

# Mary Jane's Childcare Child Minding

Dundee

**Type of inspection:**  
Unannounced

**Completed on:**  
1 May 2025

**Service provided by:**  
McIntosh, Mary Jane McIntosh, Mary  
Jane

**Service provider number:**  
SP2017988893

**Service no:**  
CS2017355008

## About the service

Mary Jane McIntosh provides a childminding service from her home in Monifieth, Angus. The service is registered to provide care to a maximum of 6 children at any one time up to 16 years of age: of whom no more than 6 are under 12 years; of whom no more than 3 are not yet attending primary school and; of whom no more than 1 is under 12 months. Numbers include the children of the childminder's family/household. Minded children can only be cared for by persons named on the certificate. Ross McIntosh is acting as an assistant. No overnight care will be provided.

The service is based in a residential area of Monifieth, and is close to the beach, train station, local parks, and shops.

## About the inspection

This was an unannounced inspection which took place on 1 May 2025 between 09:00 and 13:00. Feedback was shared during this visit. The inspection was carried out by an 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.

In making our evaluations of the service we:

- spoke with three children using the service;
- received completed questionnaires from parents;
- observed practice and daily life;
- reviewed documents.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning.

This included reviewing the following aspects:

- staff deployment;
- safety of the physical environment, indoors and outdoors;
- the quality of personal plans and how well children's needs are being met;
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

## Key messages

- Personal plans needed to be reviewed by families and the childminder should ensure that each one included an all about me section.
- Interactions between the childminder and children were warm and caring and positive relationships had been developed.
- Children made choices throughout the day regarding where to play and what to play with.
- The childminder knew the children well and supported routines from home.
- The childminder should develop self-evaluation processes within the service including self reflection and consultations with children and families.

## From this inspection we evaluated this service as:

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

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

## 3 - Adequate

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

### Quality Indicator 1.1 Nurturing care and support

Interactions between the childminder and children were warm, caring and nurturing. The childminder knew each of the children well and was knowledgeable about their routines from home. Children sat on the childminder's knee and cuddles were shared. Children felt safe and secure in the care of the childminder and positive attachments had been developed. One parent commented 'Home from home environment. My child seems to have good relationships with the whole family as well as getting out and about to activities with other children.'

Nappy changing was carried out respectfully and privacy and dignity was maintained throughout. Nice interactions took place during the whole experience. Infection prevention and control processes were in place and were followed at all times. Hand washing was carried out after the nappy change by the childminder and the child. This ensured that the risk of spread of infection was minimised.

Personal plans were in place for each child and included all the required information relating to contact details, health needs and allergies. The childminder needs to ensure that each child has an all about me section included within their plans. Personal plans were currently being reviewed by parents; however, these reviews had not been completed within six months to keep in line with current legislation. The plans included a section for recording any concerns or significant information or events in a child's life to keep children safe. The childminder must ensure that all plans included all required information and are reviewed at least every six months to ensure accurate and current information was held to fully meet the needs of children. **See requirement one.**

There were currently no children attending the service who required medication to be administered. The childminder did have all the medication documents in place to support the safe administering, recording and gaining consent for administering medication. This ensured that children's health and wellbeing needs were met.

Snack was a nice social experience for the children. They washed hands prior to having their snack. They sat at a low table and chairs in the playroom and the childminder sat with them. Children chose what to eat from their packed lunch boxes and they all had their own water bottles to keep hydrated. Children were encouraged to make choices and develop their independence during mealtimes. Nice interactions took place during this experience which further developed relationships.

Children could choose to rest or sleep while in the childminder's home. Cots were available for younger children to sleep and follow their routine from home. Flat mats were also available for children to access when required. This ensured that children had opportunities throughout their day to rest and sleep when required.

The childminder appeared confident in recognising possible signs of abuse and had a good understanding of the processes to follow if she had any concerns about a child. This knowledge supported the childminder to keep children safe from harm or abuse.

### Quality Indicator 1.3 Play and learning

Children were having fun and were engaged in their play and learning for extended periods of time. Children chose where to play and what to play with. They showed an interest in using chalks and were mark making on an easel. Children then led their own play and problem solved while experimenting with wooden ramps and frames to create slopes and roll balls down them. Effective questioning took place during this play experience, for example, 'I wonder what would happen if we moved this ramp?' This encouraged children to develop their critical thinking skills. Children extended their play by adding vehicles and moved them up and down the ramps. This play experience supported children to problem solve and develop their thinking skills.

Children could choose between indoor and outdoor play and had free flow access to the garden from the playroom. Children could also choose where to visit within the local community. They regularly attended local toddler groups to develop their social skills. Children also visited the pirate ship play park in Kirriemuir which was a favourite place for them. These opportunities provided a variety of different play experiences to support learning and progression. One parent shared that their child was involved in outdoor experiences through 'Park visits, walks with the dogs and playing in the garden.'

The childminder had a good knowledge of children's current interests and ensured appropriate resources were available and easily accessible to support and extend children's play and learning. Two children showed an interest in wooden resources with coloured centres. Children identified the colours and held two pieces together and held them up to the light to create new colours which they then identified. One child said, 'now it's pink.' Children independently accessed these resources and had fun during their play experiences.

Language, literacy and numeracy were naturally incorporated into children's play. Children were counting during their play and identifying and recognising letters and matching them to letters in their name. Books were available to further support language and literacy through story sharing with the childminder. A measuring tape provided the opportunity for children to measure objects and use mathematical language. One child said, 'that's longer.' These opportunities supported children to progress and achieve.

The childminder regularly shared photographs of children's play and learning with parents using the Baby's Days app. This provided parents with continual updates of their child's play, learning and progression and allowed them to share comments and feedback. One parent commented 'We discuss how my child is developing.'

## Requirements

1. By 27 June 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?****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**

The children's playroom was well laid out and provided space for tabletop activities, floor play and included a comfortable space for children to rest and relax. Suitable storage systems were in place which provided children with easy access to resources. A wide range of age and stage appropriate toys and resources supported children's play and learning. A child's model was placed in a lidded box and was placed up high for them to continue to work on at a later time. This supported children to feel valued and respected.

The childminder provided a safe and secure environment both indoors and outdoors for children to take part in play and learning experiences. The main door was kept locked, and the gate outdoors had a high bolt on it to keep it secure. Risk assessments were in place for all environments and included trips and outings. We discussed that risk assessments should be used as working documents and reviewed annually. The childminder shared maintenance processes that were in place for providing a safe environment to keep children safe.

Accidents and incidents were recorded in detail on the app and were shared with parents. The childminder discussed that parents would be contacted immediately for a head knock and would be checked over by a medical professional if required. This ensured that children's health and wellbeing needs were met.

Children chose when to access the outdoor play area and had free flow access from the playroom. A range of resources supported children to be active, develop their imaginations, be creative and explore.

## How good is our leadership?

## 3 - Adequate

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

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

The service has a vision, values and aims in place. We discussed that it would be valuable to involve children and families in the next review of these to promote a shared vision for the service.

The childminder had formed positive relationships with families and had daily discussions with them during drop off and pick up times. The Baby's Days app also provided a method of effective communication to support information sharing and feedback. One parent shared 'More information via Baby Days.' The childminder had shared questionnaires with families several months ago to gain feedback, comments and suggestions from them. This could be further developed to support the childminder to involve parents in the future development of her service.

Policies were in place which adhered to best practice documents and guidance. Some policies had recently been reviewed, and some were now due to be reviewed to keep them current and in line with guidance.

The service was in the very early stages of developing their approach to quality assurance and self-evaluation. The childminder shared several changes that had been made within the service to support improvement. For example, storage systems had been adapted and resources which reflected children's current interests were displayed on low shelves that were easily accessible by all children. This change has prompted the childminder to reflect on her practice and environments to improve outcomes and experiences for children. **See area for improvement one.**

### 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?****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**

The childminder's husband was employed as an assistant and mainly supported the service during trips and outings. The childminder and her husband both interacted well with the children and had developed positive relationships with them.

The childminder and her husband had both completed child protection training and first aid training which ensured they had the relevant skills and knowledge to keep children safe. The childminder had recently registered to take part in several training courses to further develop her knowledge and skills. This could have a positive impact on outcomes and experiences for children.

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

### Requirements

#### Requirement 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).

This requirement was made on 7 November 2024.

#### Action taken on previous requirement

The childminder does not yet have all about me information in place for every child.

Personal plans are currently being reviewed with families, however no reviews have been completed within the last six months in line with current legislation.

#### Not met

## 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 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).**

**This area for improvement was made on 7 November 2024.**

#### Action taken since then

Cleaning practices and procedures are now in place to minimise risk of spread of infection.

Handwashing is taking place at appropriate times.

Safety gate in place over playroom door to limit the pets having access to room and resources.

This area for improvement has been met.

#### Previous area for improvement 2

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).**

**This area for improvement was made on 7 November 2024.**

## Action taken since then

Quality assurance is in the very early stages of development. The childminder was able to discuss some improvements made to the environment.

Questionnaires are currently shared with families, these are to be further developed.

Childminder has booked on to training courses to support her to evaluate her service.

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

## Previous area for improvement 3

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 7 November 2024.**

## Action taken since then

Childminder has a knowledge of best practice documents and has also registered for specific training to support her practice and experiences for children.

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](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	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?	4 - Good
4.3 Staff deployment	4 - Good

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