

# Milne, Lynn Child Minding

Aberdeen

Type of inspection:

Unannounced

Completed on:

8 October 2025

Service provided by:

Lynn Milne

Service provider number:

SP2003900289

**Service no:** CS2003001534



## Inspection report

## About the service

Lynn Milne provides a childminding service from their property in a residential area of Bridge of Don, Aberdeen. The childminder is registered to provide a care service for a maximum of six children at any one time up to 16 years of age. Overnight care is not provided.

The service is close to local primary schools, parks, green spaces, and other amenities. Children have access to a playroom based in the conservatory, the family room, upstairs bathroom, and a fully enclosed garden.

At the time of our inspection, seven children were registered with the service.

## About the inspection

This was an unannounced inspection which took place on 8 October 2025 between 10:45 and 14:45. 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:

- spent time with children using the service
- received five responses to our request for feedback from parents/carers
- · spoke with the childminder
- · observed practice and children's experiences
- · reviewed documents.

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.

## Key messages

- · Children were cared for by a childminder who knew them well.
- Children were happy and comfortable in the childminder's care.
- Regular access to the outdoors supported children's health and wellbeing.
- The childminder had developed positive relationships with families. Regular communication promoted continuity of care.
- Children had fun through experiences linked to their interests.
- Quality assurance practices could be further developed to promote 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

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 and families benefitted from clear aims of the service which helped create a shared vision. The service's aims were shared with families prior to starting, to support them to understand what to expect. These included "to provide a safe, caring environment" and "to take into account each child as an individual". The childminder demonstrated these through their daily practice to promote a nurturing environment that supported children's individual needs. We advised that as the service continues to develop, involving families in reviewing the vision, values, and aims would help ensure they reflect the needs of current children and families and remain meaningful.

Families were kept updated and well informed through daily conversations and digital messages, including photos. The childminder valued children's and families' views and sought their feedback through ongoing face-to-face discussions and regular questionnaires. Most parents agreed they were meaningfully involved in the development of the service. One commented, "[The childminder] will send out questionnaires for us to fill in with our opinions for different topics". Children's meetings had been facilitated by the childminder to gather their views. This meant that children and their families played an active role in decision making and informing change.

Children's experiences were positively influenced by the childminder's informal approach to self evaluation. Reflective practice and ongoing feedback from children and families supported the childminder to develop the service. For example, they had recognised the need to add more resources, specifically for younger children, to suit the needs of children currently using the service. We discussed introducing a more formal approach to self evaluation to provide clearer structure for identifying strengths and areas for development and signposted the childminder to 'Quality improvement framework for the early learning and childcare sectors: Childminding'. Involving children and families in this process would contribute to the cycle of continuous improvement.

The childminder confidently described what they felt the current strengths and areas of development were, as well as the impact on outcomes for children. They felt that their partnership working with families created open communication and supported children receiving care that fully met their needs. One parent commented, "[The childminder] has been great at advising on additional support we could receive". The childminder advised that a recent development was tailoring the induction process to suit the differing needs of families and had sought feedback on this to continue to improve the transition process.

Children benefitted from the childminder actively maintaining and refreshing their professional skills and knowledge. This enhanced the quality and care and support children received. Following recent training, the childminder had updated some of their policies to reflect current guidance. The childminder was aware of the Care Inspectorate Hub and received provider updates from the organisation. Regularly accessing resources and best practice documents would help further promote positive outcomes for children. For example, we suggested accessing 'Growing My Potential' practice note to support them with their current improvement priorities.

## 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 were happy and busy as they took part in different experiences, both indoors and outdoors. The childminder involved children in discussions throughout the day about what they would like to do, which encouraged them to make choices and lead their own play. Parents commented positively on the play experiences for children. One advised, "Although [my child] has favourite activities [the childminder] is great at encouraging other types of play and learning".

Children enjoyed play that matched their interests. The childminder responded to what children liked and offered a mix of spontaneous and planned activities. When children previously showed an interest in the fire service, the childminder shared with us through photos that they created a role play area with dressing up clothes and hoses to build on their curiosity. During the inspection, children used their imagination in role play and stayed active by climbing outdoors and balancing on stepping stones indoors. Photos showed children taking part in crafts, building activities, and nature walks. One child proudly shared how they had drawn their favourite characters on the outdoor chalkboard. These experiences helped children feel engaged and enjoy meaningful play.

Children were engaged through the childminder's approach to play and learning. The childminder asked some open-ended questions to extend children's thinking. By joining in with play, they helped children learn at their own pace, based on their stage of development. For example, they worked on a puzzle with one child, offering suitable challenge and support. The childminder incorporated challenge into daily routines, such as encouraging the children to use the digital and analogue clocks to record the time when they arrived. These interactions helped children build problem-solving skills and feel proud of their achievements.

Play experiences were enhanced through a range of resources. Children accessed a variety of different toys and moved freely between the playroom and garden, which encouraged different types of play. Children and parents commented positively on the outdoor opportunities. One parent shared, "[The childminder] takes them to different types of trips to visit museums, animal shelters, walks to see waterfalls". The childminder gave children ownership of the outdoor space. They encouraged them to be involved in decorating the garden, which one child enthusiastically helped by adding seasonal items. We discussed with the childminder that there was further scope to develop resources, including adding more natural and real-life resources to further enhance children's experiences. This would support the development of their creativity and curiosity and further enrich experiences.

The childminder actively used observations to monitor and support children's progress. They shared photos of children's experiences through digital messages, including contributions from home learning, which strengthened family engagement. These were also stored in individual 'family diaries' which evidenced children's interests and developing skills. To strengthen children's involvement, we encouraged the childminder to offer opportunities for children to reflect on their experiences and contribute their own thoughts. This would enhance recognition of their learning, support planning of next steps and further promote their interests through planning experiences they enjoy.

## 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 were happy in the childminder's care. The childminder responded to children in a caring and respectful manner which supported them to feel safe and secure. They received nurturing care through regular closeness, such as the childminder responding to their cues and sitting at their level. These nurturing interactions supported children's emotional wellbeing and development of positive relationships. Children and parents commented positively about their relationships with the childminder. Parents described the childminder as "very open" and "approachable". A child shared that they felt the childminder was "fun and caring".

Children's wellbeing was supported through the childminder's knowledge of their individual needs. Personal plans were in place for each child, which contained relevant information about children's health, preferences, and routines. These had been completed when children started and were reviewed regularly through collaboration with families. The childminder used their knowledge of children's individual needs and warm interactions to provide care which was consistent with strategies used from home. We encouraged the childminder to include children in reviewing their information, or other professionals where relevant, to identify their evolving needs and strategies of support.

Child-centred routines helped children feel secure and confident. The childminder prepared children for daily activities and transitions. Individual routines, such as personal care and sleep, were tailored to each child's needs. A flexible induction process supported new children and families, strengthening relationships and easing transitions. A parent advised their child benefitted from the carefully planned induction. They commented, "Very organised at having in-person meeting at first to discuss child... plenty of settling-in sessions with parents' support and without before child officially starts".

Mealtimes were relaxed and unhurried. The childminder provided snacks which children had been involved in choosing and catered to their preferences. Children were encouraged to try new and unfamiliar foods, where the childminder used praise and encouragement to celebrate their achievements. Children sat at the table with the childminder, which promoted a calm and sociable experience.

Effective procedures were in place for the safe administration of medication. The childminder was knowledgeable about children's medical needs, such as signs and symptoms to look out for. Medication was stored securely, in line with guidance, and consent forms were in place which were reviewed regularly. These systems contributed towards keeping children safe and well.

The childminder was aware of their responsibility to keep children safe, which was supported by training, including safeguarding and first aid. They were confident in identifying and responding to any concerns, helping to ensure children's safety. We advised updating the child protection policy to reflect current guidance and practice and discussed introducing chronologies to record significant events, further strengthening children's wellbeing.

Strong relationships with families helped create a welcoming and inclusive ethos. The childminder actively promoted parental engagement through regular communication and planned events, such as family picnics,

which encouraged families to participate in their child's experiences. These opportunities strengthened trust, built community, and enhanced collaboration between the childminder 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

To ensure children are kept safe in an emergency, the childminder must ensure children's records are reviewed and updated with parents every six months or earlier if necessary.

National Care Standards, Early Education and Childcare up to the age of 16. Standard 13: Improving the Service.

This area for improvement was made on 27 January 2017.

#### Action taken since then

Personal plans had been developed to hold relevant information for each individual child, identifying their needs, preferences, and routines. Plans were reviewed regularly through ongoing communication between the childminder and parents/carers. Information was updated to reflect children's current needs and interests to ensure it remained up-to-date and supported the childminder to meet these. The childminder was knowledgeable about children's current needs and planned for these using the information obtained from families. We encouraged the childminder to consider how children and other professionals could be further involved in this process, where relevant.

This area for improvement has been met.

#### Previous area for improvement 2

To ensure the safe administration of medication, the childminder should ensure she updates her medication policy and medication administration forms in line with current guidance.

National Care Standards, Early Education and Childcare up to the age of 16. Standard 3: Health and Wellbeing; and Standard 13: Improving the Service.

This area for improvement was made on 27 January 2017.

#### Action taken since then

Medication forms were in place which ensured the childminder was knowledgeable about children's medical needs, such as signs and symptoms to be aware of. Forms were reviewed regularly with parents to ensure information remained consistent with children's current needs. A policy was in place which reflected current quidance and promoted children's safety.

This area for improvement has been met.

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#### Previous area for improvement 3

To improve outcomes for children, the childminder should develop her knowledge and skills relevant to the children in her care. The Care Inspectorate online service The Hub provides information about recent quidance and procedures. This can be found at: http://hub.careinspectorate.com/.

National Care Standards, Early Education and Childcare up to the age of 16. Standard 13: Improving the Service.

This area for improvement was made on 27 January 2017.

#### Action taken since then

The childminder had accessed training relevant to the needs of the children currently attending the service. They were able to discuss how this had impacted their practice and promoted outcomes for children. They received provider updates from the Care Inspectorate and were aware of some current best practice guidance. We discussed with the childminder how engaging with other professionals would continue to support them in accessing training and support relevant to the needs of the children.

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

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good

Children play and learn	4 - Good
Playing, learning and developing	4 - Good

Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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