

Gordon, Richard & Margaret Child Minding

Aberdeen

Type of inspection:

Announced (short notice)

Completed on:

22 January 2021

Service provided by:

Margaret and Richard Gordon, a
partnership

Service provider number:

SP2003900451

Service no:

CS2003001744

About the service

Richard and Margaret Gordon have been registered since April 2002. Registration is to provide a care service to a maximum of 6 children at any one time under the age of 16, of whom no more than 3 are not yet attending primary school and of who no more than 1 is under 12 months. Both registered persons are not required to be on the premises at the same time when providing the care service. The parts of the premises not to be used are the utility room and the three bedrooms on the upper floor.

The service is provided from the childminders' home within a residential area of Aberdeen. Children have access to a living room, kitchen/diner, downstairs bathroom and enclosed garden areas. The service is located close to local amenities including schools and shops. The aims and objectives of the service included:

'To provide every child within my care a safe and secure stimulating environment. Treat all children as individuals using my knowledge of opportunities which will support children's learning through play in my setting'.

We carried out a virtual inspection between 6 January 2021 to 20 January 2021. We used 'Near Me' technology, emails and telephone calls to engage with the childminders, children and parents as part of this process. Our discussions were mainly with one childminder who was the primary caregiver. We also assessed relevant documents we requested. Feedback was given to the primary childminder on 22 January 2021.

This was a focused inspection to evaluate how well children were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of children experiencing care during the pandemic.

This inspection was carried out by an inspector from the Care Inspectorate.

What people told us

There were two children present during the inspection. The children indicated they enjoyed coming to the childminders.

We received email responses from two parents who told us:

"Margaret has helped me so much through lockdown. I think Margaret is doing a great job with my child. They have come on leaps and bound in such a short space of time."

"Margaret has always kept me updated with what is happening with the news and rules put in place and if it's safe. I think that Margaret has done amazing due the circumstances to always keep me updated, change somethings to keep the kids safe in her home."

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 and support during the COVID-19 pandemic?	3 - Adequate
--	--------------

Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

Quality indicator 5.1: Children's health and wellbeing are supported and safeguarded during COVID-19.

- Children are nurtured and supported throughout their changed experience in their early learning and childcare setting.
- Effective communication with families enables responsive care to support children through changing circumstances.

In discussion the childminder told us that they had been providing a much reduced service to a small number of children. Throughout lockdown the childminders had provided short-term placements to families requiring support. This allowed children to remain cared for in their communities.

Settling in visits were done safely, following guidance. Visits were undertaken outdoors or inside socially distanced when guidance permitted. Children's personal plans were completed with parents verbally prior to children starting at the service. This enabled the childminders to have the most up-t- date information on the children's wellbeing. Scrap books contained some observations which were linked to wellbeing indicators. However, we found that information in personal plans and next steps was not always the most relevant to fully support children to meet their individual support needs. **(See area for improvement 1.)**

The childminders had formed warm, nurturing relationships with children and were clearly very fond of them. During the virtual inspection using a 'Near Me' video call we observed two minded children with the childminder. They were relaxed and at ease with them and we saw some nice interactions.

During snack time the childminder encouraged children to be independent and pour their own drinks and to spread their own bread. However, during snack we observed how one child left the table several times and ran about with a knife in their hand. Both children also put the knives in their mouths several times. We discussed with the childminder how this had the potential for a serious accident to happen and endanger the children. The childminder advised us that this had not happened previously, however in future she would encourage the children to sit at the table throughout mealtimes and promote children's safety through discussions. **(See area for improvement 2.)**

Physical distancing was now in place between parents and the childminders. Adults wore face masks when required. Parents dropped off and picked up their children outside the childminders' home. The childminder also picked up from families houses enabling extra support. This resulted in the children's safety being maintained by limiting adults in the childminders' home. Information about the child's day was shared verbally and through texts and emails. Sharing of information supported the childminder to continue to meet children's needs.

Quality indicator 5.2: Infection prevention and control practices support a safe environment for children and staff.

- Children are protected as staff take all necessary precautions to prevent the spread of infection.

The childminders had followed Scottish Government guidance prior to reopening the service. A COVID-19 policy and risk assessment had been created which detailed the steps that had been taken to reopen the service safely. This had been shared with parents. We discussed with the childminders how risk assessments

and procedures could be further developed to set out clear expectations for infection prevention and control practices.

One of the childminders had training in place in infection prevention and control and had accessed additional training throughout the pandemic to support their learning and safe practice. They advised us that they kept the other childminder up-to-date with any changes to guidance and practice.

Both childminders were clear on the signs and symptoms relating to COVID-19 and that children should not attend the service if they were feeling unwell. They advised that they would contact parents immediately if a child showed symptoms while in their care. The childminder also spoke confidently about wearing personal protective equipment (PPE) if and when required.

Children regularly accessed outdoor play which reduced the risk of infection during the COVID-19 pandemic. The childminders had improved the outdoor area since their last inspection by adding loose parts and a mud kitchen. We saw pictures of the children enjoying the outside area.

The childminder spoke about enhanced cleaning procedures that were in place. The childminders advised us that touch points such as door handles and light switches were cleaned regularly throughout the day and the bathroom and all toys that children played with were cleaned after the end of each day.

Prior to snack children were encouraged to wash their hands. However, we noted that they did not wash their hands for the recommended amount of time. During snack both children were allowed to leave the table and returned to the table with toys. We noted they left the table several times also touching the floor and patio doors. Both children did not wash hands after snack. We discussed with the childminder how this may cause infection prevention and control issues. The childminder advised us that in future she would encourage the children to sit at the table throughout mealtimes and handwashing would now also take place after eating. **(See area for improvement 3.)**

After snack we observed that children had access to their bags and comforters, however, children were not upset or tired. We discussed Scottish Government guidance with the childminder that they should limit the exchange of items brought into the childminding setting unless necessary. The childminder advised us that they were trying to limit items brought into the home and this was an area they were working on with the children. **(See area for improvement 3.)**

Areas for improvement

1. The childminders should ensure information in children's personal plans reflect children's most relevant care and support needs. Individual strategies of support should be developed and monitored within these plans and shared with parents.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (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).

2. The childminders to ensure that they encourage and promote safe practice at meal and snack times.

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

'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.' (HSCS 2.25).

3. The childminders to ensure that they consistently implement and fully follow current guidance on infection prevention and control procedures.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

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

The childminders should ensure the environment is free from unnecessary clutter so as it is safe and provides enough space for children to play freely.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

This area for improvement was made on 27 February 2020.

Action taken since then

During our video calls with the childminders we noted that the environment was considerably less cluttered. There was adequate space for children to play.

This recommendation has been met.

Previous area for improvement 2

To support children to be active and achieve their potential through developing a wide range of skills including problem solving, investigating and creativity, the childminders should further develop the range of activities and experiences available both indoors and outdoors and the opportunities to play outdoors.

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

'As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling.' (HSCS 1.30); and

'As a child, I play outdoors every day and regularly explore a natural environment.' (HSCS 1.32).

To support the childminders in meeting this recommendation they may find the following guidance helpful:

<http://hub.careinspectorate.com/media/405223/loose-parts-play-toolkit.pdf>

<http://hub.careinspectorate.com/media/279348/my-world-outdoors-sharing-good-practice-in-how-early-years-services-can-provide-play-and-learning-wholly-or-partially-outdoors.pdf>

This area for improvement was made on 27 February 2020.

Action taken since then

Due to the focus of the inspection being the COVID-19 pandemic we did not fully assess this recommendation.

Previous area for improvement 3

To protect children from the risk and spread of infection the childminders should ensure they follow the infection control 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 experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

The following link may support the childminders with this:

<https://hub.careinspectorate.com/media/1538/infection-prevention-and-control-in-childcare-settings.pdf>

This area for improvement was made on 27 February 2020.

Action taken since then

During the inspection we observed infection prevention and control practices. We found that the environment was cleaner and less cluttered, however, there were some issues regarding handwashing detailed in the report.

This recommendation has not been met.

Previous area for improvement 4

The childminders should continue to improve the service by:

- a. developing their knowledge and skills through reading and implementing relevant best practice guidance.
- b. Identify how new learning has been put into practice and review the impact on children's care and experiences.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and

'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

This area for improvement was made on 27 February 2020.

Action taken since then

Due to the focus of the inspection being the COVID-19 pandemic we did not fully assess this recommendation.

Previous area for improvement 5

The childminders should systematically quality assure the service in consultation with parents/carers and children; using best practice documents including 'The Health and Social Care Standards' and 'Your Childminding Journey' which are available on our website <https://hub.careinspectorate.com/>

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 27 February 2020.

Action taken since then

Due to the focus of the inspection being the COVID-19 pandemic we did not fully assess this recommendation.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
5.1 Children's health and well being are supported and safeguarded during COVID-19	3 - Adequate
5.2 Infection prevention and control practices support a safe environment for children and staff	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.