

Taylor, Fiona Child Minding

Glenrothes

Type of inspection:
Unannounced

Completed on:
6 December 2022

Service provided by:

Service provider number:
SP2009974940

Service no:
CS2009230576

About the service

Fiona Taylor operates a childminding service from her home in Glenrothes. Children are mainly cared for on the ground floor, only going upstairs for the toilet facilities. Local amenities can be easily accessed on foot, or by means of a short car journey.

The service is in partnership with Fife Council to deliver funded places.

She is registered to provide;

A care service to a maximum of 8 children at any one time under the age of 16, of whom no more than 6 may be under 12, including no more than three who 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.

No overnight care may be provided.

About the inspection

This was an unannounced inspection which took place on Thursday 01 December 2022 between 12:30 and 14:00. We gave feedback to the childminder on Tuesday 06 December at 17:30. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with two children using the service
- spoke with the childminder
- observed practice and how children's routines were supported
- reviewed documents

Key messages

- The childminder interacted with children in a caring, kind and supportive way.
- The childminder regularly shared information with parents and carers.
- Personal plans for children need to be further developed so they contain more detailed information about how children are supported.
- Self evaluation of the service needs to be further developed.
- The childminder should identify training or learning that would support their continued professional development.

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

We evaluated this key question as adequate, where there are some strengths, these just outweigh weaknesses.

Quality Indicator 1.1: Nurturing care and support

All interactions with children were caring, nurturing and kind. The childminder understood the needs of children and supported them in what they were doing. As a result, children felt secure and safe in their care.

Effective communication with families meant that the childminder worked in partnership with parents. This enabled her to meet the needs of children and promote continuity of care. Parents felt included as information was shared with them about their children on a daily basis. They were also reassured, as they saw what activities children were participating in.

We found that personal plans contained limited information about children. We concluded that most of the information was shared verbally or electronically with parents. Younger children had a daily diary which gave an account of their day. Written personal plans could be more effectively used if they contained information about how children were supported. It would be helpful to include any techniques or strategies that would be used to support children's health, wellbeing and development. Formal reviews should take place at least once every six months as this will help track children's progress, achievements and identify 'next steps' for their continued development. See area for improvement 1.

Children enjoyed a relaxed and unhurried lunch time. They had developed self help skills as they fed themselves. The childminder was mindful of children's developmental stage and ensured they were supervised. We talked to the childminder about using best practice guidance to improve this experience. For example, using plates and involving children in preparing for meal and snack times. Best practice guidance such as 'Setting the Table' would help with this as it outlines how to encourage children in good eating habits.

The childminder had templates in place to record information about medication. They should ensure all information is recorded in line with best practice guidance. They should consult 'Management of medication in daycare of children and childminder settings' for this information. See area for improvement 2.

Quality Indicator 1.3: Play and learning

A range of activities and experiences were provided to promote all children's interests, development and well-being. Children could choose what toys and activities they wanted to play with. They used their imagination as they played with dolls and small world figures. The childminder's positive interactions supported children as she encouraged them in what they were doing and recognised their achievements.

The local community was used to support children's experiences. For example, going to toddler group, local parks and places of interest promoted opportunities for children to explore the natural environment, develop their physical skills and confidence on large equipment as well as learn social skills. Photographs showed the range of activities children were involved in. Information shared in younger children's diaries outlined how they benefited from activities and identified 'next steps'. The childminder should improve planning

approaches to demonstrate more fully children's learning and development. For example, noting why the activity was offered and the benefits and outcomes for children. Observation should be used as a way to assess children's progress and identify 'next steps'. See area for improvement 3.

Areas for improvement

1. The childminder should further develop the use of children's personal plans so it is clear how they are being supported. Information about techniques or strategies used should be included. Reviews should take place at least six monthly and record children's progress and identify next steps that will support their continued development.

This is to ensure I experience high quality care and support that is right for me and is consistent with the Health and Social Care Standards which state that 'My personal 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 ensure all relevant information is recorded if a child requires to be given medication while in their care.

This is to ensure I am fully involved in all decisions about my care and support and is consistent with the Health and Social Care Standards which state that 'If I need help with medication, I am able to have as much control as possible. (HSCS 2.23).

3. The childminder should develop their approach to planning so it is child centred and supports children's learning and development. Using observations will help assess children's progress and enable 'next steps' to be identified for their continued learning and development.

This is to ensure I experience high quality care and support that is right for me and is consistent with the Health and Social Care Standards which state that 'I am supported to achieve my potential in education and employment if this is right for me. (HSCS 1.27)

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where there are some strengths, these just outweigh weaknesses.

Quality indicator 2.2 - Children experience high quality facilities.

Children were cared for in an environment that was homely and welcoming. We saw that areas used by children were safe and hygienic which meant they could play safely indoors. Children had access to the kitchen for meal times and washed hands in the bathroom upstairs. The lounge and hall offered them space to play. Toys and games were stored at children's level so they could freely choose what they wanted to do. The availability of activities were suitable for the children being cared for.

Risk assessments templates had been sourced to identify and minimise any hazard. While some elements were relevant, they need to be fully personalised for the childminder's setting. For example, including information about family pets. They also need to be updated when any change happens. At the inspection, children were not able to use the back garden as it was not fully safe. This needs to be reflected in risk assessments and reviewed as necessary.

The childminder used the community to extend children's experiences. To ensure children's safety, risk assessments should be developed for outings. Where needed, individual risk assessments for children should also be in place. See area for improvement 1.

Areas for improvement

1. Risk assessments in place should reflect the service provided and take account of any changes within the environment. These should include trips and outings and any individual needs of children.

This is to ensure I experience a high quality environment if the organisation provides the premises and is consistent with the Health and Social Care Standards which state that 'My environment is safe and secure'. (HSCS 5.17).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 3.1: Quality assurance and improvement are led well.

The childminder's values were evident in the warm, sensitive interactions observed throughout the inspection.

The childminder mainly used informal ways to evaluate the service. Families felt involved as their views informed the care provided as regular communication was in place.

The childminder had reviewed some elements of the service provided. This had enabled them to identify areas for development which were included in an action plan. This system could be used more effectively used to make improvements. Through discussion, the childminder explained plans they had to improve the garden area. This needs to be captured in a more formal way so the impact and outcome for children can be evaluated. To monitor progress, we asked that this is included within the improvement plan.

Policies and procedures should be personalised for the service. The childminder should ensure all information needed is included. For example, in the safeguarding policy, contact details of local agencies should be added. Policies should be dated when they are reviewed, updated or introduced.

We also talked about best practice guidance that would support this process. For example, Realising the ambition and accessing information on the Care Inspectorate Hub. In addition to best practice guidance, the childminder was aware of A quality Framework for Daycare of children, childminding and school aged childcare. This should be used to help reflect on what is going well and identify areas to further develop. See area for improvement 1.

Areas for improvement

1. The childminder should continue to develop quality assurance by implementing more formal systems that enable quality of the service to be evaluated. Gathering parents and children's views should be part of this process. This will help identify any areas for improvement that will improve outcomes for families.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standards which state that 'I benefit from a culture of continuous improvement, with the organisation having a robust and transparent quality assurance processes. (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where there are some strengths that need to be built on.

Quality Indicator 4.1 – Staff skills, knowledge and values.

The childminder had a welcome pack which informed parents about the service provided. Regular contact with parents and effective communication meant they felt involved as their views informed the care provided.

The childminder had built positive relationships with families which had created a warm and welcoming ethos within the service. Parents were able to share information and give feedback through daily chats and electronic platforms. This enabled responsive care for children as the childminder could take account of children's changing needs.

Children benefited from a kind, caring and consistent approach towards them which helped them feel secure. The childminder had a good understanding of children's needs and personalities. As a result, they provided experiences that supported children in their play and learning. For example, children learned to socialise when they attended toddler group.

The childminder had completed food hygiene and child protection training. They also sourced information to support a child's health needs. We talked about how best practice guidance could also support professional development as they reflect current practice and would support the development of the service. Training or learning should be evaluated so it is clear the impact it has for children's learning and development. See area for improvement 1.

Areas for improvement

1. The childminder should continue to identify training and current best practice guidance that will help their professional development and promote the development of her service so children have positive outcomes.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standards 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 organisational 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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate

How good is our setting?	3 - Adequate
2.1 Quality of the setting for care, play and learning	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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