

Bruce, Elaine Child Minding

Dundee

Type of inspection:
Unannounced

Completed on:
5 October 2021

Service provided by:
Elaine Bruce

Service provider number:
SP2003901210

Service no:
CS2003002719

About the service

Elaine Bruce is registered to provide care to a maximum of 6 children at any one time under the age of 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 children of the childminder's family and household. The service has Gordon Bruce employed as an assistant and only person named on the certificate may care for minded children. Overnight service will not be provided.

The service operates from the childminder's home, which is located within a residential area of Monifieth, Angus. It is close to the local school, shops and other amenities. Children can access the garden space to the rear of the property.

The aim of the service includes 'providing quality childcare from birth upwards with a welcoming, caring, enjoyable, safe, hygienic service in a stimulating environment in which children can develop. Each child and parent are treated as an individual, with individual needs and requirements'.

We are testing our new ELC quality framework for daycare of children, childminding and school aged childcare. This inspection was included as part of the test. We have evaluated the service based on key questions and quality indicators linked to the framework. As this was a test, we will not be publishing the evaluations. More information about the quality framework and methodology can be found on our website www.careinspectorate.com

What people told us

There were initially two children present during our visit. We spent time observing children and their interactions with the childminder as they played. There was a welcoming atmosphere where children appeared happy and settled within the childminder's home.

We called the two parents/carers after leaving the childminder's home. Overall, all parents and carers strongly agreed or agreed that they were happy with the quality of care and support their child receives.

Comments from parents/carers included:

Elaine is great, very flexible and accommodating.

Communication we receive is done verbally and includes what my child has been up to.

Elaine has been brilliant; my child enjoys going there.

Elaine goes above and beyond, and she is very approachable.

We can't think of anything that we would like improved, we are happy we found Elaine.

How good is our care and learning?

1.1 Nurturing care and support

The childminder was caring, supportive and nurturing towards children. We observed them respecting and talking to children in a positive way and providing praise. A child was sitting on the childminder's knee and the childminder was observed talking and responding to children's needs and wishes. This helped children to feel secure and happy.

The childminder knew the children and families. They were able to talk about each child. Basic "All about me information" and child "information sheets" were in place. These were not consistently completed or reviewed and lacked content. For example, sleep arrangements and documented information around how the childminder supports or applies children's wishes and needs were missing. We outlined how information could be improved and expanded to support better outcomes and overall experiences. The recommendation made at the previous inspection will be continued (see area for improvement 1).

1.2 Children are safe and protected

The childminder had a basic understanding of their role and responsibilities for keeping children safe and protected. Child protection training had not been undertaken for several years. To enhance and build upon practice and confidence, we discussed the importance of the childminder accessing a child protection course and reviewing the child protection policy. We highlighted that the policy should ensure it takes account of the national guidance for child protection in Scotland. This would support the childminder to keep children safe and protected from harm. The recommendation made at the previous inspection will be continued (see area for improvement 2).

The childminder was familiar with Covid-19 guidance to help keep everyone safe, well and free from infection. Completed risk assessments to support risk management in the home, garden area, Covid-19, outings and general cleaning were all complete and in place. This supported the wellbeing and safety of children.

1.3 Play and learning

Children had access to a range of age-appropriate resources and were encouraged to be responsible in the care for them. Resources included books, train set, arts and crafts, and a range of board games, which supported children to lead and build on their skills, interests, and general play.

Planning for children's play and learning was not in place and available during our visit. To support a child-centred and responsive approach to children's interests and experiences, we encouraged the childminder to develop this area of their practice.

Areas for improvement

1. Children's information should include a written plan on how the service user's health, welfare and safety needs are being met. This information, along with registration information, should be reviewed at least once every six months, or if there is a change to the plan.

This is in order 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).

2. The childminder should undertake learning and development related to current good practice, including child protection. This would contribute to the service development, and children experiencing care and support based on relevant guidance and best practice.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20); and

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

How good is our setting?

The childminder had created a homely environment, which allowed children to feel safe and secure. The lunchtime was relaxed, unhurried and sociable. The dining facilities, which included a table and chairs, were at an accessible height, clean and inviting for the children. This supported comfort and infection prevention and control.

The area within the play space where children played was bright, homely, clean, organised and well laid out to support movement, choice, and independence. Children had access to a range of resources, for example, resources included television, DVD's, bikes, scooters, books and various arts and crafts. This supported their learning, interests and overall play experience. We encouraged the childminder to expand her resources to include loose parts and open-ended materials to extend and scaffold children's learning and play experiences.

During our visit children did not have access to the outdoors or enclosed garden space to explore and participate in active and physical play. We observed missed opportunities to access and explore this area. The garden contained resources such as a sand pit, chute, Wendy house and various other play toys, which were well stored and maintained.

Due to Covid-19, outings to the local toddler's group and local library had been paused. The childminder highlighted her desire to start accessing such local facilities to support children's health, wellbeing and opportunities to meet and play with their peers.

A child became tired and fell asleep during our visit. The childminder offered comfort and cuddles but the childminder's practice did not follow current safe sleep guidance. The childminder agreed to review her practice and update her knowledge and sleep facilities as discussed (see area for improvement 1).

The general areas within the childminder's home were comfortable, warm and well ventilated. This supported children to feel welcome and at home. The storage facilities within the play space helped children access activities, make choices and freely direct their own play. Resources were to a satisfactory standard and we encouraged the childminder to continue expanding these. This would support a varied experience and stimulate children's imagination and creativity.

Areas for improvement

1. The childminder should develop a policy and procedure to ensure safe sleeping arrangements for children. She should share the policy with parents and gain consent for agreed sleeping arrangements.

This is in order to ensure that care and support is consistent with Health and Social Care Standards which state that as a child:

'My environment is safe and secure.' (HSCS 5.17)

How good is our leadership?

Quality assurance systems and improvements were at an early stage. We found the childminder did not have a current system to capture views, suggestions or ideas to help shape and improve the service. This limited opportunities for families to input into any developments of the service. The childminder outlined a desire to deliver a quality service to improve outcomes for children and their families.

We acknowledged the improvements the childminder had made to ensure the home was a safe environment for children. Changes and improvements included the development and implementation of risk assessments. Updates and changes were shared with parents on an informal basis at pickups and drop offs. We discussed the importance of children and families feeling well-informed about changes to the setting and why these are happening. We also encouraged the childminder to consider including families in future developments to support engagement.

We provided advice to the childminder around the importance of reflections, audits and evaluations of her service and practice. We suggested that the childminder used a simple improvement plan to record changes as they occurred, to support a continuous approach. We encouraged the childminder to review her policies to ensure these reflect her service delivery. The recommendation made at the previous inspection will be continued (see areas for improvement 1).

We also signposted the childminder to the bitesize sessions through our Hub. Accessing such resources and identifying improvements would support the childminder's capacity for a programme of continuous improvement.

We are confident the childminder will take forward the advice provided around implementing a quality assurance and a self-evaluation system, as they were open, honest and demonstrated a willingness to improve. This would improve the overall experiences for those who use the service and improve the quality of care delivered.

Areas for improvement

1. Children should experience a care service that reflects best practice and current legislation. The childminder should use her Scottish Childminding Association (SCMA) membership and the Care Inspectorate Hub to stay up to date with new guidance and update policies and procedures every six months.

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).

How good is our staff team?

The childminder was responsive and available to support children. They demonstrated kindness and affection towards children, which enabled them to feel comfortable, settled and secure. The childminder had been a registered childminder for several years and demonstrated a natural and relaxed approach towards children. We recognised the childminder had not undertaken training for some time. We encouraged them to build on current skills and knowledge. We outlined the need for the childminder to access first aid training to further support children's safety and wellbeing (see area for improvement 1).

We emphasised the need for the childminder to access and use best practice documents and guidance to further expand practice and service delivery. At times the childminder missed cues to participate in children's play. Documents such as 'Realising the ambition' and 'Your Childminding Journey' would aid best practice and support the childminder in their day-to-day management of the service.

Parents told us they were happy with the quality of care their child receives. We recognised the aims of the service, which included 'to provide children from birth upwards with a welcoming, caring, enjoyable, safe and hygienic environment'. This reflected what we observed in the childminder's service on the day we visited.

We are encouraged that conversations and links with other professionals are starting to form again for the childminder. For example, linking with other local childminders and accessing the Scottish Childminding Association information. These links and discussions will support the childminder to identify gaps in practice, enhance awareness and support improvement.

Areas for improvement

1. To keep up to date with developments in childminding, the childminder should identify and attend suitable training opportunities. The childminder should prioritise first aid training to further support the safety and wellbeing of the children.

This is in order to ensure that the service complies with the Health and Social Care Standards 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

Children's information should include a written plan on how the service user's health, welfare and safety needs are being met. This information, along with registration information, should be reviewed at least once every six months, or if there is a change to the plan.

This is in order 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 19 February 2020.

Action taken since then

The childminder had basic "all about me information" and child "information sheets" with basic detail. These were not consistently completed and lacked content, for example, toileting information and sleep arrangements. Recorded information on how the childminder would support or implement children's needs were not fully captured. This area of improvement was not met and has been continued.

Previous area for improvement 2

In order to keep children safe, the childminder should carry out robust risk assessments daily on her home and garden and record her findings.

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

'My environment is secure and safe.' (HSCS 5.17).

This area for improvement was made on 19 February 2020.

Action taken since then

The childminder had written risk assessments in place that captured potential hazards within the home and garden area, Covid and cleaning.

The risk assessments included the actions and control measures to reduce hazards and had been reviewed within the last 6 months. The area of improvement is met.

Previous area for improvement 3

Children should experience a care service that reflects best practice and current legislation. The childminder should use her Scottish Childminding Association (SCMA) membership and the Care Inspectorate Hub to stay up-to-date with new guidance and update policies and procedures every six months.

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).

This area for improvement was made on 19 February 2020.

Action taken since then

The childminder had access to the SCMA pack and had access to out to play, and quality framework. However because of gaps and missing information within policies, procedures and general organisation of the service - this area of improvement has not been met and will be continued.

Previous area for improvement 4

The childminder should undertake learning and development in current good practice. This would contribute to service development, and children experiencing care and support based on relevant guidance and best practice.

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.' (HSC 4.11).

This area for improvement was made on 19 February 2020.

Action taken since then

The childminder could not provide and did not have updated records of any learning. They confirmed they had not attended any relevant training or visited the hub. This area of improvement has not been met and will be continued.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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