care inspectorate

Barnes, Tessa
Child Minding

Perth

Type of inspection:
Unannounced

Completed on:
26 January 2023

Service provided by:
Tessa Barnes

Service provider number:
SP2004939503

Service no:
CS2004079664

HAPPY TO TRANSLATE

About the service

Tessa Barnes provides a childminding service and is registered to provide a care service for a maximum of eight children up to the age of 16.

The childminder uses their home for the provision of the service. The house is in a small village of Forgandenny. The children are cared for in the kitchen- dinning area, the hallway and have access to a downstairs bathroom. Children also have access to an enclosed rear garden.

About the inspection

This was an unannounced inspection which took place on 19 January 2023 between 16:00 and 18:30. 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, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with nine people using the service and five members of their family
- spoke with the provider
- observed practice and daily life
- reviewed documents.

Key messages

The childminder was not adhering to their conditions of registration and was caring for more children that she was registered for, this placed children at risk. We will be undertaking some monitoring visits to ensure the childminder maintains their registered numbers.

The childminder provided a flexible service to meet the needs of children and families

Children were engaged in their play and interesting art and craft experience's

The childminder was committed to supporting children in a warm and caring environment

Children were at the heart of the service and were cared for by a childminder who knew them and their families well

We observed warm, caring interactions with children

The childminder highlighted that paperwork and training was not a strength, we supported them by signposting best practice documents and publications that would support continuous improvements

Self-evaluation systems should be developed to improve outcomes for children

The childminder should consider how they formally gather the views of the children and their families and use this information to support continuous improvement

The childminder now needs to address and action improvements identified at the last two inspections.

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?	4 - Good
How good is our leadership?	2 - Weak
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 only just outweighed weaknesses

1.1 Nurturing care and support

The childminder was caring, warm and kind to the children. They were comfortable in each other's company and the childminder was sensitive and respectful with their interactions. The childminder knew all the children very well and could confidently talk about their individual likes, dislikes and strengths, we found the childminder and the children had formed positive relationships and were having fun together. The childminder told us that children were at the heart of their service, which meant children were cared for by someone who they had developed trusting and secure relationships with.

Effective systems were not in place to ensure the childminder had up to date information recorded about each child and their individual needs. For example, not all children had a personal plan and there were inconsistent approach's to reviewing plans regularly. The childminder was not aware of key information for some children such as emergency contacts and doctors' details which potential puts children at risk. Before the inspection had been concluded, the childminder had a plan in place for most children attending, including emergency contacts and doctor's details. This area of improvement has been identified at the last two inspections and needs the childminders attention to ensure improvements are made. Having an awareness of children's individual needs and preferences is valuable in enabling the childminder to support children's overall wellbeing, development, and progress. **(See area for improvement 1)**

Children sat together round a large kitchen table and confidently invited us to sit down with them, so they could share their experiences at the childminders home with us. Snack time was sociable and unhurried; however, children's choices, and opportunities to prepare and serve their own foods were limited. Children were provided with a choice of a jam or peanut butter sandwich; however, we found this had been the sandwich choice offered at the last two inspections. One child told us, 'It's always the same stuff at snack time, sometimes the biscuits change'. We discussed with the childminder best practice publications, 'Food Matters and Setting the Table' to support them with providing nutritional food and to enhance the children's snack time experience.

Effective up to date protocols were not in place should medication administered not be affective. The childminder told us that one child had medication with them which they managed independently. The childminder was knowledgeable on the procedure should the medication not work. However, this protocol had not been formally put in place in partnership with the child's family. This has been identified at the last two inspections and had not been progressed and needs the childminders attention. We signposted best practice guidance, 'Management of medication in daycare of children and childminding services' to support them with the safe management of medication. **(See area for improvement 2)**

1.3 Play and learning

The childminder effectively ensured all children were provided with play experiences that captured their interests. They asked each child what they would like to play with and provided them with their choices. While children did not have direct access to resources, we found they were engaged and confident in their play and creative activities. We suggested ways in which the childminder could enable children to independently access resources which would result in children having more ownership over choice and

leading their own play further.

Children benefitted from resources and play experiences that provided curiosity, developed and challenged their thinking, problem solving and language and numeracy skills. We found children deeply engaged in interesting art activities and the children were keen and proud to show us their art books. The childminder was complimentary of children's efforts and achievements as they played which contributed to children feeling valued and respected.

Children did not have free flow access to the garden, due to a condition on the service's registration certificate. This meant that all children went out into the garden at the same time. A child told us, 'We like to all go out together as games are better'. Additionally, they walked to the childminders home after school, across a large field within the local community. One child told us, 'I like walking from school, we play the freeze game'. This approach contributed to positive health and wellbeing experiences and provided children with good opportunities to be active while outdoors.

The childminder did not have information that supported her to evaluate children's progress and development. We discussed ways in which the childminder could develop systems to effectively support children's play and learning. As the children were older and attending school, we suggested that they identify a new skill they would like to learn while attending the service and how this could be recorded within their personal plans. This would support and enable the childminder to track children's progression and development. **(See area for improvement 1)**

Children's successes and achievements were shared verbally with families regularly at pick up time. Parents commented that they liked the relaxed approach, one parent told us, 'I'm not worried about observations and paperwork, it's not the kind of care we are looking for from Tessa'.

Areas for improvement

1. Children should be supported to reach their full potential through effective personal planning. The provider should develop personal plans for each child which captures key information, the child's developmental progress and identify next steps in learning. This is to ensure that children's needs are planned and met, and children are kept safe. To achieve this, plans should:

- set out how children's needs will be met
- record a skill or developmental goal and track and record how children have progressed
- be put in place within 28 days of a child starting at the service
-include emergency contact and doctors' details in case of an emergency
- be reviewed every six months or more often if the child's needs change
- be shared and updated with children, parents, and carers.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'As child, 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 support children's health and wellbeing, the provider should update and implement their medication policy and procedure in line with current guidance. This should include but not limited to, putting in place an effective medical protocol and a timely system to review and update medical protocols in partnership with families.

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

How good is our setting? 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

2.2 Children experience high quality facilities

Children were cared for in a welcoming and warm environment and had access to the ground floor of the childminders home, which included the hallway, kitchen, dining room and toilet. This provided children with ample space to play, we saw children play cooperatively together setting up domino lines on the hallway floor. The childminder provided the children with mats and rugs which ensured they were comfortable and warm when playing games on the floor.

The childminders home was clean, well-furnished, and provided children with a homely environment in which to play and relax. Children sat together round a family dining table and were able to participate in interesting craft activities and challenging board games. The contributed to children feeling at ease and comfortable in the setting.

Children's wellbeing was promoted through effective infection control practices. Good infection control measures were in place to ensure children had access to an environment that was safe and clean. For example, the childminder gave the children gentle reminders to wash their hands when coming back from school and before snack time. This contributed to children feeling safe and secure.

Children were provided with a safe environment as the childminder had documented potential risks and put measures in place to reduce risks within the home and outdoor environments. Children confidently told us how the childminder kept them safe walking to and from school each day. This promoted children's awareness of how to keep themselves and others safe when out within their community.

How good is our leadership? 2 - Weak

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

3.1. Quality assurance and improvement are led well

The childminder was not operating within their conditions of registration. This compromised children's safety, and it may have invalidated their insurance. The childminder addressed this immediately, however, this has been the second time, we have found the childminder has not been operating within their terms of registration by caring for more children than they are registered for. The childminder must now ensure that they work within and always maintain their conditions of registration to ensure children are kept safe. We will be undertaking some monitoring visits to ensure the childminder maintains their registered numbers **(See requirement 1).**

As the childminder was not providing high quality care, we discussed submitting a variation to decrease the number of registered children from eight to six children under the age of sixteen. The childminder was not

responsive to this; however, the quality of care and support needs to improve to enable the childminder to safely provide a service with positive outcomes for eight children under the age of sixteen.

The childminder confidently told us about the values of their service, and it was clear that the service she provided met these through warm, caring interactions and positive relationships. However, families were not provided with clear, up to date information prior to starting at the service. Some policies and procedures were shared, we found these contained limited information and did not fully explain or underpin the service the childminder was providing. We discussed the importance of families having clear expectations of what to expect from the service. This has been identified at the last two inspections and needs the childminders attention to support continuous improvement of the service **(See area for improvement 1).**

The childminder had not undertaken any self-evaluation processes to recognise what they do well and identify areas for improvement which would support improving outcomes for children and their families. This has been identified at the last two inspections and needs the childminders attention to support continuous improvement of the service. There were no systems in place to formally gather and record the views of the children and their families in service development. The childminder was unable to give us any examples of improvements made through consultation with children and their families. The childminder should consider ways in which views can be gathered and how this information can be used to influence positive change in the service provided.

The pace of change to improve the quality of care and support and overall outcomes for children and their families was slow. At the previous inspection four areas for improvement were identified and these have not been actioned or met. The childminder failed to submit an action plan detailing how they planned to address these improvements.

The childminder highlighted to us that paperwork and training was not one of their strengths. To support them with continuous improvement we signposted a range of resources available on the Care Inspectorate Hub. For example, the bitesize sessions on medication, personal planning and quality improvement. Expectations in relation to children's care and support in early learning and childcare are set out in the Health and Social Care Standards and the Care Inspectorate's: A quality framework for daycare of children, childminding and school-aged childcare. These provide robust frameworks to support reflection and continuous improvement for childminder settings. We suggested the childminder consider these documents and the areas of improvement identified within this report to improve outcomes for children and their families.

Requirements

1. By 8 March 2023, the provider must comply with their conditions of registration detailed on their certificate to ensure children are kept safe by maintaining their registered numbers.

This is in order to comply with section 64(1)(b) and (3)(a) of the Public Services Reform (Scotland) Act 2010.

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

Areas for improvement

1. To support children and families in what to expect from the service and to inform and improve practice the provider should review and update their policies and procedures in line with relevant best practice documents.

This is to ensure 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? 3 - Adequate

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

4.1 Staff skills, knowledge, and values

Children benefited from positive relationships with the childminder who was kind and responsive in her approach. We found children's rights were promoted through the childminder's calm manner which enabled children to feel valued and secure.

The childminder demonstrated they were committed to meeting children's care and support needs in partnership with parents, the parents we spoke to held the childminder in high regard. Their comments included, 'Tessa is good with advice, and knows the dynamics of our families', 'Tessa doesn't just have our children, she supports us with family issues to', 'We couldn't do without Tessa'.

Children and their families would benefit from the childminder having a better understanding of their role and responsibilities. Attending training and undertaking professional reading is key to assisting the childminder in providing a quality service and improving outcomes for children. Before the inspection was concluded the childminder had completed their First aid and Child protection training. No additional training to enhance the quality of the service and develop the childminders skills and knowledge had been undertaken. We have asked the childminder at the last two inspections to access further training and undertake professional reading to improve the quality of the service provided. This is yet to be actioned. There is a need to develop their approach to continuous professional development to ensure improvements in practice secure improved outcomes for children over time **(See area for improvement 1).**

We have provided the childminder with information on key documents that would support her to improve as detailed under key indicator 3.1. Quality assurance and improvement are led well.

Areas for improvement

1. To promote positive outcomes for children, the provider should develop their knowledge and understanding of their role and responsibilities. This should include, but not limited to, becoming familiar with best practice documents and undertake professional reading to support high quality play experiences and outcomes for children.

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)

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

To ensure children are supported to reach their full potential, the childminder should develop personal planning which captures children's developmental progress and identify next steps in learning. This is to ensure that children's needs are planned and met. To achieve this plans should:

- set out how children's needs will be met
- record how children have progressed
- be put in place within 28 days of a child starting at the service
- be reviewed every six months or more often if the child's needs change
- be shared and updated with children, parents and carers.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that; 'as child, 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 9 March 2022.

Action taken since then
There were no personal plans in place for some children attending, those that did have a plan in place did not contain emergency contact details or doctors details for some of the children. these plans had not been reviewed with families. This area for improvement will be carried on within this report.

This area of improvement has not been met

Previous area for improvement 2

To ensure children receive the correct medical treatment at the appropriate time, the childminder must put in place an effective medical protocol procedures and timely system to review and update medical protocols.

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

This area for improvement was made on 9 March 2022.

Action taken since then
Medical protocols were not in place. This area of improvement will remain within this report.

This area of improvement has not been met.

Previous area for improvement 3

To ensure children experience a service that is based on current best practice, the childminder should develop her skills and knowledge through broad training, self-directed reading and developing awareness of

good practice documents.

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' (HSC 4.11).

This area for improvement was made on 9 March 2022.

Action taken since then

The childminder had not undertaken any training or self directed reading since the previous inspection. Child protection and First aid training was accessed and passed before the inspection was concluded. There is a need to develop their approach to continuous professional development to ensure improvements in practice secure improved outcomes for children over time, therefore this improvement will remain within this report.

This area of improvement has not been met.

Previous area for improvement 4

The childminder should update policies and procedures regularly to ensure that children are cared for in a service that is well managed and takes account of best practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have the confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 9 March 2022.

Action taken since then

Families were not provided with clear, up to date information prior to starting at the service. This has been identified at the last two inspections and needs the childminders attention to support continuous improvement of the service.

This improvement has not been met.

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?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak

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

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