

Peek a Boo Child Minding

Glasgow

Type of inspection:
Unannounced

Completed on:
18 October 2023

Service provided by:
Shehla Gul

Service provider number:
SP2018990231

Service no:
CS2018370991

About the service

Peek a Boo Childminding Service is provided from the childminder's home in the Govanhill area of Glasgow. The service is close to local schools, nurseries, shops, parks, woodland, public transport links and other amenities. The children have access to one room, the room was used to support various activities including: snacks, rest, sleep time, and play and learning. The service was located within a flat on one floor. Children had access to the toilet area to support their personal care.

The childminder is registered to care for a maximum of six children at any one time up to 16 years of age, of whom no more than three are not yet of an age to attend primary school and of whom no more than one is under 12 months. The number of children being cared for are inclusive of children of the childminder's family. At the time of inspection, there was one minded child being cared for.

About the inspection

This was an unannounced inspection which took place on 17 October 2023. 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 one child using the service and one of their families;
- spoke with the childminder;
- observed practice and daily life; and
- reviewed documents.

Key messages

- Children experienced nurturing care which supported them to feel happy and confident.
- The childminder had implemented personal planning process for minded children.
- Good communication and positive relationships supported families.
- The childminder should make improvements to managing infection, prevention and control for minded children.
- The childminder should implement robust risk assessments that support safety.
- The childminder should formalise their approach to improvement planning.
- The childminder should plan time to take part in training that enhances their skills and knowledge, including becoming familiar with current 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?	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, where strengths only just outweighed weaknesses.

Quality indicator 1.1 Nurturing care and support

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

There was one minded child attending the service on the day of inspection along with the childminder's own children. We noted children were nurtured and supported throughout their daily experiences. Parents who provided feedback agreed "I am confident the childminder is nurturing and responsive to my child's needs." The childminder had developed a strong relationship with the minded child, and responded to their needs sensitivity in line with their personal preferences and routines.

The minded children's families were providing their own snacks for their child. The childminder spoke about the importance of healthy eating with parents before they started the service. A healthy eating policy was in place and was shared with parents. This meant snacks and meals provided were nutritious for children, and in line with best practice guidance.

The minded child had a personal plan in place. The current child's plan was completed prior to the child starting the service. The childminder told us they would complete these for all children as the service expands. The personal planning format was informed by best practice guidance and included the key information linked to wellbeing indicators: safe, healthy, achieving, nurtured, active, respected, responsible, and included to support the care of the minded child. Parents who provided feedback agreed "I am fully involved in my child's care, including developing and reviewing their personal plan." The childminder should continue to update personal plans as children's needs, preferences, and routines change.

The childminder told us children attending the service had not yet required medication. The childminder had a medication policy in place, was aware of the Care Inspectorate's medication guidance, and had a medication proforma ready if a child attending required this. We asked the childminder to consider a safe place where medication would be stored, so they were ready to accept and store medication safely to support children's care.

Quality indicator 1.3 Play and learning

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

The minded child enjoyed their time with the childminder and had fun during their play. They accessed a range of toys which interested them and promoted their choice. We discussed with the childminder about developing a wider range of toys that would support children of all ages and stages of development who may access the service.

Toys and resources were easily accessible to the child in floor areas and on low shelves. We observed the minded child independently choosing toys that interested them. The toys available helped develop the child's fine motor skills, language, and numeracy skills.

We discussed with the childminder the benefits of providing open-ended and natural materials that can stimulate children's curiosity, exploration, and imagination. We also highlighted more resources to support children's language and literacy skills such as more books, puppets would be supportive to children. We signposted the childminder to Inspiring Scotland's guidance 'Loose Parts toolkit' that can help the childminder understand and introduce the approach to their setting.

The childminder was gathering observations and photographs of the child at play and sharing these with the family via WhatsApp platform. We discussed with the childminder how they could use their observations of children's play to plan which resources and experiences they provide to offer more challenge for children's play and learning. Photographs and observations could be shared with children to revisit and consolidate their learning, celebrate their achievements, and show their progress. We signposted the childminder to Scottish Government's best practice guidance 'Realising the Ambition: Being me' which provides more information on supporting children's play during different stages of their development.

How good is our setting?

3 - Adequate

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

Quality indicator 2.2 Children experience high quality facilities

The childminder's setting was homely, bright and well-ventilated through open windows.

The childminder told us they were not able to use the back communal space as it was not safe for children due to rubbish being stored here as it waited to be uplifted. To support outdoor play the childminder had made regular use of the local community. One child spoke about the fun they had visiting the local parks. They visited local parks and play areas which helped children to feel part of their community and explore the local environment.

The childminder had a basic risk assessment tick list in place along with a health and safety policy. We found the approach to risk assessing the service should be more formal. The childminder told us they checked the play spaces each day before children accessed the service. We acknowledge the childminder had then chosen to not use the outdoor space after risk assessing but did not have this recorded. During the inspection the childminder's pet cat was free to play around the home. The childminder told us they shared they had a pet with all minded children's parents prior to starting the service. To support children's safety the childminder had placed the cat litter tray and food in an area that were not used for minding, however no formal risk assessment was recorded. We found the approach to risk assessing the service was inconsistent. For example, the bathroom and kitchen spaces had not been effectively assessed for risks. The childminder should update the risk assessment proformas to ensure robust risk assessments are carried out that detail any risk, mitigations, and measures to keep children safe. (See Area for Improvement 1).

We observed the childminder supporting the minded child to eat their snack in the main play space. The childminder sat with the child effectively supervising the child while they ate their snack. We noted the childminder and child did not wash their hands and a clean space was not made for the minded child to have their snack. We spoke to the childminder about making improvements to the snack experience to ensure it was in line with infection prevention and control guidance including, having a surface for the child to eat at, and encouraging effective hand washing.

We identified further Infection, prevention and control (IPC) practices that should be improved. We acknowledged the childminder told us they had routines for cleaning the childminding setting and resources used by children within the main play space, however the bathroom and kitchen area were cluttered, unclean and posed IPC risks to children.

Children should be cared for in a setting with effective IPC to prevent the possible spread of germs and infection that can cause children to become unwell. We signposted them to good practice guidance from Health Protection Scotland 'Infection Prevention and Control in Childcare Settings', which gives advice on effective hand hygiene, how often to clean different areas as well as which cleaning materials to use. (See Area for Improvement 2).

Areas for improvement

1.

To ensure appropriate arrangements for limiting the risk of harm to children the childminder should ensure all minded spaces are safe.

We recommend that the childminder undertakes, and records robust risk assessments that identify risks posed to children, and the mitigations and measures they have put in place to keep children safe. These should include but not limited to all areas used for minding children, garden area, outings, and pets. These should be shared with parents and children, in a way that is appropriate for their stage of development.

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 5.17).

2. The childminder should implement necessary precautions to promote effective infection prevention and control practices within the setting.

To achieve this the childminder should participate in professional development around current guidance on infection prevention and control. Particular attention should be given to hand hygiene at appropriate times and the cleanliness of all the areas of the house including the bathroom and kitchen areas.

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 organisational codes' (HSCS 3.14); and '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, where strengths only just outweighed weaknesses.

Quality indicator 3.1 Quality assurance and improvements are led well

We recognised that while the childminder's service had been registered for more than four years, because of the pandemic and other issues outwith their control they had only recently begun to fully operate the service. This meant the approach to quality assurance and improvement planning was at early stages.

The childminder communicated with parents verbally and by WhatsApp platform. This encouraged their involvement in their child's day and contributed to consistency in children's care. Parents who provided feedback agreed "I am given good quality information about my child's day." The childminder should consider a more formalised approach to involve parents and, where appropriate children further in evaluating the service. For example, asking parents for their suggestions when developing information for prospective users of the service or for ideas on what the service could do better. This would help people feel their views were valued and respected by the childminder.

The childminder had begun to informally reflect on the service they provided and self-evaluate some of the provision. We discussed the value of formal self-evaluation when developing and improving the service offered to children and families. This was the childminder's first inspection and they engaged well with the inspection process, being open to professional discussion and advice offered on how they could make changes that would further support positive outcomes for children. We suggested that the action plan from this report could be used as the basis for an improvement plan, thus demonstrating the childminder's commitment to improving the quality of their service. The childminder should now begin to formally evaluate their service, recording any areas for improvement and considering parents' and children's views and ideas. We signposted the childminder to 'Quality framework for daycare of children, childminding and school-aged childcare', to support them with self-evaluation and continuous improvement of their service. (See Area for Improvement 1).

Throughout the inspection and in this report we have signposted the childminder to examples of best practice documents that can be accessed from the Hub section of our website. These can be used by the childminder to develop their service as well as supporting them to ensure they are aware of key policies and procedures that support children's care, play and learning.

Areas for improvement

1. To support high quality outcomes for children and families, the childminder should develop and formalise the approach to self-evaluation and improvement planning of the service.

To help assess the service they provide and identify areas for development, the childminder should refer to best practice guidance documents such as 'A quality framework for daycare of children, childminding and school-aged childcare' found within the HUB area of the Care Inspectorate website.

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

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

Quality indicator 4.1 Staff skills, knowledge and values

The childminder was warm and caring in their interactions. The childminder was caring towards children and had worked with parents to help children to settle well into the setting. The childminder responded positively to the minded child, offering help and support when needed.

The childminder had sought resources according to children's interests which helped them to feel included. For example, during the inspection the minded child liked to play with the push along cars and playdough, the childminder added more playdough colours and a wider range of cars to support the child's interests. We observed the child enthusiastically engaging with these and enjoying a sense of achievement. This meant children's wellbeing was being supported through compassionate and responsive care.

The childminder understood their responsibilities to support children's wellbeing and keep them safe. The childminder had a child protection policy in place and was clear of the responsibility to report any child protection concerns. The childminder is planning to source child protection training to further support their confidence with safeguarding practices.

The childminder demonstrated an interest to take part in training that would enhance their skills and knowledge. Parent's feedback suggested parents did not know about the childminder's skills and knowledge. The childminder should share any updates with families about new training they have completed, and how this has influenced the service they offer to children and families. The childminder shared they were keen to access more support from the Scottish Childminding Association including current best practice guidance and training opportunities to upskill the childminder. This meant children benefited from a childminder who was reflective in their practice, making plans to take part in training to increase their skills and knowledge to offer a quality service to children and families.

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	4 - Good
1.3 Play and learning	3 - Adequate

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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