

# Graham, Helen Child Minding

Kilmarnock

**Type of inspection:**  
Unannounced

**Completed on:**  
10 November 2025

**Service provided by:**  
Helen Graham

**Service provider number:**  
SP2018989783

**Service no:**  
CS2018365592

## About the service

The childminder provides a childminding service from their home in a quiet residential area in Stewarton in East Ayrshire.

The childminder is registered to provide a care service to a maximum of six children at any one time up to 16 years of age. Numbers are inclusive of the childminder's own children. Children have access to the living room, kitchen/dining area, playroom and a fully enclosed garden and an upstairs toilet. The service is close to local primary schools, shops, parks and other amenities. There were five children registered with the service and at the time of our inspection there were three children present, of whom one was minded.

## About the inspection

This was an unannounced inspection which took place on 4 November 2025 between 11:30 and 14:30. 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:

- gained feedback from one parent/carer through Microsoft form questionnaires
- spoke with the childminder
- observed practice and daily life
- reviewed documents
- assessed core assurances, including the physical environment.

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, improvements were identified relating to core assurances. We have reported where improvement is necessary within Leadership.

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:

- 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 were supported to feel safe and secure as the childminder displayed caring and nurturing approaches.
- Children were actively involved in leading their own play leading their own play, which promoted enjoyment, independence, and creativity.
- To keep children safe the childminder must comply with their conditions of registration at all times.
- To keep children safe the childminder will no longer use their car to transport minded children as they do not hold the appropriate car insurance cover.
- More structured and focused feedback discussions with families should be introduced so that parental input directly informs improvements and strengthens outcomes for children.
- The childminder should make use of available resources and guidance to build skills, remain up to date with best practice, and enhance the quality of care provided.

## 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	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 service had established visions, values, and aims which they shared with families when they started with the service. This helped set expectations and provided a foundation for the childminder's approach to care. However, these had not been reviewed for some time, and we advised the childminder to revisit them regularly in consultations with parents. This would ensure they continue to reflect current approaches, priorities and support a shared understanding of the service's goals.

The childminder used some informal approaches to engage families in the improvement process, including verbal communication and questionnaires. While these methods demonstrated a willingness to involve parents and carers, they were not consistent and the impact of these efforts on outcomes for children remained unclear. There was limited evidence that these informal strategies had led to sustained or measurable improvements.

The childminder had proactively printed off their previous inspection report and used it as a reference point to guide improvements. This demonstrated a reflective approach and a commitment to addressing identified areas for development. However, while some progress had been made since the last inspection, particularly in areas previously highlighted, the process lacked a structured framework for involving families in a meaningful and consistent way. Moving forward, the childminder would benefit from adopting more focused and formalised strategies to ensure that feedback from families directly informs targeted improvements and enhances outcomes for children.

Policies and procedures in relation to Medication required updating to reflect current guidance. Clearer direction was needed to ensure medication was prescribed for a specific ailment, used within a defined timeframe, and supported by parents recording accurate symptoms. Sampled forms showed gaps, including missing dates, signatures, and incomplete entries. For instance, one form stated medication should be given "when required" without specifying symptoms, which did not provide the childminder with sufficient information to administer medication safely. Updating the medication policy and strengthening procedures for completing forms accurately will support the childminder in maintaining safe practice. We signposted the childminder to the Care Inspectorate's 'Management of medication in daycare of children and childminding services' guidance to assist with this process.

At the time of inspection, the childminder did not hold the required car insurance. This was highlighted, and the childminder confirmed they would no longer be using their vehicle to transport minded children, which assured the children's safety.

It was identified, through sampling of attendance registers, that the childminder was caring for more children than permitted under their conditions of registration. This resulted in a breach of their conditions of registration and placed children at risk. The childminder must ensure they are complying with their conditions at all times. This would ensure children were kept safe. We have made a requirement regarding this (see requirement 1).

**Quality indicator: Staff skills, knowledge, values and deployment**

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

The childminder had established trusting relationships with families, which positively contributed to children's experiences and wellbeing. This partnership approach enabled effective communication and supported a shared understanding of children's needs.

The childminder had maintained core training, including First Aid, which helped ensure children's safety. While the childminder was familiar with safeguarding procedures, we discussed the value of completing refresher training in Child Protection. This would strengthen their up to date knowledge and provide opportunities for reflection and ongoing improvement.

The childminder told us that they had developed their professional knowledge by listening to podcasts to broaden their understanding of their role. However, they did not provide specific examples, and there was no evidence to demonstrate how this had contributed to positive outcomes for children. We asked that the childminder keep a log of continuous professional development activities. Evaluating their impact would further strengthen reflective practice and help identify areas for further improvement.

The childminder had access to valuable resources such as the Care Inspectorate Hub and the Scottish Childminding Association (SCMA), but it was unclear to what extent these were being used to support ongoing learning. More consistent engagement with these platforms should support the childminder to build their skills and stay informed about best practice (see area for improvement 2 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

The childminder was involved in the local childminding group and frequently engaged with other childminders during nursery pick-ups and within the community. These interactions encouraged professional dialogue and offered opportunities to exchange ideas and reflect on practice. However, there was little evidence to show how these informal discussions were applied to inform or improve outcomes for children.

**Requirements**

1. By 8 December 2025, the childminder must ensure they are working to the conditions set out within their conditions of registration certificate.

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

- a) Ensure the maximum number of children attending the service does not exceed the number stated on the registration certificate.
- b) Complete and maintain accurate registers of children who attend the service daily, including children who are not minded.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27); and 'My care and support meets my needs and is right for me' (HSCS 1.19).

## 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.

The childminder provided a welcoming environment that supported children's play and development. The living room offered ample floor space for children to play, while the couches and cushions provided comfortable places to rest. A separate playroom enabled children to self-select resources, promoting independence and choice. The childminder responded to children's interests throughout the day, asking what they would like to play with and incorporated relevant resources to sustain engagement.

Children were actively involved in leading their own play and were having fun. We observed children singing, dancing, laughing, and engaging in imaginative scenarios such as playing with dinosaurs. The childminder balanced child-led and adult-initiated interactions effectively. For example, when a child lost interest in cars and trucks, the childminder introduced dinosaurs and playmats to re-engage them. Open-ended questioning was used at times to support children's thinking, such as matching dinosaurs to images on the playmat. Applying this approach consistently would further help children to develop their ideas in play experiences.

While the childminder created a stimulating and responsive environment, there was scope to deepen children's learning through technology. For example, extending a dinosaur-themed activity by exploring names and facts online could have enhanced children's curiosity and understanding. Continued reflection on how to integrate digital tools meaningfully would support richer learning experiences for children.

The childminder respected children's ideas and gave them time and space to make decisions and express their views. Literacy and Numeracy were naturally embedded in play, with the childminder engaging in meaningful conversations, discussing colours and similarities, for example, they highlighted when the colour of a toy matched a child's clothing. Children had opportunities to build confidence, make choices, and develop their communication skills in a supportive environment.

The childminder supported children to stay safe. They encouraged children to tidy away toys to prevent trip hazards. They intervened appropriately to prevent accidents, such as asking children to sit down when standing on chairs. The garden was securely enclosed with a high up lock on the garden gate and keys were stored safely on hooks rather than left in doors. This helped keep children safe.

Risk assessments were in place and reviewed every three to four months, supporting the childminder to identify and manage potential hazards. However, they could have been used more proactively, with updates added as new risks arose. The assessments for outings lacked detail and did not clearly set out the specific risks involved. We advised the childminder to consistently assess and update these documents, expanding the information recorded to help identify additional risks and appropriate mitigations. This approach would strengthen their ability to reduce risks and maintain children's safety.

Children had regular access to outdoor play and the wider community. The childminder told us they attended a local toddler group, visited a local bouncy castle venue, and used nearby parks. These experiences enriched children's learning and supported their physical development and social interaction.

## 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.

The childminder displayed nurturing approaches that supported children's wellbeing. When children were upset, they were offered comfort and reassurance, such as cuddles, which helped them feel safe and secure. For example, when a child fell and bumped their chin, the childminder responded promptly with care and reassurance.

The childminder knew the children well and demonstrated awareness of their likes, dislikes, and preferences. Routines were respected and consistency was provided, particularly around sleep patterns, which supported children's sense of security. The childminder responded effectively to children's verbal and non-verbal cues, such as adjusting trousers that were caught under a child's feet to prevent trips and ensure safety. Sleep arrangements were in line with safe sleep guidance. We discussed with the childminder, ensuring regular checks were carried out when the children were sleeping. This would ensure children were kept safe.

Where children walked to the childminder's home from school, the childminder recognised the need for parental consent. However, only verbal consent was sought, and we asked the childminder to obtain the parents' written permission. We asked the childminder to complete risk assessments to identify hazards and mitigations. This would support the childminder in keeping children safe during transitions between school and the childminder's home.

The childminder demonstrated an awareness of children's interests and had begun to reflect these in children's personal plans. Although improvements had been made to the information recorded in children's plans, it was unclear how the childminder would support children in developing their interests. Further expanding the information recorded in children's personal plans would strengthen the planning of next steps in learning and ensure activities were more closely aligned with individual targets. The childminder used a milestone tracker to record achievements; however, they were not dated, making it difficult to evidence progression. We discussed using these as a working document and dating them appropriately. This would support the childminder in planning children's learning. We shared the Care Inspectorate's 'Guide For Providers on Personal Planning' with the childminder to support further improvement (see area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection' and see area for improvement 1 below).

The childminder shared children's personal plans with parents; however, their methods of sharing did not always support the best outcomes. For example, some parents had not returned personal plans, raising questions about accessibility. Alternative methods of sharing, such as electronic copies or reviewing at pick up, would support the childminder in ensuring that plans were appropriately reviewed and signed by parents, and that plans were in place for all children. Where children attended nursery, shared plans and liaison with nursery staff would support consistency in children's targets.

Children's choices were respected, with the childminder asking if children were hungry or would like lunch, which promoted autonomy and trust. Children were provided with opportunities to eat in a relaxed, unhurried atmosphere, which supported positive mealtime experiences. Children had their own bottles of water, which helped them stay hydrated throughout the day. However, seating arrangements could have been improved, as children sat in highchairs away from each other rather than together at a table. The childminder did not consistently sit with the children, missing opportunities to promote sociability. We

discussed with the childminder sitting all together at mealtimes would support a more sociable mealtime experience.

The childminder demonstrated confidence in safeguarding procedures and was aware of the steps to take if concerns arose. They spoke through scenarios and identified appropriate agencies to contact, ensuring children's safety.

## Areas for improvement

1. To ensure children's individual needs are met, the childminder should further develop children's personal plans. This should include, but not be limited to, recording information that identifies how they will meet and support a child's needs and interests ensuring personal plans are reviewed at least once in every six month period.

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).

## 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 support children's health and wellbeing, the childminder should develop outcome-focused personal plans for all of the children in their care and they should be individual to each child. These should be reviewed every six months, or sooner if needed, with input from parents and children (where appropriate).

This is to ensure that care and support are consistent with the 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 5 November 2024.**

### Action taken since then

The childminder had developed children's personal plans to reflect their individual needs and interests. Plans in place had been reviewed at least every six months which supported the childminder to have up to date information relating to children's needs. However, plans required to be further improved to ensure they were outcome focused and individual to each child to evidence how the childminder would support children's individual needs and interests. Therefore, this area for improvement has not been met, it has been reworded and included as part of this inspection.



## Previous area for improvement 2

To support better learning and development opportunities for children, the childminder should engage in professional development. This should include but not be limited to accessing resources in the Care Inspectorate hub and becoming familiar with childcare practice documents to support children's care, play, and learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

**This area for improvement was made on 5 November 2024.**

### Action taken since then

The childminder had not engaged in professional development to support better learning and development opportunities for children. They had not accessed resources available to them, such as the Care Inspectorate Hub to support their continuous professional development. 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](http://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 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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