

Teddy Bear Childcare Ltd

Day Care of Children

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Telephone: 07557985558

Type of inspection:
Unannounced

Completed on:
4 June 2025

Service provided by:
Teddy Bear Childcare Ltd

Service provider number:
SP2023000202

Service no:
CS2023000313

About the service

Teddy Bear Childcare Ltd is a registered daycare of children service and is based inside a leisure facility within Monifieth, Angus. The service has a security entrance system, designated playrooms, children's toilets, kitchen and enclosed outdoor play spaces.

The service is registered to provide a care service to a maximum of 58 children not yet attending primary school at any one time;

- no more than 18 are aged under 2 years;
- no more than 20 are aged 2 years to under 3 years and;
- no more than 20 are aged 3 years to those not yet attending primary school full time.

About the inspection

This was an unannounced inspection which took place on Tuesday 3 and Wednesday 4 June 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 40 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; and
- 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 through, caring, positive and alert staff.
- Children's care was supported by the use of personal planning.
- Positive relationships had been established between the service and families.
- Mealtimes had improved and children experienced a calm and relaxed social experience at mealtimes.
- Requirements and areas for improvement from the last inspection had been carried out, resulting in improved outcomes 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?	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

Quality Indicator 1.1: Nurturing, Care and Support

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

Children were happy, confident and secure within the service. Children's basic needs were met, for example, faces were cleaned and children were invited to have their nappies changed sensitively. Parents told us "I am happy with the care and support my child receives in this service" and "staff know the children well, and I feel so comfortable leaving my child there each day".

Each child had a personal plan in place which was reviewed at least every six months with families. Plans included 'my world' documents, medical information, children's likes, dietary requirements and links to SHANARRI wellbeing indicators. We provided advice on how plans could be strengthened. For example, to include clearer records of children's start dates, dates of birth and child development needs. This would ensure children's plans are clearer and all relevant information is recorded to support the delivery of tailored care. An area for improvement was made at the last inspection which has now been met (refer to what the service has done to meet any areas for improvement we made at or since the last inspection).

Chronologies for recording key events were in place and supported children's health and wellbeing. For example, management were recording significant events to identify emerging patterns for early intervention.

Medication consent forms were completed and a digital platform was supporting the safe administration of medication. Forms and consents were reviewed and medication was stored safely and securely. Regular audits of long-term medication were completed and staff were confident in responding to children's health and wellbeing needs. A requirement was made at the last inspection which has now been met (refer to what the service has done to meet any requirements we made at or since the last inspection).

Snack and the meal spaces took account the age and stage of children. Staff were alert and supervised children during mealtimes. Children benefited from good role modelling by staff. For example, within 3-5's room staff sat with children, engaged them in meaningful conversations and reminded them about sitting at the table safely. This meant children experienced a calm and social mealtime experience.

The approach to safe sleep was considered, sleep space took account of comfort and safety. For example, fitted clean sheets were provided and applied to sleep mats, cleaning and washing was effective and lighting and spaces had been considered to support children benefit from a relaxed and quiet space.

Nappy changing was sensitively and respectfully carried out. We discussed general housekeeping within the nappy change space and the need to monitor ventilation. This could help reduce the potential for infection.

Children are safeguarded through staff having knowledge of child protection procedures. Staff were confident and knew who to contact and where to access information should they have child protection concerns. One staff member told us "the child protection course helped me to learn more about different types of child abuse such as neglect and how to recognise, prevent and respond better to them".

Quality Indicator 1.3: Play and Learning

Children were observed to be having fun and were engaged in a variety of play experiences. There were opportunities for children to explore, be active and move freely within their play and learning spaces. For example we saw children dig for treasure, singing songs and play with the parachute. Children were supported by staff to explore heights, take risks and participate in discussions about weight, size and colours. This supported children to scaffold their learning through fun interactions and effective questioning.

To support play and learning, children's interests and experiences were captured using photos, floor books, observations and digital learning platform. We encouraged management to continue monitoring and supporting children's level of engagement and individual interest when structuring the environment and play experiences.

Numeracy, literacy and language was supported through stories, singing, displays and resources. For example, children had access to clocks, story books, alphabet lines and measuring tapes. We encouraged the ongoing development of these areas across the setting and acknowledged staff champion roles could strengthen this once fully implemented.

Parents were able to come into the service at daily drop offs and collection time and through planned events. For example, stay and play sessions. This promoted parental involvement and helped build and sustain positive relationships between parents and staff.

Connections to own and wider community were enhanced through arranged visits to the local care home, farms and book bug sessions. This was promoting social, emotional, and physical development.

How good is our setting?

4 - Good

Quality Indicator 2.2: Children experience high quality facilities

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

Spaces were well thought out and supported children's curiosity and choice. The entrance provided a welcoming feel for families; effective security entrance and high door handles were supporting children's safety. Displays, staff photographs, and floor books helped families to have a sense of belonging and feel valued. Two parents told us "the nursery has a welcoming environment" and "Teddy bear childcare nursery provides such a warm and caring atmosphere, allowing my children to feel secure and happy".

The setting was well maintained, equipment was safe and secure. Maintenance records were up to date and natural lighting and ventilation supported children's comfort, health and safety. We encouraged management to continue making all rooms homely through adding touches such as soft lighting, rugs and cushions. This would create a more homely comfortable space and create a sense of calm.

Outdoor spaces offered opportunities for fresh air and exploration. We observed positive changes had taken place. For example, more real-life items, creation of planters, mud kitchens and loose parts were available. This provided children opportunities to explore, be active, use their imagination, and to be creative.

Infection control policies were implemented to keep children safe. Children and staff washed their hands at appropriate times throughout the day and staff used Personal Protective Equipment (PPE) which helped ensure children were safe and healthy.

Risk assessments were in place. These were working documents, and some had been recently reviewed. Daily checklists were completed and we discussed including locked gates onto these to ensure a safe environment was maintained for children. Parents told us "the staff at the nursery are so loving and caring and my child absolutely loves going" and "the premises, rooms and garden all seem very secure and safe".

Accident and incident records were sampled. Management shared they had been working with staff to improve the recording of these. This contributed to the service being safe for children.

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

How good is our leadership?

4 - Good

Quality Indicator 3.1: Quality assurance and improvement are led well

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

The service had vision and values which had been recently reviewed. These were displayed within the entrance area of the service to ensure parents were aware of them. The vision and values included the service aims to provide a safe, nurturing and challenging environment.

Parents had opportunities to share feedback with the service. For example, through questionnaires, you said we did approach and providing suggestions. Management shared further plans to strengthen parents' engagement. For example, through the creation of a parents' focus group. Parents told us "we often get asked for feedback via questionnaire. This feedback is always well received and acted upon" and "the manager puts out regular surveys etc. and when I can I will respond with honest feedback/suggestions". All parents strongly agreed or agreed they are involved in a meaningful way to help develop the service.

Self-evaluation and quality assurance processes were in place. Developments had taken place since our last visit. For example, there was a more formal approach to self-evaluation across key areas of the service. Clearer links with guidance and best practice formed part of self-evaluation. Management shared future plans which included building and seeking feedback from families and enhancing the monitoring of staff practice. This supported the ongoing improvements and ensured developments are sustained to improve outcomes for children.

Audits and monitoring were carried out and we provided advice where systems could be strengthened. For example, around the auditing and management of personal plans and medication. Management agreed to take this forward and by the time of writing this report changes had been implemented to support children's tailored care needs. An area for improvement was made at the last inspection which has now been met (refer to what the service has done to meet any areas for improvement we made at or since the last inspection).

Procedures and policies were in place and had been reviewed, staff had opportunities to read and acknowledge changes that had been made. We did provide advice of where some policies could be developed and amended further. For example, around child protection and missing child policies to support health and wellbeing.

Team meetings took place regularly and we recognised management had responded to staff suggestions. For example, to have more meetings within rooms and we can see these are supporting continuous improvement.

We were satisfied the service had improved their approach to the recruitment of staff. Safe recruitment procedures were followed, and in line with best practice guidance. For example, references were complete and in place for staff and PVG checks had been carried out. This ensured the right people, with the right skills and values, cared for children. A requirement was made at the last inspection which has now been met (refer to what the service has done to meet any requirements we made at or since the last inspection).

How good is our staff team?

4 - Good

Quality Indicator 4.3: Staff deployment

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

Staff worked well together as a team and were flexible within their roles to support each other and meet the needs of the children. The use of zones and areas within playrooms supported staff to monitor children effectively. The strong team working ethos contributed to a positive and caring environment for the children and families. One staff member told us "I haven't been at the nursery long but I feel everyone should be proud of how friendly and welcoming they have made this setting for children, parents and new staff".

Registers and ratios were in place and management had considered the needs of children when staffing rooms. Staff skills, knowledge and experiences were also considered to support quality of care, play and learning.

Opportunities for staff to engage in professional learning and development had improved. Staff took part in a range of professional learning activities that built on and improved their practice. Staff reflections and evaluations were completed to measure the impact, experiences and outcomes of learning. Staff told us they feel able to explore continuous professional development (CPD) through support from management. An area for improvement was made at the last inspection which has now been met (refer to what the service has done to meet any areas for improvement we made at or since the last inspection).

Staff shared they felt valued and enjoyed working at the nursery. New staff were inducted and supported through mentor programmes.

Arrangements for absences were considered with the service having access to additional staff. For example, the management team were registered with the SSSC (Scottish Social Services Council) to cover absences.

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

Requirements

Requirement 1

By 1 September 2024 the provider must ensure children's medical needs are fully considered and managed.

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

- a) medical information is clear and fully completed;
- b) staff are confident, knowledgeable and competent in relation to children's medication and know how to respond should a child become unwell; and
- c) staff apply their learning to practice.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure 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 requirement was made on 11 July 2024.

Action taken on previous requirement

The service had improved the approach to medication and key information was captured through the use of consent forms and a digital platform. Staff had training and were confident in responding to children's health and wellbeing needs. We were satisfied the service had addressed the concerns we had identified from the previous inspection.

Met - within timescales

Requirement 2

By 1 September 2024, the provider must ensure that all children are cared for and kept safe by safely recruited staff.

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

- a) ensure all staff in the setting have been recruited in line with 'Safer Recruitment through Better Recruitment' guidance; and
- b) put quality monitoring systems in place to ensure there is an overview of recruitment within the setting.

This is in order to comply with Regulation 3 Principles and Regulation 15 (a) and (b) Staffing 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 states that:

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

This requirement was made on 11 July 2024.

Action taken on previous requirement

The service is now following best practice with regards to recruiting staff. Systems were in place to record reference checks, PVG and SSSC. We can see the manager had a monitoring system to capture and track key information. We were satisfied the service had addressed the concerns we had identified from the previous inspection.

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 care, welfare and development needs are met, management should progress with the development to children's personal plans. Management should ensure staff have all relevant information and use this effectively. Plans should also set out children's current needs, including how needs will be met, which includes capturing support strategies.

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 area for improvement was made on 11 July 2024.

Action taken since then

Personal plans were in place, strategies formed part of the plan and reviews were taking place. An effective approach to chronologies along with key information was recorded. We noted staff knew children well and overview sheets were in place to support newer staff deliver tailored care.

This area for improvement has been met.

Previous area for improvement 2

To promote a culture of continuous improvement so outcomes for children and families can be as positive as possible, management should enhance the current approaches to quality assurance and self-evaluation.

This is to ensure that 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 11 July 2024.

Action taken since then

Systems and tools were in place to support the development across the service. Audits effectively identified areas of improvements and staff were aware of current developments. For example, accident audits highlighted staff developments within records. Quality assurance calendar was in place and was used as a working document.

This area for improvement has been met.

Previous area for improvement 3

To promote a culture of continuous improvement staff should continue to develop their skills and knowledge through broad training to ensure children receive high quality care and are supported to thrive. They should also take responsibility after completing training and learning to develop skills in formal self-reflection and evaluation.

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 3.15).

This area for improvement was made on 11 July 2024.

Action taken since then

A core training schedule was in place and included trauma informed practice, child protection and first aid. The service also benefited from accessing Local Authority training which was supporting staff with professional development.

Literacy and numeracy and wellbeing champions role had been created to support leadership opportunities and we observed staff to be more confident and knowledgeable.

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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