

# Wilson, Marion Child Minding

Irvine

**Type of inspection:**  
Unannounced

**Completed on:**  
14 June 2021

**Service provided by:**

**Service provider number:**  
SP2008968250

**Service no:**  
CS2008168792

## About the service

This childminding service registered, provided by Mrs Marion Wilson, registered with the Care Inspectorate on 1 April 2011.

Marion Wilson provides her service from her home in a residential area of Irvine, North Ayrshire. The family home is a semi-detached house with an enclosed back garden space which can be directly accessed from the living room. The service is within walking distance of local schools and nurseries. The service is registered to provide a care service to a maximum of 6 children at any one time under the age of 16, of whom a maximum 3 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.

Mrs Wilson employs her husband, David Wilson, as an assistant. While working with Mr Wilson the service can be provided to a maximum of 7 children at any one time under the age of 16 of whom a maximum of 4 are not yet attending primary school and of whom no more than one is under 12 months. At the time of inspection, the childminder had seven children registered to attend at various times over the week.

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. We visited the childminder at home, unannounced, on the morning of 28 May 2021, and used information technology to support the inspection process.

We check services are meeting the principles of Getting it right for every child (also known as GIRFEC), Scotland's national approach to improving outcomes and wellbeing of children by offering the right help at the right time from the right people. It supports them and their parent(s) to work with the services that can help them. There are eight wellbeing indicators at the heart of Getting it Right for Every Child: safe, healthy, achieving, nurtured, active, respected, responsible and included.

## What people told us

We spoke with two parents during our inspection process. Both were very happy with every aspect of the childminder's service. They said that their children loved the childminder and her assistant and always had fun in their care. Parents were happy with the information the childminder shared about their children's experiences and about how she was ensuring children's safety and well-being during the Covid-19 pandemic. They felt that their children spent a good amount of time outside and that there was always lots for them to do.

The one young child present during our inspection was happy in the childminder's care. She chatted confidently to us about the toys she was playing with.

**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.

The childminder had developed caring, nurturing relationships with children. During the inspection, the child who was present was relaxed and chatted confidently to us. The child was clearly comfortable and secure with the childminder. The childminder was responsive to the child's needs. She supported the child with hand hygiene and provided sensitive and nurturing care.

The childminder had kept in touch with families during the closure of the service using social media apps and the telephone. This helped to maintain positive relationships with children and families, and supported positive transitions when children returned to the childminder's care.

The childminder took account of children's current interests and developmental stages when identifying next steps and areas for development. These were recorded in children's personal plans and regularly reviewed with parents. We discussed ways in which the childminder could further develop personal planning processes going forward. We suggested that there was more detail around how next steps would be supported and reviews of progress. We also discussed the potential to further involve children in planning for their learning, and how to support children's wellbeing during the pandemic. We shared examples of how this could be achieved, and the childminder was receptive to these ideas.

The childminder had developed new ways to share information and to maintain positive relationships with parents to limit contact. This included meeting outside to review children's personal plans, visiting families in their gardens, and sharing information via social media apps. Parents told us that they enjoyed seeing the photographs of their children that the childminder regularly shared with them.

The childminder had refreshed her child protection training was aware of her responsibility to protect children from harm. The childminder did not however provide us with her child protection policy when requested. We were therefore unable to assess if this had been reviewed to take account of the impact of the change to provision due to Covid-19.

**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.

Overall, the childminder demonstrated knowledge of current guidance regarding infection, prevention, and control. Good practice was reflected in a comprehensive Covid-19 risk assessment, which supported the safe operation of her service during the pandemic. There were some good examples of best practice being implemented. Appropriate enhanced cleaning arrangements were in place. As a result the childminder's house, garden and resources were clean and well-maintained. There were paper towels for children to dry their hands, and a foot operated pedal bin for their disposal. The childminder had appropriate PPE, which

was safely stored, and described how this would be used effectively to limit the risk of the spread of infection. All of these measures helped to ensure children were safe and healthy. However, we identified and discussed examples of where the childminder's practice did not reflect the information within the risk assessment or best practice guidance. We highlighted how these issues could result in the spread of infection. Going forward the childminder should review, and amend practice as required. The Covid-19 risk assessment should be shared with parents and a risk assessment prepared and shared appropriately in relation to the blended care arrangements in place for one child. Please see area for development 1.

During our inspection process the childminder developed her understanding of the action she should take in the event of a suspected or confirmed outbreak of Covid-19. Going forward the childminder should ensure that she shares this information effectively with parents, in line with the Scottish Government guidance, 'Coronavirus (Covid-19): childminder services guidance' and the childminder's own risk assessment.

The childminder understood the need for ventilation. Windows were open during our inspection. We highlighted that there was potential to further improve ventilation to reflect current guidance. Children spent a lot of time outdoors. The childminder had developed her outdoor space with the provision of a gazebo to provide shelter, and resources to support outdoor learning, including a mud kitchen. This supported children's health and well-being during the pandemic and helped to ensure they had positive outdoor play and learning experiences.

### **Quality indicator 5.3: Staffing arrangements are responsive to the changing needs of children during Covid-19.**

- Staffing arrangements meet the needs of children and families.
- Staff are well supported and confident.

The childminder employed one assistant to support the childminding service. The assistant, who resides in the property, was present during the inspection. The assistant was aware of the daily routines and of children's personalities, interests and needs. The assistant worked well with the childminder and children benefitted from their warm and responsive care.

The assistant supported the childminder to access and implement best practice guidance, and in the development of written information relating to the service. We highlighted the importance of the childminder ensuring that practice within the service fully reflects the written information.

The childminder and assistant discussed the various ways that they kept up to date with current guidance and best practice. As we have referred to within this report, there were aspects of the service that may be improved through access to appropriate training. Please refer to areas for development 2.

### **Areas for improvement**

1. The childminder should review infection control arrangements to ensure that these are in line with the risk reducing measures contained within relevant guidance, and the service's own risk assessments.

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

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

2. The childminder must ensure that there are clearly defined training sessions for herself and the assistant on the risk mitigations set out in guidance.

This is in order 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, and are able to reflect on their practice and follow their professional and organisational codes."

## 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

We recommend that the childminder records relevant information and develops written personal plans for all of the children in her care. These should be reviewed, with input from parents and children (where appropriate), at least every six months. Children's plans should be individual and follow the GIRFEC principles and the SHANARRI well-being indicators to ensure all aspects of children's care are discussed.

This is to ensure 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.' (1.15)

**This area for improvement was made on 13 August 2019.**

#### Action taken since then

The childminder had developed written plans for all children in her care. These reflected the GIRFEC principles and SHANARRI well-being indicators, and were reviewed and shared with parents, every six months. This recommendation is met. We discussed how the childminder could continue to develop personal planning processes going forward.

#### Previous area for improvement 2

We recommend that the written policy and procedure for the safe management of medication is further developed and consistently adhered to.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'my care and support is provided in a planned and safe way.' (HSCS (4.14)

**This area for improvement was made on 13 August 2019.**

#### Action taken since then

The childminder had developed a written medication policy, which was shared with parents. We were not able to assess the effectiveness of the medication procedure, as no children had received medication since our previous inspection. We will review this at our next inspection.

#### Previous area for improvement 3

We recommend that the childminder refreshes her child protection training and develops her written policy and procedure relating to child protection are reviewed and developed.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I am protected from harm, neglect, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

**This area for improvement was made on 13 August 2019.**

## Action taken since then

The childminder had refreshed her child protection training. We were not able to review the childminder's written child protection policy as this was not provided. We will therefore review at our next inspection.

## Previous area for improvement 4

We recommend that the childminder should develop ways to keep up to date with current best practice and reflects on this to monitor and evaluate her service.

This is to ensure that management and leaderships is consistent with the Health and Social Care Standards which state: '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 13 August 2019.**

## Action taken since then

The childminder had addressed this recommendation by accessing a range of training, including: child protection, paediatric first aid, and training relating to child development and providing stage appropriate experiences. Whilst we recognise the childminder's commitment to this, as noted in this report, further training specific to Covid-19 may support consistently positive outcomes. Please refer to area for development 2.



## 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
5.3 Staffing arrangements are responsive to the changing needs of children during COVID-19	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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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.