

Gray, Karen Child Minding

Johnstone

Type of inspection:
Unannounced

Completed on:
11 November 2022

Service provided by:
Karen Gray

Service provider number:
SP2004938809

Service no:
CS2004079151

About the service

Karen Gray registered with the Care Inspectorate since 1 April 2011. Current registration enables them to care for a maximum of six children at any one time under the age of 16 years. No more than three of these children will not yet be attending primary school, and no more than one of these three children will be under 12 months of age. Numbers are inclusive of the childminder's family members.

This service is provided from the childminder's home, which is an end terraced property located in Johnstone, Renfrewshire. Children are mainly cared for within the childminder's lounge, however, the childminder also uses their kitchen, upstairs toilet and rear garden for minding purposes.

About the inspection

This was an unannounced inspection which took place on Monday 7 November 2022 between 15:30 and 17:15. During this inspection we identified significant risks to children in relation to infection prevention and control practices and safe administration of medication. We asked the childminder to make immediate improvements within these areas. We returned to the childminder's home on Tuesday 8 November 2022 between 12:30 and 13:15 and found that some improvements had been made. Improvements made included;

- The childminder had removed unnecessary used crockery, food waste and electrical goods from kitchen surfaces. Kitchen surfaces had been cleaned to ensure meals could be prepared safely.
- The childminder had removed children's personal belongings from the staircase to ensure children could safely access the upstairs toilet.
- The cleanliness of the upstairs toilet had improved and the childminder provided individual hand drying resources to reduce the likelihood of infection spreading.
- Appropriate personal protective equipment (PPE) was available for personal care routines.
- The childminder has removed and disposed of, soiled nappies from the indoor space at the back entrance of the property.
- The childminder had returned expired medication to parents and whilst they had not sought permission to administer medication, they had received signed confirmation that parents were aware of the date, time and dosage of medication that had been administered on the first day of inspection.

The inspection was carried out by one inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with people using the service and one of their parents by email.
- Spoke with the childminder.

- Observed practice and daily life for children attending the service.
- Reviewed documents.

Key messages

- The childminder was attentive to the minded children.
- The minded children experienced some access to outdoor play and the local community.
- Effective methods of communication ensured parents felt included within their child's day.

However, as a matter of priority the childminder must take action to address the requirements and areas for improvement identified within this inspection report.

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?	2 - Weak
How good is our setting?	1 - Unsatisfactory
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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

How good is our care, play and learning?**2 - Weak****Quality indicator 1.1: Nurturing Care and Support**

We made an evaluation of weak for this quality indicator. Whilst some strengths could be identified, these were compromised by significant weaknesses.

The childminder and children were comfortable in each others company. The childminder was attentive to the children's needs which helped them to feel secure and settled in the service. Positive means of verbal communication ensured daily routines and activities were shared with parents, involving them in their child's day.

Children benefitted from warm, kind interactions from the childminder. They were relaxed and happy in the childminder's company. Parents spoke positively of the childminder's ability to build positive relationships with their children. One parent told us, "My child loves going to Karen, they are so happy to be handed over and have developed a bond with Karen".

We observed meal times for one young child and found this to be relaxed and unhurried. Fresh drinking water was available and accessible to children, encouraging them to remain hydrated. However, we could not confirm if the meals provided by the childminder were healthy and nutritious as the childminder did not have menus or keep a log of foods provided. We asked the childminder to provide parents with allergen information for the foods they provide and suggested that developing a food menu would support them to achieve this.

Children experienced outdoor play and accessed local community parks which offered them time to play and learn through connections to the wider community.

Mandatory information which included how best to support children's daily routine, interests and preferences had been gathered prior to the child attending. However, this information had not been reviewed as children's needs changed. Personal plans were not in place and as a result, children's holistic wellbeing needs were not always being met. The childminder should develop personal plans for all children in their care, ensuring they reflect children's individual health, welfare and safety needs. Personal plans must be reviewed inline with legislation (requirement 1).

The childminder had developed a policy for the management of medication taking account of some aspects of current best practice guidance. However, we found that the childminder was not complying with their policy and that their medication practice was not safe. For example, we found that one child's medication had expired and that parental permissions had not been sought prior to medication being administered. We require the childminder to improve their medication practices to ensure children's safety and wellbeing (requirement 2).

Quality indicator 1.3: Play and learning

We made an evaluation of weak for this quality indicator. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Children had few opportunities to lead their play and learning. There was little choice of activities and children did not experience learning that was sufficiently challenging for their stage of development. For example, we saw that felt pens were available, however there were no other opportunities for artistic play or to develop literacy skills. There were no opportunities for children to practice numeracy skills or explore their own interests. The childminder should review the activities available to ensure that children access varied challenging experiences which enrich their play and learning.

To promote children's curiosity, inquiry, and creativity the childminder should provide more open-ended, natural resources for children to explore in their play. The childminder should arrange resources in a way that promotes children's free choice and independence to ensure child-initiated play. To support the childminder to effectively engage with children, take account of their views and interests, and to plan, deliver and evaluate stimulating learning experiences, the childminder would further benefit from revisiting, Education Scotland's guidance, 'Realising the ambition: being me' (area for improvement 1).

Requirements

1. By 13 January 2023, the childminder must ensure that each child attending the service has a personal plan in place which reflects their current interests and individual health, welfare and safety needs. To do this, the childminder must, at a minimum:

- a) Review and update personal information held for each child to ensure this is relevant.
- b) Consult parents and children (where appropriate) to agree goals and strategies to support children.
- c) Implement a personal plan for every child attending the service.
- d) Ensure plans are reviewed and updated with parents and children (where appropriate) at least once every six months, or sooner when required or requested in line with legislation.

This is to comply with Regulation 5 (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also 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. By 25 November 2022, the childminder must ensure that medication is stored and administered safely, in line with Care Inspectorate's guidance, 'Management of medication in daycare of children and childminding services'. To do this, the childminder must, at a minimum:

- a) Review and update their medication policy to ensure this is reflective of Care Inspectorate's guidance.
- b) Ensure parental permission is sought prior to administering medication to children.
- c) Ensure that when medication has been administered to children, accurate records are maintained and recording formats include all necessary information as outlined within Care Inspectorate's guidance.

d) Ensure that medication is stored safely in line with Care Inspectorate's guidance and that the storage space where non refrigerated medication is stored is free from unnecessary clutter and is organised to reduce the likelihood of cross contamination.

e) Implement a procedure for monitoring medication stored on the premises to ensure medication is suitable for use. For example, ensuring medication has not passed its expiry date.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

Areas for improvement

1. To ensure children experience a broad range of stimulating and challenging play experiences that promote their curiosity, inquiry, and creativity, the childminder should improve their approach to planning for, implementing and evaluating children's play and learning experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31).

How good is our setting?

1 - Unsatisfactory

We made an evaluation of unsatisfactory for this quality Indicator. Major weaknesses were present in critical aspects of performance, which required immediate action to improve experiences for children.

We were not satisfied that the childminder had appropriate infection control procedures in place to support a safe environment for children and we identified serious concerns in this area. These included:

- Cleanliness and clutter throughout the premises.
- The kitchen surfaces were littered with food waste, dirty crockery, electrical items and medication which did not support foods to be prepared safely.
- Personal care was not carried out safely in a way that supported children's privacy or dignity and personal protective equipment (PPE) was not worn.
- Soiled nappies were stored inappropriately indoors at the rear entrance to the property in close contact to foods.
- Cross infection risks during hand drying.
- Storage of children's personal items on the staircase presented a trip hazard for children accessing the upstairs toilet.

This meant that there was the potential for children to come to harm due to the spread of infection. These issues must be actioned to ensure children's safety. On the second day of the inspection some improvements had been made, however, the childminder must ensure this is maintained to provide a safe environment for children (requirement 1).

The childminder told us they were aware of reducing risks to children, however, we found that there were no written risk assessments for the service or for outings, compromising children's safety. We require the childminder to develop risk assessments for all areas of their home and community accessed by minded children (requirement 2).

The childminder should consider a more suitable secure place to store children's personal information to ensure this is adequately protected. Children's records could not be located on the first day of our inspection which risked unauthorised access to children's personal information. In addition, the childminder should develop a privacy statement outlining how they plan to gather, store and share personal information lawfully and they should register their service with the Information Commissioner's office (ICO). Relevant best practice Guidance relating to General Data Protection Regulation (GDPR) can be accessed at the Information Commissioner's Office, available at <https://ico.org.uk> (area for improvement 1).

The childminder had a pet dog that had contact with minded children. We met the dog during inspection and found the dog to be friendly. The childminder should now obtain written permission for children to have contact with the dog, develop a written risk assessment and pet policy taking into consideration aspects of children's safety and all necessary infection prevention and control measures (area for improvement 2).

Requirements

1.

By 25 November 2022, the childminder must ensure that children are cared for in a safe and hygienic environment in line with Health Protection Scotland's, 'Infection prevention and control in childcare settings (Daycare and childminding settings). To do this, the childminder must, at a minimum;

- a) Review and update the service infection prevention and control policy to be reflective of Health Protection Scotland's guidance.
- b) Ensure all areas of the childminder's home environment accessed by children are safe, clutter-free and clean to allow children to independently access the designated areas.
- c) Devise and implement a cleaning schedule which is reflective of section 4 of the noted guidance.
- d) Review, update and comply with the service nappy changing policy to ensure appropriate personal protective equipment (PPE) is worn during personal care routines.

This is in order to comply with Regulation 4(1)(d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This is also to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11) and 'My environment is safe and secure' (HSCS 5.17).

2.

By 2 December 2022, In order to ensure the safety and wellbeing of children, the childminder must demonstrate their responsibility to assess potential risks . To do this, the childminder must, at a minimum;

- a) Develop written risk assessments for the premises and areas of the community accessed by minded children.
- b) Ensure that risk assessments identify potential hazards and what control measure/action will be taken to reduce the likelihood of harm to children.
- c) Ensure risk assessments are reviewed at a minimum of yearly, unless circumstances dictate otherwise.

This is in order to comply with Regulation 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

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

Areas for improvement

1. To protect children's personal information, the childminder should ensure the safe and secure storage of all records. In addition, they should develop a privacy statement outlining how personal information will be collated, stored and shared and register their business with the Information Commissioner's Office (ICO). This will ensure all personal information is managed safely and lawfully.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

2. To ensure the safety of their pet dog and the safety of children, the childminder should;

- a) Obtain written permission for children to have contact with the pet dog.
- b) Develop a pet policy outlining how the childminder plans to meet the pet's health and welfare needs.
- c) Complete a risk assessment outlining all safety and infection prevention and control measures necessary to keep children safe.

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

How good is our leadership?

2 - Weak

We made an evaluation of weak for this quality indicator. Whilst some strengths could be identified, these were compromised by significant weaknesses.

The childminder told us that parents and children were informally consulted on improvements within the service. However, meaningful evaluation and assessment of the service had not taken place. This meant that children and families did not have the opportunity to formally feedback on how well the childminder was meeting their needs, choices and wishes.

The childminder had not undertaken any self-evaluation of the service or identified improvements required since the last inspection. This resulted in gaps in quality of provision, which meant that achieving positive outcomes for children were significantly reduced.

The childminder must familiarise themselves with best practice guidance to enable them to reflect meaningfully on the strengths of the service and areas for improvement. It is important they evaluate what is going well, what needs to be improved and how that will be achieved. The childminder should make greater use of relevant early learning and childcare guidance and become familiar with 'A quality framework for day care of children, childminding and school aged childcare'. This will help support more formal self-evaluation of the service, to inform positive changes to outcomes for children and families (requirement 1).

Children were dropped off and picked up at the front door of the childminder's home. This was practice that had been developed in response to the Covid-19 pandemic. Now that restrictions have eased, and physical distancing measures have reduced, we would encourage the childminder to maximise opportunities to welcome families into their home whilst considering risk to all parties. This would provide an opportunity to strengthen relationships with parents and carers, so that they can work together to meet children's needs (area for improvement 1).

Requirements

1.
By 10 February 2023, the childminder must develop approaches to self-evaluation and quality assurance to ensure the quality of children's care improves. To do this, the childminder must, at a minimum:

- a) Engage in learning that builds capacity for improvement which can be found on Care Inspectorate's 'The hub'.
- b) Evaluate what is going well, what needs to be improved, and how that will be achieved at the service.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also 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).

Areas for improvement

1. To strengthen relationships with parents and carers, so that they can work together to meet children's needs, the childminder should maximise opportunities to welcome families into their home.

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these.

Opportunities for parents to share information with the childminder at pick-up times were available. The childminder shared photographs through WhatsApp which gave parents an insight into their child's time spent with the childminder. One parent told us, "Communication from Karen is perfect, she keeps me updated on my child's daily activities, sends pictures and updates us with any necessary information".

The childminder had undertaken various on-line training opportunities and had support from the Scottish Childminding Association (SCMA). These however, had not impacted on their practice. Children did not receive high-quality engagement and interactions, or a high-quality learning environment and their views were not always sought and taken account of.

Whilst we recognise the childminder had completed some online training, they had not undertaken child protection or first aid training to support them safeguard children. We have asked the childminder to source training and/or self-directed study relating to these topics at their earliest opportunity (area for improvement 1).

The childminder understood their responsibility to provide key information to families and develop policies relevant to their setting. For example, welcome packs were given to new families which meant that families understood the childminders vision for the service. However, we found that the policies to support service delivery had not been reviewed and as the result, vital information was incorrect. For example, within the child protection policy the contact details for the local social work department were inaccurate and that Care Inspectorate's details were inaccurate within the complaints policy. We have asked the childminder to systematically review and update their policies and procedures in line with best practice guidance which can be found on Care Inspectorates 'The Hub' available at <http://www.hub.careinspectorate.com>.

Areas for improvement

1. To ensure children are safeguarded and protected, the childminder should source relevant training and self-directed study relating to child protection and first aid. The childminder should use the knowledge and understanding gained from learning opportunities to review and update the service policies.

This is 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, are able to reflect on their practice and follow their professional and organisation codes' (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.

Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	1 - Unsatisfactory
2.2 Children experience high quality facilities	1 - Unsatisfactory
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.1 Staff skills, knowledge and values	2 - Weak

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