

Donnelly, Jacqueline

Child Minding

Galston

Type of inspection:
Unannounced

Completed on:
17 September 2025

Service provided by:
Jacqueline Donnelly

Service provider number:
SP2008970306

Service no:
CS2008178761

About the service

The service is provided from the childminder's home in the town of Galston, East Ayrshire. They are registered to care for a maximum of six children under the age of 16 years, of whom a maximum of six will be under the age of 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 in the childminder's own family.

The areas used to provide the service were the living room, kitchen, the garden and an upstairs toilet. The childminder's home is close to local amenities, schools and parks. There were 11 children registered with the service and three minded children were present at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 16 September 2025 between 11:00am and 13:15pm. 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 the childminder
- spoke with the children
- observed practice and daily life
- reviewed documents.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- Safety of the physical environment, indoors and outdoors.
- The quality of personal plans and how well children's needs are being met.
- Children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services

Key messages

- The childminder's approach supported positive nurturing relationships and a caring atmosphere.
- Children had opportunities to engage in a range of experiences.
- Children were having fun through play experiences.
- Personal Plans must be implemented and updated to support children's wellbeing.
- To support children's wellbeing procedures for the safe administration of medication should be reviewed.
- Further development of reflective practice and family involvement would support more positive outcomes for children.

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?	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?

3 - Adequate

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

Quality Indicator 1.1: Nurturing care and support

The childminder displayed warm, kind, and compassionate interactions with children. They had built positive relationships and the children sought reassurance from the childminder. The childminder responded to children's needs using nurturing approaches and offered comfort, such as cuddles, when children were upset. This supported children to feel safe and secure.

The childminder supported the children in developing respectful relationships with each other. They used appropriate language to help children, such as "kind hands." This supported children to develop their skills and confidence through positive relationships.

The childminder knew the children well and responded to their individual needs. They shared information with parents using diaries for younger children, detailing their day. This enabled children to eat and sleep at a time that was right for them. As a result, children were happy and content.

Mealtimes were relaxed and unhurried; the childminder sat with the children while they ate. This provided opportunities for discussions, and the children enjoyed chatting about what they were eating, including their likes and dislikes, creating a sociable mealtime experience. The childminder was aware of children's individual dietary requirements and respected children's choices. The children were able to revisit foods when they were hungry. Although children could revisit foods, we observed children walking about when eating at snack time, which increased the risk of choking. We discussed with the childminder how to support children in remaining seated while eating. This would help the childminder to keep children safe.

Whilst the childminder knew the children well, personal plans were not in place for all children. Those plan that were in place had not been reviewed to include relevant, up-to-date information about the children in the childminder's care. This meant that they did not have information to support them. We discussed with the childminder, ensuring all children had personal plans in place to support their health, wellbeing, and safety needs

(See requirement 1 under What the service has done to meet any areas for improvement we made at or since the last inspection).

Although no children required medication at the time of the inspection, we sampled administration of medication forms and found they did not support best practice guidance, and there were inconsistencies in the childminder's approach. For example, the childminder had applied cream to the children following an accident. This had not been appropriately logged through the administration of medication forms. We discussed with the childminder, ensuring that anything administered to children in their care is appropriately recorded according to the administration of medication procedures. This would ensure children were kept safe. To support the childminder's understanding in this, we signposted them to the Care Inspectorate's 'Management of Medication in Daycare of Children and Childminding Services.' There was an area for improvement made at the last inspection which has not been met. It has been reworded and included as part of this inspection

(See area for improvement 1).

The childminder understood their roles and responsibilities to protect children from harm. They could confidently tell us how they would respond if they had any concerns about child protection. This contributed to keeping children safe.

Quality Indicator 1.3: Play and Learning

Children were having fun through play experiences. For example, they enjoyed dancing to action songs, and the childminder and the children laughed together as they made up words within the action songs. This supported children's engagement.

The childminder encouraged children to explore their interests. For example, the childminder and the children discussed decorating their favourite characters. However, some opportunities were missed when the childminder asked the children to wait until after lunch to begin the activity. Although the option was available later, children had already left by then and were unable to participate. We discussed with the childminder the importance of being responsive to children's ideas in the moment and supporting their engagement through timely and relevant play experiences that reflect their interests. This would maximise children's involvement and enjoyment.

Children had opportunities to develop their ideas and imaginations through play experiences. For example, they enjoyed playing with the wooden toy kitchen and play food. This could be further enhanced by introducing more natural resources and loose parts play experiences. Loose parts are materials that can be moved, redesigned, and used in multiple ways. This would further support children's curiosity, imagination, and creativity in play experiences. We signposted the childminder to The Loose Parts Toolkit on the Care Inspectorate's Hub to extend and explore further opportunities.

The childminder offered children a variety of engaging experiences, and during the inspection, they had the opportunity to bake banana bread together. The childminder told us that baking was a regular activity for them. The children were eager to talk about the ingredients they had used, demonstrating excitement and pride in their involvement. This supported children's natural curiosity and problem-solving.

Children had opportunities to engage in a range of experiences. For example, they had been creating hedgehogs with Autumn leaves. However, a template was used for this, and all children's creations were the same. We discussed with the childminder the importance of providing opportunities for children to develop their own interpretations of what a hedgehog would look like. This would support their imaginations and creativity as they developed their ideas and opinions.

The childminder supported effective communication with parents. Photographs were displayed at the entrance to the childminder's home, allowing parents to see the activities their children had been engaged in. The childminder shared children's experiences with parents through daily verbal communication. They also completed a daily diary for younger children attending the service. This supported consistency and enabled parents to be involved in their child's learning.

Some play experiences supported children to develop their skills in numeracy and literacy. For example, through discussions with children, access to a range of books, and counting and identifying colours in play experiences, such as imaginative play. This included considering children's ideas and comments, as well as learning from their experiences. As a result, children were engaged and focused during their play.

Areas for improvement

1.

To support children's wellbeing and keep them safe the childminder should further develop their knowledge of best practice guidance relating to the safe administration of medication and review their administration of medication policy and procedures to ensure they are following best practice guidance.

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).

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

The childminder's home was welcoming with plenty of natural light and ventilation. Children had floor space to play, and couches and cushions provided rest areas for children. This supported their wellbeing.

The childminder kept the children safe by risk assessing the areas they accessed within their home daily. For example, they encouraged children to pick up toys from the floor, as they presented a trip hazard. The childminder completed monthly risk assessments of their home and garden. This supported them in highlighting risks to children and implementing mitigations to reduce any identified risks.

Some infection prevention and control procedures were in place to support the wellbeing of children. Toys and materials were clean and accessible. Children were encouraged to wash their hands at key times, such as after going to the bathroom, and they used disposable towels to dry their hands. However, there were inconsistencies in this. For example, we observed the childminder and the children using hand sanitiser instead of soap and water to clean their hands before eating. We discussed with the childminder the importance of using soap and water when washing hands at these key times. This would help reduce the spread of infection.

Children had access to a safe outdoor space within the childminder's garden. A high boundary fence and gates with high locks ensured the area was secure, keeping children safe. However, within the childminder's home, some keys were left in the front door. We discussed with the childminder the importance of keeping keys out of reach of children and ensuring exit doors are secure when children are in their home. This would ensure children were kept safe.

Children had access to local parks and sometimes took part in outings to the local shops and schools. We discussed with the childminder how this could be further developed to enhance children's experiences.

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

The childminder told us they shared their aims, objectives and policies with parents when they started at the service. This supported shared expectations of the service.

The childminder recorded accidents and incidents within a notebook. However, while this provided a useful log, there were inconsistencies. For example, some entries were not signed by parents, and some contained more information, such as actions taken following an accident or incident. We discussed with the childminder the implementation of a new format for recording any accidents and incidents within the service. This would help them maintain consistency in the information they were recording.

The childminder had policies in place to support them in practice. However, it was not evident how and when these were reviewed, and some did not contain up-to-date information. We discussed with the childminder the importance of regularly reviewing their policies and procedures, to reflect changes in practice and guidance. This would support the childminder in ensuring they had relevant, up-to-date information, helping them to inform their practice.

Through informal verbal communication and information sharing, the childminder provided parents with some informal opportunities to influence the development of the service. However, this approach has not resulted in measurable improvements in partnerships with parents. We discussed implementing a more formal approach with the childminder and having a specific focus on consultation with parents and children. This would support the childminder in making more informed decisions about particular areas of the service, enabling them to provide the best outcomes for children. We signposted the childminder to the Care Inspectorate's 'Self-evaluation for improvement - your guide' to support with this.

(See area for improvement 1).

Areas for improvement

1.

To support positive outcomes the childminder should provide regular and formal opportunities for children and their families to offer their views on all aspects of the provision. This should include, but not be limited to, gathering feedback on service delivery, involving families in the development of plans and activities, and ensuring they have a voice in decisions that affect them. Their input should be used to identify and meet areas for improvement.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6) and 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

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 childminder demonstrated a strong commitment to supporting children's wellbeing through compassionate and responsive care. Their passion for ensuring positive outcomes was evident in their approach, and they had successfully built positive relationships with families, fostering trust and collaboration.

The childminder had completed some core training to support them in their role, such as First Aid. This helped keep children safe. We discussed with the childminder the importance of maintaining a log of the training they had completed and detailing the impact this would have on their practice. This would enable the childminder to highlight any areas for improvement following the development of their knowledge and skills. The childminder had started to take action on this before the end of the inspection.

The childminder utilized available resources to support their continuous professional development, such as The Scottish Childminding Association (SCMA) for training and development opportunities. They had completed some training, such as Book bug, which enabled them to implement meaningful experiences with children. We discussed with the childminder the use of a range of resources to access training and development opportunities, such as the Care Inspectorate's hub. This would help the childminder further develop their knowledge and skills in a range of contexts, leading to more positive outcomes for children.

The childminder interacted with children in a responsive, stimulating way to promote their curiosity and independence. They recognised the importance of fun in children's play to enable learning to be taken forward. They were committed to providing the best possible outcomes for children.

Overall, the childminder's values and approach supported positive relationships and a caring atmosphere. With further development of reflective practice and clearer links between training and service improvement, the childminder is well placed to continue enhancing outcomes for children and families.

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

Requirements

Requirement 1

The childminder must prepare a personal plan for each child using the service, that sets out how she will meet the child's health, welfare and safety needs, and this plan must be reviewed when there is significant change and at least once in each six month period.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 5 (1), Personal plans.

This requirement was made on 28 April 2014.

Action taken on previous requirement

Whilst the childminder knew the children well are provided a good level of care, not all children had personal plans in place. Plans that were in place had not been reviewed or updated to reflect children's current individual needs. Therefore, this requirement has not been met and we have agreed an extension until 10 November 2025.

Not met

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 further develop her administration of medicine policy and recording format to take account of the best practice guidance available from the Care Inspectorate.

National Care Standards for early education and childcare up to the age of 16 - Standard 3: Health and wellbeing.

This area for improvement was made on 30 April 2018.

Action taken since then

The childminder had medication forms in place to support parents to consent to the childminder administering medication however, there was no form in place for the childminder to log when medication was administered to children. There were also inconsistencies in the childminder's knowledge and practice to the safe administration of medication. To ensure clarity for the reader this area for improvement has been reworded to relate to the updated Health and Social Care Standards (HSCS) and has been included as part of this inspection.

(See area for improvement 1 under 1.1 Nurturing care and support).

Previous area for improvement 2

The childminder should register her service with the Food Standards Agency and she should provide information to parents on any food allergens contained in the food she provided to the minded children.

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)

This area for improvement was made on 30 April 2018.

Action taken since then

We were satisfied that the childminder was aware of food allergens in foods they provided to minded children and their service was registered with the relevant agencies to keep children safe.

Therefore this area for improvement has 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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate

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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