

Harvey, Susannah Child Minding

Inverness

Type of inspection:
Unannounced

Completed on:
27 July 2023

Service provided by:
Susannah Harvey

Service provider number:
SP2012984096

Service no:
CS2012311935

About the service

Susannah Harvey is a childminding service situated in the village of Balloch, east of Inverness. The service is registered to provide a care service for a maximum of six children aged under 16 years of age.

The service is situated in a cul-de-sac in a quiet, semi-rural residential area close to local schools, a play park, shop, woods and other amenities. Children are cared for in a living room and kitchen diner and have access to an enclosed, secure garden.

About the inspection

This was an unannounced inspection which took place on 25 July 2023 between 12:10 and 14:00. 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, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- used survey results from one family member of people using the service
- spoke with the childminder
- observed practice and daily experiences
- reviewed documents.

Key messages

- The minded child was cared for by a childminder who interacted with them warmly in a kind, gentle manner.
- Children's care should be supported by the development of personal plans to help ensure that care is relevant, reflects parents' wishes, and supports the needs of children.
- The childminder fostered a relaxed, welcoming family ethos at their service.
- Quality assurance processes should be developed in line with best practice 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?	2 - Weak
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

Quality Indicator 1.1: Nurturing Support and Care

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

Children benefitted from being cared for in a welcoming, relaxed, homely environment. During our inspection only one child was being minded. The child was a friend of one of the childminder's children and they were enjoying catching up after three weeks of school holidays. Interactions with the childminder were warm, kind, calm and caring. It was clear that they knew the child well and were familiar with their routines, likes and dislikes.

The childminder encouraged the child to let her know when they were ready to eat lunch. As an older child, this helped to foster their independence. Lunches and snacks were provided by parents. The childminder told us that they provided some snacks in the form of extra fruit if children indicate they are hungry. Fresh water was available at all times.

Children's care and development were not supported by current personal plans. Children's information had not been reviewed regularly. As a result, children's current preferences and needs had not been recorded. Parents had not had the opportunity to review written information to check it was relevant and supported the needs of their child. We made an area for improvement to support the development of personal planning. (See area for improvement 1)

Quality Indicator 1.3: Play and Learning

Children were supported to lead their play and follow their interests. The children collaborated, making decisions about their play. They had just returned from an independent trip to the local shop and quickly settled to enjoy playing age appropriate video games. The childminder monitored their play and the content of material they accessed on a social media platform, intervening to remind the children about their rules around this. However, there were no measures in place, such as parental controls, to ensure that children could not access inappropriate content. As a result, we made an area for improvement. (See section, 'How good is our setting?')

Children's interests informed after school activities such as playing in the park and football. Some activities were planned for school holiday breaks when children spent longer at the service. For example, a visit to a local dairy for a milkshake tasting experience was planned for the following day. A previous trip had involved geo-caching.

We advised that activities off site must be fully risk assessed. These must be recorded and shared with parents and children so that everyone is aware of procedures and their responsibilities within these. We made an area for improvement regarding risk assessments. (Please refer to section, 'How good is our setting?')

Areas for improvement

1. To effectively support children's care and development, processes for documenting personal plans should be improved. Plans should reflect children's ongoing development and the care they need to ensure the best outcomes. Plans should be reviewed regularly with parents at a minimum of every six months.

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

How good is our setting?

2 - Weak

Quality Indicator 2.2: Children experience high quality facilities

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

Children were minded in a welcoming, homely environment with a family ethos. Spaces accessed by the children were well furnished, comfortable, and clean. Through our online survey the children's parents told us, 'the house is safe and clean; my kids feel completely comfortable to rest when needed.'

Children's health and wellbeing were supported by a childminder who demonstrated an awareness of the importance of infection prevention and control measures. The kitchen dining area was clean and tidy. Worktop surfaces and the dining table were clear and clean. The childminder talked through their routine for wiping the kitchen worksurfaces and table before and after preparing snacks, eating, or baking activities. Anti-bacterial wipes were kept at hand in the kitchen.

Good handwashing routines were in place. Separate hand towels were available for individuals in the bathroom. As the childminder had not undertaken any recent infection prevention control training we signposted them to the NHS best practice guidance: 'Infection Prevention and Control in Childcare Settings (Day Care and Childminding Services).'

Children's safety and wellbeing were supported by some risk assessments of the home environment although not for activities or play off site. The childminder had thought about a number of potential physical risks to children's safety and wellbeing whilst in their home and garden. However, one gap we identified was that there were no appropriate controls in place for the use of digital devices. The childminder told us that there was a verbal agreement with parents about some activities for the older children, such as, walking home independently after school or playing in the park. Risk assessments and associated procedures had not been recorded and shared with parents and children to support a shared understanding about keeping safe and protected for all activities. We advised the childminder they should now extend risk assessments to activities, outings, and after school arrangements as part of being vigilant to potential risks to children. Risk assessments for using digital devices and accessing games or material online should also be included. (See area for improvement 1)

The minded child was playing with the childminder's child in their bedroom. We advised that this was outwith the conditions of their registration. This had the potential to place children at risk as liability insurance would be affected. We suggested the childminder submitted a variation to include this room in their registration conditions. We did not receive a request for a variation to these conditions. As result, we have made a requirement to ensure that the service was compliant with the conditions of their registration. (See requirement 1).

Requirements

1. By Wednesday 27 September 2023, the provider must ensure that children are supported to be safe by only accessing areas on the childminder's premises included in their conditions of registration.

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 and (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 use a service and organisation that are well led and managed' (HSCS 4.23).

Areas for improvement

1.
To support the safety, health, and protection of children, the provider should ensure that appropriate risk assessments are in place.

This should include, but is not limited to:

- a) identifying and removing risks within the setting, and across activities for the whole day so that children are supported to enjoy challenging, fun play experiences and
- b) developing associated policies and procedures to be shared and agreed with parents and older children.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that:

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

How good is our leadership?

3 - Adequate

Quality Indicator 3.1: Quality assurance and improvement are led well

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

Children's experiences and outcomes were not yet benefiting from robust quality assurance processes to support improvement. Appropriate policies and procedures were in place, however, some contained outdated information and practice. We advised that engaging in professional reading of current best practice documents would support self evaluation which focused on improving service delivery for children's outcomes and experiences. (See area for improvement 3)

Older children's safety and wellbeing did not consistently benefit from appropriate risk assessments for activities off site. This meant that there were a number of gaps leaving children potentially vulnerable to risks that could affect their safety and protection. Associated policies and procedures need to be developed along with risk assessments to reflect children's growing independence in play, and their parents' wishes. As part of the quality assurance process, risk assessments should be regularly reviewed with children and parents. (See area for improvement 2 in section, 'How good is our setting?')

The childminder kept up to date with basic training such as first aid and child protection training. This was completed through their role within a national children's organisation. We suggested some basic steps towards including self-evaluation as part of their quality assurance process. This included recording the impact of training on their practice and children's outcomes.

Areas for improvement

1. To support high quality outcomes for children and families, the provider should introduce clear systems to evaluate the service provided.

This should include, but is not limited to, using best practice guidance documents including:

'Realising the Ambition' and 'A quality framework for daycare of children, childminding, and school-aged childcare' to assess the service they provide and identify areas for 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).

How good is our staff team?

3 - Adequate

Quality Indicator 4.1: Staff skills, knowledge and values

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

The child benefitted from the warm, caring relationship the childminder had fostered with them. The child was supported by responsive, compassionate interactions with the childminder. An inclusive family ethos had been created by the childminder. This was sustained by including the minded child on family activities and days out during school holidays. A parent told us the childminder was, 'absolutely amazing; my children are always very happy with (childminder's name) at her home, they feel it's an extension of ours. She talks to them and listens and educates.'

Children's health and wellbeing were supported by a childminder keeping basic, relevant training up to date. They demonstrated that they would be able to take appropriate actions in the event of a child protection concern.

Although experienced, the childminder was not familiar with current best practice guidance documents. They now need to identify more time to engage with some of these documents in order to shape and inform their practice. Suggestions made during the inspection would support the childminder to continually improve their practice to help ensure children receive high quality interactions and experiences.

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?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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