

# Turner, Carole-Ann

## Child Minding

Type of inspection: Unannounced  
Inspection completed on: 11 July 2018

**Service provided by:**  
Turner, Carole-Ann

**Service provider number:**  
SP2006955631

**Care service number:**  
CS2006114335

## The service

### Introduction

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service registered with the Care Inspectorate on 19 May 2006

Carole-Anne Turner provides a childminding service from her family home. She shares her home with her husband and two children. For the purpose of childminding she uses only rooms on the ground floor. Children also have access to an enclosed back door area.

To provide a care service to a maximum of 6 children at any one time under the age of 16, of whom a maximum of 6 will be under 12, of whom no more than 3 are not yet attending primary school and of whom no more than 1 is under 12 months. Numbers are inclusive of the childminder's family.

For a maximum of 10 hours each week, until 31 August 2015, the childminder may provide a care service to a maximum of 7 children at any one time under the age of 16, of whom a maximum of 7 will be under 12, of whom no more than 4 are not yet attending primary school and of whom no more than 1 is under 12 months. Should any child not yet attending primary school leave the service prior to 31 August 2015 the number of children to be cared for will revert to those above. Numbers are inclusive of the childminder's family.

The childminder has a current variation request to change these conditions.

### What we did during our inspection

We wrote this report following an unannounced inspection. The inspection started at 9.15am on Wednesday 11 July 2018 and finished at 12.15pm after we gave verbal feedback. The inspection was carried out by an early learning and childcare inspector. We used information from the annual return and self assessment provided by the childminder in our assessments.

We observed how the childminder worked with the children, the area used by them and the selection of toys prepared for their use.

We looked at a personal plan, some records such as risk assessments and the policy documents for the service. We discussed the way the childminder worked and practice issues.

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

We are committed to improving the health and wellbeing of all children receiving a care service to ensure they have the best start in life, are ready to succeed and live longer, healthier lives. The Care Inspectorate has an important role to play in supporting this approach in inspecting care services for children.

The Getting it Right for Every Child (GIRFEC) approach is underpinned by the principles of prevention and early intervention. It is a consistent way for people to work with all children and young people. The approach helps practitioners focus on what makes a positive difference for children and young people – and how they can act to deliver these improvements. Getting it Right for Every Child is being threaded through all existing policy, practice, strategy and legislation affecting children, young people and their families.

In Scotland, the Getting it Right for Every Child (GIRFEC) approach puts wellbeing at the very heart of its approach. The eight 'indicators' of wellbeing that form the basis of GIRFEC are – safe, healthy, achieving, nurtured, active, respected, responsible and included – often referred to as 'SHANARRI.' Information relating to this can be found at: <http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright>

We used the 'Health and Social Care Standards, My Support, My Life' to assess the performance of the childminder.

## Views of people using the service

There were two minded children present during the inspection visit. As they were pre school children, their verbal comments were limited. We used our observations of them at play and with the childminder to see what their experiences of care were.

Both children had attended for some time which meant they were very familiar with routines and where to find their toys and games.

Both children were comfortable with the childminder who offered appropriate care and affection towards them.

We sent three questionnaires to the childminder to issue to parents on our behalf. At time of writing, one was returned completed to us.

The parent was happy with the care their child received, telling us that they had good opportunities to speak with the childminder about expected care routines and planned outings.

Comments included:

"She asks, and we do talk about things we can do."

"Childminder has a folder for my child."

## Self assessment

We spoke with the childminder about how she could continue to improve upon the value of the self assessment for her service. We discussed the importance of including areas for improvement as well as successes and that they should be outcome focused. We made a recommendation about this in Management and leadership of this report.

## What the service did well

We found the home to be clean, tidy and well organised for childminding young children. The childminder was experienced and knew the children in her care well. She offered flexible care for families and developed good relationships with parents.

## What the service could do better

We asked that she develops her personal plans further.

We asked the childminder to update notifications to ensure all accidents are notified to the Care Inspectorate within agreed timescales.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

We found the childminder was performing to a good standard when we considered the areas of this statement. We looked at evidence to show how the childminder supported and cared for children.

During this inspection we considered how well children and their families were included as active participants, were listened to and offered choices. We also considered whether the children received appropriate support and play activities for their age and stage of development.

We found that the service was good in these areas. (Health and Social Care Standards 1.15, 1.19, 1.31, 2.17, 2.27, and 4.15).

We saw the childminder use caring, nurturing and friendly interactions with the young minded children present. We could see that the children sought the childminder for support particularly when building the Duplo tower. This showed that the children trusted the childminder and saw her as an important person in their life. The childminder spoke about the care she provided for the children she looked after: it was clear that she knew them well. She confidently described their interests and likes and dislikes. The parent confirmed to us through the questionnaire that they were very happy with the way their child was being cared for. Both minded children were at home with the childminder and happily played with the boxes of toys provided for them.

We heard the childminder talking to the children about their trips and outings and it was clear they liked being outdoors. One child said "outside!" which the childminder planned for the afternoon. Children had opportunities to engage in arts and crafts: they had plans to develop a seaside underwater project which involved a trip to the local museum, showing that children were aware of the wider world.

We spoke with the childminder about her understanding of the well-being indicators, SHANARRI, (See introduction of this report for details). She used the well-being wheel with parents which helped them decide the important aspects of care the childminder should follow. The childminder had records of children's contact details and information about the care parents wanted for each child. Although there was a good range of information, such as development records, particular details were missing about some aspects of children's life's. We discussed how these could be further improved and we sent her a sample of a personal plan to help her with improvements. This will make sure parents are fully included in identifying their child's particular needs and interests and help them keep track of how their child is developing in the service. (See recommendation 1).

As some minded children shared their time with local nurseries, we suggested the childminder establishes links with them to ensure a seamless service is offered to minded children.

The childminder knew what her responsibilities were to keep minded children safe from harm and abuse. Children's records had been updated in partnership with parents which showed us she was vigilant in protecting children. She had some training, but this was in 2014. She had plans to attend a refresher course in the topic. We reviewed her child protection policy and asked that this be further developed. (See management and leadership of this report)

Although no children currently used medication, we spoke with the childminder about her understanding of safe administration. She knew the good practice she should follow and told us she followed this, using Scottish Childminding Association forms.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. In order to ensure children's personal plans appropriate and meaningful, the childminder should further develop them in partnership with parents. Each child's plan should include information about the child's health, safety and wellbeing needs.

Reference: Health and Social Care Standards, My Support, My Life.

Standards:

1.15 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.

1.19 My care and support meets my needs and is right for me.

2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.

**Grade:** 4 - good

## Quality of environment

### Findings from the inspection

During this inspection we considered how well children and their families were included as active participants, were listened to and offered choices.

We also considered whether children experienced a high level of positive stimulation and how well children were encouraged to be curious and explore the world around them.

We found that the service was good in these areas. (Health and Social Care Standards 1.23, 1.25, 1.30, 1.31, 1.32, 2.17, 3.19 and 5.21).

Our observations showed that the areas used by children were clean and tidy and suitable for childminding provision. Children had use of the outdoor area, although they did not access this during the inspection. The childminder was able to describe her approach to play in the outdoors, offering a good range of community spaces such as parks, woodlands and children's soft play areas. We spoke with the childminder about the Care Inspectorate document, 'My World Outdoors'. Although she was familiar with the content, she had not yet used it to plan for children's development. We asked that she plans to include this in her day to day work to further extend children's experiences.

Minded children were playing with Duplo and cars, as the childminder told us this was their favourite toys. We spoke with the childminder about reducing the plastic toys and replacing them with more open-ended, challenging and interesting resources. We shared the document, 'Loose Part Play-a toolkit' available from the Care Inspectorate online resource, The HUB. This document provides guidance to encourage more imaginative and creative play, both indoors and out.

We saw that the childminder has considered risk and that children had some understanding of how to manage this themselves. She had introduced 'Stranger Danger' helping to keep them safe. The childminder had a written record of risk assessments which was up to date.

The children were well supported to wash their hands before eating and after using the toilet. The downstairs toilet meant that children could be independent which helped their self esteem. Children ate at the table and they enjoyed a snack while we were there. The childminder was using the best practice guidance 'Setting the table' to guide her for snack provision. We recommended that she accesses the document from 'first steps nutrition' for lunch box guidance to share with parents. [www.firststepsnutrition.org](http://www.firststepsnutrition.org) This guide has been written to provide practical ideas for anyone who is preparing packed lunches for children aged 1-4 years.

### Requirements

**Number of requirements:** 0

### Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

## Quality of staffing

This quality theme was not assessed.

## Quality of management and leadership

### Findings from the inspection

During this inspection we considered how well the childminder managed her service, updated her training and made on-going improvements. We found that the service was good in these areas. (Health and Social Care Standards, My Support, My Life. 1.23, 2.17, 3.19,3.20, 4.5,4.6, 4.8, 4.11,4.19,4.23,4.27).

On discussion with the childminder, it was clear that she was conscientious and had made good efforts to keep up to date with current good practice. She had used the Care Inspectorate on-line resource, The HUB for advise. As a member of the SCMA, she had the benefit of support, insurance, training and record keeping systems. She had enrolled in further training which means that she was maintaining a professional approach to childminding. We saw that she had updated some of her policies to include changes in the child protection referral contact details. We spoke with her about how these important documents could be further improved. This could also include better information about the purpose and function of personal plans.

We discussed the childminders self assessment which had been submitted as requested. Although the document gave some indication of the strengths of the service, it would benefit from a better reflection on the impact of what she does. We asked that she also includes areas which are identified as needing improvement. She told us that she had encouraged parents to be included in the evaluation process using questionnaires. We made some suggestions of how she could develop this aspect further. We have made a recommendation about this, 1, below.

Checks of insurance showed that the childminder was complying with her registration requirements. The childminder did not have a copy of her current registration certificate, which we asked her to download and include in her records. We found that a notification which was required to be submitted had not been sent to us, although the childminder had kept a record of the event. We sent the childminder the full list of notifications by email.

### Requirements

**Number of requirements:** 0

### Recommendations

**Number of recommendations:** 1

1. The childminder should continue to work on a relevant, accurate and meaningful assessment of her service.

Reference: Health and Social Care Standards, My Support, My Life.

4.11 experience high quality care and support based on relevant evidence, guidance and best practice.

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

**Grade:** 4 – good

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

### Previous requirements

There are no outstanding requirements.

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

### Previous recommendations

#### Recommendation 1

The childminder should introduce a system to ensure she is reviewing the information she has on each child, within their personal plan, at least every six months.

NCS, Early education and Childcare up to the age of 16, Standard 3: Health and Well-being.

**This recommendation was made on 27 October 2014.**

#### Action taken on previous recommendation

We discussed how the childminder had improved the personal plans which included review of information at least once in every six month period. We made a further recommendation to improve their content.

## 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).



## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
27 Oct 2014	Announced (short notice)	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	5 - Very good
15 Sep 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
15 Dec 2008	Announced (short notice)	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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