

Little Lambs Childminding Child Minding

Aberdeen

Type of inspection:
Announced (short notice)

Completed on:
20 January 2021

Service provided by:
Mary Cowie

Service provider number:
SP2012983404

Service no:
CS2012307487

About the service

We carried out an announced inspection of Little Lambs Childminding on 06 January 2021 using Near Me Technology. Following this we used virtual technology such as video calls, telephone calls and emails to engage with the childminder and parents. We assessed relevant documents that we requested from the childminder.

Little Lambs Childminding registered with the Care Inspectorate on 17 August 2012. The service is registered to provide a care service for a maximum of five children at any one time under the age of 16, of whom no more than three are not yet attending primary school and of whom no more than one is under 12 months. Numbers are inclusive of children of the childminder's family.

The service operates from an end-terraced property in a residential area in the north of Aberdeen. Children had access to the living room, kitchen and a safe, secure spacious garden.

Aims of the service include: 'A commitment to provide a safe, caring, friendly, stimulating environment where children can easily enjoy visiting and where parents feel happy to leave them'.

This was a focussed 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. Feedback was given to the childminder on 20 January 2021.

What people told us

We made contact with all four parents of the children who attended the service. Parents expressed they were happy with the service provided. One parent told us that 'communication is good, most of it was face to face'.

The parents liked the use of WhatsApp to send photos of activities their child had been participating in. We were told the children were happy to be back with the childminder and no settling in was required as they knew the childminder so well. Parents said the children had been involved in a lot of fun experiences including craft type activities. All parents were confident that they were kept up to date with any changes in their child's physical and emotional health.

- 'Our childminder followed the government guidelines regarding distancing, masks and hand washing.'
- 'Mary is more than just a childminder to my daughter she loves Mary and calls her Nana.'

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?	5 - Very Good
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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?

5 - Very Good

Quality Indicator 5.1: Children's Health and Wellbeing are supported and safeguarded during the COVID-19 Pandemic.

- 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.

The childminder had formed warm, nurturing relationships with the children who were clearly at ease in her care. We observed children enjoying a healthy, social snack time. Children chatted comfortably about their day with the childminder and were relaxed. This gave children opportunities to talk about their experiences, changes and emotions they may be feeling. This supported the children to feel safe and secure.

The childminder was aware of her responsibilities to protect children from harm and had followed appropriate guidance prior to reopening her service. She had created a COVID-19 risk assessment which detailed the steps she had taken to reopen her service safely. This had been shared with parents prior to the service opening to help families prepare for their children returning to the service. Children were further protected from harm by the childminders understanding of her role and responsibilities around child protection. The childminder spoke confidently about signs she would beware of and the action she would take.

Through regular contact with parents, the childminder was advised of any changes to the children's wellbeing needs. Personal plans were reviewed and updated accordingly. The childminder gave a questionnaire to the older children asking how they felt. This helped the childminder to support the children's current interests and needs. The childminder used the wellbeing indicators; Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (SHANARRI) to support the children's development and wellbeing. We discussed how the childminder could further develop this by linking child development observations to the wellbeing indicators also.

Physical distancing was in place between parents and the childminder. Parents had staggered pick up and drop off times and these took place outside the childminder's home. Masks were worn by the adults. This ensured everyone's safety was being maintained. Information about the children was shared verbally and through WhatsApp messages containing photos of what the children had been doing. 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 childminder had understood her responsibilities around infection prevention and control. She had procedures in place to support her to meet the children's wellbeing needs in line with relevant guidance.

Children and families were protected from the risk of infection by the enhanced cleaning procedures in place. The childminder cleaned frequently touched surfaces and frequently used toys. These included books, tables, chairs, doors, sinks, toilets, light switches and bannisters, more regularly than normal. All unnecessary soft furnishings and cushions had been removed during minded hours. Games such as puzzles were quarantined for 72 hours after use to help prevent the spread of infection. This ensured children were being protected from the spread of any infection.

Children were supported to follow good hygiene procedures and washed their hands on arrival and regularly throughout the day. Through use of 'Near Me' we noted that the childminder adapted hand washing procedures to suit the ages and stage of the children's development. The childminder assisted them to wash their hands singing for a length of time as they washed to ensure this was done properly. Suitable hand drying procedures were in place. The childminder used familiar posters around key areas of her home to support and encourage the older children to wash their hands properly. It was noted that the baby was not keen to wash their hands and they were wiped with a wipe instead. However, current guidance states that soap and water should be accessed first. We discussed this with the childminder and she has advised that she has ideas of measures she could try to get around this, taking account of the guidance.

The childminder was clear on the signs and symptoms relating to COVID-19 and that children should not attend her service if they were feeling unwell. The childminder advised that she would contact parents immediately if a child showed symptoms while in her care.

Children regularly accessed the outdoors which reduced the risk of infection during the COVID-19 pandemic. The childminder told us they played in the garden and enjoyed walks in the local area, often playing games like 'I spy'. Getting outdoors on a regular basis improved the children's health and wellbeing.

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 the childminder can meet individual children's needs, she should:

- a. gather relevant and comprehensive information and update it when changes take place or at least every six months.
- b. ensure that medication records are updated every three months, in line with best practice guidance.

This area for improvement was made on 15 March 2019.

Action taken since then

Personal plans were updated after speaking to the parents and children when they returned following the COVID-19 pandemic. The childminder used the wellbeing indicators to plan learning experiences for the children. Medication records were up to date.

This area for improvement has been met.

Previous area for improvement 2

To further develop her service and support positive outcomes for children the childminder should:

- a. develop her skills, knowledge and understanding through accessing training, other development opportunities and best practice guidance. This should include child protection training.
- b. Use her learning from training and development opportunities to evaluate the service she provides and make improvements that will have a positive impact on children.

This area for improvement was made on 15 March 2019.

Action taken since then

This area was not assessed at this inspection. Not met.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	5 - Very Good
5.1 Children's health and well being are supported and safeguarded during COVID-19	5 - Very Good
5.2 Infection prevention and control practices support a safe environment for children and staff	5 - Very Good

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