

Henderson, Emma Child Minding

Inverurie

Type of inspection:
Announced

Completed on:
26 September 2025

Service provided by:
Emma Henderson

Service provider number:
SP2009975071

Service no:
CS2009231084

About the service

Emma Henderson provides a childminding service from their home in Kemnay in Aberdeenshire. The service is registered to provide a care service to a maximum of 6 children at any one time under the age of 12; of whom no more than 3 are not yet attending primary school; and of whom no more than 1 is under 12 months. Numbers are inclusive of children of the childminder's family.

12 children were registered with the service at the time of the inspection.

The service is close to local primary schools, local shops and facilities. Children are cared for in the living/ dining room. They have access to an upstairs bathroom and one bedroom. An enclosed front garden is used for outdoor play.

About the inspection

This was an unannounced inspection which took place on 25 September 2025 between 11:30 and 16:15. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spent time with seven children using the service
- received four responses to our request for feedback from parents
- spoke with the childminder
- observed practice and children's experiences
- 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:

- staff deployment
- 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

- Children experienced warm, respectful care in a nurturing, home-from-home environment.
- The childminder's kind and patient approach supported children's emotional wellbeing.
- Children were happy, engaged and had fun through spontaneous play opportunities.
- The childminder should develop quality assurance processes, including self-evaluation and planning for improvement.
- Systems for observing and planning for children's learning and development should be developed to better support individual progress.
- The childminder should improve risk assessment practices to ensure children's safety.
- In some cases, insufficient information about children limited the childminder's ability to fully meet their needs.

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

Leadership	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Children are supported to achieve	3 - Satisfactory / Adequate

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

Leadership 3 - Satisfactory / Adequate

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Leadership and management of staff and resources

Children were cared for by a childminder who demonstrated a clear commitment to providing a respectful, nurturing environment. This was evident in the childminder's warm and responsive interactions, which helped children feel secure and valued.

Families received information about the service prior to starting, helping them understand what to expect. While the childminder regularly reviewed the service's aims and objectives, this process did not yet include input from families. Involving children and parents in shaping the service's vision and values would ensure these better reflect the current needs and preferences of those using the service.

Quality assurance processes were at an early stage of development. Although families had some opportunities to share feedback, such as through a questionnaire, these were not used consistently to inform improvement. Children's views were respected and acted upon. For example, older children told us they could request new resources and one parent shared, "My child is often asked what activities [they] might like to do (and which ones [they] don't enjoy so much)." This helped create an environment where children felt listened to and included. They were not however, asked to evaluate their experiences. The childminder should continue to develop ways of gathering the views of children and families to help inform change and promote high quality experiences. (See Area for improvement 1)

The childminder did not yet evaluate outcomes for children or their own practice to identify areas for improvement. They were unfamiliar with current best practice guidance, which limited their ability to reflect and improve. We discussed the importance of using up-to-date guidance to support practice and self-evaluation, and promote a culture of continuous improvement. (See Area for improvement 1)

Areas for improvement

1. To support high quality outcomes and experiences for children, the childminder should develop effective quality assurance practices to identify and inform improvements.

This should include but is not limited to,

- a) be familiar with and use current guidance to support their practice
- b) ongoing self-evaluation against current guidance to identify areas for improvement to promote high quality outcomes for children and families
- c) regularly gather the views of parents/carers and children to help promote meaningful engagement and identify areas for improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 20 March 2024 and has been reworded and continued.

Children play and learn 4 - Good

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.

Play, learning and developing

Children played happily with age-appropriate resources. For example, one child was very proud of the models they built with Magna-tiles. An interactive 'tech table' provided opportunities for games and some early literacy. Children attending after school enjoyed crafting with a variety of materials, freely choosing how to use them. These experiences supported children's confidence, creativity and fine motor skills. However, activities for the youngest children were more limited. To ensure all children experience a broad and stimulating range of opportunities, we encouraged the childminder to further develop resources and activities tailored to different age groups and stages of development.

Children had opportunities to play outdoors. While the enclosed front garden was not used during the inspection, children spoke positively about visits to the local park, and parents commented favourably on the outdoor experiences provided. These outings supported children's health, wellbeing and connection to their community.

The childminder adapted their approach to suit individual children's needs. They offered praise and allowed children time to process and respond, fostering an environment where children felt safe, confident and respected. Children were encouraged to develop independence and life skills. For example, one child independently prepared fruit for snack and the childminder used open-ended questions to support decision-making and autonomy. When caring for mixed age groups, the childminder's ability to respond to individual learning needs was less effective. We encouraged them to reflect on how they can better balance the needs of all children during group activities, ensuring each child receives appropriate support and challenge.

The childminder recognised children's abilities and facilitated spontaneous play well. However, there was limited planning to support individual learning and development. Progress was shared informally with parents through verbal updates, photos and videos, but observations were not recorded in a way that supported identifying next steps. We asked the childminder to develop systems for recording children's learning and progress, and to use this information to plan experiences that meet their developmental needs. (See Area for improvement 1)

Areas for improvement

1. To ensure children are making good progress, the childminder should develop ways to record and share observations of children's learning and plan to meet children's developmental next steps.

This should include but is not limited to;

a) written observations of children's learning, progress and next steps

b) develop a system to plan for meeting children's individual learning needs.

This is to ensure I experience high quality care and support that is right for me and is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential' (HSCS 1.27).

This area for improvement was made on 20 March 2024 and has been reworded and continued.

Children are supported to achieve 3 - Satisfactory / Adequate

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Nurturing care and support

Children benefitted from the childminder's kind, patient approach. They were comfortable in the childminder's presence and readily sought comfort and cuddles. This helped foster a feeling of wellbeing for children, who appeared happy and relaxed throughout the day. Parents spoke positively about the childminder's caring nature, describing them as "loving," "friendly" and "approachable" which contributed to strong, trusting relationships.

Children's care was supported through positive relationships with families. One parent told us, "My childminder is reliable, flexible, honest and always happy to adapt to my child's needs, which enables an excellent relationship". Settling-in arrangements were flexible and responsive to individual needs. Parents were invited to visit with their children, helping to build familiarity and trust.

The childminder had attended training courses to support them in meeting children's needs. For example, when a child needing a daily nap started, they attended safe sleep training and made adjustments to their practice to reflect safe practices when settling children for sleep.

Children's routines supported some positive experiences. Older children enjoyed a sociable snack time together. However, lunchtime routines did not offer the same quality of experience. The childminder did not always sit with children during meals, which limited opportunities for supervision, social interaction and modelling of positive behaviours. This impacted the consistency of care and resulted in missed opportunities to promote children's social development.

Personal care respected children's privacy but nappy changing practices did not meet infection prevention and control guidance. Changes were carried out on a mat placed on the childminder's bed, in a room not registered for use. Additionally, the bedroom used for sleep was being used to store items, which the childminder advised was temporary. We asked the childminder to review these arrangements to ensure children's routines consistently promote safety, dignity and high-quality experiences.

We identified potential risks to children's safety. For example, while the family dog was friendly, it was not always supervised effectively, resulting in the possibility of accidents such as, children potentially being knocked over. Supervision levels varied depending on children's ages and abilities, and the childminder acknowledged the challenges of managing mixed age groups. They had begun to risk assess the service, and we asked them to develop this further to identify and minimise all potential hazards. (See Area for improvement 1)

The childminder did not always have sufficient knowledge of children to fully support their wellbeing. They used information from parents to inform personal plans; however, key information to support some children's needs was missing. This risked children's needs not being fully met. Plans were not reviewed regularly, meaning they did not comply with legislation or reflect children's current needs. The childminder must update all personal plans immediately to ensure they are accurate, relevant and used effectively to support children's care. (See Requirement 1)

Requirements

1. By 31 October 2025, the provider must ensure they have sufficient information to fully support them in meeting children's individual needs.

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

- a) ensure all information relevant to children's health, wellbeing and care is recorded and known by the childminder
- b) review and update information recorded in personal plans with parents/carers at least every six months.

This is to comply with Regulation 5 (Personal plans) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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

Areas for improvement

1. To support children's safety and wellbeing, the childminder should carry out detailed risk assessments of all areas of the service. These should include but not be limited to, outdoors, outings, travelling by car, children's access to the family pet dog.

This is to ensure I experience high quality care and support that is right for me and is consistent with the Health and Social Care Standards (HSCS) which state that:
'My environment is safe and secure' (HSCS 5.17).

This area for improvement was made on 19 February 2019 and has been reworded and continued.

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 are making good progress the childminder should develop ways to record and share observations of children's learning. These should highlight children's achievements and their proposed next steps.

This is to ensure I experience high quality care and support that is right for me and is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential' (HSCS 1.27).

This area for improvement was made on 20 March 2024.

Action taken since then

Progress was shared informally with parents through verbal updates, photos and videos but observations were not recorded in a way that supported identifying next steps. There was limited planning to support individual learning and development. We asked the childminder to develop systems for recording children's learning and progress, and to use this information to plan experiences that meet their developmental needs.

This AFI has not been met and will be reworded and continued.

Previous area for improvement 2

The childminder should access mandatory training and current best practice guidance, to develop their professional skills and knowledge and to promote the improvement of the service.

This should include but is not limited to;

- a) child protection, first aid and food hygiene training
- b) reviewing best practice documentation and accessing the bitesize videos on the Care Inspectorate HUB
- c) evaluating the impact of training on their practice, children and families.

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 professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 20 March 2024.

Action taken since then

The childminder had attended core training relevant to their role and training to help them gain knowledge necessary to support children's individual needs. They were unfamiliar with current best practice guidance, which limited their ability to reflect and improve.

This area for improvement has been partly met and will be reworded and continued.

Previous area for improvement 3

In order to support the childminder to ensure the safety of children detailed risk assessments should be in place for outdoors, outings and travelling by car.

National Care Standards Early Education and Childcare up to the age of 16. Standard 2: A Safe Environment.

This area for improvement was made on 19 February 2019.

Action taken since then

The childminder had begun to risk assess the service; however, this was in the early stages. We identified some potential risks to children's safety. For example, while the family dog was friendly, it was not always supervised effectively, resulting in the possibility of accidents such as, children potentially being knocked over. The childminder should now develop risk assessments further to identify and minimise all potential hazards.

This area for improvement has not been met and will be reworded and continued.

Previous area for improvement 4

The childminder should review and improve the way in which they evaluate what they do. This should include formally gathering the views of parents and children. Where areas for improvement are identified, including any arising from inspection, the childminder should ensure that these are addressed, in order to improve the overall quality of the service.

National Care Standards Early Education and Childcare up to the age of 16. Standard 13: Improving the Service and Standard 14: Well-Managed Service.

This area for improvement was made on 19 February 2019.

Action taken since then

Quality assurance processes were at an early stage of development. Although families had some opportunities to share feedback, such as through a questionnaire, these were not used consistently to inform improvement. Children's views were respected and acted upon. For example, older children told us they could request new resources and one parent shared, "My child is often asked what activities [they] might like to do (and which ones [they] don't enjoy so much)." This helped create an environment where children felt listened to and included. They were not however, asked to evaluate their experiences. The childminder should continue to develop ways of gathering the views of children and families to help inform change and promote high quality experiences.

The childminder did not yet evaluate outcomes for children or their own practice to identify areas for improvement. They were unfamiliar with current best practice guidance, which limited their ability to reflect and improve. We discussed the importance of using up-to-date guidance to support practice and self-evaluation, and promote a culture of continuous improvement.

This area for improvement has not been met and will be reworded and continued.

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

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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