

Kane, Gail Child Minding

Dundee

Type of inspection:
Unannounced

Completed on:
18 August 2023

Service provided by:

Service provider number:
SP2008971915

Service no:
CS2008186613

About the service

Gail Kane provides a childminding service from her home in Dundee. The service is registered to provide a care service to a maximum number of six children under the age of 16 of whom more than three are not yet attending primary school and no more than one is under 12 months. Numbers are inclusive of the childminder's children. Raymond Kane may assist in the childminding service. Duties will be as designated by the childminder and agreed with parents/carers. Overnight service will not be provided.

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

About the inspection

This was an unannounced inspection which took place on 25 July 2023 between 09:45 and 13:00. The inspection was carried out by an inspector from the Care Inspectorate.

Feedback was offered to the childminder on four separate occasions. The childminder did not engage in this process and therefore the draft report was issued on 22 August 2023.

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
- observed practice and daily life
- spoke with the childminder
- reviewed documents
- we offered families the opportunity to share their views of the service through Microsoft Forms. No feedback was received on this occasion.

Key messages

- Children experienced warm, kind and caring interactions with the childminder.
- The childminder knew the children well and shared strategies in place to support their needs.
- Personal plans must be in place for all children in the childminder's care and detail their wellbeing needs, routines and strategies of support.
- Infection prevention measures should be improved to ensure children's play spaces are clean, free from clutter and uneaten food.
- The childminder and assistant must engage in mandatory child protection training and the assistant must complete comprehensive first aid training.
- A medication policy should be created and procedures should be updated, to outline the childminder's responsibilities in the safe administration of medication, in line with legislation.
- The childminder should review procedures in place to effectively manage their service, to ensure all relevant information is accurate, up to date and follows best practice and guidance.

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. While the strengths had a positive impact, key areas needed to improve.

Quality Indicator 1.1: Nurturing care and support

Kind, caring and nurturing relationships had been formed between the children and the childminder. Cuddles and comfort were shared and the childminder spoke knowledgeably about the children's personal preferences. Children were keen to engage the childminder and inspector in conversations, talking about their experiences. This demonstrated that children were happy, confident and settled in the childminder's care.

The childminder knew the children in their care well, could talk about their differing needs and the strategies they used to support these. We discussed the importance of recording children's information within a personal plan, in line with legislation. This would ensure that the childminder had information readily available to share with other professionals, to support children's transition to nursery or school and to recognise their ongoing progress and development. We highlighted the benefit of this information in providing high quality care and support for children. Personal plans are a legal requirement and a requirement has been made under 3.1. The childminder should also ensure that permission forms are in place for children, for example, to participate in outings and these should be updated annually.

The childminder spoke knowledgeably about children's home lives. We suggested implementing chronologies for individual children, as a method to record any significant events or concerns. This would ensure that children's needs were met and support by a childminder who provided specific care. This would support the childminder to identify, meet and respond to children's wellbeing needs. **(See area for improvement 1).**

Nappy changing respected children's privacy and dignity as they were changed in the bathroom. The childminder asked for the child's permission before changing, which valued their choices. All infection control measures were followed, which reduced the risk of any potential spread of infection. The childminder was nurturing throughout the experience and the child was praised for their achievements.

Children experienced a sociable and relaxed mealtime. They sat together around the kitchen table and were consulted on what they would like to eat. Children's individual likes and preferences were catered for during this time. Snack provision should be reviewed in line with best practice guidance, to ensure that all mealtimes are nutritional and support a healthy lifestyle. Children were observed walking around the childminder's home eating chocolate biscuits, which could have caused a choking risk. We asked that the childminder ensure that children are encouraged to remain seated when eating, to avoid the risk of choking. As the childminder prepared snack and mealtimes, they should review the document, 'Safer food, better business for childminders,' to support them in applying to be a registered food business. We encouraged the childminder to read the Care Inspectorate practice note, 'Keeping children safe: supporting positive mealtime experiences in early learning and childcare settings'. This would support the ongoing development of mealtimes.

Quality Indicator 1.3: Play and learning

Children were mostly having fun playing and interacting with each other. One child told us that they liked playing tennis in the garden. The childminder was knowledgeable of children's interests and suggested one child might like to try and complete a puzzle. The child was observed persevering to fit the pieces together to form the picture. The childminder was down at the child's level, praising their achievements and encouraging them to complete the puzzle. This meant that children had opportunities to progress their interests.

During our visit, we saw children playing an online game on an electronic device. The childminder told us that the child had started to bring their tablet to support the transition from home. We asked the childminder to ensure that they had a clear policy and safety plan in place to allow children to play safely online. This would ensure that there were expectations around the types of games that could be played.

Literacy and numeracy were beginning to be introduced during interactions with the childminder. For example, one child was interested in talking about the colours of objects and the childminder supported this interest. Children were encouraged to count and talk about the shape of the grapes, as they were collected to wash for lunch. As a result, children had opportunities to develop their literacy and numeracy skills.

The childminder shared that children were consulted daily on what they would like to do and mostly enjoyed playing in the garden. They went for walks in the community and played in the local park. This meant that children were able to experience fresh air and active play.

The childminder knew children well and was able to talk about the strategies in place to support individuals. They had an informal knowledge about children's next steps and shared ways in which they support children to progress and achieve. We discussed methods the childminder could introduce to record children's learning and development. This would provide opportunities for children to reflect on their experiences and have their learning and achievements valued. As a result, the childminder would be able to demonstrate children's progress and development.

Areas for improvement

1. To support and protect children's wellbeing, the provider should ensure detailed chronologies are in place to record significant events in children's lives.

This should include, but not be limited to:

- recording information surrounding children's development
- recording information shared from families and other professionals
- identifying concerns or changes in behaviour.

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) and 'I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made' (HSCS 3.22).

How good is our setting?

3 - Adequate

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

Quality Indicator 2.2: Children experience high quality facilities

The childminder's home was spacious and children appeared relaxed whilst in their care. Children could move freely between the kitchen and playroom. The childminder was aware of children's whereabouts and regularly checked on them throughout our inspection. This contributed to children's feelings of belonging and enabled them to make choices about where to play.

Children benefitted from accessing resources freely from drawers or with the support of the childminder. The childminder could consider developing the range of resources available to ensure children's curiosity, exploration and imagination are stimulated. The childminder could review the document, 'Loose Parts toolkit', Inspiring Scotland to support this process. The introduction of natural loose parts play would support the development of children's curiosities and encourage their engagement within open-ended play.

At times, the children appeared distracted and not engaged in play, which led to them interrupting others play. Children were observed to be quite upset during this time and would have benefitted from the childminder modelling positive play with the resources. The childminder should consider the layout of their space and ensure resources engage children's interests. Resources should be reviewed to ensure they are developmentally appropriate for the differing ages of children in the childminder's care. This would support children to feel motivated to play and learn.

The childminder had developed basic risk assessments and these highlighted their role in reducing risks. We discussed how risk assessments could be further developed, to provide a fuller picture of the potential risks, including the level of risk (low, medium or high) and actions taken by the childminder to minimise these. We asked that risk assessments be developed for outings and walks to and from school. Risk assessments should be reviewed at least annually, to ensure they follow best practice and are relevant to the childminder's practice. **(See area for improvement 1).**

The childminder had not recorded any accidents in some time. We reviewed previous accident forms and ask that these be reviewed to ensure they contain the relevant information. This should include the date and time of the accident, specific area of injury and the child's date of birth. Accidents and incidents should be signed and dated by both the childminder and the parent or carer. This would ensure that children's needs are accurately met.

Some effective infection prevention and control measures minimised the spread of infection. Children were observed washing their hands at regular intervals, which included before mealtimes. We observed the childminder use a range of strategies to support children to learn the importance of washing their hands. As a result, children were beginning to understand the need for good hygiene. The childminder should ensure that uneaten food is removed from the play space to continue to maintain a clean place to play. **(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 further develop risk assessments.

This should include, but is not limited to;

- further developing risk assessments for the home
- creating risk assessments for specific outings, such as the park
- creating a risk assessment for walking children to and from school.

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 ensure that children receive care in a safe environment, infection control measures should be improved.

This should include, but is not limited to:

- decluttering surfaces and storage areas so these can be cleaned effectively
- keeping play areas clean, tidy and free from uneaten food.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While 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 aims and objectives in place, which was shared with families. These had not been updated and were no longer relevant to the service provided, therefore we suggested reviewing these. Involving children and families in reviewing the aims and objectives would support them to have their ideas valued and listened to. This would ensure that the aims and objectives were reflective of the service.

Information was shared with families through digital messaging portals such as WhatsApp and messenger. The childminder had not formally gathered the views of families since before their last inspection and shared that they found it difficult to get feedback. We discussed methods the childminder could use to formally gather and record families' feedback, to improve the service. As this was an area for improvement at the last inspection, it has been carried forward. **(See area for improvement 1).**

The childminder did not reflect on or self-evaluate their service. We suggested possible methods to implement to begin to record these and the type of improvement they may record. For example, the childminder would benefit from reviewing the Care Inspectorate document, 'A quality framework for daycare of children, childminding and school-aged childcare'. This would support them to review their practice, to ensure they provide high-quality outcomes for children and identify areas for development. This would also support the childminder to ensure paperwork was reflected on and updated in line with best practice.

The childminder should review the procedures in place to effectively manage their service. This should include ensuring personal plan information is in place for each individual within their care. Personal plans should be created in line with the Care Inspectorate best practice guidance, 'Guide for providers on personal planning. Early learning and childcare'. This would ensure personal plans contain the required information to support children's wellbeing needs. Information should be reviewed and signed at least every six months, with children and families, in line with legislation. **(See requirement 1).**

A medication policy and effective procedures should be created to ensure the safe administration of medication. The policy and procedures should reflect the Care Inspectorate best practice guidance, 'Management of medication in daycare of children and childminding services'. This should be created to share with families the actions the childminder would take prior to accepting responsibility for the administration of medication. This would ensure children's potential health needs were met and accurately supported in line with best practice and legislation. **(See requirement 2).**

Some policies were in place and the childminder shared that these were updated every few years. Policies should be reviewed annually and updated to reflect current and best practice. An accident and incident policy and missing child policy should be created to detail the childminder's actions in the event of either of these. The child protection policy should be reviewed to reflect the 'National guidance for child protection Scotland 2021'. It would be beneficial to sign and date policies as they are updated. This would ensure policies reflected best practice and guidance. **(See area for improvement 2).**

Requirements

1. By 30 September 2023, to ensure children's safety, health and wellbeing, the provider must ensure that children's personal plan information is individual, contains the necessary information and is reviewed at least every six months with children and families.

This should include, but is not limited to;

- ensuring each individual child has their own personal plan
- personal plans detail children's wellbeing needs, strategies in place, routines and next steps
- personal plans are reviewed at least every six months with children and their families.

This is to comply with Regulation 5 (2) (a) and (b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as my 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. By 30 September 2023, to ensure children's health and wellbeing, the provider must ensure that a medication policy and procedures are developed and in place. This is to ensure the safe administration of medication and should detail the actions the childminder will take prior to accepting responsibility for the administration of medication.

This is to comply with Regulation 4 (1) (a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 that I experience is safe and effective' (HSCS 1.24).

Areas for improvement

1. To ensure that families views are valued and acted upon, to support the ongoing improvement of the service, the childminder should develop methods to gather their feedback.

This should include, but is not limited to;

- introducing feedback formats for families and children
- gathering the views of families and children regularly
- sharing feedback with families.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7) and, 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

2. 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
- capturing and improvements or planned developments, in their chosen format
- reviewing and updating policies, at least annually, to ensure they reflect and follow best practice and 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. While the strengths had a positive impact, key areas needed to improve.

Quality Indicator 4.3: Staff deployment

Children benefitted from a warm and caring relationship with the childminder. They were knowledgeable about the children's interests and their home lives. Kind and nurturing attachments had been established and it was apparent, through conversations, that children were comfortable with the childminder. As a result, children were valued.

The childminder shared that the assistant's role was mainly to provide transport to and from school when they were available. We did not observe the assistant's interactions or relationships with the children during our inspection.

Neither the childminder nor the assistant was familiar with current best practice guidance, therefore this was not underpinned in practice. We asked the childminder to consider current practice documents, to develop their knowledge and skills when working with children. This should include, the Care Inspectorate document, 'A quality framework for daycare of children, childminding and school-aged children,' 'Realising the ambition: being me' and the bitesize videos on the Care Inspectorate HUB. This would support the childminder to further develop their knowledge and experience.

Neither the childminder nor the assistant had completed the mandatory child protection or first aid training, which was highlighted at the last inspection. The childminder and assistant must now complete child protection training and comprehensive first aid training. Child protection training should be updated annually. As this was a previous area for improvement at the last inspection, it has now been made a requirement. **(See requirement 1).**

Requirements

1. By 30 September 2023, to ensure that all children are safeguarded from harm and abuse, the childminder must ensure that both they and the assistant have completed training in child protection and comprehensive first aid training.

To do this, the provider must, at a minimum, ensure that:

- both the childminder and assistant complete child protection training and this is updated annually
- both the childminder and assistant complete robust first aid training to maintain the safety of children in their care
- the childminder should review the Care Inspectorate HUB bitesize videos and best practice documentation to update their skills, knowledge and practice.

This is to comply with Regulation 4 (1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

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 support self evaluation that maintains good quality care and learning experiences for children the childminder should develop a quality assurance system that seeks and records views from parents and children using the service and that sources best practice guidance to check policies are kept-up-to date.

National Care Standards early education and childcare up to the age of 16

Standard 14: Well-managed service.

This area for improvement was made on 18 October 2016.

Action taken since then

The childminder had not actively sought the views of families since the last inspection. They had not used best practice guidance to inform their practice and we found policies to be missing and in need of updating. Therefore, this area for improvement has not been met and will be carried forward.

Previous area for improvement 2

To support the childminder to provide care that meets children's needs it is recommended that she undertakes regular training relevant to the role and responsibility of childminding services. This includes child protection training and first aid training.

National Care Standards early education and childcare up to the age of 16

Standard 3: Health and wellbeing.

Standard 12: Confidence in staff.

This area for improvement was made on 18 October 2016.

Action taken since then

Neither the childminder nor the assistant had completed mandatory child protection or first aid training. They had not sourced any other training to inform their practice. Therefore, this area for improvement has not been met and will now become a requirement.

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	4 - 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
4.3 Staff deployment	3 - Adequate

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