

Alissa's Childminding Child Minding

St. Andrews

Type of inspection:
Unannounced

Completed on:
5 October 2023

Service provided by:
Alissa Orr

Service provider number:
SP2019990998

Service no:
CS2019378432

About the service

Alissa Orr is referred to as the childminder in this report. They are registered to provide a care service to a maximum of 6 children at any one time under the age of 16, of whom no more than 3 are not yet attending primary school and of whom no more than 1 is under 12 months. Numbers are inclusive of children of the childminder's family.

The service is provided from the childminder's home within a residential area of Leuchars, close to local shops, parks and other amenities. The areas used to provide the service were the downstairs of the home and enclosed rear garden.

About the inspection

This was an unannounced inspection which took place on Wednesday 4 October 2023 from 09:30 to 12:00. The inspection was carried out by one inspector from the Care Inspectorate. Feedback was given on Thursday 5 October 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:

- spent time with the children
- Received questionnaire responses from two parents
- observed practice and daily life
- reviewed documents.

Key messages

- Children experienced nurturing, caring support from the childminder.
- Children benefitted from positive relationships with the childminder who is warm, friendly and dedicated to providing children with engaging and positive experiences.
- The childminder made good use of local facilities; this helped children feel included in their community.
- The environment was very well resourced, welcoming and homely.
- The childminder should ensure that all family members who live at the home have relevant checks in place.
- The childminder should ensure appropriate insurance is in place for the service and displayed.
- The childminder should ensure that all relevant permissions are in place for the administration of medication.

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?	3 - Adequate
How good is our staff team?	4 - 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 children's outcomes and clearly outweighed areas for improvement

Quality Indicator 1.1: Nurturing care and support

The childminder's interactions with children were calm, nurturing and caring. When children became upset, she gave them cuddles or offered reassurance. This meant that children were valued and respected. The children were supported by a caring individual that spoke with passion about the children in her care.

The childminder spoke confidently about each child that she cared for and clearly knew them well as individuals. One parent told us, "I feel like I am dropping my child off with a family member each morning. The setting feels nurturing, welcoming and safe every day." This supported children to feel safe, secure and valued.

The childminder spoke with parents regularly about the individual needs of children. This approach supported effective communication, consistency and continuity of care for children. As a result, children received the care that was right for them and tailored to their individual needs.

The childminder had a good understanding about the importance of children having opportunities to explore the local community. There were regular trips to groups in the local community centre. One parent told us, "They take them to various groups and on days out." This approach enriched children's learning and supported them to form links with their community.

Systems for recording medication were in place, including parental permissions, storage information and records of administration. We found that for some children, the appropriate forms were not filled out by parents. The childminder should ensure that their policies and procedures are followed robustly and are in line with best practice guidance 'Management of Medication in Day Care and Childminding Services'. This would further ensure children's individual medical needs are met (area for improvement 1).

Quality Indicator 1.3: Play and learning

The childminder had a good understanding of child development; for example, they had a wide range of stories which were age and stage appropriate. They celebrated children's successes and spoke passionately about how they had supported children to achieve their next steps in learning. The childminder recorded children's individual next steps and reviewed these with parents. As a result, children were supported to reach their full potential.

The childminder had a good understanding of children's rights. She respected children's choice by asking them what they would like to play with. The childminder listened to how children communicated with them, both verbally and nonverbally. They were able to pick up on children's cues. For example, when a child walked over to the window area, they knew the child wanted to go outside. This meant that children were respected, valued and listened to.

The childminder ensured children experienced a balance of fun, high quality, planned and spontaneous play experiences. Appropriate experiences were developed which supported children's learning and development through play; for example, the childminder had a variety of natural resources available. There were scarves and wooden resources for the children to explore. As a result, children were having fun as they learned.

The childminder had developed a floor book to document children's learning and experiences. Children were happy to look at these experiences with us on the day of inspection. The experiences highlighted trips to the aquarium and local community centre. This provided children with regular opportunities to socialise with other children and learn in the community.

Areas for improvement

1. The provider should ensure children's individual health and wellbeing needs are met by ensuring that medication policies and procedures are in place and in line with best practice guidance.

This is to ensure 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).

How good is our setting?

4 - Good

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

Quality Indicator 2.2: Children experience high quality facilities

The childminder had created a warm, comfortable, welcoming and homely environment for children to play and relax in. One parent told us, "Alissa provides a wide range of toys and activities to help with both our children's development." Another parent told us, "It is like a home away from home." This showed children were valued and that they mattered.

The childminder ensured that children had ample space to move around, play and learn in. Toys and resources were easily accessible for children and were reviewed based on the children's ages and current interests.

Children had access to interesting resources; there was a basket with loose parts that they could explore. Children were laughing and having fun with these resources and playing games with them. As a result, children's developing curiosity and problem solving were well supported. We encouraged the childminder to continue with their plans to develop the garden to reflect the well developed environment inside.

The childminder's home was bright, clean and well maintained. Mostly appropriate infection prevention control measures were in place. The childminder used wipes to clean children's hands before lunch. We suggested the childminder wash children's hands before snack. This would further ensure the risk to spread of infection to children was minimised.

Children benefitted from lots of fresh air and exercise, playing outdoors in the childminder's garden. Children chose when they wanted to go outside.

This meant that they were able to choose where they wanted to learn.

Risk assessments were in place for indoors, outdoors and outings. These highlighted some hazards and mitigations. The childminder was aware of risk and used risk assessments well to support children's play. We suggested that some risk assessments be further developed to ensure they effectively highlight all hazards. This would further ensure children are safe as risks would be managed appropriately.

How good is our leadership?

3 - Adequate

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

Quality Indicator 3.1: Quality assurance and improvement are led well

The childminder recognised the importance of effective communication with parents. Parents felt well informed about the service and trusting relationships had been built between families and the childminder. One parent told us, "Alissa is a wonderful childminder, she keeps us fully informed about our children." This meant that parents were valued and included in the service.

The childminder had recently begun using the Care Inspectorate's "A quality framework for daycare of children, childminding and school-aged childcare" to evaluate their service. This highlighted their strengths and areas for improvement. One parent told us, "Alissa is a wonderful individual who is always open to suggestions, she knows my children extremely well and their individual needs." The childminder used this information to inform the development of the service. We suggested the childminder now focus on a few improvement priorities at a time. This will ensure that improvements are manageable.

Some quality assurance systems were in place, such as systems to ensure care plans and policies were updated regularly and registers for children that attended were maintained. This meant that children benefited from the care that was right for them.

Evidence of appropriate insurance for the childminding service was not in place or available on the day of inspection. To ensure children are protected from harm, the childminder must ensure that appropriate insurance is in place and that documents can be accessed during opening hours (see requirement 1).

Appropriate checks had not been completed by the childminder for all adult members of the household that were over the age of 16. We asked the childminder to notify the Care Inspectorate of any adults which were over the age of 16. The childminder took action and notified us. To ensure the safe guarding of children, the childminder must ensure that all adults aged 16 years or over at the registered address have completed checks (see requirement 2).

Requirements

1. With immediate effect, to ensure children are safeguarded, the childminder must ensure that relevant insurance coverage and documents are in place and can be accessed during operating hours.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. With immediate effect, to ensure children are effectively safeguarded, the childminder must ensure that robust checks have been completed for all adults aged 16 years and over at the registered address.

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

This is to ensure that children are safeguarded whilst at the service and is consistent with the Health and Social Care Standards which state: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

How good is our staff team?

4 - Good

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

Quality Indicator 4.1: Staff knowledge and skills

The childminder was warm, kind and caring which ensured children felt valued, loved and secure in their setting. One parent told us, "Alissa is a fantastic childminder and I feel incredibly fortunate that we found her. She is playing a hugely significant role in my child's life." They were nurturing in their care and had formed strong attachments with the child and family. Parents told us, passionately, about the positive relationships that had been formed with the childminder. This meant that families felt valued.

The childminder placed children and their families at the heart of her work and was committed to supporting children to be happy and confident individuals. They engaged with children in a responsive, and respectful manner which supported their self-esteem and confidence. They had fun and were laughing together as they played games. The childminder promoted positive behaviour by role modelling kind words and friendly engagement with children. As a result, children felt listened to and respected.

The childminder had focused on reviewing best practice guidance to inform their approach. For example, they spoke confidently how they used safe sleeping guidance to inform their practice. This supported the childminder to reflect on their own practice and highlight areas to improve. We encouraged the childminder to continue to access further relevant training. This would ensure children benefit from a childminder who continues to develop their own knowledge and skills (continued recommendation, rewritten as area for improvement 1).

Areas for improvement

1. To ensure children receive high quality care from skilled staff, the childminder and assistant should access regular training to ensure continuity of care for children.

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).

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

The childminder should continue to identify training and current best practice guidance that will help their professional development, support the development of the service and promote positive outcomes for children.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standards 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).

This area for improvement was made on 1 June 2022.

Action taken since then

Action taken on this area for improvement has been written in the report under Quality Indicator 4.1: Staff knowledge and skills. This area for improvement was not met and has been rewritten.

Previous area for improvement 2

The childminder should develop the quality assurance systems to evaluate their service, using best practice guidance documents which will help identify what is going well and areas for development. Parents' and children's feedback should be gathered as part of this process.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standards which state that 'I benefit from a culture of continuous improvement, with the organisation having a robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 1 June 2022.

Action taken since then

This area for improvement as been met.

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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.1 Staff skills, knowledge and values	4 - Good

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