

Tots Academy Day Care of Children

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Type of inspection:
Unannounced

Completed on:
15 January 2025

Service provided by:
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partnership t/a Tot's Academy

Service provider number:
SP2017012923

Service no:
CS2017356401

About the service

Tots Academy provides a daycare of children service in Broughty Ferry. The service is registered to provide a daycare service to a maximum of 30 children who are not yet attending primary school, of whom no more than nine may be under the age of two years.

The service is based in a residential area of Broughty Ferry and is close to local shops, parks and other amenities. The children are cared for in four rooms on the second floor. There is a separate kitchen area which is used for meal preparation. There are toilets and nappy changing facilities. Children have access to outdoor play in the grounds to the back of the service.

About the inspection

This was an unannounced inspection carried out by one inspector, which took place on Monday 13 January 2025 and Tuesday 14 January 2025 between 09:15 and 17:00. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- spoke with children using the service
- received feedback from eight families
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

Children were kept safe by a staff team who were trained, knowledgeable and confident in safeguarding them and their families.

Children were happy and confident in their play.

To keep children safe, management should ensure safer staffing recruitment procedures are consistently followed.

Children were supported to feel valued and respected by staff who provided comfort and reassurance.

Children were cared for by a staff team who knew them well and met their needs.

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?	4 - Good
How good is our staff team?	4 - Good

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

Children experienced warm, caring and nurturing interactions from staff. They were down at children's level engaging in conversations and play. Comfort and cuddles were freely given to children. For example, when children were tired or upset, staff sat with them and cuddled them for as long as the child needed or wanted. This helped children to feel loved and reassured.

Children had individual personal plans in place, where important information was gathered to support their needs. These were created in partnership with parents. Relevant information was included in the plans, for example medical needs, likes and dislikes. Most information was reviewed regularly with parents. A requirement was made in the last inspection where all children's personal plans were to be reviewed, signed and updated as necessary with families. This was mostly completed with some details in registration forms required to be reviewed. This will be rewritten and reflected in an area for improvement within this report. We discussed ways to streamline this information to ensure all forms including registration forms are reviewed with parents in line with current best practice. **(See area for improvement one)**

Mealtimes were a relaxed, unhurried and sociable experience for children. Staff mostly sat with children while they ate their meals and engaged in conversation of interest with them. Children had opportunities to build independence and life skills through self-serving most of their meals such as, pouring their drinks and choosing their meal. For example, children could choose to have beans with their fish pie or sandwiches with their soup. Children's health needs were well considered throughout mealtimes. For example, children with allergies or intolerances had meals made and presented separately, which allowed them to still take part in self-serving. This supported all children to have a positive mealtime experience.

Nappy changing took place in a separate space, providing children with dignity and respect. Current best practice was mostly followed by staff, for example the use of personal protective clothing and hand washing. Children were encouraged to wash their hands after having their nappy changed. This promoted good hand hygiene routines.

Children were kept safe while they attended the service. Staff were trained and confident in child protection procedures. They could identify concerns and knew who their child protection officer was. Policies and procedures were in place and regularly reviewed by management. A flow chart outlining procedures was displayed in the office and staff room which supported staff to ensure they followed correct procedures when needed.

Medication was stored in line with current best practice throughout the service. Medication procedures had recently been reviewed with all staff. New short term and long term medication forms had been developed. This helped to ensure all information and consents were gathered appropriately prior to children receiving medication in the service. Medication forms were reviewed with parents in line with current best practice. This ensured children were kept safe if they required medication.

Quality indicator 1.3 Play and learning

Children were seen to be having fun and were engaged in their play. They experienced a balance of spontaneous and planned activities and had opportunities to lead their own play and learning. For example, children were interested in playing hide and seek in the garden where staff joined in and followed the children's lead. As a result children felt listened to and their ideas valued.

Children were beginning to benefit from a careful balance of planned and spontaneous activities. Planning approaches had been developed to ensure they were responsive to children's interests. Staff shared that planned activities following children's interests were sometimes planned too late and children had lost interest. We discussed ways to develop approaches further and the management team had developed their planning processes and planned to share with the team. This would ensure all children's planned experiences were meaningful.

Children experienced some opportunities to develop their language, literacy and numeracy skills. For example, some visuals and symbols were displayed in areas of the playrooms that helped children identify where resources belonged. Books and loose parts were available for children to choose what to play with. One child told us; "I make what I want to play with, look push these bits together and it can get bigger" another child was seen using blocks to build a 'bridge' so they could pass the lava. Loose parts and natural resources could be developed further throughout the service. This would ensure all children had consistent opportunities to be curious and develop their imagination skills.

Children had ownership of their learning through the use of their floor books and learning stories. Floor books were mostly at children's height, this allowed children to revisit their activities and share their experiences with others. For example, one child shared while looking at the floor book, "look, me, wow." Children's learning story journals were kept in their trays where they could access them as they wished. Observations of their learning and development was tracked within these journals and shared with their parents. Next steps were identified and staff shared they had been working on tracking and monitoring of these. We would encourage the service to continue with this to ensure children's next steps are achievable and meaningful.

Children benefitted from good links with their local community. They visited their local parks, care home and library. These experiences were displayed in their floor books with children's voice and mark making about their visits. This helped children to build connections and to feel part of their local community.

Areas for improvement

1. To ensure all children's information is accurate the provider should ensure all documents that gather children's information is current and up to date.

This should include, but is not limited to;

- Reviewing registration forms and application forms prior to children starting at the service.
- Ensuring all forms that gather children's information is reviewed with parents in line with best practice.

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

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.

Quality indicator 2.2: Children experience high quality facilities

Children were cared for in a bright, comfortable and welcoming environment. The play spaces were clean and clear from clutter. The use of soft furnishings helped to create a homely feel, for example cushions and blankets. This could be developed further with the use of more real objects within children's play spaces, for example real crockery in the home corner. There was ample space for children to extend their play and follow through with their ideas. As a result, children felt valued.

Children were kept safe while they explored their environments. Risks were assessed and documented in robust risk assessments, these were reviewed monthly. Additional visual risk assessments took place daily, including daily checks of the indoor and outdoor environments. We discussed the benefits of documenting these risk assessments to help track with any improvements or actions that may be required. Staff were familiar with SIMOA (safe, inspect, monitor, observe, act) Care Inspectorate campaign. The management team had plans to develop this further to include children and to become part of their daily practice. This would help children to begin to understand potential risks different environments could have.

Children benefitted from an environment that was continually improved. Management had identified improvements that were required to be made within the building, for example refresh of paint in rooms, doors and skirtings. These were well underway and we would encourage management to continue with these improvements. This gave children the message that they mattered.

Resources reflected children's interests. Staff were skilled in developing children's interests further through the use of different resources. For example, staff noticed children in the baby room had lost interest in the drawing activity that was set out and was replaced with gluing and sticking. This engaged children's interests again and provided them with a new experience.

Children's wellbeing was well supported through effective infection prevention control measures. Cleaning schedules were in place that helped staff to monitor cleaning procedures of the environment and the resources. Children and staff washed their hands at appropriate times of the day, for example before eating or after using the toilet. This ensured the likelihood of the spread of infection was reduced.

Children experience daily outdoor play. The layout of the building does not allow for free flow access to the outside space. Staff shared that they ensured children had daily opportunities to explore the outside environment, including walks. One parent told us; "there is lots of outdoor play offered" and another shared "children spend a lot of time in the nursery garden". As a result, children's overall wellbeing benefited from regular outdoor play and learning experiences.

How good is our leadership?

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 3.1: Quality assurance and improvement are led well

Children and families throughout the whole service were involved in developing their vision, values and aims. These were simplified for children to understand and gather their opinions, for example the use of single word cards with images, such as, fun, happiness and respect. This allowed families and children to share what the service means to them and created a shared vision.

Children and families were meaningfully involved in the service. Regular communications took place. A parent shared "feedback books and suggestion books are there to fill out" and another told us "there are opportunities to be involved and sometimes requests for feedback." Parents were welcomed into the service, for example at drop off, stay and play sessions, induction visits and parent evenings. These opportunities allowed children to share their learning and environment regularly with their families.

Quality assurance systems were in place that supported the services improvement journey. Actions required to be completed throughout the year were broken down into monthly tasks. For example, the monitoring of auditing processes and staff training plans. We discussed ways for the staff team to be fully involved in these processes. For example, sharing a copy of the calendar used as working documents they could add to. This would develop staff confidence when making improvements to support positive outcomes for children.

A robust improvement plan was in place. Identified areas and priorities were meaningful and relevant to improving children's outcomes and experiences. For example, developing responsive planning processes. Management evaluated these priorities with the staff team throughout the year to help identify next steps. This ensured the staff were all aware of what the service was working towards and priorities were meaningful and achievable.

Children were not always kept safe through safe recruitment procedures. Not all checks were consistently carried out before staff were fully recruited, for example the return of references. We signposted the service to 'Safe staffing programme: Information for ELC services' on the Care Inspectorate HUB. This would support the service to ensure that all checks are completed and staff are supported appropriately. **(See area for improvement two)**

Areas for improvement

1. To keep children and their families safe, the provider should ensure all recruitment checks are fully completed before new staff's employment begins.

This should include, but is not limited to:

- Return of all reference checks.
- Signed and dated contracts.
- Completion of fitness to work documentation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

How good is our staff team?

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 4.3 Staff Deployment

Staff were kind and nurturing towards children. Children and families were supported by staff members who knew them well. A parent told us, "staff are very friendly and always available to discuss any queries or concerns" another shared, "it is a caring and nurturing environment where all the staff know my children even if they don't work in their room." As a result, positive relationships had been formed with families.

Children benefitted from a staff team who worked well together. For example, staff offering to cover in rooms or carry out a task, such as collecting the snack trays. The staff team had a mix of knowledge, skills and experiences. Staff shared that they were happy in their work place and felt supported by not only the management team but the staff team as a whole. This effective team working helped the staff team to deliver positive outcomes for children.

Children's experiences and outcomes were positively impacted by a staff team who undertook regular training. Training opportunities were linked to priorities identified in the improvement plan. Outside training was sourced and the management team understood the impact meaningful training had on staff's practice. Staff evaluated training as a team. Management had plans to develop this further to ensure staff had opportunities to evaluate training independently. These opportunities contributed to enhancing children's experiences by a skilled staff team.

Staff were mostly appropriately deployed throughout the day to meet children's needs. Busier times of the day sometimes impacted staff's ability to meet children's needs. For example, preparing areas for children who were going to have a sleep. Effective communication strategies would support all staff to ensure they were aware of what was happening. This would help staff to not feel overwhelmed and support children to prepare for what was coming next.

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

Requirements

Requirement 1

By 31 January 2024, the provider must ensure that all children's personal plans are reviewed, signed, and updated as necessary with families.

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

- Personal plans are reviewed every six months, in line with legislation.
- Updates are signed and dated by the manager and families.

This is to comply with Regulation 5(1)(2)(b)(c) (Personal Plans) 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 29 November 2023.

Action taken on previous requirement

Most parts of this requirement had been met. Children's care plans and all about me forms had been reviewed with parents in line with current legislation, at least every six months. An Area For Improvement has been made to support the provider to ensure registration forms are also reviewed with parents in line with current best practice.

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 ensure children's health care needs are supported safely and effectively, staff should review procedures for the management of medication.

This should include, but is not limited to:

- Ensuring regular audits of both short-term and long-term medication are completed and capture the required information, at least every three months.
- Detailing signs and symptoms when medication may be required.
- Completing accurate administration of medication forms to ensure a shared knowledge of how much medication has been given and when needed.
- Ensuring administration of medication forms are signed by parents and carers as well as staff.
- Updating the medication policy and procedures in line with best practice guidance, 'Management of medication in daycare of children and childminding services'.

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 29 November 2023.

Action taken since then

New medication forms both short-term and long-term have been developed using new medication guidance as a reference. These forms gathered appropriate information. The staff team have gone through this together. Monthly audits are carried out by management to ensure medication is safe to administer and all information is accurate. Parents sign and date reviews and when children receive medication. Medication policy had been updated to reflect current guidance.

This area for improvement has been met.

Previous area for improvement 2

To ensure children experience mealtimes which are responsive and meet their needs, staff should review their current procedures to promote independence, life skills and promote opportunities to develop social skills.

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

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

This area for improvement was made on 29 November 2023.

Action taken since then

Mealtimes provided children with opportunities to promote independence, life skills and opportunities to develop social skills. Children sat together, self served their sides, poured their drinks and chatted with peers and staff.

This area for improvement has been met.

Previous area for improvement 3

To ensure children experience high quality play and learning, staff should review opportunities for planned and spontaneous learning, to develop children's creativity, curiosity and imaginations.

This should include, but is not limited to:

- Reviewing planned experiences to reflect children's current interests.
- Developing staff understanding of responsive interactions and play.
- Providing choice and freedom within planned and spontaneous play experiences.

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

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31).

This area for improvement was made on 29 November 2023.

Action taken since then

Staff have undergone planning training where they have worked on developing their responsive planning. Children's interests were reflected throughout the play spaces. Interactions were responsive to children's play and interests where children were free to choose where and with who they wanted to play with.

This area for improvement has been met.

Previous area for improvement 4

The provider/manager should ensure that staff have a thorough knowledge and understanding of key national frameworks and documents to develop their confidence and responsiveness to children.

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

'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 29 November 2023.

Action taken since then

Staff have been reviewing documentation and key national frameworks at staff meetings and training events. Staff spoke with confidence what documents they are using, why they are using it and what they plan to use next.

This area for improvement has been met.

Complaints

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

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?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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