

Mini Monkeys Day Care of Children

Brunel Road
West Gourdie Industrial Estate
Dundee
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Telephone: 01382 624 312

Type of inspection:
Unannounced

Completed on:
1 July 2025

Service provided by:
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Service provider number:
SP2017989412

Service no:
CS2017360818

About the service

Mini Monkeys is a registered daycare of children service and operates within West Gourdie Industrial Estate, Dundee. The service has a security entrance system, designated playrooms, children's toilets, kitchen and enclosed outdoor play spaces.

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.

About the inspection

This was an unannounced inspection which took place on Monday 30 June and Tuesday 1 July 2025. Two inspectors carried out the inspection from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 evaluation we:

- spoke with children using the service
- spoke and received feedback by 10 families
- spoke with staff and management
- observed practice and children's experiences; and
- 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

- Children were cared for by staff who knew them and responded to them with kindness and respect.
- Mealtime experiences needed to be more consistent to fully support children's social and emotional development.
- Staff missed opportunities to support and extend play and learning.
- The views of all stakeholders should be used to inform future planning and development of the service.
- Recruitment records were not readily available and did not fully meet best practice guidance.
- Management recognised the importance of valuing staff, which helped build a positive team culture.

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

Quality Indicator 1.1: Nurturing, Care and Support

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

Children were confident and happy in the service. They were cared for by staff who knew them and responded to them with kindness and respect. As a result, children felt valued and emotionally supported, helping them to build trusting relationships and enjoy their time in the setting. Two parents told us "we have a great relationship with all of my child's room staff" and "my child has a good relationships with staff."

Personal plans were in place for each child and these had been reviewed; however, there were areas where the quality and accessibility of plans could be improved. For example, plans were not readily available in one room, plans did not include how staff would support individual care needs and not all children had completed links to SHANARRI wellbeing indicators as part of their plan. Strengthening the approach to personal planning would help prevent key information about children's needs from being overlooked. It could also support staff deliver consistent and responsive care, which is essential for children's comfort, wellbeing, and development.

Chronologies for children were not complete and did not include key events such as changes in children's circumstances. The service should record significant events and incidents in children's lives using the chronologies available.

At the time of inspection no children required medication. Medication and administration of medication forms were available and the service had a policy which was aligned to best practice guidance.

Mealtimes experiences were inconsistent and did not support children's social and emotional development. While some children benefited from meaningful interactions with staff during meals, other children sat with limited engagement, as staff were often task focused rather than being present and alert. Seating arrangements limited opportunities for staff to sit with children and model positive social behaviours. Management acknowledged these issues and shared plans to improve the overall mealtime experience. For example, purchasing new furniture and reviewing the use of spaces. Parents' feedback to the statement "My child can choose from a range of healthy food that reflects their individual needs" varied between "sometimes" and "always." A more nurturing and engaging mealtime environment would better support children's wellbeing and sense of belonging.

The sleep space provided a calm and restful environment for babies, with regular checks, appropriate lighting, and clean bedding. We discussed the importance of maintaining organised and clutter-free sleep rooms to ensure they continue to meet children's needs effectively.

Nappy changing procedures were carried out respectfully, with children's privacy and dignity maintained. Staff followed appropriate infection prevention and control measures, including the correct use of personal protective equipment (PPE). These practices reflected an understanding of hygiene protocols and a commitment to safeguarding children's health during personal care routines.

Children are safeguarded through staff having knowledge of child protection procedures and understanding signs and symptoms. Staff knew who to contact and where to locate information should they need this. Two staff members told us "child protection training has helped me be aware of signs and triggers" and "it has made me more aware of what to do if I have any concerns."

Quality Indicator 1.3: Play and Learning

Most children were observed to be happy, engaged, and enjoying positive interactions with their friends. We saw several examples of children confidently leading their own play and learning, both indoors and outdoors. Outdoors, children were actively involved in imaginative and physical play. For example, preparing pretend meals in the mud kitchen, using natural materials like mud, grass, and twigs, or using bikes and climbing equipment. Indoors, children explored creative activities with pens, paper, and stampers, demonstrating curiosity and independence.

During free play experiences some staff used skilful questions to promote children's learning and created a sense of fun. However, on several occasions staff missed opportunities to support and extend play and learning.

Children had access to a range of writing tools such as paper, pencils, and chalk, which encouraged early mark-making and writing skills. Books were readily available, and we observed some singing and rhyming activities that supported language and literacy development. However, we shared with the provider the need to enhance how the environment both indoors and outdoors supports literacy and numeracy. We encouraged reflection and development on how resources and spaces are used, and how building on current practice could create more consistent and meaningful learning opportunities. Strengthening literacy and numeracy throughout daily experiences can develop essential communication, problem-solving and curiosity skills for children.

Planning and learning was noted within floor books and online learning journals to capture activities. For example, trips, colour recognition, and exploring different foods were logged and shared with families. We acknowledged the approaches were in the early stages of development, and the team were beginning to build confidence in using floor books and recording observations. By continuing to build on these early steps and developing a consistent approach, children will benefit from more engaging, personalised experiences that support their learning and development in meaningful ways.

Parents were invited into the service to take part in stay and play sessions, parents' nights and sports days. These opportunities helped the parent's knowledge of the play and learning experiences on offer for their children and supported the development of positive relationships. Parents told us "The nursery offer plenty of stay and play sessions", "I have been made to feel welcome" and "staff are very happy to talk to me and are very informative."

How good is our setting?

3 - Adequate

Quality Indicator 2.2: Children experience high quality facilities

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

Some children benefited from regular access to outdoor play, which supported their health, wellbeing, and physical development. For example, children within 3-5's had the freedom to move between indoors and the garden, where they could take part in active play.

Opportunities such as riding bikes, climbing, balancing, and running around freely encouraged children to be active. As a result, children were developing healthy habits, coordination and confidence, as they took part in energetic play.

Accident and incident records were in place and included monthly audits. Staff were responsive to children's accidents without delay and offered comfort and reassurance to children. The supported children feel safe and settled.

Risk assessments were in place and helped support a safe environment for children. These assessments showed that safety had been considered across the setting. We highlighted some of the documents needed to be reviewed and updated. For example, we discussed how risks and control measures for young children climbing the outside stairs should be considered within risk assessments. The provider agreed to continue reviewing these and outlined how staff deployment could be added into the updated risk assessments.

Hand hygiene practices were inconsistent across age groups and did not fully support children's health and wellbeing. We observed children were not consistently supported to wash their hands at key times. For example, in the baby room, children did not wash their hands after tasks such as nappy changing or before snack. We highlighted to the provider the importance of embedding regular handwashing routines and modelling these practices consistently. Supporting children to wash their hands regularly helps protect their physical health and contributes to overall wellbeing.

Resources across areas were limited. This led to children not always being engaged in their play. For example, limited sand was available within younger children space, water play opportunities were unavailable and a lack of resources was available within a role play area. We would encourage the service to start the development of spaces and resources to stimulate and extend children's play and learning. The provider agreed to review and discuss this further with the whole staff team.

Children's information was stored securely. This supported and respected children's confidentiality.

How good is our leadership?

3 - Adequate

Quality Indicator 3.1: Quality assurance and improvement are led well

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

The provider demonstrated a clear understanding of the service. Throughout the inspection, they were open, honest, and engaged in discussions about the current strengths and areas for development.

The service had a clear vision, helping to create a supportive environment for children. The aims included providing a safe, loving, and caring environment for children and families. These values were displayed within the main foyer area and helped guide the overall approach to care.

Management recognised the importance of valuing staff, using "shout outs" to celebrate achievements and successes. This helped build a positive team culture and showed appreciation for staff contributions.

Policies were in place to support safe practice and included up-to-date guidance and best practice links. Some monitoring and auditing was taking place, including around reflective practice. A quality assurance calendar included checks, such as fire and boiler safety.

We outlined where monitoring and auditing could be strengthened. For example, to include regular formal reviews of staff practice, risk assessments, the environment, and mealtime experiences. We highlighted how the current approach risked management's ability to celebrate achievements and promote shared goals with staff to raise standards that was needed. An area for improvement was made at the previous inspection and has not been met. See 'What the service has done to meet any areas for improvement we made at, or since the last inspection.'

A culture of self-evaluation for improvement was at an early stage. An improvement plan was in place which included the main focused priorities. For example, developing the garden, environment and building on staff practice. However, quality assurance processes and self-evaluation needed further developed to ensure it was embedded into practice and promotes continuous improvement of the service for children and families. We encouraged the provider to reflect on the feedback and advice shared during the inspection and to place children's needs and experiences at the heart of service delivery.

We were not fully satisfied the service was following best practice guidance when recruiting staff. At the time of inspection, full recruitment records were not readily available for newly recruited staff and some information was disposed of after staff had started within the service. For example, references, interview notes, and PVG (Protecting Vulnerable Groups) information was unable to be shared at inspection. To ensure the right people, with the right skills and values, cared for children, we have requested the provider revisits the approach to recruitment. Incomplete recruitment processes and records compromises the ability to verify robust safeguarding checks have been carried out and poses a potential risk to children's safety and wellbeing. We signposted the provider to 'Safer Recruitment through Better Recruitment' guidance. **(See Area for Improvement 1)**

Areas for improvement

1. To ensure all staff in the setting have been recruited in line with 'Safer Recruitment through Better Recruitment' guidance management should enhance the current approach to recruitment. This should include but not be limited to;

- a) ensure all staff in the setting have been recruited in line with guidance
- b) put a quality monitoring system in place to ensure there is an overview of recruitment within the setting.

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).

This is to ensure that practice is consistent with the Scottish Social Services Council, Codes of Practice for social service workers and employers (2024). Codes of practice for employers of social service workers, Section 1 – 'Make sure people you recruit are suitable to be social service workers and that they understand their roles and responsibilities.'

How good is our staff team?

3 - Adequate

Quality Indicator 4.3: Staff deployment

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

Staff were supported in their professional development through regular training and appraisal opportunities. Annual appraisal meetings gave staff the chance to reflect on what was going well, identify their strengths, and discuss future training needs.

Staff undertook training to keep their knowledge and skills up-to-date. This included important areas such as child protection, fire safety, and first aid. As a result, staff were aware of their role, helping to create a safe and welcoming environment for children. Ongoing training, reflective practice, and awareness of best practice guidance will help ensure children experience a safe, nurturing, and responsive environment.

There had been some changes to staffing, however the team were developing positive relationships and felt supported by management and colleagues. Staff spoke about monthly meetings taking place and team building sessions. This supported staff to feel valued and included with service development. Two staff told us "my opinion seems to matter and be valued" and "management ask for feedback."

The induction process was in development and not yet fully embedded, and while staffing levels were in place, inconsistencies in supervision and staff deployment impacted the quality of care and support for children. New staff had completed a basic induction; however, key learning and reflective conversations within induction packs were still to be completed. We signposted the national induction resource pack to support the service in strengthening this process.

Although staffing levels met required ratios, we observed occasions where children were not fully supervised. For example, babies were left unattended when staff entered the nappy changing area, and some children were left seated without adult support during mealtimes. At times, one staff member was left with a larger group of children outdoors while other staff attended to key tasks. We encouraged the provider to remain mindful of how staff are deployed. Progressing the approach to induction would support staff to develop the knowledge and confidence needed to deliver high-quality care.

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 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 14 February 2025.

Action taken since then

The service had created an improvement plan. However, this was yet to be embedded. The provider spoke of plans on seeking input from families. These included holding face-to-face parental meetings to seek views and suggestions around developments across the service.

We encouraged the service to continue with their plans and build on the initial steps made in developing tools to support self-evaluation.

This area for improvement has Not 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?	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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