

# Wilson, Marion Child Minding

Irvine

**Type of inspection:**  
Unannounced

**Completed on:**  
6 September 2023

**Service provided by:**

**Service provider number:**  
SP2008968250

**Service no:**  
CS2008168792

## About the service

The childminder and their assistant provide a care service for children from their home in Irvine.

While working with an assistant, they provide care for a maximum of seven children at any one time under the age of 16, of whom a maximum of four are not yet attending primary school, and of whom no more than one is under 12 months.

The service is near local amenities, schools and nurseries.

## About the inspection

This was an unannounced inspection which took place on 23 August 2023 between 10:30 and 12:30. 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 four people using the service
- spoke with the childminder
- observed practice and daily life
- reviewed documents.

## Key messages

- The childminder and assistant had built up good, positive relationships with children and families.
- The children were cared for in a warm, welcoming environment.
- The childminder ensured effective communication with parents.
- The assistant should engage in further training to develop their skills and knowledge related to their role.
- The childminder should ensure they are following appropriate infection prevention and control procedures.
- The childminder should ensure they are following best practice guidance in relation to 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?	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

The children were happy and content and the childminder and assistant showed warm, nurturing interactions with children in their care. They were responsive to children's individual needs and offered reassurance, for example, by offering cuddles and positive reinforcement where required. This enabled children to feel safe and secure. One parent commented, "My kids are happy so I am happy as a parent."

The childminder created a warm, welcoming environment which enabled children to feel confident and secure. We observed an example of this with a child recently settled within the setting. When they arrived at the service the childminder used positive body language and facial gestures as they welcomed the child into the setting. The childminder appropriately supported the child to feel safe and engage in play. The child had brought a book of interest and the childminder used language such as, "Do you have a book," and "Let's read it together." The child was then able to happily come into the service and read the book with the childminder and other children.

The childminder ensured effective communication, sharing with parents as they shared a daily diary with parents for younger children and regularly sent images of children engaging in experiences to their parents through WhatsApp. This ensured parents were provided with important information regarding their child's day and experiences they had engaged in. One parent commented, "I like the information I get about my kid's day."

The children enjoyed eating in an unhurried, relaxed atmosphere and were offered a choice of healthy snacks and meals. However, some children chose to eat snack as they walked about or lay on the couch. We discussed with the childminder being mindful of children sitting while eating to prevent choking and ensure they were kept safe.

The childminder respected children's privacy and dignity as they were changed away from where the children play. However, the childminder should ensure they use a wipe down mat when changing children. This will ensure children are kept safe from the spread of infection. **(See area for improvement 1 within 'How good is our setting')**

The childminder had appropriate paperwork in place to record children's medication. However, they should record each administration of medication separately, and we discussed how medication should be stored in individual storage boxes for each child. These should be stored securely. The childminder should update their medication policy to reflect this. This would ensure children were kept safe when administration of medication was required. To support this, we signposted the childminder to 'Management of medication in daycare of children and childminding services' to support them in informing practice. **(See area for improvement 1)**

Children's sleep arrangements did not always reflect best practice. For example, during our visit, children were offered to rest/sleep on the couch or floor. Whilst the childminder was sitting with the child, this did not support the child in sleeping safely. We signposted the childminder to 'Safe Sleep Scotland' guidance available on the Care Inspectorate Hub, and advised that the childminder should use this to support their practice and ensure children are kept safe at rest/sleep times. **(See area for improvement 2)**

The childminder had records in place which detailed children's health and wellbeing needs, however, these were not regularly reviewed or updated with parents. The childminder should ensure these contain relevant up-to-date information relating to children in their care. This would enable the childminder to meet the children's individual needs and ensure they receive the right support at the right time. The childminder had recently implemented written information on key aspects of children's wellbeing, however, the childminder should relate these to children's learning and development and ensure they are reviewed appropriately with parents. **(See area for improvement 3)**

### **Quality indicator 1.3: Play and Learning**

Children were able to make informed choices and had fun as they engaged in play indoors, although they did not have free flow access to outdoor play. Children indicated they wanted to play outdoors on a few occasions, however, this was not acted upon and there were missed opportunities for children to be able to make informed choices in this and develop their interests and preferences.

The childminder supported children using creative approaches in children's play to support and engage children's imaginations and enrich their play and learning. For example, a child was playing with a phone which they gave to the childminder. They then engaged in imaginative play as they pretended to speak to the child's parent which the child laughed at and enjoyed. The child then took the phone and initiated a conversation. This enabled children to develop their language and literacy skills while engaging in an experience of interest to them.

Children were not always appropriately supported to develop and extend learning. The childminder and assistant should ensure they are interacting appropriately to extend children's thinking, widen skills, and consolidate learning. For example, a child was interested in colours and developing their recognition of colours, we discussed with the childminder using language in play experiences to develop children's knowledge in this, and implement open ended questions to develop and enhance children's skills, play, and learning.

Resources were stored appropriately and children could access these independently. Most of the resources available for children reflected their age and stage of development. We discussed with the childminder the benefits of introducing more open ended and natural resources to enhance children's play and learning. To support the childminder, we signposted them to the 'Loose Parts Play: A toolkit' available on the Care Inspectorate Hub. This will help to promote children's curiosity and imagination.

The childminder and children had links to their own and wider communities and discussed taking part in nature walks and attending the local toddler group weekly. This enabled children to develop relationships with less familiar children and engage in experiences within a different context within the local community.

The childminder was aware of children's interests from home, however, we discussed ways of developing and implementing children's interests within the setting to support and challenge learning. For example, a child was interested in doctors and had a doctor's kit at home, but it was not evident how this was supported while at the childminder. Further developing and building on the children's interests within the childminder's environment would support the child to develop their skills and knowledge in a range of contexts.

## Areas for improvement

1. To support children's health and wellbeing, the childminder should:

- a) improve the medication processes within the service to ensure they comply with the Care Inspectorate's guidance, 'Management of Medication in Daycare of Children and Childminding Services';
- b) review and update their medication policy to include the appropriate storage of medication; and
- c) ensure they are recording the administration of medication appropriately, including symptoms displayed, each time medication is administered, appropriate storage of medication, and when medication is no longer in use.

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).

2. To ensure children are safe, the childminder should develop their knowledge and understanding of safe sleeping guidance and use this to inform their practice.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

3. To effectively support children's care and development, 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, every six months.

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

'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?

## 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 setting was comfortable and homely with plenty of natural light and ventilation. The children had ample space to explore resources, as well as rest areas. The indoor and outdoor environments were developmentally appropriate spaces.

There were policies and procedures in place which were shared with parents when children started at the service. However, these had not been updated to reflect current guidance. As a result, the childminder did not always follow best practice to support positive outcomes for children.

The childminder should ensure they are following best practice guidance in relation to Infection prevention and control procedures. This should include supporting children in handwashing at appropriate times, such as; mealtimes, and wiping surfaces appropriately before eating. **(See area for improvement 1)**

Some risk assessments were in place to support reducing risks to children. However, we discussed how these could be further developed to identify potential risks and the measures in place to reduce those risks. This should include a risk assessment for the childminder's pet dog which the childminder was in the process of implementing before the end of the inspection.

Children's information was stored and managed appropriately and appropriate systems were in place to manage electronic information. For example, the childminder shared children's learning with individual parents through the use of WhatsApp. This ensured children's sensitive information was stored and shared appropriately in line with General Data Protection Regulation (GDPR) policy and procedures.

### Areas for improvement

1. To ensure children are kept safe from the spread of infection, the childminder should ensure they are following appropriate infection prevention and control procedures at all times.

This should include, but not be limited to:

- a) effective handwashing;
- b) using a wipeable mat when changing children; and
- c) wiping surfaces with antibacterial spray before eating.

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

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

### 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 well led

The childminder had aims and objectives in place and shared these with parents which promoted a shared vision for the service.

Some policies were in place, however, these were not regularly reviewed and did not support the childminder's practice. We asked the childminder to review these regularly to ensure accurate up-to-date information is included to support them to make improvements. These should be shared with parents. We discussed with the childminder implementing the relevant policies in relation to having an assistant, such as, whistle blowing. We signposted the childminder to the Care Inspectorate's 'Registering and running a childminding service: what you need to know' to support with this. This will enable the childminder to implement the relevant policies and procedures relating to having an assistant.

Some questionnaires had been issued to parents, however, these were not in relation to current practice and therefore, did not support the childminder and their assistant to inform improvements. We discussed using supporting documentation, such as, Care Inspectorates 'A quality framework for daycare of children, childminding and school-aged childcare.' The childminder and assistant should continue to consult with parents and children relating to aspects of the service through their self evaluation processes. This would support the childminder and their assistant to highlight areas for improvement and implement relevant changes in practice to ensure positive outcomes for children and families.

Following the last inspection, we made an area for improvement that the childminder and assistant develop an improvement plan to support them in their service. They were in the early stages of implementing self evaluation processes but had yet to identify improvements to be made in relation to their self evaluation process. This would provide a clear overview of improvements to be made and timescales to adhere to.  
**(See area for improvement 1)**

## Areas for improvement

1. To support improvements through self evaluation, the childminder should:

- a) create a simple improvement plan that highlights their plans for development, note any progress made and the benefits to outcomes for children; and
- b) the childminder should become familiar with good practice guidance to support them in assessing their service and identifying improvements.

This should include, but not be limited to, 'A quality framework for daycare of children, childminding and school-aged childcare'

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

'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 4.3: Staff Deployment**

The childminder had engaged in a range of relevant training to develop their knowledge and skills in relation to their role. We discussed with the childminder reflecting on this training and recording what impact this will have on their practice.

The childminder supported their assistant in daily tasks and allocated tasks to complete and areas to support in practice. However, the assistant had not engaged in training suitable to their role. We suggested the childminder implement a job role for the assistant to ensure they understood their role, responsibilities, and what was expected of them, including accessing relevant training to support them in their role.

The childminder and assistant had good open communication with each other when specific tasks took them away from their responsibilities. They frequently communicated with each other as to where they were going and what they were doing when leaving the room. This ensured children were supported appropriately within the setting.

The childminder was part of the Scottish Childminding Association (SCMA), enabling them to access a range of relevant training to develop and enhance their knowledge and skills. The childminder and assistant met up with childminders within the local area as they attended local toddler groups. This provided opportunities to share professional dialogue and enhance outcomes for children and families.

## 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 become familiar with 'A quality framework for daycare of children, childminding and school aged childcare' to support her in assessing her service and identifying improvements. The childminder should consider creating a simple improvement plan that highlights her plans for development, notes any progress made, and the benefits to outcomes for children.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 19 August 2022.

## Action taken since then

The childminder had not identified areas of improvement through an Improvement Plan or self evaluation, and had not used feedback from parents effectively to support in informing change and providing better outcomes for children. **Therefore, this has not been met.**

## Previous area for improvement 2

To support children's well-being, learning and development, the childminder should identify and access suitable training and self-directed study for her assistant, and apply their learning in practice. The childminder should prioritise the areas that we have identified for improvement within this inspection report, including, but not limited to; child protection, first aid, and child development.

This is to ensure the service complies with the Health and Social Care Standards (HSCS) which state:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 19 August 2022.

## Action taken since then

The assistant has not engaged in any training relevant to their role. **Therefore, this has not 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](http://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
4.3 Staff deployment	3 - Adequate

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