

Draper, Teresa Child Minding

Inverness

Type of inspection:
Unannounced

Completed on:
21 August 2023

Service provided by:
Teresa Draper

Service provider number:
SP2003908999

Service no:
CS2003014483

About the service

The childminder provides a service from their property which is a detached house in the village of Drumnadrochit Inverness-shire. The childminder is registered to care for a maximum of six children up to 16 years of age of whom no more than three are not yet attending primary school and no more than one shall be under 12 months. Numbers are inclusive of the childminder's family.

The service is close to the local primary school, shops, parks and other amenities. Childminding takes place within the outdoor garden area of the property where children have access to an outdoor classroom, toilet and nappy changing facilities and a grassy outdoor area for play. There were three minded children attending the service at the time of the inspection visit.

About the inspection

This was an unannounced inspection which took place on 14 August 2023 between 13:30 and 16:45. 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 and four of their families;
- reviewed email feedback from one family;
- spoke with the childminder;
- observed practice and children's experiences; and
- reviewed documents.

Key messages

- Children experienced warm, caring and nurturing approaches from the childminder which supported their overall wellbeing.
- Children were observed to be having fun and were actively involved in leading their play and learning experiences.
- Play and learning experiences developed children's skills in literacy, numeracy and language.
- Children benefited from direct access to an outdoor space which was welcoming, safe and secure and supported their play experiences.
- Effective and meaningful communication to support family engagement was embedded.
- Self-evaluation processes supported the ongoing improvement of the service.
- Further steps are needed to ensure that infection prevention and control practices are fully embedded in practice and have a positive impact on children's outcomes.

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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

4 - Good

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

Quality Indicator 1.1: Nurturing care and support

Children experienced warm, caring and nurturing approaches from the childminder which supported their overall wellbeing. Strong attachments were evident between the children and the childminder and they were comfortable, confident and happy in their care. When children required support with personal care, interactions throughout were warm and caring and nurtured children's security and confidence.

Personal planning information was in place for all children and contained important information that supported meeting children's needs. For example, details about their interests, health and likes and dislikes. The childminder spoke with parents regularly about the individual needs of children. This approach supported effective communication and consistency of care for children. Parents commented positively about the support their children had received from the childminder to develop aspects of their care such as independence with toileting and adjusting to a new baby at home. One parent said: "We have the opportunity to speak with Teresa about XXXX's needs and development at collection time. She knows XXXX well and is always able to tell us if she notices anything new going on with them, equally we always have the opportunity to tell her about anything we have noticed. She is reassuring when we have had concerns and organises activities and educational toys that she knows they will like and benefit from." As a result, children received the care that was right for them and tailored to their individual needs. The childminder has systems in place to review care plans every six months or as required. Some information about children's care needs was not up to date. We discussed ensuring that care needs were updated as well as other personal information at these times.

We did not observe lunch or snack during the visit, as the children had eaten lunch before the inspection started. The childminder shared that children are often involved in the preparation of snack by chopping fruit and veg and that she used mealtimes to create a sociable experience where children could relax and chat with each other. Fresh water was available throughout the afternoon and children were encouraged to remain hydrated. We signposted the Care Inspectorate ELC mealtime practice note to support the childminder with the ongoing and development and review of mealtime experiences for children.

The childminder understood the importance of sleep for children's overall development, and sleep routines were reflective of children and families' individual needs and wishes. However, arrangements for younger children to rest did not always promote good and safe sleeping habits. We discussed reviewing their sleep policy to ensure the childminder fully considered their approach in supporting and meeting children's sleep needs.

Children were kept safe as the childminder had a clear understanding of their role and responsibilities in safeguarding children. The childminder was confidently able to describe steps they would take if they had a wellbeing or safeguarding concern. This contributed to children's wellbeing and safety.

Quality indicator 1.3: Play and learning

Children were observed to be having fun and were actively involved in leading their play and learning experiences. Children were provided with a range of activities that supported their play and learning and were able to choose from a selection of toys and play equipment, that mostly met their stages of development and interests. For example, we observed children engaged in water play as well as using small world people and animals to create imaginary play experiences. The childminder scaffolded learning at these times with sensitive interactions which promoted children's curiosity and creativity. As a result, children were meaningfully engaged in their play. To enhance children's experiences further, we discussed developing and extending open-ended and loose parts resources for all children and including more heuristic play resources for younger children. We signposted best practice guidance 'Growing my potential: Promoting safe, responsive, nurturing care and learning experiences and environments for babies and young children aged 1 and 2 years' and the 'Loose Parts Play toolkit' to support the childminder with the ongoing development of the service.

Play and learning experiences developed children's skills in literacy, numeracy and language. There was a range of mark making materials available for children as well as a good selection of books. The childminder used play experiences to reinforce counting skills and model new vocabulary for younger children. One parent commented on the development of their child's skills since starting in the service: "His speech has come on amazingly, she's brilliant at chatting about colours and numbers." Another parent commented: "She is also confident in introducing him to and teaching him new things and he often comes home with new words or songs or dances he has learnt with Teresa." These experiences supported children to learn key skills through play.

Planning approaches were informal but took account of children's needs and interests. Children's interest in learning about life cycles was carefully facilitated by the childminder who provided resources for the children to incubate hens' eggs to the hatching stage. Children commented: "Cock-a-doodle-doo" and "they crack". This provided opportunities for quality learning experiences through a context which was interesting and meaningful to the children. Observations of the children's development were recorded and shared with families through an online messaging app. All families commented positively on the information they received about their child's development and learning. We spoke with the childminder about reviewing the systems for documenting the planning and assessment of learning to support children's progress and provide further opportunities for children to reflect on, revisit and consolidate their learning.

Children's play experiences were enhanced by regular visits to the local community. Weekly visits to the local toddler group as well as meeting up with other childminders helped to promote children's social skills and develop their confidence.

How good is our setting?

4 - Good

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

Quality Indicator 2.2: Children experience high quality facilities

Children benefited from direct access to an outdoor space which was welcoming, safe and secure. The childminder had developed the outdoor space within their garden to provide facilities for children to play outdoors all day at most times of the year. During the inspection all play was facilitated in the outdoor

space. This space included a sheltered classroom area with toilet and nappy changing facilities, an area for eating, a stove and space for resources and play equipment. The outdoor space also included areas for climbing, digging, planting and growing vegetables and flowers and looking after hens. This ensured children had ample space for their needs and gave a strong message to them that they mattered.

Children had access to a range of resources to support their development and learning. These included construction objects, jigsaws, access to painting and mark making tools, role play and small world resources as well as sand and water play. Resources were organised and easily accessible for children which promoted children's independence and confidence.

Children's health and wellbeing was supported with regular opportunities for outdoor play. They participated in daily walks in the community as well as visiting the local playpark and woods. The enclosed back garden contained a range of resources including some loose parts to promote children's creativity and curiosity as well as areas to climb, slide and run which supported children's physical development and overall wellbeing.

There were some infection prevention and control procedures which supported a safe environment. For example, we observed the childminder using the appropriate personal protective equipment when supporting children's personal care. However, within the outdoor classroom there was a lack of warm water to support effective handwashing and the use of a curtain to cover the entrance to the toilet area had the potential to increase the risk of the spread of infection. Further steps are needed to ensure that infection prevention and control practices are fully embedded in practice and have a positive impact on children's outcomes (see area for improvement 1). Following the inspection, the childminder proactively shared steps taken to ensure warm water was available for handwashing and future plans were shared to improve the covering for the toilet entrance area.

Areas for improvement

1. To ensure and protect the health, wellbeing and safety of children, the provider should review the infection prevention and control practices in the service. To do this, the provider should, at a minimum, ensure:

- a) warm water is in place for handwashing at all times: and
- b) the facilities to cover the entrance to the toilet area are improved.

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

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

How good is our leadership?

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 3.1: Quality assurance and improvement are led well

The childminder provided a warm and welcoming service, helping children feel loved, safe and secure. They meaningfully engaged with families and children, and asked for feedback about the service through informal chats and most recently through an online questionnaire. This helped the childminder to reflect on the

needs of the children and make changes to support them. One parent shared that the childminder had consulted families about most effective ways to communicate key information. This resulted in online communication being developed instead of a paper based diary which families reported was easier to access and helped them understand and share important information about their child's individual needs. Another parent told us, "We feel Teresa provides a service we would struggle to find elsewhere. She has created a space which the children love and which is beneficial to their developmental needs. It is evident XXXXX views Teresa's as an extension of his home and it wouldn't be an exaggeration to say he sees Teresa as part of his family. We don't consider there to be any improvements Teresa can make to her service.". As a result, families were kept well informed and their views were included in influencing changes within the service.

Effective and meaningful communication to support family engagement was embedded. Children's play experiences and achievements and other important information was shared with parents through a variety of methods. These included phone calls, text messages, emails and face to face discussions. Policies and procedures were in place to keep children safe and support their health and wellbeing. These were shared with parents prior to starting at the setting and were regularly reviewed. This helped the childminder to maintain clear and effective communication which supported families to feel valued and respected.

The childminder clearly strived to ensure that high quality learning through play was at the heart of improvement planning. Self-evaluation processes supported the ongoing improvement of the service and the childminder regularly accessed professional learning opportunities to support the implementation of improvements. For example, the childminder took part in a series of online sessions as part of virtual nature school training. As a result, the childminder developed more meaningful child-led play experiences outdoors and gained confidence using floorbooks to document children's progress. This demonstrated a commitment to develop practice and supported positive outcomes for children. We discussed recording the impact of changes on outcomes for children to further support self-evaluation and a continuous approach to improvement.

How good is our staff team?

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 4.1: Staff skills knowledge and values

Children experienced warmth, kindness and compassion in the responsive interactions we observed with the childminder. This supported the development of strong relationships with the children. The childminder understood what children needed to help them grow and develop, and responded to their needs in a caring manner. This helped children build good attachments and positively supported their wellbeing.

The childminder recognised the importance of maintaining their skills and knowledge in keeping children safe and protected. They had attended online food hygiene training as well as practical paediatric first aid training. In addition to core learning, they had completed further training through online professional learning opportunities, to develop skills and knowledge around supporting children with an additional support need and safeguarding. The childminder used the knowledge gained from these professional learning opportunities to reflect on practice and improve experiences for children. We discussed ways the childminder could document the impact of professional learning on children's experiences.

The childminder was a member of the Scottish Childminding Association and had supportive links with local childminders. This provided opportunities for sharing ideas, developing knowledge and reflecting on practice, contributing to positive outcomes for children.

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?	4 - Good
1.1 Nurturing care and support	4 - Good
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?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good

How good is our staff team?	5 - Very Good
4.1 Staff skills, knowledge and values	5 - Very Good

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