

Black, Sheila Child Minding

Kilmarnock

Type of inspection:
Unannounced

Completed on:
27 October 2025

Service provided by:
Sheila Black

Service provider number:
SP2003901760

Service no:
CS2003003455

About the service

The childminder provides a service from their property in the residential area of Kilmarnock. The childminder is registered to provide a care service for a maximum of six children up to 16 years of age. Numbers are inclusive of the childminder's own grandchildren. At the time of our inspection, three children were registered with the service and there were two minded children present during the inspection.

The service is close to local primary schools, shops and parks, and other amenities. The children are cared for in the lounge area and have access to a downstairs bathroom and enclosed rear garden.

About the inspection

This was an unannounced inspection which took place on 22 October 2025 between 14:00 and 17:15. 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
- assessed core assurances, including the physical environment
- observed practice and daily life
- 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.

During this inspection we 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

- Children benefitted from nurturing interactions and strong relationships that supported their wellbeing and development.
- Policies and procedures should be updated to reflect best practice and improve outcomes for children.
- To support children's wellbeing infection prevention and control procedures should be further strengthened.
- A wider range of open-ended and loose parts resources would enhance children's play and learning.
- Improving the quality and accessibility of personal planning will help meet children's individual needs.
- Strengthening self-evaluation, with input from families, will support continuous improvement.
- To enable the childminder to develop their knowledge and skills they should engage in ongoing professional development to enhance their practice.

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	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
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

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 fostered a culture of nurturing relationships and respect, although the service's vision, values, and aims were unclear and not effectively communicated to children and families. However, effective communication supported families to be involved in aspects of the service, such as their child's play and learning. This supported consistency and children's overall wellbeing.

The policies and procedures in place were out of date and did not reflect current best practice. This meant families were unaware of the childminder's aims and objectives for the service. Policies were only shared with parents when they started at the service. We asked the childminder to update their policies and procedures to reflect best-practice guidance and to share them with families. This would support shared aspiration for the service and provide better outcomes (see area for improvement six 'What the service has done to meet any areas for improvement we made at or since the last inspection' and area for improvement one below).

Self-evaluation was at an early stage of development, and although the childminder used informal verbal communication to gather feedback from families, this had not led to sustained improvements. We asked that the childminder use the areas for improvement identified at this inspection to support them in focusing their improvements. We discussed the importance of involving families in this process to gain meaningful feedback that will support and sustain improvements within the service. Therefore, providing better outcomes for children. We signposted the childminder to the Care Inspectorate's 'Self Evaluation Your Guide' to support with this (see area for improvement five 'What the service has done to meet any areas for improvement we made at or since the last inspection').

At the time of the inspection, the childminder did not have the required car insurance. We highlighted this, and the childminder had actioned this before the end of the inspection. This provided us with assurances that children were kept safe while being transported in the childminder's car.

The childminder's registration conditions displayed to parents were not up to date. We asked the childminder to display their updated conditions of registration to support parents in being aware of them.

Quality indicator: Staff skills, knowledge, values and deployment

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

The childminder provided warm, responsive care, building positive relationships that supported children's emotional wellbeing and helped them feel secure. These interactions encouraged children to develop confidence and engage in play and learning experiences, contributing to their overall wellbeing.

The childminder had not kept up to date with core training requirements, including first aid and child protection, and had not engaged in any recent professional development to enhance their practice. This

limited their ability to confidently and consistently apply current guidance in day-to-day care. Addressing this area for improvement by completing essential training and ongoing development should strengthen the childminder's knowledge, support safe and effective practice, and contribute to improved outcomes for children (see area for improvement seven under 'What the service has done to meet the area for improvement since the last inspection).

The childminder had not yet used key professional resources, such as the Scottish Childminding Association (SCMA) and the Care Inspectorate Hub, to support the development of their skills, knowledge, and values. As a result, gaps were evident in core training areas, including child protection and first aid. Engaging with these resources and maintaining up-to-date training would enhance the childminder's confidence, ensure their practice aligns with current policy and legislation, and contribute to improved outcomes for children (see area for improvement seven under 'What the service has done to meet the area for improvement since the last inspection).

The childminder had informal links with other childminders but had not used these opportunities to reflect on or share good practice. Engaging in professional dialogue and collaboration would support the childminder in evaluating and improving their practice, ultimately enhancing children's learning experiences and outcomes.

Areas for improvement

1. To support the childminder's practice, they should ensure that all policies and procedures reflect up to date guidance and best practice.

This is to ensure that care and support is consistent with 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

3 - Satisfactory / Adequate

Quality indicator: Children experience high quality spaces

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

Children could choose from a range of toys and materials, allowing them to lead their own play in the childminder's home. The available floor space, along with couches and soft furnishings such as cushions, created flexible areas where children could play or rest, supporting their comfort and overall wellbeing.

The childminder had implemented appropriate safety measures to reduce risk within the home environment. For example, keeping keys out of children's reach and maintaining a secure boundary fence in the garden effectively minimised potential hazards and supported safe outdoor play. This helped keep children safe.

While risk assessments were in place, they were not sufficiently robust to support the childminder in proactively identifying and minimising risks to children. The recorded information was outdated and did not reflect current hazards, thereby reducing its effectiveness in ensuring children's safety. Strengthening the quality and regular review of risk assessments should enhance the childminder's ability to manage the

environment safely and prevent potential harm (see area for improvement three under 'What the service has done to meet the area for improvement since the last inspection).

While some improvements had been made to infection prevention and control procedures, such as the use of disposable aprons, gloves, and a wipeable mat during nappy changing, overall practice remained inconsistent and did not meet the required standard. As a result, the risk of infection remained heightened. Strengthening infection prevention and control procedures and ensuring consistent implementation would significantly reduce the risk of infection and better safeguard children's health and wellbeing (see area for improvement four under 'What the service has done to meet the area for improvement since the last inspection).

The childminder had some engagement with the local community through visits to toddler groups, messy play sessions, the local woodland area, and the library. These experiences enriched children's learning and supported their social development by helping them build confidence, form relationships, and develop a sense of belonging within their local and wider community.

Children play and learn 3 - Satisfactory / Adequate

Quality indicator: Play, learning and developing

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

Children showed enjoyment and sustained interest in their play. For example, one child created a telescope and initiated a conversation about what could be seen in the sky, prompting a rich discussion, supported by the childminder, about the moon, rainbow, and planets. The childminder gave children time to respond and explore their ideas, which encouraged creativity, language development, and curiosity.

There were moments when limited resources hindered children's ability to develop their ideas fully. When two children wanted to use the same shapes, the childminder intervened by dismantling one child's creation to support another, which led to disappointment. Expanding the range of resources, particularly open-ended and loose parts material, would allow children to collaborate, negotiate, and sustain their play more effectively. Loose parts are materials that can be moved, redesigned, and used in multiple ways. We signposted the childminder to the Care Inspectorate hub to support with this.

The environment included a mix of plastic and wooden resources, but some aspects of the setup hindered play. For example, children building towers on a soft rug struggled to keep them upright. This presented as a missed opportunity to explore concepts such as balance and stability through open-ended questioning. Encouraging children to reflect on why the tower was falling and how to solve the problem would deepen their learning.

Children were engaged for most of the time, though more consistent interaction from the childminder could further enrich their experiences. Opportunities to embed learning, such as incorporating counting or shape recognition into tower building, would support early numeracy. Observations of children's play should clearly identify learning outcomes and next steps, and consideration should be given to how this learning is shared with parents to strengthen home-setting connections (see area for improvement two under 'What the service has done to meet the area for improvement since the last inspection).

Overall, the childminder provided a warm, engaging environment where children were supported in their imaginative play. With further development of resources, more responsive interactions, and a stronger focus on extending learning, children's experiences could be even more enriching and impactful.

Children are supported to achieve 3 - Satisfactory / Adequate

Quality indicator: Nurturing care and support

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

The childminder demonstrated a good understanding of the children in their care, supporting individual routines such as sleep preferences. Children appeared happy and settled, seeking comfort and reassurance when needed. The childminder responded with nurturing approaches, offering cuddles and praise, which supported children's emotional security. For example, when a child bumped their head, the childminder responded calmly and offered comfort. These interactions helped build trust and positive attachments.

Mealtimes were generally relaxed and sociable, with children able to chat and enjoy their food. The childminder offered a choice by asking the children what they would like to drink. Opportunities for children to be more involved in snack preparation, such as peeling fruit, could further support independence and life skills at mealtimes.

The current table setup, positioned against the window, limited the childminder's ability to engage with children during mealtimes. Although the childminder advised that the table is sometimes moved to allow closer interaction, this was not observed during our inspection. Consistently repositioning the table could enhance social engagement and support meaningful conversations during mealtimes.

Personal plans did not consistently reflect each child's holistic needs, with limited evidence of how individual interests were supported and no clear strategies to guide learning. Although 'All About Me' forms had been updated, they lacked dates and review timelines, reducing their usefulness in tracking progress. While plans were signed by both the childminder and parents, the approach to involving families in reviewing and setting learning goals was unclear. The lack of prior plans and evaluations made it challenging to monitor development over time, and one plan was unavailable during inspection, even though it contained essential information. For children attending multiple settings, improved communication and shared planning are needed to support continuity. Strengthening the quality, accessibility, and collaborative nature of personal planning will help ensure children's needs are met, progress is monitored, and regulatory expectations are fulfilled (see area for improvement one under 'What the service has done to meet the area for improvement since the last inspection').

The childminder demonstrated a basic understanding of safeguarding procedures but had not completed recent child protection training, which was reflected in outdated policies. While they knew which agencies to contact and we were confident children were kept safe, the childminder should update their child protection policy to include current guidance, relevant contact details, and clearer procedures. The childminder should complete up-to-date training to strengthen their knowledge and ensure policies reflect best practice (see area for improvement one under 'Leadership').

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 effectively support children's care and development, personal plans should be developed. Plans should reflect children's current needs and how they will be supported. Plans should be reviewed with parents every six months or sooner if needed.

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

This area for improvement was made on 13 September 2024.

Action taken since then

Some improvements had been made to children's personal plans. However, plans had not been updated to reflect children's current interests and stages of development, and some were not available during the inspection. Personal plans did not detail how the childminder would support children to develop their interests. There were also no evaluations of previous plans to support the childminder to scaffold children's learning.

Therefore, this area for improvement has not been met.

Previous area for improvement 2

To support children's overall wellbeing, the childminder should use their observations of children to support them to meet their current needs and plan for their individual learning and development. These should be shared with parents and reviewed regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19)

This area for improvement was made on 13 September 2024.

Action taken since then

The childminder had not used their observations of children to support them to meet their current needs and plan for their individual learning and development.

Therefore, this area for improvement has not been met.

Previous area for improvement 3

To keep children safe, the childminder should identify risks in all areas children access and put mitigations in place to reduce those risks.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe" (HSCS 5.17).

This area for improvement was made on 13 September 2024.

Action taken since then

The childminder had identified some risks within their home to keep children safe. However, current risks within the childminders home had not been identified such as the removal of the stair gate. This did not support the childminder to highlight risks related to this and ensure mitigations were in place to reduce these risks. Risk assessment had also not been completed for outings and risks within the childminder's garden had not been evaluated. The childminder should ensure they reflect on all current risks within their home, garden and within the local and wider community to ensure children are kept safe.

Therefore, this area for improvement has not been met.

Previous area for improvement 4

To reduce the possible spread of infection, the childminder should review and improve their approach to infection prevention and control procedures. This should include, but not be limited to, hand hygiene, nappy changing procedures, and the wiping of surfaces to ensure they reflect Health Protection Scotland's guidance, 'Infection Prevention and Control in Childcare Settings (Day Care and Childminding Setting).'

This is to ensure the service complies with the Health and Social Care Standards (HSCS) which states 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 13 September 2024.

Action taken since then

Some improvements had been made to infection prevention and control procedures however, further improvements were required to support the childminder to reduce the spread of infection and keep children safe.

Therefore, this area for improvement has not been met.

Previous area for improvement 5

To support positive outcomes for children, the childminder should prioritise the areas for improvement identified within this report and use these to make improvements in practice.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

This area for improvement was made on 13 September 2024.

Action taken since then

The childminder had not prioritised improvements to be made and did not meaningfully reflect on practice to support more positive outcomes for families.

Therefore, this area for improvement has not been met.

Previous area for improvement 6

To support the childminder's practice, they should ensure that all policies and procedures reflect up to date guidance and best practice. This should include, but not be limited to, ensuring that appropriate insurance is in place for transporting children, and child protection guidance.

This is to ensure that care and support is consistent with 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).

This area for improvement was made on 13 September 2024.

Action taken since then

The childminder had not updated their policies and procedures to reflect up to date guidance and practice.

Therefore, this area for improvement has not been met and has been reworded and included as part of this inspection.

Previous area for improvement 7

The childminder should identify and access suitable training and self-directed learning to help them meet children's needs.

This is to ensure care and support is consistent with the Health and Social Care Standard 3.14, which states 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 13 September 2024.

Action taken since then

The childminder had not identified or accessed training or self directed learning to support them to meet children's needs.

Therefore, this area for improvement has not 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	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Staff skills, knowledge, values and deployment	3 - Satisfactory / Adequate
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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