

# Mary Jane's Childcare Child Minding

Dundee

**Type of inspection:**

Unannounced

**Completed on:**

7 November 2024

**Service provided by:**

McIntosh, Mary Jane  
McIntosh, Mary  
Jane

**Service provider number:**

SP2017988893

**Service no:**

CS2017355008

## About the service

Mary Jane McIntosh is registered to provide a childminding service to a maximum of six children at any one time under the age of 16, with a maximum of six children under 12, with no more than 3 not yet attending primary school and no more than 1 under 12 months. Numbers are inclusive of children of the childminder's family. No overnight care will be provided.

The childminder previously employed three childminding assistants. The childminder submitted a variation to the Care Inspectorate to remove this condition from their registration. This was granted on 08 November 2024. Minded children can only be cared for by persons named on the certificate.

The service is in Monifieth, close to local primary schools, shops, parks, and other amenities. The children are cared for in a dedicated play room, with access to the living room and downstairs bathroom. Children also have access to an enclosed garden at the rear of the property.

## About the inspection

This was an unannounced inspection which took place on 07 November 2024. 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.

To inform our evaluation we:

- spoke with children using the service and observed them at play;
- spoke with the childminder;
- observed practice and daily life;
- reviewed documents;
- received responses to questionnaires from four families who use the service.

**Key messages**

- Children appeared happy and settled in the childminder's care.
- Most of the childminder's interactions were warm and nurturing, which helped children feel valued and safe.
- To support children's overall care, wellbeing, and learning needs, personal plans should be developed and updated with families. These must contain relevant information to support the childminder to plan children's care and experiences.
- A range of experiences and opportunities were available for children to enjoy.
- Infection control procedures needed to improve to support children's health and wellbeing.
- The childminder should continue to develop their self-evaluation and quality assurance procedures.
- The childminder should further develop their knowledge and skills, and use these to improve the quality of 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

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

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

### Quality indicator 1.1 Nurturing care and support

The childminder's approach was warm and kind. Overall, they responded positively to children's requests and picked up on children's cues which supported them to feel secure and safe. Children appeared settled and comfortable in the childminder's home. The childminder knew the children they cared for well. They spoke confidently about the children's needs, including their routines and preferences. When asked what was the most positive aspect of the service, one parent shared with us, 'Having a strong connection with Maryjane, being able to be himself and feel like a second home'.

Children's personal plans were very basic and some only captured personal details provided by families when their child started at the service. The childminder must ensure that all children have plans in place that contain relevant information to support informing the care they receive. Plans must be shared and reviewed with families to ensure a consistent approach to children's care and to account for children's evolving needs. **(See requirement 1).**

A child sized table and chairs ensured that children could eat comfortably and provided opportunities to sit together with friends. Sociable mealtime experiences could be furthered through opportunities to participate in meaningful conversations. This would support children to develop their communication and social skills. Parents and carers provided packed lunches and snacks which accounted for children's dietary needs and food preferences. Children could freely access their own water bottles which helped them to stay hydrated.

No children required medication at the time of the inspection. The childminder had a medication policy and procedure in place, which were in line with Care Inspectorate's best practice guidance, 'Management of Medication in Day Care and Childminding Services'. This supported the safe administration and storage of medication should it be required.

A child protection policy for the service had recently been reviewed and updated to reflect current national child protection guidelines. Our discussions with the childminder highlighted that they should further their confidence in carrying out these procedures if required. This would ensure children and families receive appropriate support when needed.

### Quality indicator 1.3 Play and learning

Children had opportunities to lead their play by choosing from a variety of resources that they wanted to play with. Children were engaged in their chosen activities during the inspection and confident in exploring the resources available to investigate their ideas further. Some skilled interactions supported children's engagement in their play and learning. We discussed with the childminder how they could further develop their interactions and effective questioning to enhance and extend children's play and learning.

**(See area for improvement 1 - 4.3 Staff deployment).**

The childminder could further develop their approach to planning play. It would be beneficial to record children's ideas to assist with planning next steps and support children's progress. We discussed the use of photographs to allow children to revisit and reflect on their learning and involve them planning future play.

This would help to provide more challenging and stimulating experiences and support children to reach their full potential.

The childminder recognised the benefits to children's play and learning through the use of loose parts and open-ended materials. As a result, children's natural curiosity and inquiry was promoted. Children enjoyed exploring the new wooden ramp and ball run, and engaged in experimenting with the resources to create different structures. The childminder should continue to further loose parts play experiences to extend the opportunities for children to be creative and use problem solving skills.

To extend children's learning, a variety of links within the local and extended community had been established. This contributed to children developing skills, forming new relationships, and gaining confidence.

## Requirements

1. By 15 January 2025, the provider must ensure that personal plans are in place for all that include all relevant information required to fully meet and plan for each child's needs.

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

- a) Each child attending has a plan which contains information outlining their preferences, routines and health and wellbeing details.
- b) Information within personal plans is used to effectively support children's care and learning needs.
- c) Plans are reviewed with parents/carers at least every six months

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).

'My care and support meets my needs and is right for me'. (HSCS 1.19).

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

#### Quality indicator 2.2 Children experience high quality facilities

Children appeared relaxed, comfortable and at ease within the setting. A dedicated playroom provided a variety of experiences for them to play and explore. Spaces were set up to allow children to access most resources independently, which contributed to choosing how they spent their time in the childminder's home. There were some areas that we highlighted could be less cluttered to further the space children had to play comfortably, for example, storing high chairs out with play spaces when not in use. Some of the toy storage boxes would benefit from being less full, as it was difficult for children to access these without adult support. This would provide more opportunities for children to lead their play and be independent.

Risk assessments were in place and reviewed to ensure they remained relevant. These identified potential hazards and highlighted mitigations in place to keep children safe. It would be beneficial to involve children in reviewing the risk assessments for the range of activities and outings they experience. This would help to develop awareness of managing risk, being responsible and learning about the safety of themselves and others.

There were some infection prevention and control measures that needed to be addressed. The childminder should ensure that the table used by children for eating at is cleaned prior to use and handwashing opportunities should be embedded within the daily routine. This would support to minimise the risk of infection spread. We observed that on occasion the family dog when accessing the playroom, played with children's resources. These were not cleaned before then being used by children. The childminder should ensure that cleaning measures and handwashing practices are effective and consistent to promote children's health and wellbeing. They should also ensure that household pets do not access the resources used by children.

**(See area for improvement 1).**

Children's overall wellbeing benefitted from regular access to outdoor experiences. The garden at the rear of the property was used frequently to allow children to access fresh air and participate in energetic and physical play. This contributed to children having opportunities to be active and lead a healthy lifestyle.

## Areas for improvement

1. To minimise the risk of infection and protect the health, wellbeing and safety of children, effective infection prevention and control measures should be put in place.

To do this the provider should at a minimum ensure:

- a) Cleaning practices are consistent, including wiping down areas and equipment used for eating.
- b) Handwashing reflects best practice and is embedded in routines.
- c) Household pets should not have access to the children's resources.

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 5.19).

## How good is our leadership?

**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

### Quality indicator 3.1 Quality assurance and improvement are led well

There were limited systems in place to support the childminder to evaluate the quality of the service and identify areas for improvement. The childminder gave some examples of where changes had been made within the service following the previous inspection. For example, introducing loose part resources and reviewing the layout of the playroom. These had yet to have a sustained positive impact on outcomes for children. Where we had identified areas for improvement at the previous inspection, these had not been addressed, resulting in a slow pace of change. We asked that the childminder prioritise these as part of their improvement planning. **(See area for improvement 1).**

The childminder should consider recording their planned improvements. This would support them to plan change in a more manageable way and help to measure the impact that improvements have on children's experiences. Moving forward, the childminder should reflect on aspects of the service and use best practice documents as a benchmark. This would help to inform change and enhance outcomes for children.

Children were supported to influence their experiences through having some choice in what activities they wanted to do when attending the service. Families had opportunities to discuss their child's care as the childminder spent time with parents during drop off and collections to share information about children's experiences. The childminder was open to suggestions from families, allowing them to have some influence on the care and experiences children had. The childminder told us that they had used questionnaires previously to support families to evaluate the service and share their ideas for improvement. Feedback we received from families using the service included, 'If I have an issue or wish to discuss something I can' and, 'Feedback is asked for'. We would encourage the childminder to continue to explore ways in which families could be involved in shaping the service and driving improvements.

### Areas for improvement

1. To improve outcomes for children, quality assurance processes, including self-evaluation and improvement planning should be further developed.

This should include but not limited to;

- a) Prioritise actioning the requirement and areas for improvement made following the inspection.
- b) Important aspects of the service such as personal planning are regularly monitored and carried out in accordance with best practice guidance.
- c) Develop ways to include parents and children in the development of the service.
- d) Develop self-evaluation and improvement planning to support reflection on practice and identify improvement focusses.

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

'I use a service and organisation that are well led and managed'. (HSCS 4.23) and;

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

### How good is our staff team?

**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

#### Quality indicator 4.3 Staff deployment

The childminder provided a home from home experience for children and their families. Children appeared settled and secure. One parent told us they liked that their child experienced a 'family environment'. Prior to the inspection, the childminder employed three assistants to support the day to day running of the service. Children appeared to have developed positive relationships with both the childminder and assistants, and as a result, felt safe. The childminder provided a flexible service, which considered the individual needs of children and their families.

The childminding assistants were no longer supporting with the running of the service and providing care to children. The childminder has since removed them as part of the registration conditions for the service.

Core training was up to date, including first aid and child protection, which contributed to the childminder's knowledge and skills in keeping children safe. The childminder had undertaken some self-directed research and reading around early years topics. This was beginning to support them to inform children's play and learning experiences. The childminder had limited knowledge of best practice documents and current guidance which meant that there were some gaps in their professional knowledge and skills which could limit children's experiences. It would be beneficial for the childminder to use resources such as, 'Realising the Ambition, Being Me' and 'A quality framework for daycare of children, childminding and school-aged childcare', to help with evaluating the service and support ongoing developments.

**(See area for improvement 1).**

## Areas for improvement

1. To support children's wellbeing, learning and development, the childminder should further develop their knowledge and skills, and use these to improve the quality of experiences for children. This should include, but is not limited to, accessing best practice guidance.

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 areas for improvement we made at or since the last inspection

## Areas for improvement

### Previous area for improvement 1

To support children's health and wellbeing, the childminder should ensure all children have a personal plan that details their individual needs, choices and progress. This information should be used by the childminder to care for and plan support for children effectively. Plans should be reviewed with families to reflect children's current needs when needed or at a minimum every six months.

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 my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).



**This area for improvement was made on 23 January 2024.**

#### Action taken since then

Personal plans had not been developed since the last inspection. Plans we reviewed contained very basic information, and for some children only contained basic registration information from when they started attending the service. Plans were not reviewed or updated with families, which meant some information was not relevant or current.

We have now made this a requirement.

### Previous area for improvement 2

To minimise the risk of infection and protect the health, wellbeing and safety of children, effective infection prevention and control measures should be put in place.

To do this the provider should at a minimum ensure:

- a) Change mats are cleaned after each use.
- b) Handwashing reflects best practice and is embedded in routines.

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 5.19).

**This area for improvement was made on 23 January 2024.**

#### Action taken since then

Cleaning and handwashing practices were not consistent and embedded into daily routines. This had the potential to put children's health and wellbeing at risk.

We have reworded and reinstated this area for improvement.

### Previous area for improvement 3

To improve outcomes for children, quality assurance processes should be developed.

This should include but not limited to;

- a) Important aspects of the service such as personal planning are regularly monitored and carried out in accordance with best practice guidance.
- b) Develop ways to include parents and children in the development of the service.
- c) Self-evaluation processes are developed to support the childminder to reflect on practice and identify strengths and areas for further improvement.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23) and;

'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 23 January 2024.**

## Action taken since then

Quality assurance including, self-evaluation and improvement planning needed to be developed to support improve outcomes for children.

We have reworded and reinstated this area for improvement.

## Previous area for improvement 4

It would be good practice for the childminder to introduce staffing files for her two assistants to evidence safe recruitment and keep account of their training and development.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 23 January 2024.**

## Action taken since then

At the time of inspection the childminder submitted a variation to remove her assistants from the registration certificate. This was granted on 08 November 2024.

Therefore this area for improvement is no longer relevant.

## Previous area for improvement 5

To support children's wellbeing, learning and development, the childminder should further develop their knowledge and skills, and use these to improve the quality of experiences for children. This should include, but is not limited to, accessing best practice guidance.

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 23 January 2024.**

## Action taken since then

The childminder was beginning to carry out self-directed research to support develop their knowledge of early years topics and themes. It would be beneficial to extend reading and research to include current guidance to ensure that children's experiences are informed by best practice.

This area for improvement will continue.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

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

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