

# Little Rainbows Childminding Child Minding

AYR

**Type of inspection:**  
Unannounced

**Completed on:**  
18 January 2023

**Service provided by:**  
Natalie Rodger

**Service provider number:**  
SP2021000186

**Service no:**  
CS2021000302

## About the service

Natalie Rodger provides a childminding service, which operates as Little Rainbows Childminding, from her home in a residential area of Ayr, South Ayrshire. The childminder is registered to provide care for a maximum of six children up to the age of 16 years, of whom no more than three shall not yet be attending primary school and of whom no more than one is under 12 months of age. Numbers are inclusive of the childminder's own children.

The service is close to the local primary school, shops, parks, and other amenities. The children are cared for in the living room and have access to an enclosed garden. At the time of our inspection the erection of a garden building was nearly complete. This will enhance the physical space and range of resources available for children.

## About the inspection

This was an unannounced inspection which took place on 11 January 2023 between the times of 13:15 and 14:30. Following the visit on 11 January, the childminder provided information via email and had a discussion with the inspectors using information technology on 16 January. Feedback was provided on 19 January.

The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service, and intelligence gathered since registration.

In making our evaluations of the service we:

- spoke with two children using the service
- observed practice and daily life
- reviewed documents.

## Key messages

- The childminder had developed positive relationships with children and their families.
- The childminder made good use of the local community to extend children's experiences and learning.
- Personal plans should be developed for all children.
- Infection prevention and control arrangements should be reviewed and improved.
- The range of toys and resources readily accessible for children to choose from should be reviewed and improved.
- The childminder should develop self evaluation processes to ensure continuous improvement of the service.
- The childminder should engage with ongoing training and 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 strengths supported positive outcomes for children but key areas needed to improve.

### 1.1 Nurturing care and support

The childminder was caring and nurturing with children in their care and interacted with them warmly. Children were provided with cuddles and reassurance and had clearly developed positive and close relationships with the childminder. One parent told us that the childminder knew their child well and that their child looked forward to spending time with the childminder.

The childminder ensured children's dietary needs and preferences were respected. The lunch experience was relaxed and unhurried and the childminder chatted to the child. This resulted in a positive and social experience for children. We asked the childminder to familiarise themselves with the Care Inspectorate's guide to choking to help ensure children's safety and wellbeing.

Whilst some information was recorded for all children, not all children had personal plans in place and information had not been reviewed within the required timescale. There was not enough detail recorded about how children's needs would be met or how they would be supported to achieve their potential (**see area for improvement 1**).

The childminder had a medication policy and had administered medication. Overall, this was in line with best practice which helped ensure children's safety and wellbeing. We asked the childminder to ensure that the time medication was to be administered was clearly recorded on the permission form.

The childminder ensured children's sleep routines reflected their individual needs and parents' wishes. There was, however, potential to improve arrangements in order to fully promote children's safety and wellbeing to support their overall development. We asked the childminder to promote children sleeping comfortably on a flat surface, where they could choose their sleeping position and to ensure regular supervision.

### 1.3 Play and learning

The childminder made good use of local groups and community resources. This provided children with regular opportunities for play and learning through connections to their own and wider community. This enhanced their experiences.

The childminder told us that she planned the range of resources and experiences based on children's interests. A parent told us that they felt their child was offered a range of activities, from indoor to outdoor activities, which has had a very positive impact on their development. The childminder told us about the progress children had made. However, there were limited approaches in place to evaluate children's progress and achievements. Where plans were recorded, these did not consistently demonstrate an understanding of child development or current theory. For example, expectations of children's learning and how this would be supported were not appropriate to their stage of development (**see area for improvement 1 and area for improvement 1 in 'How good is our staff team?'**).

## Areas for improvement

1. To support children's wellbeing and development, the childminder should develop personal plans for all children registered to attend her service. Personal plans should identify how the childminder plans to meet children's needs and should be reviewed with children and parents at least every six months or sooner, where required.

In developing personal planning processes, the childminder should refer to the 'Guide for Providers on Personal Planning Early Learning and Childcare' which can be found on the Care Inspectorate's Hub.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where strengths supported positive outcomes for children but key areas needed to improve.

## 2.2 Children experience high quality facilities

The childminder's home was comfortable, clean, and furnished to a high standard. Children were confident moving around which showed they felt secure and valued. Whilst the home had enough space for children to play and express themselves freely, the childminder had built and planned to use an outdoor playroom to offer children more choice. We consider that this will be a positive development in addition to the space in the house which will continue to provide children with the nurturing, homely setting.

The childminder had completed basic written risk assessments. These showed some considerations of risks in the home and garden. The childminder recognised that these were limited and did not always reflect practice and planned to further develop them. This will help ensure children's safety.

During our visit there was no provision for handwashing in the kitchen. This limited opportunities for good hand hygiene, as the childminder and children would have to go upstairs to the bathroom to do so. Personal care arrangements did not fully reflect best practice guidance. Arrangements to ensure children's privacy and dignity, and infection prevention and control, should be improved (**see area for improvement 1**).

During our visit to the childminder's home there was a limited range of toys and resources readily accessible. This limited children's ability to make choices and lead their own learning. The childminder told us that she had previously had more available but had been concerned about children pulling the storage unit over so had removed it. Following our visit, the childminder sent us a photograph of the reinstated storage unit and toys. Whilst this was an improvement, the range should be further developed (**see area for improvement 2**).

## Areas for improvement

1. To limit the risk of the spread of infection and ensure children's privacy, safety, and wellbeing, the childminder should improve infection prevention and control practice.

To support this the childminder should refer to relevant guidance and amend policies and procedures to

reflect this and share these with parents.

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

2. To support children to follow their own interests and extend their play, learning, and fun, the range of toys and resources that they can independently access should be developed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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); and 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes, and choices' (HSCS 5.23).

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate, where strengths had a positive impact for children but key areas needed to be improved.

### 3.1 Quality assurance and improvement are led well

The childminder was working within the conditions of her registration. Appropriate insurance cover was in place and some policies and procedures were shared with parents.

The childminder had done some consultation with parents to find their views on the service she provides and future plans. They had not yet undertaken any self evaluation linked to best practice guidance or relevant frameworks to recognise what they do well and identify areas for improvement in practice and experiences for children. This meant that some areas for improvement had not been identified, which impacted on outcomes for children (**see area for improvement 1**).

The childminder had developed some relevant policies related to their service. We discussed the importance of reviewing these regularly to ensure they reflect best practice and up-to-date guidance. We asked the childminder to develop policies relating to nappy changing, potty training, promoting positive behaviour, and personal planning. These should be shared with parents to promote their understanding of what to expect from the service. To support the childminder, we signposted them to a range of resources available on the Care Inspectorate's Hub.

### Areas for improvement

1. To improve practice and outcomes for children, the childminder should develop ways of evaluating the service. To support this process, the childminder should refer to the Health and Social Care Standards (HSCS) and the Care Inspectorate's 'A quality framework for daycare of children, childminding, and school-aged childcare' and regularly access and refer to best practice documents that we have signposted the childminder to.

This is 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); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance policies' (HSCS 4.19).

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate, where strengths had a positive impact on outcomes for children but key areas needed to improve.

### 4.1 Staff skills, knowledge, and values

The childminder had developed positive relationships with children. We observed kind and caring interactions between the childminder and children, which supported them to feel comfortable and secure.

The childminder had undertaken some basic training during their registration process and in a previous job role. They should now source and undertake professional development opportunities to support and extend their knowledge. This will support them to develop an understanding of how to effectively support children to develop and learn. This would further support the childminder to reflect on their own practice and the development of their service (**see area for improvement 1**).

### Areas for improvement

1. To promote consistently positive outcomes for children, the childminder should develop their knowledge and understanding of their role and responsibilities. This should include, but is not limited to, becoming familiar with best practice relating to first aid, child protection, infection prevention and control, food hygiene, loose parts play, medication, safe sleep, and the 'Realising the Ambition' document.

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 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](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



## 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 ਵਿੱਚ 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.