

Innes, Lisa

Child Minding

Dundee

Type of inspection:
Unannounced

Completed on:
2 May 2023

Service provided by:

Service provider number:
SP2004935825

Service no:
CS2003044270

About the service

Lisa Innes provides a service from her home in Dundee. The service is registered to provide a care service to a maximum of six children at any one time under the age of 16, of whom a maximum of six will be under 12, 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.

The service is based in a residential area of Dundee and is close to local parks, schools and other amenities.

About the inspection

This was an unannounced inspection which took place on 26 April 2023 between 08:30 and 11:30. The inspection was carried out by an 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:

- observed practice and daily life
- reviewed documents
- spoke with children and gathered the views of families using the service.

Key messages

- The childminder demonstrated a nurturing and respectful ethos, where children were listened to and valued.
- Children were empowered to lead their own play and learning, with a childminder who was responsive to their needs and interests.
- The childminder should create risk assessments for the playroom and for specific outings, identifying risks and actions taken to reduce these.
- The childminder made very good use of the local community and actively encouraged children's enjoyment of outdoor experiences.
- Infection prevention and control measures should be developed, to maintain children's privacy and dignity during nappy changing and ensuring hands are washed at appropriate intervals.
- The childminder should develop an action plan and self-evaluation processes, to formalise the continuous improvement of the service, using best practice documentation.
- Children would benefit from the childminder participating in mandatory and additional training, to update and develop their knowledge and understanding of best practice.

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?	5 - Very Good
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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality Indicator 1.1 - Nurturing care and support

Children were happy and confident in the childminder's care. They benefitted from secure attachments and enjoyed positive, nurturing interactions from the childminder. Children were given reassurance and were responded to with care and love, as the childminder checked in with children, asking about their feelings and meeting their needs. During interactions, the childminder shared nice eye contact with children, especially the younger child, which valued their voice. One parent commented, 'Lisa is like a second mummy. She is part of our family. We know our son is cared for and happy'. This demonstrated that children felt loved and valued.

Personal plans were in place and these detailed the relevant information required to ensure children's needs were met. They recorded children's health needs, routines and preferences including their likes and dislikes, which maintained children's wellbeing. The childminder shared that they aimed to update these every six months with families. Personal plans and permissions should be signed and dated, by both parents and the childminder, every six months to ensure all information held accurately records children's current needs.

There were currently no children who required medication. Should a child require this, the appropriate forms were in place for consent and administration. This ensured children's health needs were met.

Children's needs were met, as snack was tailored to their wellbeing, as the childminder responded when children shared that they felt hungry. Snack respected children's choices as they were asked what they would like to eat. The childminder sat with children whilst they ate snack, promoting conversation, which developed their social skills. Snack could be further developed, by providing opportunities for children to promote their life skills, by involving them in the preparation of snack. This would develop children's independence skills and further promote positive eating choices.

Quality Indicator 1.3 - Play and learning

Children had opportunities to lead their play and learning. They independently accessed activities, which met their needs and interests. We observed the childminder playing with children and encouraging their language, literacy and numeracy skills through effective questioning. The childminder used ponderings, such as, 'I wonder' and 'tell me about' when interacting with children. As a result, children's critical thinking skills were developed.

Children had fun taking part in a wide variety of play experiences that reflected their interests. The childminder was an active participant alongside children in play, supporting them to engage in a range of activities. Sensitive and skilled interactions were used to extend and challenge children's thinking and learning. For example, when a child showed an interest in exploring money, the childminder challenged them to name numbers, match notes and spoke about adding numbers together. As a result, children were able to progress and achieve.

The childminder demonstrated a sound knowledge of child development and used this to progress children's skills. Nurturing relationships empowered children to feel safe and confident in their play choices. The childminder had an informal knowledge of children's next steps and used these to facilitate play experiences. For example, when playing with stickers, the older child was engaged in looking for the letters of their own and the childminder's name. Younger children were supported, as the childminder copied, repeated and extended their vocalisations, which developed their emerging communication skills. The childminder shared plans to reintroduce formal observations of children's learning and next steps. This would effectively capture children's skills and enable the childminder to provide experiences to progress learning.

The childminder was passionate about providing children with a variety of outdoor play experiences, for example, regular visits to the Gruffalo Park, where children spoke about having fun climbing trees. Parents commented positively on the experiences children had in the community. The childminder made use of wider community resources in accessing the local parks, libraries and meeting up with other childminders. One parent commented, 'She is always providing opportunities for them to be outside. She takes them on trips to the library, which is amazing for all aspects of his development'. This provided opportunities for them to explore a natural environment, developed their confidence when risk-taking and developed a sense of belonging to their community.

How good is our setting?

3 - Adequate

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

Quality Indicator 2.2 - Children experience high quality facilities

A dedicated playroom provided a light, natural, warm, welcoming, and homely environment for the children. Opportunities to promote children's imagination, creativity and curiosity were at the heart of all experiences. There was a balance of wooden and natural resources to develop children's inquiring minds. Spaces, toys and materials reflected children's interests and stages of development. Children had ample space to move around and choose which resources to use to extend their play and learning.

Resources were stored in easily accessible units and containers providing children with choice in play. They were age and stage appropriate and considered the developmental needs of the children in the childminders care. All resources were in a good state of repair and any damaged resources would be removed. As a result, children's choices were respected.

The childminder understood the positive impact that outdoor play had on children's overall wellbeing. The garden area was fully enclosed, secure and offered children access to the outdoors and physical play in all weathers. This ensured children had fresh air and regular exercise, as they learned the importance and benefits of an active lifestyle.

Risk assessments were in place for the home environment. These detailed hazard, risk level and action taken and were reviewed and signed weekly. Risk assessments should now be developed for the new playroom and for specific outings, including the library and parks. During feedback, the childminder shared that they had started to create a risk assessment for the playroom. This would further maintain children's safety (**see area for improvement 1**).

Infection prevention and control measures should be developed to maintain children's health and safety. Children's nappies were changed within the playroom and the childminder used hand gel to clean her hands prior to changing. Children should have their privacy and dignity maintained by being changed in a space which respects this. The childminder should ensure that appropriate measures are in place to support children and the childminder to effectively wash their hands, such as before and after mealtimes. During feedback, the childminder shared that they had started to research possible solutions to support effective hand washing. This would maintain children's health needs and reduce the risk of the spread of infection (see area for improvement 2).

Areas for improvement

1. To ensure children's health, wellbeing and safety are supported in a safe environment, the childminder should create risk assessments for the playroom and specific outings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.19).

2. To maintain children's health and safety, the childminder should promote and embed effective infection prevention and control practices.

This should include, but is not limited to;

- ensuring children's privacy and dignity is maintained during nappy changing
- ensuring effective hand washing takes place at appropriate times, by the childminder and children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I require intimate personal care, there is a suitable area for this, including a sink if needed' (HSCS 5.4).

How good is our leadership?

3 - Adequate

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

Quality Indicator 3.1 - Quality assurance and improvement are led well

The childminder had developed positive relationships with families and told us that information was shared with them informally at drop off and collection times. Families were kept informed about their children's progress, as photographs were shared through conversations and 'WhatsApp' messages. These evidenced the range of experiences that children had participated in. Settling in processes were tailored to meet the needs of the children entering the childminder's care. The childminder recorded observations of these experiences, which ensured they were able to develop a consistent approach to children's care needs.

The childminder should consider developing processes to evaluate the service provided. We suggested self-evaluation processes and an action plan be developed, to highlight any areas for improvement and review the impact of any changes introduced. This would promote the ongoing improvement within the service and provide opportunities for the childminder to reflect on best practice documentation (see area for improvement 1).

The childminder shared that they used questionnaires to gather family views annually. Children's views were informally gathered during their time with the childminder. We suggested developing formal methods to gather children's views, at least annually, to support the development of the service provided. The childminder could feedback any suggestions made from children and families, evidencing how they had actioned their comments. This would embed positive outcomes for children and families, as the service provided would reflect on their needs and wishes. For example, the childminder could involve children and families in redesigning their vision, values and aims. This would provide parents and children with meaningful opportunities to be involved in shaping the provision.

Whilst there were policies in place, there was a need for the childminder to review and update these in line with best practice guidance and documentation. We suggested changes to the child protection and behaviour policy to ensure these reflect current and best practice. The child protection policy should reference the 'National guidance for child protection 2021' and detail types of abuse. An accident and incident policy and a missing child policy should be created to maintain children's safety, detailing procedures the childminder would follow. Effective policies should reflect the service intention and clearly set out the childminder's roles and responsibilities. This would maintain children's wellbeing and safety.

Areas for improvement

1. To ensure that quality assurance processes impact positively on outcomes for children, they should be developed to help identify and inform improvement planning.

This should include, but is not limited to;

- developing self-evaluation processes
- creating an action plan
- seeking children's views
- reflecting on best practice guidance.

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) and 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

How good is our staff team?

3 - Adequate

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

Quality Indicator 4.1 – Staff skills, knowledge, and values

The childminder was kind, warm and responsive in their approach, which enabled children to feel valued and secure. Their respectful interactions supported children's wellbeing and helped build strong attachments with the children in their care. The childminder was knowledgeable of children's home lives and used this to help children feel safe and secure. Children experienced fun and laughter across their interactions with the childminder as they played together. As a result, children experienced nurturing care and support.

Literacy and numeracy were promoted naturally through play at the right stage for each child. The childminder knew children well and supported them to learn skills such as sharing, counting and early literacy skills. Children's social skills were developed as the childminder was an active participant in all play experiences. This meant that learning was taken forward in a meaningful way for children to progress and achieve.

Children were well supervised and the childminder spoke with them about staying safe throughout the inspection. For example, when walking to school, the childminder ensured they could see children and helped them to cross the road safely. As a result, children's safety was maintained.

Mandatory training, including child protection and first aid, had not been completed in some time. To ensure a good knowledge of their role and responsibilities for protecting children and supporting their wellbeing, mandatory training should be completed. This would ensure the childminder was able to confidently respond to any concerns in a timely and sensitive manner. As a result, children's health and wellbeing needs would be met.

The childminder had not attended additional training to enhance the quality of the service and develop their skills and knowledge. This meant that there were some potential gaps in professional knowledge and skills, which could impact the quality of the service. Children would benefit from the childminder attending training to further support their care and support needs. We signposted the childminder to the Care Inspectorate HUB to begin to access relevant training and best practice documentation. Training records should be developed to highlight any training participated in, the impact on practice and children. This would ensure that the childminder's knowledge and understanding was informed, promoting positive outcomes for children **(see area for improvement 1)**.

Areas for improvement

1. The childminder should access mandatory training and current best practice guidance, to develop their professional skills and knowledge and to promote the improvement of the service.

This should include, but is not limited to;

- child protection training
- first aid training
- reviewing best practice documentation and accessing the bitesize videos on the Care Inspectorate HUB
- evaluating the impact of training on their practice, children and families.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very Good

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

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