

McQueen, Sandra Child Minding

Edinburgh

Type of inspection:
Unannounced

Completed on:
8 October 2025

Service provided by:
Sandra McQueen

Service provider number:
SP2003907510

Service no:
CS2003019597

About the service

McQueen, Sandra is a childminding service provided by Sandra McQueen. The service is provided from the family home in a residential area in Sighthill in the west of Edinburgh. Children have access to the lounge, kitchen, dining room and bathroom. Children also have access to an enclosed rear garden for outdoor play. The service is close to local amenities including green spaces, libraries, and local shops.

The service is registered to provide a care service to a maximum of six children under 16 years of age.

At the time of the inspection five children were registered with the service and there were two children in attendance.

About the inspection

This was an unannounced inspection which took place on 7 October 2025. 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 and observed children using the service
- received digital feedback using an online form from four families
- spoke with the childminder
- assessed core assurances, including the physical environment
- observed practice and daily life
- reviewed documents relating to children's care and development and the management of the service.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, no improvements were identified relating to core assurances.

We provided feedback to the childminder on 8 October 2025.

Key messages

Clear vision, values and aims were embedded in daily practice which created a nurturing, inclusive environment for children and families.

Strong partnerships with families fostered trust, collaboration, and shared decision-making, contributing to positive outcomes for children.

Quality assurance and self evaluation systems could be strengthened to ensure consistency and compliance.

Play and learning experiences were engaging, developmentally appropriate, and promoted confidence, language development and social skills.

Child-led responsive care ensured that children's individual needs, interests, and developmental stages were consistently supported.

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

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|-----------------------------------|----------|
| Leadership | 4 - Good |
| Children play and learn | 4 - Good |
| Children are supported to achieve | 4 - Good |

Further details on the particular areas inspected are provided at the end of this report.

Leadership 4 - Good

Quality indicator: Leadership and management of staff and resources

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children benefited from a consistently nurturing and values-led approach, underpinned by an ethos of 'reliable, friendly, safe, and homely care.' This translated into a welcoming environment where children were relaxed, happy, and engaged in play which responded to their individual needs. One family commented, "I value the safe, welcoming environment, where my child feels secure and happy."

Inclusive and respectful relationships were central to practice, contributing to strong partnerships with families and emotional wellbeing. Regular opportunities for feedback ensured families felt involved, respected and valued. One parent described their involvement as "meaningful," noting that suggestions were "valued and visibly acted upon." This partnership approach enhanced trust and enriched the quality of care and children's experiences.

Children's safety, wellbeing, and emotional development was enhanced through rich communication that supported responsive, individualised care. Ongoing dialogue about children's evolving needs such as sleep routines and food preferences demonstrated flexibility and a commitment to best practice.

One family shared, "My child and I are involved in a meaningful way to help develop the service. The childminder values our feedback and suggestions, and we're encouraged to share our thoughts about activities, routines, and the overall care provided. This makes me feel included and respected, and it's clear that our input is used to improve the service."

The childminder showed a strong commitment to improvement through informal feedback. Verbal input from families was actively sought and used to reflect on practice, leading to meaningful changes aligned with children's evolving needs. For example, families were asked what types of feedback they found most useful, helping to tailor communication and care. One family noted, "The childminder always asks and accommodates where possible in my child's needs and alters care appropriately." This illustrated how feedback directly influenced the quality of care.

However, while the childminder demonstrated strong informal self-evaluation and a commitment to responsive care, embedding structured review systems and updating documentation would support sustained improvement and ensure alignment with best practice. For example, regular reviews of personal plans would ensure information remained current and aligned with legislation, while supporting more focused conversations with families. Policies and procedures required updating to reflect current practice, for example, risk assessments should be clearly documented and referenced in policy. Simple tools such as a diary could be used to schedule these quality assurance activities, and include updates on new guidance, or support reflective discussions. These manageable steps would support continuous improvement and lead to better outcomes for children **(see Area for Improvement 1)**.

Professional learning was supported through peer collaboration and membership of a national support group for childminders. Re-engaging with resources could further strengthen practice and support awareness of sector developments. During inspection, the childminder showed willingness to improve, including developing her understanding of notifications to the Care Inspectorate.

Areas for improvement

1. To strengthen continuous improvement, consistently enhance children's outcomes, and ensure legislative requirements are met, the childminder is encouraged to adopt a more structured approach to quality assurance.

This includes, but is not limited to:

Ensuring personal plans are regularly reviewed and updated, including relevant health information and clear protocols for administering medication, where appropriate. Reviewing and revising policies to reflect current practice and guidance, such as the use of risk assessments.

Updating knowledge of notification requirements to the Care Inspectorate.

These actions will support consistent, high-quality care and ensure alignment 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).

Children play and learn 4 - Good

Quality indicator: Playing, learning and developing

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children experienced high levels of engagement through play that was responsive to their individual needs, interests and developmental stages. The childminder's attuned and warm interactions created a calm, emotionally secure environment where children felt safe and confident to explore. One child engaged with the childminder in sustained, joyful stacking play which effectively supported early language and numeracy development through playful learning.

Strong relationships with families supported a collaborative approach which enhanced children's engagement over time. Families described a wide range of tailored experiences, from sensory play and crafts to outdoor adventures, which reflected children's preferences. One parent shared the childminder, "really understands what my child enjoys and tailors activities to meet their individual needs and abilities."

Informal planning was consistently child-led, with the childminder following children's interests throughout the day. They demonstrated a clear understanding of each child's preferences and used these to create meaningful and engaging learning experiences. For example, a child's interest in cars led to walks around the local area and visits to local garages, where emerging literacy and numeracy skills were developed through discussion of signage and registration plates. Formal planning was limited; however the childminder offered a mix of intentional and spontaneous experiences, including community-based activities such as Bookbug sessions and playgroups. These supported social development and broadened learning across a wide range of areas. Older children were consulted about their preferences and encouraged to participate in creative and physical activities. To further strengthen engagement, the childminder could more formally document planning to track emerging interests and development needs, which could help to identify strategies that support children more intentionally.

The childminder consistently responded to children's cues, using child-led play and fun to extend learning through sensitive and developmentally appropriate interactions. For example, they introduced gentle challenges by joining a child with a push toy and prompting the child to find and push different parts, supporting both language and fine motor skill development.

The childminder's presence at children's level encouraged autonomy, experimentation and mutual interaction, while their understanding of verbal and nonverbal communication enabled them to thoughtfully judge when to interact and when to observe. Interactions between children were encouraged, promoting social development and relationship-building. Although storytelling was not observed during inspection, the childminder described how they often use this to support language and imagination. This responsive, respectful, and fun approach created a collaborative learning environment where children's voices were valued and their emotional wellbeing was nurtured and supported.

Assessment of children's progress was informal but ongoing, through daily feedback shared with families. One parent said, "We discuss regularly my child's next steps or my worries about developmental milestones. The childminder is able to fully support us with this all." However, in order to clearly track development in children and identify potential gaps, there is scope to strengthen assessment practices by introducing simple tools to monitor progress. Existing tools, like wellbeing indicator sheets, could support meaningful planning and assessment. For example, tracking speech and language development could help identify when additional support may be needed and facilitate early intervention.

Children are supported to achieve 4 - Good

Quality indicator: Nurturing care and support

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children experienced warm, consistent care that supported their emotional wellbeing and development. The childminder responded sensitively to cues, encouraging participation while respecting autonomy. Children were free to rest, move and play at their own pace, contributing to a calm, nurturing environment. One family shared, "The childminder makes my child feel safe, happy, and excited to go each day. There's always something fun going on."

Strong relational bonds and trust between the childminder and families enhanced children's experiences. Families valued the nurturing care, stimulating activities, and collaborative approach. One parent said, "The warmth, care, and attention my child receives every day, combined with strong partnerships, make the experience extremely positive."

The environment was clean, safe, and comfortable, supporting both play and rest. While handwashing was usually embedded in practice, it was missed during inspection. Promoting consistent hygiene and enabling children to access facilities independently would strengthen infection prevention and build life skills.

Snack times promoted communication and social interaction. The childminder sat with children, encouraging conversation and emotional connection. Older children helped prepare snacks and wash dishes, supporting independence. Offering these opportunities to younger children could further enhance learning and empowerment. Children were observed eating on the sofa. While this was child-led and relational, it is recommended that meals be taken at a table where possible to support hygiene, posture, digestion, and safe eating habits.

Sleep routines were flexible and responsive to individual needs. Continued attention to safe sleep guidance, such as encouraging children to lie flat, would further strengthen practice as one child slept in a buggy. The childminder was open to these improvements and engaged in reflective dialogue throughout the inspection. Resources such as Food Matters and safe sleep guidance were discussed as tools to support ongoing development.

All children had personal plans, reflecting the childminder's commitment to meeting individual needs. However, some personal plans lacked essential information, such as GP details or emergency contacts, presenting a potential risk. The childminder remedied this during inspection. However, a more structured and consistent approach was needed to ensure plans were comprehensive and regularly reviewed. To strengthen personal planning, the childminder should ensure all plans contain core information, are regularly reviewed, and support targeted developmental goals. Embedding processes will improve consistency, compliance, and outcomes (see area for improvement under Leadership and management of staff and resources).

Communication with families was flexible and tailored to their preferences, including being given the choice between verbal updates, diaries, or folders. The childminder monitored specific areas of development when requested, reflecting a thoughtful and respectful response to family feedback. One parent described regular discussions about their child's next steps and felt fully supported in addressing concerns, particularly during periods of transition. Daily verbal updates, photos, and invitations to participate in activities like Halloween fostered a sense of partnership.

One parent shared, "The childminder's communication and updates help me feel involved, and it's clear that my child is growing in confidence, independence, and social skills." Another said, "Their approach to care is exactly how I've expressed I want my child cared for. We work together to meet my child's needs." This collaborative approach ensured care was tailored, responsive, and aligned with family values, contributing to positive outcomes for children.

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 the childminder is confident she is providing children with healthy meals and snacks, we recommend she make herself familiar with the Setting the Table document. National Care Standards Early Education and Childcare up to the age of 16. Standard: 3 Health and wellbeing

This area for improvement was made on 7 March 2017.

Action taken since then

Snacks provided on inspection were balanced, nutritious and healthy. The childminder had made herself aware of the guidance suggested and was open to looking at others. This area for improvement was met.

Previous area for improvement 2

To ensure the childminder can contact the child's doctor in the event of an emergency, we recommend she adds this information to each child's personal plan. National Care Standards Early Education and Childcare up to the age of 16: Standard 3: Health and Wellbeing.

This area for improvement was made on 7 March 2017.

Action taken since then

Information was still not consistent across all children's personal plans, although the childminder took immediate action to obtain relevant information. We have rewritten this area for improvement under Leadership and Quality assurance to align with updated guidance and Standards.

This area for improvement was not met.

Previous area for improvement 3

In order for the childminder to support children with specific medical needs, we recommend that she should include the following to each care plan: - what would happen to a child if they presented a reaction - what action should she take in the event of a reaction - what measures will be put in place to prevent the child taking a reaction. National Care Standards Early Education and Childcare up to the age of 16: Standard 3: Health and Wellbeing.

This area for improvement was made on 7 March 2017.

Action taken since then

No children required medication or had an allergy during inspection, however the childminder was able to provide paperwork she would use if needed. To ensure continuous monitoring however, we have included incorporation of relevant health information into the rewritten area for improvement under quality assurance.

This area for improvement was 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

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| Nurturing care and support | 4 - Good |

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