

O'Hara, Rhona Child Minding

Greenock

Type of inspection:
Announced (short notice)

Completed on:
2 December 2025

Service provided by:
Rhona O'Hara Rhona O'Hara

Service provider number:
SP2005952224

Service no:
CS2006117047

About the service

Rhona O'Hara provides her childminding service from their family home in Greenock, Inverclyde. The service is close to local schools, a nursery, parks and amenities. Children have access to an enclosed outdoor garden and play area, kitchen, toilet and sitting room.

At the time of the inspection, six children were registered with the service. They attended the service over the course of the week with varying patterns of attendance. Two children aged two years were present on the day of the inspection.

The childminder is registered to provide a childminding service to a maximum of six children at any one time under the age of 16 years, of whom no more than three are not yet attending primary school and of whom no more than one is under 12 months. The numbers are inclusive of children of the childminder's family.

About the inspection

This was an unannounced inspection which took place on 27 November 2025. This 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 throughout the inspection year.

To inform our evaluation we:

- spoke with two children using the service
- received three completed questionnaires from parent/carers
- spoke with the childminder
- 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, improvements were identified relating to core assurances. We have reported where improvement is necessary under the Children are supported to achieve heading.

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

- Play experiences supported creativity, problem-solving, and independence.
- Children would benefit from opportunities to contribute ideas and plan experiences.
- The childminder provided a caring and nurturing environment where children felt safe and valued.

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

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

Quality indicator: Leadership and management of staff and resources

The childminder had clear values about caring for children in a respectful and nurturing way. These values were seen in daily routines and interactions, which helped children feel safe and confident. One parent told us: "I appreciate the childminder service so much, my child is happy and content to go and that's all I can want. I know they are safe and well looked after". The childminder told us that the service aims and values had not been updated for some time. We asked the childminder to consider how current families could be consulted to ensure values are meaningful and children and families experience a service that is reflective of their needs and aspirations

Parents were able to share their views and opinions in an informal way. For example, during drop off and collection of children. This supported the childminder to make changes, like adjusting routines or offering specific activities for children. Families said they felt listened to with one parent commenting: "[the childminder] will ask my opinion on things to do with my children". The childminder advised that in the past they had used questionnaires to gather suggestions, however feedback had been limited. We discussed with childminder new ways that could be used to consult with children and families that they may find helpful. For example, short online surveys or child-friendly visuals. This would ensure everyone's voice is heard and support ongoing improvement.

Self evaluation was at the early stages of development. The childminder told us they made changes when needed and were aware of some best practice guidance. For example, 'Realising the Ambition' and 'A quality framework for early learning and childcare sectors: childminding'. However, there was no formal system in place to record what was working well or what needed to improve. We discussed with the childminder how a simple plan for self-evaluation, would help identify improvements. This could be used to track progress and show the impact of any changes for children and families. The childminder agreed to consider this.

Quality indicator: Staff skills, knowledge, values and deployment

The childminder had built trusting relationships with families. This helped children feel happy and secure and supported their overall wellbeing. Working closely with families meant communication was clear, and everyone understood the children's needs.

The childminder had kept up to date with core training , including child protection, which helped ensure children were safe and well cared for. They had also recently carried out some professional reading and research about supporting children with additional needs. This was a positive step towards understanding and supporting inclusion, showing a clear commitment to meeting children's overall wellbeing needs.

The childminder had started learning through online training, showing they were keen to improve their practice. They had also joined the Scottish Childminding Association (SCMA), which gave them access to regular updates, training opportunities, and a network of support. This was a positive step towards keeping up to date and building confidence in their role. However, there was limited evidence of how this learning had been applied to improve outcomes for children.

While the childminder had taken positive steps to access resources, the impact on children's experiences was not yet clear. For example, there were no recorded reflections or examples of changes made as a result of training. We suggested how keeping a log of professional development and evaluating its effect would strengthen reflective practice and helped identify areas for further improvement.

Children play and learn 4 - Good

Quality indicator: Playing, learning and developing

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Children were engaged, happy, and confident in their play. They experienced a stimulating environment with a variety of age-appropriate resources that reflected their interests and supported different areas of learning. This helped children to explore, be creative, and develop independence.

Children enjoyed a balance of free play and adult-led activities within the childminder's home. For example, playdough was set up to encourage sensory and fine motor skills, and a water activity allowed children to bathe dolls, promoting imaginative play and early self-care skills. The childminder used observations of children's play to plan activities and structure the environment, ensuring experiences were relevant and enjoyable.

The childminder modelled activities and provided consistent praise and encouragement, which supported children's confidence. They offered help when needed, such as assisting with dressing-up costumes, but also knew when to step back and allow children to lead their own play. For example, children were observed mimicking reading stories to each other, which promoted creativity and early literacy skills.

Children's communication and language were well supported. The childminder used strategies such as "wondering aloud" and giving children time to respond to questions, which encouraged thinking and conversation. A variety of books and environmental print were available, helping children develop literacy skills in a natural way.

Although formal written planning was not in place, the childminder knew the children well and used an age-and-stage tracker to identify gaps in development and plan experiences to support progress. This ensured children's learning needs were met in practice, even without formal documentation.

Family engagement was strong. The childminder shared photos and videos of children's experiences through digital messages and included contributions from home learning. This strengthened partnerships and helped parents feel involved in their child's learning. To extend this, we encouraged the childminder to offer opportunities for children to plan their own experiences and share their ideas more regularly.

Children are supported to achieve 4 - Good

Quality indicator: Nurturing care and support

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Children experienced warm, caring relationships with the childminder. Interactions were consistently kind and respectful, helping children feel safe and valued. One parent told us; "[The childminder] loves and cares for my children in the way I would". We observed children seeking comfort and cuddles from the childminder, which showed strong attachments and trust. This supported their emotional wellbeing and sense of security, enabling them to relax and enjoy their time in the setting.

Personal care routines were carried out sensitively, promoting children's dignity and privacy. For example, when changing clothes after water play, the childminder ensured children were comfortable and respected their personal space. This approach supported children feel respected and contributed to their confidence and self-esteem.

Mealtimes were a calm and unhurried experience. Children enjoyed sitting together and were encouraged to take their time as they chatted with the childminder and each other. The childminder promoted a healthy eating policy and packed lunches were provided by parents. One parent told us: "Packed lunch is provided by myself but fruit and snacks are available if needed". To support independence and choice, children were encouraged to select items they wished to eat from their selection. Good hand hygiene was promoted before snacks and children were heard to be singing a song about handwashing. This helped children learn healthy habits and develop responsibility for their own care.

Personal plans were in place for all children and they contained some relevant information relating to children's health, wellbeing and emotional needs. Of the plans we sampled, we found that these were not always updated regularly or been completed in consultation with parents. We noted that plans for children were also not always in place within 28 days of children starting the service. Whilst the childminder knew children and families well, we discussed the importance of ensuring information was recorded and strategies were in place to support children. This will ensure children receive care and support that is right for them. This had been highlighted as an area for improvement at the last inspection and will be repeated as part of this inspection. (see area for improvement one under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

At the time of inspection no children were currently receiving medication. We were satisfied with the procedures in place and assured the childminder was aware of their role in keeping children safe.

Communication with parents was a clear strength. The childminder maintained regular informal contact at drop-off and collection, building strong relationships and trust. They also used WhatsApp to share photos and videos of children's experiences and provide updates on meals and activities. One parent told us: "We always have a quick debrief before and after drop offs to check my little one is ok in the mornings and how her day has been in the afternoon".

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 the childminder in ensuring children's emotional, health and wellbeing needs continue to be met, a written personal plan should be in place for all children within 28 days of them starting the service. This should be done in consultation with parents and reviewed every six months as a minimum.

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).

This area for improvement was made on 23 January 2025.

Action taken since then

This area for improvement has not been met and will be repeated as part of this inspection

Previous area for improvement 2

To support the childminder in evaluating and identifying improvements within their service they should develop and embed a programme of self evaluation using best practice documents, for example, 'A quality framework for daycare of children, childminding and school-aged childcare'.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I use a service and organisation that are well led and managed" (HSCS 4.23) and "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 23 January 2025.

Action taken since then

The childminder told us they regularly consult with parents and children on ways to improve the service, however this is done informally. We encouraged the childminder to formalise this. This area for improvement has been met.

Previous area for improvement 3

To support positive outcomes for children, the childminder should identify and access training and professional learning to develop their skills and knowledge. They should record learning and demonstrate ways in which it has improved experiences and outcomes for children.

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, and are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 23 January 2025.

Action taken since then

The childminder had signed up to SCMA and had undertaken some training relevant to their role. 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
Staff skills, knowledge, values and deployment	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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
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