

# Little Smurfs Childminding Services

## Child Minding

Inverness

**Type of inspection:**  
Announced

**Completed on:**  
17 April 2023

**Service provided by:**  
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**Service provider number:**  
SP2015986973

**Service no:**  
CS2015337659

## About the service

Little Smurfs childminding service is registered to care for a maximum of six children at any one time under 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.

Little Smurfs Childminding Service operates from her flat in a quiet residential area of Inverness, close to local parks and amenities. The minded children have access to the ground floor only, with use of a bathroom, lounge and kitchen. There is also an enclosed garden at the back of the property.

## About the inspection

This was an unannounced inspection which took place on 15 March and 11 April 2023. Feedback was given on 17 April 2023. 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 children using the service,
- reviewed email communication from parents and carers,
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents.

## Key messages

Children experienced warm and caring interactions towards the children.

Children experienced a welcoming, home from home environment that supported them to feel safe and comfortable

There were limited approaches in place to evaluate children's progress and achievements.

The childminder had developed positive relationships with parents and carers and worked in close partnership

The childminder did not have a good understanding of child protection and the skills needed to refer a child to social services if a concern arises

The childminder was not familiar with best practice guidance and did not use this to support the development of her service.

The childminder should consider how they formally gather the views of the children and their families and use this information to support continuous 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?	4 - Good
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 only just outweighed weaknesses.

### 1.1 Nurturing care and support

Children attending the service were happy, settled and relaxed in the care of the childminder. The childminder was caring and kind to the children. Children were nurtured and supported throughout their daily experience. Strong relationships had been formed between the children and the childminder. This resulted in children feeling safe, secure and comfortable in the setting.

There was a welcoming atmosphere for children and parents/carers. Children benefitted from a childminder who was very responsive to their needs and wants. We saw that children's interests and requests were responded to immediately, with requests for activities and games being acted upon by the childminder. The childminder played with children and joined in with their fun. Together they laughed and children enjoyed sharing experiences with the childminder.

The childminder knew children well which supported her to meet their care needs. Basic information was recorded in personal plans, however, these had not been regularly reviewed and updated with parents. Effective systems were not in place to ensure the childminder was kept up to date to children's changing needs. As a result, we were not confident the childminder had accurate and up to date information regarding each child and their needs. The childminder had made no progress in ensuring personal plan information was in place to support her to meet children's needs. We signposted the childminder to 'Guide for Providers on Personal Planning: Early Learning and Childcare'. The childminder should also consider how she observes and records children's progress and development. This should include identifying some next steps in learning with links to how she organises play that will challenge children and support their next steps. This would support the childminder to use information about the children to develop strategies to support positive outcomes for children.

**(See area for improvement 1).**

Children experienced sociable and homely mealtimes. All children sat at the dining table to eat, to contribute to children to feel included with their peers. This contributed to strengthening children's social connections and developing their speech and language.

We looked at medication protocol and procedures within the service. Although the childminder had a good knowledge of the medical procedures there was no formal documenting of medical procedures which would ensure children were safe. We recommended her to have relevant medication forms in place. **(See area for improvement 2).**

There were effective systems in place to record and share accidents and incidents. We reminded the childminder to follow best practice guidance 'Records childminding services must keep and guidance on notification reporting' to ensure any necessary notifications are shared with the Care Inspectorate at the appropriate times.

### 1.3 Play and learning

At the time of inspection, the childminder only provided after school care. Children attended the service for a short period of time each day. Children were able to lead their own play, choosing where and what they played with, supporting their independence.

Children were engaged in their play throughout the session. We saw children smiling, chatting and laughing as they took part in a wide range of activities, including painting, arts and crafts and playdough. This supported children to extend their imagination, learning, and spark curiosity in their play experiences.

The childminder interacted with the children in a responsive nurturing way, providing praise and encouragement during an arts and craft activity. The childminder demonstrated some skill in supporting numeracy and literacy development. The childminder was focusing on literacy by reading and speaking to the children in Polish. One parent told us, "my child likes to play with Justyna and other children they go play in the park, paint, draw, do gymnastics and go see places, I also really like the fact she speaks Polish to my daughter". This effective support contributed to children being respected and valued in the service.

Various toys and resources accounted for the minded child's age and stage of development and learning. Resources included arts and crafts, board games, small animals, sorting toys, and a range of books. However, there was limited use of open ended, natural play resources to promote curiosity and enquiry indoors. There was a reliance on plastic resources with limited real-life items. This reduced opportunities to develop children's creative potential. The childminder should consider introducing more open-ended resources and ensure they are well presented to readily provoke interest or curiosity. We suggested that she has a look at the loose parts toolkit to develop this further and enhance children's development and learning through loose parts play. This would support children to develop their problem-solving skills and spark curiosity in their play experiences. **(See area for improvement 3).**

Planning was mainly child led and children were able to choose what they wanted to do. We discussed ways in which to further develop planning. For example, gathering and recording children's ideas would support them to feel respected and included.

## Areas for improvement

1. To contribute to children's care, support and learning needs being met, the childminder should ensure individual personal planning processes are consistently used. This includes, but not limited to ensuring:

- a) children have up to date information that reflects their current needs.
- b) children are supported to reach their full potential through observation and capturing children's progress and learning.

**This is to ensure that care and support is consistent with the Health and Social Care Standard (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) and**  
**'My care and support meets my needs and is right for me' (HSCS 1.19).**

2. To contribute to children's care needs being met, the childminder should ensure that medication is safely managed with appropriate medical forms in place and this is in line with best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

3. To offer children opportunities to be creative and imaginative, open-ended and natural resources should be available to choose from.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity'. (HSCS 2.27).

## How good is our setting?

## 4 - Good

We evaluated this key question as good. We found several strengths that impacted positively on outcomes for children and clearly outweighed areas for improvement.

### 2.2 Children experience high quality facilities

The childminder's home was cosy, welcoming and provided a homely environment for the children. The childminder's home was relaxed and safe for the children to explore and play allowing them to feel safe and comfortable. The children made use of all the available space and confidently moved around each area of the house. A range of toys were available for the children to choose from inside as well as the outdoor area.

Children's interests were extended by using community resources. Going to local parks, swimming, trampolining and woods meant they benefitted from exploring their abilities and the natural environment. This contributed to children having opportunities to be active and lead a healthy lifestyle.

The children had regular access to outdoor play which encouraged them to be active and to develop their physical co-ordination. Children had access to fresh air and energetic play in the fenced off area in the childminder's back garden as well as walks to parks and woods in the area. This promoted children's general health, well-being, confidence and risk taking.

On the day of the inspection, we looked at risk assessments. We suggested that the children should be involved in reviewing the risk assessments for the range of activities and outings they experienced. This would develop their own awareness of managing risk, be responsible and learn about the safety of themselves and others. This would also help them to feel responsible and respected. **(See area for improvement 1).**

During the inspection, children did not wash their hands before sitting down to have their snack. We spoke to the childminder about infection control and the importance of hand washing before meals. We discussed the need for a robust approach to hand washing to minimise the spread of infection and to support children to learn good hygiene habits.

**(See area for improvement 2).**

## Areas for improvement

1. To ensure the environment is safe and secure, the childminder should improve the way she assesses risk to minimise hazards and reduce risk.

**This is to ensure the quality of the environment is in line with the Health and Social Care Standards, 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).**

2. The childminder should improve infection control measures to ensure children are kept safe.

**This is to ensure care and support is in line with the Health and Social Care Standards, 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 leadership?

## 3 - Adequate

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

### 3.1 Quality assurance and improvement are led well

The childminder had established strong and trusting relationships with the families. This allowed for open communication and sharing of information. The childminder stated that she shares information with the parents informally on a daily basis, at drop off and collection times. She provides a flexible and accommodating service for the families she works with. We found she made good use of text messaging to communicate with families. This helped to ensure parents were included in their child's care.

The childminder informed us that they sought the views of children and families using informal methods such as verbal communication. We encouraged the childminder to continue to consult with parents/ children and to ensure where verbal or written feedback has led to the development of the service this is shared with children and families, supporting a culture of ongoing improvement.

There were no systems in place to evaluate the quality of the service and identify areas for improvement. The childminder was unable to give us an example of improvements made which had brought about improved outcomes for the children. We discussed the benefits of using quality audit tools, such as: 'A quality framework for daycare of children, childminding and school-aged childcare', in order to support this and reflect on her service. There was little evidence of effective systems in place to improve areas of service delivery and outcomes for children. Parents and carers should be offered more formal opportunities to provide feedback to the service, for example, by using questionnaires. We suggested that the childminder gave questionnaires to parents/carers and children to identify what's working well, to support improvement in the service and the outcomes for children. **(See area for improvement 1).**

We looked at the childminder's documentation and the childminder kept only minimal documentation to support and underpin her childminding service. We discussed the importance of maintaining and regularly reviewing records, plans and policies to ensure that all documentation is in-line with current legislation and

best practice guidance. We discussed with the childminder how to update her policies and procedures and ensure this is shared with parents. Keeping up to date with best current practice guidance will support the childminder to develop her skills to ensure children receive a quality service. **(See area for improvement 2).**

## Areas for improvement

1. To continue to improve outcomes for children, the childminder should become familiar with best practice guidance and use this to support her approaches to self-evaluation and continuous improvement.

**This is 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).**

2. 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. The childminder should improve systems in place, in order to become more organised.

**This is to ensure the quality of the management is in line with the Health and Social Care Standards (HSCS) which state that:**

**'I use a service that is well led and managed' (HSCS 4.23).**

## 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

During the inspection, we saw that the childminder had kind and nurturing interactions with the children. This contributed to them feeling loved and supported in her care. We found that children responded positively to the support provided by the childminder, and they were given an appropriate amount of time to listen and respond to instructions. Children presented as secure in the care of the childminder.

Parents valued the childminder's approachable manner and shared information on a daily basis. One parent commented " I am very satisfied with the childminder's service. I receive information about our child's daily routine and activities". This created a welcoming ethos and responsive care by sharing information on a daily basis with parents and carers.

The childminder was a member of the Scottish Childminding Association. This provided opportunities developing knowledge and reflecting on practice, contributing to positive outcomes for children. The childminder should now build on this learning by developing a deeper understanding of child development theory, with a particular focus on how children play and learn. This would support an enabling attitude which helps children to reach their potential. Further understanding of best practice guidance would also support children's health, wellbeing and safety. We signposted the childminder to the Care Inspectorate HUB where they can access relevant publications. **(See area for improvement 1).**



On the day of the inspection, the childminder also heated up some lunch for the minded child. We reminded the childminder if she wishes to provide snacks in the service she will need to be registered with the food business and complete her training in food hygiene.

The childminder attended some training recently, for example, first aid and child protection. Even though, the childminder had completed her child protection training, she had limited knowledge and skills around safeguarding and child protection which had the potential to put children at risk. The childminder has completed her child protection training, however, she did not have the skills needed to refer a child to social services if a concern arises. The child protection policy was not updated and reviewed with parents since the last inspection. This did not support positive outcomes for children. **(See area for improvement 2).**

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.

The childminder's focus was that children were happy and having fun within their service. She had already identified some areas for improvement in relation to paperwork which included personal plans. She was keen to make improvements needed.

### Areas for improvement

1. To support positive outcomes for children, effective use should be made of learning opportunities, training and best practice guidance to support the childminder to develop her knowledge and skills. She should use her learning from these to evaluate her service, identifying areas for development which will have a positive impact for the 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).**

2. In order to help protect children from harm, the childminder must ensure that:

a) Child protection procedures are implemented in accordance with national guidance.

b) The childminder has a good understanding of child protection and is clear on their roles and responsibilities.

c) The childminder must ensure she has a clear child protection policy in place and has the capacity to refer a child to social services if a concern arises.

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

## 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	4 - Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

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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