

# Robb, Jane Child Minding

West Calder

**Type of inspection:**  
Unannounced

**Completed on:**  
19 September 2025

**Service provided by:**  
Robb, Mrs Jane Robb, Mrs Jane

**Service provider number:**  
SP2003906147

**Service no:**  
CS2003012422

## About the service

Jane Robb provides a childminding service from their family home within a residential area of Polbeth in West Calder. The service is close to local amenities including green spaces, the local nursery and primary schools and local shops. The service is delivered from the ground floor of the family home and children have access to the lounge, dining kitchen and downstairs bathroom. Children also have access to an enclosed rear garden.

The service was registered to provide a care service to a maximum of six children at any one time under the age of 16, of whom a maximum of six will be under 12, of whom no more than three are not yet attending primary school and of whom no more than one is under 12 months. Numbers are inclusive of children of the childminder's family. Minded children cannot be cared for by persons other than those named on the certificate.

## About the inspection

This was an unannounced inspection, which took place on 19 September 2025 between 09:30 and 12:15 hours. Feedback was given the same day. 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
- Intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with three children using the service
- Spoke with the childminder
- Requested feedback from parent/carers
- Observed practice and daily life
- Reviewed documents.

## Key messages

- Children were happy, safe and relaxed in the setting and had established strong connections with the childminder and members of their family.
- Children benefitted from daily outdoor play and activities within the community which provided them with further variety and interest as well as supporting their physical wellbeing.
- Children's learning was enhanced through quality interactions which supported children's independence and problem solving.
- The childminder should now develop quality assurance to help benchmark the service and make continuous improvements.

## 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 outcomes for children and clearly outweighed areas for improvement.

### Quality indicator 1.1: Nurturing care and support

Personal plans were in place for children which were reviewed every year. Photographs, daily diary information and observations were sent to parents through social media which evidenced children's enjoyment and progress in the setting. Next steps were identified and regularly reviewed supporting children to achieve. We discussed ensuring reviews were completed at least every six months and recording the specific support strategies shared, for children with any additional support need. The requirement made at the last inspection has therefore been met and an area for improvement has been to support further development of these (see area for improvement 1).

Children were happy, nurtured, and confident in the childminder's care. The childminder demonstrated genuine warmth, respect and love for the minded child and knew them well as an individual. Lots of cuddles were enjoyed by the minded child who sought this comfort. This supported them to feel safe, secure and valued.

Children's emotional wellbeing was high as the childminder provided consistent and meaningful praise throughout the day enhancing children's self esteem. The minded child and childminder enjoyed a yoga session together during the inspection in response to the child's cues. These regular sessions supported children's self regulation. A restorative approach to distressed behaviours further enabled children to be supported in managing their emotions.

Children enjoyed sociable mealtimes around the table in seating that was comfortable and supportive for them. Snack options had been reviewed in line with revised guidance and were mostly nutritiously balanced. This contributed to children building healthy eating habits. We asked the childminder to review the provision of occasional plain biscuits.

Records were in place to support the administration of medication should it be required. At the time of inspection, no children required medication. Accident forms were held which recorded all relevant information for sharing with families. As a result, children's individual needs were fully considered, and their health needs met.

The childminder demonstrated a good understanding of child protection procedures and described appropriate action they would take in response to any signs of abuse. As a result, children were effectively safeguarded from harm.

### Quality indicator 1.3: Play and learning

Children enjoyed lots of opportunity to support their language, literacy and numeracy. Exposure to a wide range of books and regular storytelling was building children's love of reading. Language was also extended through frequent singing and language role modelling. The childminder actively pointed out colours, numbers and shapes and provided games and activities which prompted their mathematical awareness and

problem solving.

Children were encouraged to be independent where possible and the childminder was skilled at offering appropriate levels of assistance at the right time. This helped children to take responsibility and develop life skills such as dressing and undressing and tidying up.

Children had a voice and were listened to. Their physical cues or verbal requests were quickly acknowledged by the childminder. Consultation with children could now be developed further to ensure children continue to feel included and valued. Reference should be made to the United Nations Convention on the Rights of the Child.

The quality of play experiences including outdoor play, demonstrated that children enjoyed variety in their day. Daily outings in the local community included visiting different parks. This regular opportunity for fresh air and exercise promoted children's overall wellbeing. Occasional trips to shops and cafés also provided children with real world learning experiences and supported their understanding of everyday routines and social norms.

### Areas for improvement

1. The childminder should ensure that personal plans are reviewed with families at least once every six months. These should now be developed to record any additional support needs identified and specific approaches or strategies used to enable children. Next steps and observations could also be linked to the SHANARRI wellbeing indicators to help demonstrate overall progression.

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

**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 benefitted from a warm, welcoming and well maintained home environment. They were able to move freely between the living room and kitchen/diner to support their play. This promoted their sense of security and belonging. Resources were plentiful and accessible. These included a lovely range of books. We discussed how loose parts play could be developed indoors with more natural materials. This would support more open ended play and boost children's creativity.

Infection prevention and control practice were robust contributing to children's health and wellbeing. Practices such as regular cleaning of the home and resources, handwashing and use of PPE (personal protective equipment) for nappy changes helped to maintain a hygienic environment and reduced children's risk of cross infection.

Children's risk of harm was reduced as the childminder was vigilant in maintaining close supervision of children as they moved around the home. Having the right safety equipment in place, such as safety gates and locks on cupboard doors further promoted children's safety because they were unable to access areas of the home that the childminder did not think was safe for them. The childminder visually checked all areas daily before children's arrival and held written risk assessments. This helped to identify and minimise potential hazards to children and keep them safe. The childminder was fully aware of the increased risk of burns and cross infection from artificial turf which we asked them to reflect in the written risk assessment.

Children's confidentiality was maintained as the childminder stored personal information securely. This meant children's privacy remained intact.

## 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 leadership are led well

Feedback from parents within cards and letters highlighted their appreciation and demonstrated how much they valued the service. The childminder mainly measured the quality of provision on informal self reflection, feedback and discussions with parents. Reflection on provision and on previous inspections had led to some progress in meeting requirements and areas for improvement made. Questionnaires had previously been used with children and families to gather their views and methods to gather their feedback formally could now be developed further. We discussed how quality assurance could be developed and signposted the childminder to the 'Self evaluation toolkit for childminders' and the new 'Quality improvement framework for the early learning and childcare sectors: childminding.' Use of these documents would enable them to formalise their evaluations and identify actions to develop aspects for improvement. Development of quality assurance would help sustain and enhance outcomes for children over time. The area for improvement made at the last inspection has not yet been met and has been made again (see area for improvement 1).

Children and families were warmly welcomed into the setting and had established strong and positive relationships with the childminder. This enabled them opportunities for regular discussions which ensured children's needs were understood, respected and met, whilst allowing an opportunity to share any concerns.

The childminder demonstrated a willingness and commitment to improve, following a period impacted by personal circumstances. They were keen to take forward suggestions and engaged positively with the inspection process.

Policies and procedures had been reviewed and updated. This supported positive provision based on current best practice and enhanced outcomes for children. We made a suggestion to help improve the emergency evacuation policy.

The overall ethos of the service was positive and reflected the current aims, vision and values described by the childminder. These were reflected during inspection as children were happy within a safe environment and had positive play experiences.

## Areas for improvement

1. Quality assurance processes should be further developed in a manageable way that would allow the childminder to ensure all aspects of the service are effectively monitored and kept up to date with best practice.

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?

**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 4.1: Staff skills, knowledge and values

The overall ethos of the service was positive and reflected the current aims, vision and values described by the childminder. These were reflected during inspection as children were happy within a safe environment and had positive play experiences.

Children and families experienced a welcoming and inclusive environment, supported by the childminder's strong relationships with families who had used the service for a number of years.

Core training and learning such as first aid and child protection had been completed which contributed to children's wellbeing. The childminder demonstrated their knowledge of childcare practice and drew upon their lengthy experience in childcare. This supported their positive interactions with children. The childminder had been proactive in carrying out professional reading and eLearning regularly. However this had been impacted on by personal circumstances more recently. The childminder was keen to re-establish consistent development experience and had identified future training needs linked to children's individual needs and wider experiences. This would support their knowledge and understanding of children's play and learning. A log of training and professional reading was maintained. We asked the childminder to ensure they also record a brief reflection of the impact of any reading or training within their learning log. This would support them to be reflective of the impact on provision and further support ongoing evaluation and quality assurance.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 01 December 2023, all children must have a meaningful, individual, personal plan to ensure their health, welfare and safety needs are met. Sufficient information must be gathered and recorded about all children, clearly setting out their individual needs and how these will be met. This will ensure the childminder plans children's care based on up to date and reliable information.

To do this, the childminder must, at a minimum:

- a) Review knowledge on the purpose of personal plans using the Care Inspectorate guidance 'Guide for Providers on Personal Planning, Early Learning and Childcare' (Care Inspectorate, 2021) and review the Care Inspectorate hub Bitesize video on personal plans.
- b) Ensure that personal plans are reviewed with children and families as and when things change, or at least within six month timescales to ensure that information is up to date to reflect each child's current needs, wishes and choices.
- c) Ensure that all personal plans are meaningful, working documents that include strategies of support and progress made.

This is to comply with Regulation 5(1)(2) (Personal Plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

**This requirement was made on 1 April 2023.**

#### Action taken on previous requirement

The childminder had made some progress on developing children's personal plans. These were held for all children and were under regular review, however this was only on a yearly basis. Ongoing observations and photographs were shared electronically with parents and demonstrated children's progress. There remained scope to record specific strategies of support. This requirement has therefore been met and a new area for improvement made regarding six monthly review and further development of personal plans under quality indicator 1.3: Play and learning.

**Met - outwith timescales**



## 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

To ensure children's health, safety and wellbeing, the childminder should record information about accidents, incidents and ensure she shares this with parents. She should update her knowledge and understanding about notifications that should be made to the Care Inspectorate around these and incidents of infectious diseases.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

**This area for improvement was made on 1 April 2023.**

#### Action taken since then

Systems were in place for the recording and reporting of incidents and accidents. No children were currently receiving medication and we saw completed accidents forms which ensured information was quickly shared for children's wellbeing.

This area for improvement is now met.

#### Previous area for improvement 2

Quality assurance processes should be further developed in a manageable way that would allow the childminder to ensure all aspects of the service are effectively monitored and kept up to date with best practice.

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).

**This area for improvement was made on 1 April 2023.**

#### Action taken since then

There was limited progress in developing quality assurance aside from questionnaires issued. We discussed in detail how this could now be started and signposted to relevant document to support the establishment of a quality assurance system. This area for improvement is therefore not met and has been made again.

## 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?	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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