

# Graham, Helen Child Minding

Kilmarnock

**Type of inspection:**  
Unannounced

**Completed on:**  
29 June 2022

**Service provided by:**  
Helen Graham

**Service provider number:**  
SP2018989783

**Service no:**  
CS2018365592

## About the service

Helen Graham provides a childminding service from her property in a quiet residential area of Stewarton. The childminder is registered to provide a care service for a maximum of six children at any one time up to 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 is close to local primary schools, shops, parks and other amenities. The children are cared for in the living room and dedicated playroom downstairs. Children also have access to an enclosed rear garden.

## About the inspection

This was an unannounced inspection which took place on 23 June 2022 between 12:00 and 14:00. One inspector carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- spoke with children using the service and one family member
- spoke with the childminder
- observed practice and daily life
- reviewed documents.

## Key messages

The children have a positive relationship with the childminder.

The children have access to indoor and outdoor play.

The childminder should undertake training to support her to meet the children's needs.

The quality assurance process requires improvement.

## 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, play and learning?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

## How good is our care, play and learning?

## 3 - Adequate

### Quality indicator 1.1: Nurturing Care and Support

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children had developed positive relationships with the childminder. Interactions were mainly nurturing, supporting children's security and confidence.

Children's personal care plans were not available for all children. We received one record of information following the inspection visit. The record contained information to support the child's medical needs, likes and dislikes. However, the childminder had not updated it for some time. One parent we spoke to was unsure if they had completed an individual care plan for their child. However, they said they were happy with the day-to-day care of their child.

We could not, therefore, see if the childminder's practice reflects all families' personal preferences and children's holistic wellbeing needs. As a result, this did not comply with national guidance and legislation or support consistency and continuity of care routines and development. In addition, the little or no input did not recognise or value the views and knowledge of children and families. It reduced the likelihood of achieving positive outcomes for children because key areas for performance in this area need to improve. See area for improvement 1.

We signposted the childminder to the following guidance to support them in the completion of children's personal care plans.

Getting it Right for Every Child (GIRFEC) <https://www.gov.scot/policies/girfec/>

Personal Plan Guidance: <https://hub.careinspectorate.com/media/4888/personal-plans-guide-elc-final-13102021-revised-1.pdf>

Children received nutritious lunches prepared by their parents. In addition, fresh water was available, encouraging children to remain hydrated. The lunchtime experience was mainly unhurried and relaxed. The childminder supported the younger child with feeding. To develop the lunch experience further, we would encourage the childminder to eat or drink along with all children, so they were role modelling the mealtime experience, promoting communication, social and lifelong skills and less task-driven. We signposted the childminder to the following practice documents to further support safe and healthy choices.

Setting the table: <http://www.healthscotland.com/uploads/documents/30341-Setting the Table.pdf>

Food matters: <https://hub.careinspectorate.com/how-we-support-improvement/careinspectorate-programmes-and-publications/food-matters/>

Good practice guidance: prevention and management of choking episodes in babies and children: <https://hub.careinspectorate.com/media/3913/good-practice-guidanceprevention-and-management-of-choking-episodes-in-babies-and-children.pdf>

Grow, cook, eat: <https://education.gov.scot/improvement/documents/hwb19-grow-cook-eat.pdf>

The childminder told us that the children had no allergies or needed medication administered while in their care. We asked for a copy of the medication/allergy forms the childminder would use. However, these were not available. Some children had sunscreen applied during our visit. The childminder was unable to provide permission forms. One parent we spoke to told us they provide sunscreen for their child, and sometimes the childminder supplies this. We were not fully satisfied with the safe management and administration of medication. Therefore, we would encourage the childminder to become familiar with the following practice guidance to support them with current health advice to keep children safe.

<https://hub.careinspectorate.com/media/1549/management-of-medication-in-daycare-of-children-and-childminding.pdf>

### **Quality indicator 1.3: Play and learning**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children were actively involved in leading their play and learning. The play was child-led. Children independently chose toys supporting their imagination. Children freely choose from toys available to them without any adult input.

The childminder told us they regularly consult with parents to support children's growth and development. They used a starting point assessment that identifies where the child was developmentally to plan for them while in the childminders care. However, we did not see any evidence of assessment reviews during our visit, and no parent responded to our feedback email. As a result, of the limited approaches in place, we could not identify how effective these were in tracking children's development, progress, and achievements.

The childminder told us that the children regularly visited the local park, where they had access to a wide range of resources and experiences to stimulate children's interests and enhance play and learning opportunities. However, during our visit, the children played mainly indoors and outdoors in the enclosed rear garden. There were no outdoor toys. To continue their play and learning, the children brought the toys from the indoors into the garden.

The childminder did not use child development, theory, and practice effectively to develop quality play and learning experiences for children. As a result, conversations with children lacked structure and challenge, with missed opportunities to build on the children's interests. As a result, some children were not experiencing appropriate opportunities to support and consolidate their learning through play and be challenged at an age-appropriate level in problem-solving and fine motor skills. The childminder told us that they had toys to support this however were not available on the day of the inspection visit. See area for improvement 2.

We signposted the childminder to the following practice documents to further support children's play and learning experiences.

Loose parts play - a toolkit: <https://www.inspiringscotland.org.uk/wp-content/uploads/2017/03/Loose-PartsPlay-web.pdf>

Our Creative Journey: <https://hub.careinspectorate.com/how-we-support-improvement/careinspectorate-programmes-and-publications/our-creative-journey/>

Out to Play: <https://hub.careinspectorate.com/media/1289/out-to-play-creating-outdoor-playexperiences-for-children-practical-guidance.pdf>

Realising the Ambition - Being Me: <https://education.gov.scot/media/3bjpr3wa/realisingtheambition.pdf>

Schematic Play: <https://education.gov.scot/improvement/Learning-resources/schematic-play>

Space to Grow: <https://hub.careinspectorate.com/how-we-support-improvement/careinspectorate-programmes-and-publications/space-to-grow/>

What is Play? <https://www.playscotland.org/playful-learning/what-is-play-2/>

## Areas for improvement

1. To ensure all aspects of children's care was planned. The childminder should develop outcome focused personal plans for all of the children in their 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 wellbeing indicators.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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. To effectively develop quality play and learning experiences for children. The childminder should access professional childcare practice reading and training opportunities. This should include, but is not limited to, accessing resources in the Care Inspectorate hub and SCMA website.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

## How good is our setting?

## 3 - Adequate

### Quality indicator 2.2: Children experience high quality facilities

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The childminders home was comfortable, furnished to a good standard and welcoming, with plenty of natural light and ventilation. Children had ample space for their needs. There was a small playroom with appropriate toys to support child-led play opportunities.

There was no effective and regular system for rigorous quality assurance processes. A risk assessment was in place for indoors and in the garden. However, the childminder did not always identify risks to children within the setting, both indoors and outdoors. For example, the rear garden had a fence and a gate. However, the childminder did not fully consider the security arrangements. For example, the latch on the entrance gate was child level. While there was a bolt, the childminder did not use this. As a result, there was the potential for children to exit, exposing them to the risk of harm.

There was a limited understanding of children's development and recognising that everyday items like access to medication can pose risks. As a result, the childminder potentially placed children at risk of avoidable harm. However, during the inspection visit, the childminder acted upon this immediately.

The childminder was unclear about their role in promoting a safe environment for themselves and children regarding infection prevention and control. A policy was in place, but this was not implemented in practice to support the highest infection prevention and control standards. For example, hand washing routines by both the childminder and children did not follow best practice guidelines. As a result, this exposed children to potential risks of spreading infection.

We signposted the childminder to the following practice guidance to ensure children were safe while in their care.

Infection prevention and control in childcare settings (Daycare and Childminding Settings):

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

SIMOA: <https://hub.careinspectorate.com/how-we-support-improvement/care-inspectorate-programmes-and-publications/keeping-children-safe-look-think-act-campaign/>

<https://hub.careinspectorate.com/media/1549/management-of-medication-in-daycare-of-children-and-childminding.pdf>

## Areas for improvement

1. To ensure the wellbeing and safety of children using the service. The childminder should further review and update the service risk assessments and procedures to identify possible and actual hazards. This should include, but is not limited to, a daily checklist and appropriate risk-assessments.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is secure and safe' (HSCS 5.17).

## How good is our leadership?

**3 - Adequate**

### Quality indicator 3.1: Quality assurance and improvement are led well

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The aims for the setting were shared with the families when their children started at the service. We would encourage the childminder to continually involve children and families in the shared vision for the setting to reflect the aspirations of service users, their wider community and the impact on children and families.

The childminder told us they communicated daily with parents at handovers sharing any concerns, in addition to WhatsApp messaging, where they share photographs of play and learning experiences for children.

The childminder explained that they would accommodate any feedback received from parents. However, children were not actively involved in the feedback process, as the childminder felt they were too young. One parent we spoke to was satisfied with the level of communication received at the setting. We received no other response from parents following our email request. The preschool children we spoke to told us they liked coming to the childminders and talked about the activities they enjoyed.

The arrangements for storing and processing children's personal information were poorly managed and did not comply with relevant best practices. We discussed the importance of keeping children's files at the service to maintain children's health, welfare, and safety. See area for improvement 1.

The childminder told us that they sought families' views to inform the development of the setting and how they continually assessed their service to ensure improvement. However, the culture of self-evaluation for improvement was informal at an early stage of development, with no evidence of sustained improvements in how the childminder shared successes and achievements with children and families as a starting point for future improvements.

The childminder's current thinking did not support best practices. As a result, the childminder was insufficiently challenged to raise standards, drive, and sustain improvement. See area for improvement 1.

We signposted the childminder to the following practice resources to support them in providing high-quality care, play, learning, and sustained improvement.

A Quality Framework for daycare of children, childminding, and school-aged children:  
<https://hub.careinspectorate.com/media/4807/qf-elc-revised-may-2022.pdf>

Self-evaluation for improvement - your guide: [https://www.careinspectorate.com/images/Self\\_evaluation\\_for\\_improvement\\_-\\_your\\_guide.pdf](https://www.careinspectorate.com/images/Self_evaluation_for_improvement_-_your_guide.pdf)

<https://hub.careinspectorate.com/how-we-support-improvement/care-inspectorate-programmes-and-publications/early-learning-and-childcare-improvement-programme/>

## Areas for improvement

1. To ensure a high-quality service for children and families. The childminder should review their own quality assurance processes to raise standards, drive, and sustain improvement. This should include, but is not limited to, a track record of on-going participation and involvement of children and their families. Risk assessments. Children's personal files. An improvement plan and self-evaluation system.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

## How good is our staff team?

**3 - Adequate**

### Quality indicator 4.1: Staff skills, knowledge, and values

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The childminder's kindness and compassion made children feel loved and secure. Although, the childminder recognised the importance of nurturing, responsive attachments, and interactions. They did not always make themselves physically available to children. For example, they did not always supervise children in the garden or sit at a lower level during lunchtime or play experiences, enabling them to further interact with children and the time to support, speak and listen to them.

Since the previous inspection, there were limited opportunities for ongoing professional development, including accessing the Care Inspectorate hub and Scottish Childminding Association SCMA website.



As a result, there were gaps in the childminder's professional knowledge and skills and limited understanding of childcare practice, which may negatively impact the quality of children's experiences.

The childminder should familiarise themselves with childcare practice documents to strengthen the settings policies, procedures, and childminder's own practice to ensure children receive high-quality care, play and learning.

We discussed training and development opportunities the childminder has planned to support improved outcomes for children and the setting. The childminder told us they plan to access paediatric first aid in the autumn. We would encourage the childminder in the meantime to access online first aid and child protection courses to refresh professional knowledge to ensure improved outcomes for children maintaining their health, welfare, and safety.

### Areas for improvement

1. To ensure children's health, welfare, and safety are maintained. The childminder should access training appropriate to their role and apply their training in practice. This should include but is not limited to first aid and child protection training and becoming familiar with childcare practice documents to support children's care, play and learning and own professional development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

## 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).

## Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate

How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate

How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	3 - Adequate
4.1 Staff skills, knowledge and values	3 - Adequate

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