression and achievements.

Children extended their play and learning through regular trips within their local community. They visited the local playparks and country park and were now beginning to visit the local library to join Bookbug sessions. These opportunities supported children to develop an awareness of their local communities. A parent commented that 'all rooms have garden access but also there are trips out to local areas as well.'

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

QI 2.2 Children experience high quality facilities

The service was clean and was mainly well maintained. All the playrooms were welcoming and homely for children and families. Children's artwork was displayed which ensured children felt valued and respected. Each room had a quiet cosy area for children to access. These areas could be further developed within the two older rooms to provide a comfier and more nurturing quiet space for children to access.

Environments included furniture which was of an appropriate height to support the age and stage of development of children. The resources which included a large variety of loose parts, supported current interests and encouraged children to develop their curiosities and imaginations. Children either had free flow access to outdoors or were provided with opportunities throughout the day to explore their outdoor environment and be active. Most parents strongly agreed that their children had access to a good range of quality toys and play materials.

Risk assessments were in place for all aspects of the service which ensured a safe environment for children to play and learn. Infection prevention and control practices were consistently followed and maintained to minimise the risk of spread of infection. Maintenance records were in place which provided further evidence of a safe environment for children.

Accidents and incidents were recorded by the service and shared with parents. We suggested that additional information relating to any further treatment including medical treatment, could be added to the forms. Monthly audits of these records were carried out to highlight any emerging patterns or triggers. All information relating to children was stored safely and securely to maintain confidentiality.

How good is our leadership?

3 - Adequate

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

QI 3.1 Quality assurance and improvement are led well

The service's vision, values and aims had been recently reviewed. The new management team were keen to involve children, families and staff in the next review to ensure a shared vision for the service.

Parents were now more involved in the life of the nursery and had been taking part in stay and play sessions, parent evenings and fundraising events. This provided the opportunity for parents to be more involved in their child's play and learning and for the sharing of information and feedback. Parents were regularly asked to complete surveys to share feedback and suggestions. It would be beneficial for the service to show how feedback had been taken forward and actioned. Children should be more involved in consultations and sharing suggestions and ideas to support ongoing improvement within the service. This would ensure that children felt valued and respected and could see their suggestions being taken forward. One parent shared 'I like how much the parents are now involved in events, visits, and are overall included in the planning of nursery, they are always asking for parents' input and feedback.'

The service was in the early stages of familiarising themselves with the document 'A quality framework for daycare of children, childminding and school-aged childcare.' This document would support reflection and self-evaluation of practice, play experiences and environments. The managers had main priorities that were currently being developed and these would be included in the service's improvement plan. These focuses included parental involvement, interactions and engagement and developing the outdoor space. The service should continue to develop their approach to quality assurance and self-evaluation to support ongoing improvement. An area for improvement from the previous inspection remains in place due to the service being at the early stages of developing quality assurance and self-evaluation. **Area for improvement one.**

Reflective practice had been taking place within each room. This included reflecting on what worked well, what could be improved and the biggest achievement. These reflections were not evaluative and required deeper reflection throughout which should include more detail to support the service's approach to quality assurance. The managers shared that peer support and monitoring had been taking place. Feedback was currently shared verbally with the staff team in relation to best practice and areas for development. It would be beneficial for the service to record significant feedback formally to evidence ongoing self-evaluation and improvement.

The service was using an induction checklist to support newly recruited staff. This document was mostly being completed within one day, rather than using a staged approach. The induction process should be completed over a longer timescale to provide newly recruited staff with a longer period to process all information being shared. The induction process should be developed to make more effective use of the National Induction Resource. This would support reflection and would allow managers to assess the current knowledge and skills of newly recruited staff throughout their induction process. An area for improvement from the previous inspection remains in place for the induction process to be developed. **Area for improvement two.**

The service had policies and procedures in place to support safe practice within the service. These had all been recently reviewed. We made several suggestions relating to how these policies could be further developed to ensure they adhered to current guidance and best practice.

Areas for improvement

1. To ensure effective self-evaluation of the service, the provider should develop a more robust quality assurance process. This could include developing consultations with children, families and staff and using an appropriate benchmarking tool for self-evaluating the service. Staff could also be empowered to take responsibility for tasks within the improvement plan.

This is to ensure 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).

2. To ensure a more robust induction process, the service should use a staged approach over an agreed timescale to complete all induction tasks. The service should use the Early Learning and Childcare - National Induction Resource to support best practice.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How good is our staff team?**3 - Adequate**

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

QI 4.3 Staff deployment

Consistent staff worked within each room to provide continuity for children and families. Parents currently continued to drop their child off at the main entrance to the nursery and were not yet going back into the building. The staff member who met the child at the door shared an in-depth handover with the staff in the child's room. This ensured that information sharing was effective, and staff had the information required to meet children's needs.

Staff worked well together as a team and were supportive of each other. They communicated well with each other and shared strengths and best practice to support interactions and engagement with children. Staff had taken part in a variety of training over the last year to support their practice and improve experiences for children. Some of this training had been reflected on and evaluated by staff, however, these evaluations could be further developed to provide greater detail and show the impact on practice. There had been a previous area for improvement in relation to the service creating a training plan for mandatory and targeted training. The new management team were in the process of developing a training plan, however, this was not yet fully in place. This area for improvement will remain in place. **Area for improvement one.**

Staffing levels were at a minimum in each of the rooms, which resulted in some missed opportunities for children's play and learning to be extended or supported. Busier periods of the day which included lunchtime periods, would benefit from additional staff being available to support staff and ensure that children's needs could be fully met. The availability of additional staff would support the service during times of staff absence to ensure adult to child ratios were being met at all times.

Areas for improvement

1. To support the staff team's professional development and improve play experiences and outcomes for children, the provider should implement a targeted training plan which includes developing knowledge of current best practice documents. Staff should also be supported to further develop their evaluations of training and show the impact of this on their practice.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

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

Requirements

Requirement 1

By 29 July 2022, the provider must ensure that personal plans are updated to include all relevant information required to fully meet each child's needs.

To do this, the provider must, at a minimum:

- a) ensure each personal plan includes accurate medical and health information; and
- b) ensure that other professionals or agencies involved with children are recorded.

This is to comply with Regulation 5 (1) (2) 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 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 requirement was made on 2 June 2022.

Action taken on previous requirement

Personal plans have been updated and now include accurate information relating to medical and health information and information relating to other professionals involved.

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 support children to lead and extend their play through a wide range of quality experiences, the provider should ensure that appropriate resources are available to enhance children's play opportunities and engage

them in quality play experiences. Current resources should be reviewed to offer more choice, challenge, and creativity and to develop imaginations and critical thinking.

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

This area for improvement was made on 2 June 2022.

Action taken since then

The service now have appropriate resources available for children to access to support them to lead and extend their own play. Further resources are provided by staff when required to extend some play opportunities.

This area for improvement has been met.

Previous area for improvement 2

To ensure the health and wellbeing needs of children, the service should only hold and administer medication for a current condition and staff should obtain time-limited consent for its use.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 2 June 2022.

Action taken since then

The service have now developed a more robust process for holding and administering medication. All medication held is for a current medication and consent is time limited and reviewed monthly.

This area for improvement has been met.

Previous area for improvement 3

To minimise the risk of spread of infection, the service should ensure that effective cleaning practices are taking place throughout the day which could be monitored to ensure consistent practice within all areas of the service.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 2 June 2022.

Action taken since then

The service was clean and effective cleaning practices were taking place to minimise the risk of spread of infection.

This area for improvement has been met.

Previous area for improvement 4

To ensure a safe environment is always provided for children, risk assessments could be further developed to ensure they are robust and highlight all possible risks and mitigations in place. Staff should be supported to further develop their knowledge and skills to be more aware of and assess possible risks.

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

'My environment is secure and safe' (HSCS 5.17).

This area for improvement was made on 2 June 2022.

Action taken since then

Risk assessments are in place for all areas of the service and highlight possible risks and how these are managed. Staff have taken part in risk assessment training.

This area for improvement has been met.

Previous area for improvement 5

To ensure a more robust induction process, the service could record all induction tasks within one checklist which is completed using a staged approach over an agreed timescale.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 2 June 2022.

Action taken since then

There is now one checklist in place to support the induction process. The majority of the tasks within the checklist have been completed over a period of one day rather than using a staged approach and flexible timescales. The induction process could be further developed by using the National Induction Resource and showing records of regular meetings to record and assess newly recruited staff member's level of skills and knowledge.

This area for improvement has not been met and will be continued within this inspection report.

Previous area for improvement 6

To support the staff team's professional development and improve play experiences and outcomes for children, the provider should implement a targeted training plan which includes developing knowledge of current best practice documents. Staff should also be supported to further develop their evaluations of training and show the impact of this on their practice.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 2 June 2022.

Action taken since then

The newly appointed managers are in the process of developing a training plan to support staff skills and develop play experiences for children. Staff have taken part in several training events to support their professional development and are beginning to evaluate training. This could be further developed to show any impact on their practice and to reflect on their learning.

This area for improvement has not been met and will be continued within this inspection report.

Previous area for improvement 7

To ensure that all safer recruitment information is accurately held within the service, the provider should record what references have been received and reviewed and by whom within the service if copies of references are not being held.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 2 June 2022.

Action taken since then

Copies of references are now held by the service.

This area for improvement has been met.

Previous area for improvement 8

To ensure effective self-evaluation of the service, the provider should develop a more robust quality assurance process. This could include developing consultations with children, families and staff and using an appropriate benchmarking tool for self-evaluating the service. Staff could also be empowered to take responsibility for tasks within the improvement plan.

This is to ensure 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 2 June 2022.

Action taken since then

The service have involved families in the development of the service through the use of questionnaires to gain views, suggestions and feedback. This could be further developed to show how any suggestions have been actioned and taken forward. The process of self-evaluating the service could be supported through the use of the Quality Framework document to support effective evaluation and reflection on practice, play experiences and environments. The newly recruited managers are currently working to develop an improvement plan to support ongoing improvement.

This area for improvement has not been met and will be continued within this inspection report.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - 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 cànan eile ma nithear iartras.

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.