

Carol Ann Wood Child Minding

Glasgow

Type of inspection:

Unannounced

Completed on:

1 October 2025

Service provided by:

Wood, Carol Ann Wood, Carol Ann

Service provider number:

SP2014985784

Service no:

CS2014324739



Inspection report

About the service

Carol Ann Wood provides a childminding service from their home in Cumbernauld, North Lanarkshire. They are registered to provide a care service to a maximum of six children at any one time up to 16 years of age, of whom no more than six are under 12 years, no more than three are not yet attending primary school and of whom none are under 12 months. Numbers include the children of the childminder's family/household. At the time of inspection, three children were present.

Children are cared for in the downstairs living room, kitchen and have access to the upstairs bathroom. The service is close to local amenities and can be easily accessed through public transport routes.

About the inspection

This was an unannounced inspection which took place on 30 September 2025 between 14:15 and 17:30. Feedback was provided the following day. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection, we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered.

In making our evaluations of the service we:

- · spoke with three children
- gained the views of four parents using our questionnaire
- spoke with the childminder
- · observed practice and children's experiences
- · reviewed documents.

Key messages

- Children experienced warm and caring interactions which helped them to feel safe.
- The childminder knew the children well and had developed positive relationships with children and their families.
- Children's health and wellbeing was promoted through regular access to parks and outdoor play spaces.
- Personal plans should be reviewed at least every six months to ensure they reflect children's current health, development and care needs.
- The childminder should expand and organise toys and materials to create more inviting play spaces that promote curiosity, choice and creativity.
- To strengthen practice, the childminder should engage in further training and professional reading, with a focus on safeguarding, play and learning and current best practice guidance.

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 thrive and develop in quality spaces	4 - Good
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	4 - Good

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

Leadership 3 - Satisfactory / Adequate

Quality indicator - Leadership and management of staff and resources.

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

The childminder had developed positive relationships with families. Daily verbal updates and the use of text messaging through digital platforms ensured parents felt informed and involved. This approach supported children's wellbeing and helped build trusting, effective partnerships with families. This could be further enhanced by involving children and families in developing the service's vision, values and aims which would help promote shared aspirations and a sense of ownership.

Self-evaluation for improvement was in the early stages, with some steps taken to reflect on practice. Children and families had not been involved in the process, which limited their opportunities to influence change. Whilst there was some evidence of improvement planning, it had not yet been used consistently or effectively to support sustained improvements. Further development of skills and knowledge was needed to support a more robust and continuous approach to improvement. This would ensure children and families were meaningfully involved in influencing positive change.

The childminder engaged with some professional development opportunities, having attended a recent Care Inspectorate webinar focused on the shared framework for inspection. This demonstrated a developing awareness of changing guidance. However, the childminder lacked up to date knowledge of child protection procedures, which indicated a gap in safeguarding practice. We asked that this was addressed to ensure they were well equipped to manage any safeguarding issues appropriately. Interactions with other childminders supported sharing of practice and contributed to the identification of further training needs, including the renewal of paediatric first aid, scheduled for November 2025. Undertaking relevant professional development would build upon the childminder's skills and knowledge in caring for children and keeping them safe.

The service had a range of policies and procedures in place, which the childminder had recently reviewed and aligned with best practice guidance. While this demonstrated some commitment to maintaining standards, we discussed that further review of these would help ensure the documents were relevant and tailored to the specific service. In particular, we highlighted the pet policy, which remained generic and did not reflect the presence of a bearded dragon in the setting. We discussed that the childminder should develop a specific policy and risk assessment to address this. Providing clear, personalised information would support children and families by improving their understanding of the environment and setting appropriate expectations. This would also strengthen the childminder's approach to safeguarding and risk management (see area for improvement 1).

Areas for improvement

1. To support positive outcomes for children and families, the childminder should strengthen their approach to continuous improvement. This should include, but not be limited to regularly reviewing and implementing current guidance across key areas and ensuring policies are reflective of the service.

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).

Children thrive and develop in quality spaces 4 - Good

Quality indicator - Children experience high quality spaces.

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 cared for in a comfortable environment, where they engaged in play using a range of toys and materials. They explored the available resources with confidence, which encouraged independence and provided some opportunities for child-led play. This helped them try out new ideas and supported their creativity.

Children had access to the upstairs bathroom and were supported to use this when needed. Effective hand washing measures were in place to help reduce the potential spread of infection. This helped maintain privacy and safety. In addition, the childminder consistently used gloves when changing nappies. These measures reflected good infection prevention and control practices and contributed to a safe environment for children.

The outdoor area was accessed through the kitchen, which was clean, well-maintained and free from hazards. This ensured safe transitions between indoor and outdoor play. The outdoor space offered additional opportunities for physical activity and exploration, contributing to children's overall wellbeing.

Younger children accessed toys stored in boxes and containers placed within a unit that was appropriate for their age and stage of development. The boxes were not labelled and the contents were not always visible. However, the childminder shared that children were familiar with the resources and selected items based on their interests. We discussed with the childminder that they should continue to review how children used the space and materials, and to consider ways to improve visibility and organisation. This would help to further enhance choice, engagement and sustained involvement in play. We signposted the childminder to good practice document 'Realising the ambition - being me' (Education Scotland, 2020), which would support reflection and promote development of this aspect of the childminding service.

Children play and learn 3 - Satisfactory / Adequate

Quality indicator - Playing, learning and developing.

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

Children experienced kind and caring interactions that supported their wellbeing and contributed positively to the development of communication and language skills. The childminder provided support that helped their emotional development and kept them safe which promoted a sense of security within the community. The use of praise celebrated children's achievements, contributing to the children's emotional security and growing self-confidence.

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The childminder demonstrated some awareness of individual needs, responding to children's interests and preferences during play. However, there was opportunity to strengthen this practice by further developing the range and presentation of resources to better support children's choice and independence. We saw that one child appeared unsure when asked to decide what activity they wanted and the childminder reinforced that the child knew where everything was. This showed that familiarity with materials did not always translate into confident use, reinforcing the need for more intentional organisation and introduction of resources. The childminder was signposted to best practice guidance 'Realising the Ambition' to support reflective practice and continuous improvement.

Children were offered a limited range of activities, mainly focused on art materials like pens, pencils, and templates. When children requested other activities, the childminder offered alternatives and promised to provide their preferred choices next time. This highlights the need to strengthen understanding of child-led play. Reflecting on relevant theory and best practice would support planning experiences that respond to children's interests in the moment, encouraging deeper engagement and enjoyment (see area for improvement 1).

Children's voices were sometimes acknowledged and acted upon. For instance, when a child asked for playdough, the childminder provided it, fostering creativity and independence. One child joyfully described making an alien that turned into an ice cream. This helped build confidence and a sense of belonging within the setting.

Areas for improvement

1. To ensure children experience enabling and inviting play, the childminder should continue to develop welcoming and inclusive opportunities that spark curiosity and promote meaningful engagement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31).

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 supported through warm and nurturing relationships with the childminder, who demonstrated an understanding of their individual needs. Some activities were supported effectively to accommodate physical and developmental differences. This included providing appropriate assistance during climbing and recognising varying preferences throughout activities. These approaches demonstrated responsive care and contributed to children's increased independence, resilience and enjoyment.

Younger children had access to drinking water throughout the day, supporting their health and wellbeing. Snack times were generally positive, though food choices could be improved by reviewing options to ensure these reflect a healthy approach. The childminder shared nutritional expectations by engaging families with the updated 'Setting the Table' guidance, though further development of their own knowledge was identified to ensure consistent implementation of best practice. Snack time also provided meaningful opportunities for children to make choices, such as selecting fruits for the week ahead, with the childminder offering suggestions to encourage variety and healthy eating habits. This approach supported children to develop greater independence, make informed decisions about healthy food and develop positive relationships with food.

Personal plans were in place for each child and included key information about their health and developmental needs. We discussed the importance of reviewing and updating plans at least every six months, in line with current legislation to ensure they remain accurate and responsive to any changes. Regular reviews would help the childminder tailor care to each child's evolving needs, supporting their wellbeing and development. This would contribute to consistency of care between the setting and home (see area for improvement 1).

The childminder demonstrated a nurturing approach by building strong, trusting relationships with children and their families. Familiarity with individual children supported personalised care, helping them feel secure and valued. Parents were welcomed warmly and engaged in relaxed, meaningful conversations during collection times. This consistent and caring communication contributed to an environment where children developed a sense of belonging.

Areas for improvement

1. To ensure children's care and support remains responsive and tailored to their individual needs, the childminder should review personal plans at least every six months.

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

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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