

Hazel's Childminding Services

Child Minding

Livingston

Type of inspection:
Unannounced

Completed on:
25 November 2025

Service provided by:
Hazel Armour

Service provider number:
SP2019990564

Service no:
CS2019375345

About the service

Hazel's Childminding is provided by Hazel Armour (referred to in this report as the childminder) from her home in Livingston, West Lothian.

The childminder can care for a maximum of 6 children at any one time up to 16 years of age of whom no more than 6 are under 12 years; no more than 3 are not yet attending primary school and; no more than 1 is under 12 months. Numbers include the children of the childminder's family/household. Minded children can only be cared for by persons named on the certificate and no overnight care can be provided.

The service is situated in a residential area with good links to local transport. A school, nursery, shops and play parks are within walking distance.

About the inspection

This was an unannounced inspection which took place on 25 November 2025 between 10:10 and 13:20 hours. 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 two children using the service.
- Spoke with the childminder.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- Children were comfortable and had developed positive attachments with the childminder, although nurturing interactions could be enhanced.
- The environment was spacious and comfortable and children were able to move around easily to support their play.
- Children enjoyed regular opportunities for fresh air and active play.
- Improved access to toys and games would support children to lead their own play and make choices.
- Risk assessment of the home, garden and outings needs to be developed and used to address issues.
- Quality assurance systems need to be developed to support improvements needed.

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	2 - Weak
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 2 - Weak

We made an evaluation of weak for this quality indicator. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator: Leadership and management of staff and resources

The childminder had not informed us of a new member of the household over the age of 16 moving into the home. This must be addressed to ensure that appropriate checks are made to confirm that all adults are fit to be in the proximity of children. The childminder should ensure they submit all required notifications and make themselves familiar with the guidance 'Records childminders must keep and required notification procedures.' This is to enable sharing of relevant information to ensure appropriate action is taken to support children's wellbeing (see requirement 1).

The visions, values and aims of the service were not available and the childminder was not able to communicate these effectively. We discussed how reviewing these with children and families would support a focus on improvement and a clear direction for the service. Involving families would enable the values and aims to reflect shared aspirations for positive outcomes for children. We asked the childminder to review these to ensure their relevance and to include the voices of children and families (see area for improvement 1).

Children were not yet benefitting from a service that was being regularly monitored and reviewed. The childminder confirmed they had not taken any action to develop quality assurance systems and was unsure how to do this. This had resulted in limited progress in addressing previously identified areas for improvement. We discussed how this could be developed to support continuous improvement. Robust quality assurance systems should now be developed to support ongoing self-evaluation, identify areas for improvement and evidence progress. An action plan for the year should also be developed to record identified priorities along with opportunities for children and families to provide feedback. Reference should be made to the Health and Social Care Standards (HSCS), the 'Quality improvement framework for the early learning and childcare sectors: childminding' and the 'Self-evaluation toolkit for childminders' available on the Hub section of our website. Bitesize improvement sessions should also be accessed on our YouTube channel (see area for improvement 2).

The childminder had difficulty accessing relevant documents during the inspection such as risk assessments and policies, with only the child protection policy available during the inspection. Although a booklet was available for new families this did not contain policy statements and should be reviewed. The child protection policy contained a phrase which could be seen to be divisive and inappropriate which the childminder could not explain. This policy should therefore be revised. We asked the childminder to develop a folder of relevant documents to support easy access and the smooth operation of their service. This should include copies of all relevant policies to support practice (see area for improvement 3).

The childminder had not yet taken time to familiarise themselves with best practice documents or access further training and development opportunities. There was limited evidence of new knowledge and learning on children's experiences. They should now actively engage with learning and development opportunities and relevant guidance to support them in delivering a high quality service. The area for improvement made at the previous inspection has therefore not been met and has been made again (see area for improvement 4).

The certificate of registration was displayed for parents to review however, this was unreadable due to fading. We asked the childminder to reprint and replace this to ensure that parents can check this at any time during minding hours, to ensure compliance with the terms of registration.

Requirements

1. By 17 January 2026, in order to safeguard children, the childminder must submit a Disclosure Scotland form in respect of the new person living on the premises who is over 16 years old.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

It is also necessary to comply with Regulation 12(2)(a) (Child minding) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210.

Areas for improvement

1. To support positive change and progress which meets the needs and desires of children and families, the childminder should reflect on and review her vision, values and aims. This should include involvement from families using the service to shape these and clear communication of these with all users 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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To improve outcomes for children, the provider should implement robust quality assurance systems which will improve the quality of the provision in line with best practice.

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).

3. The childminder should ensure that record keeping is organised, accessible, up to date and follows current legislation and guidance. All relevant policies should be held and be easily accessible. This is to provide children and families with confidence and support the smooth operation of the service to meet children's needs. Reference should be made to the Care Inspectorate guidance note 'Records childminders must keep and required notification procedures.'

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

4. To further improve outcomes for children, the childminder should refer to and use training, national guidance and best practice, focusing specifically but not exclusively on:

- child protection in a childminder setting
- child development, play and the adult's role to support children
- risk assessment processes
- self-assessment and quality assurance.

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 based on relevant evidence, guidance and best practice' (HSCS 4.11).

Children thrive and develop in quality spaces

3 - Satisfactory / Adequate

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

Quality Indicator: Children experience high quality spaces

There was an appropriate range of toys and games available for the minded children present which met their needs and interests. Children were encouraged to tidy up and this supported them in taking responsibility for the environment and supported their access to play space.

Children's play experiences were limited as the toys and games available were not readily or easily accessible to them and they were unable to make verbal requests. We asked the childminder to ensure that relevant toys were ready for children on arrival and to review storage to enable children to lead their own play and learning and make choices.

The spaces accessed by children were found to be clean, hygienic and well ventilated supporting children's comfort, health and wellbeing. The childminder described steps taken to reduce the risk of cross infection to children, which supported them to remain healthy. Safety equipment was in place such as stair gates and fire blankets to ensure children's safety. Hazardous items were seen to be stored out of reach or within a lockable cupboard. However, we asked the childminder to take advice from the fire department in regard to the curtain in the hallway at the top of the staircase. This also presented a possible tripping risk and should be reviewed to ensure children's continued wellbeing.

The childminder held some understanding of confidentiality issues when collecting and sharing information with parents. Personal information was stored in a location which could be easily accessed by visitors to the property. We asked the childminder to consider the use of lockable box or other options to ensure that each child's personal circumstances and information was kept private. We also reminded them to check whether they were required to register with the Information Commissioners office regarding data protection (see area for improvement 1).

The childminder had recently begun to consider hazards presented to children within the home to support children's safety. There was a basic risk assessment in place which identify a few hazards. These had not yet been fully developed for all hazards in home and risks presented in the garden, from pets and during outings. We also found that a deep container of rain water was accessible to children in the garden which presented a risk of cross infection and of drowning. Carrying out a full risk assessment of the premises and garden would support the childminder in identifying and addressing such risks. The childminder should now develop written risk assessments on the home, garden, pets and outings. These should demonstrate the

hazard and the control measures and be reviewed annually or sooner if there is any new risk identified or any changes to the environment (see area for improvement 2).

Areas for improvement

1. To ensure children's privacy, the childminder should review storage of children's personal information to ensure it is secure and out of reach.

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 based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To protect children from hazards, the childminder should:

- Develop a dynamic risk assessment procedure that identifies all risks, hazards and control measures needed to keep children safe.
- Ensure risk assessments are regularly reviewed.

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 5.19).

Children play and learn 3 - Satisfactory / Adequate

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

Quality Indicator: Playing, learning and developing

The childminder was responsive to children's interests during their play with resources they were engaged with. They quickly identified other resources to help extend a child's pretend play with small world resources. This increased children's enjoyment and supported their concentration in their play. There was scope to develop basic planning to support provision to meet children's needs and interest. This would also support provision of resources in readiness for children's arrival. We signposted the childminder to information on schemas (repeatable patterns of behaviour) to support planning for younger children.

Children enjoyed regular opportunities for active play at parks in the local environment and walks around the community. This promoted their physical wellbeing, strength, and coordination. We suggested making improved use of community resources such as the library, the forest and toddler groups to further support children's learning, risky play experiences and social connections.

Children's progress and learning was now being recorded within development checklists. These demonstrated when children were secure in a stage of their development and supported sharing of children's progress with families. We asked the childminder to continue developing these to ensure that next steps are recorded and to progress plans to develop records or scrap books to evidence children's experiences and learning.

Although a wide selection of toys was available there was limited opportunity for creative play to support children's imagination and exploration. We discussed how treasure baskets could be developed for babies and the use of loose parts play materials. In addition, children should have regular opportunities for music, dance, painting and drawing to support them in expressing themselves (see area for improvement 1).

Interactions from the childminder were not supportive of children's language, literacy and numeracy development. There were missed opportunities for discussions to role model language, and singing and reading were not daily experiences with television programmes such as 'Miss Rachel' being used to support this. This limited young children's exposure to language to support their speech development. The childminder should explore further training and development to support them in understanding how young children learn and use this to improve interactions (see area for improvement 2).

Areas for improvement

1. To provide children with opportunity to express themselves and develop their imagination the childminder should make daily provision for creative play and learning experiences for all children. These should support children's interests, age and stage of development.

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

2. To provide young children with high quality care, play and learning, the childminder should update and review their knowledge and understanding of best practice in supporting infants' learning and development. This should include, but is not limited to:

(a) Implementing Care Inspectorate guidance, 'Growing my Potential: Promoting safe, responsive, nurturing care and learning experiences and environments for babies and young children aged 1 and 2 years.'

(b) Familiarising themselves with the document 'realising my ambition: being me' available at <https://education.gov.scot/resources/realising-the-ambition/>.

(c) Referring to and using the Care Inspectorate guidance 'ready to read' available at [https://www.careinspectorate.com/images/documents/3662/Ready to read booklet low res.pdf](https://www.careinspectorate.com/images/documents/3662/Ready%20to%20read%20booklet%20low%20res.pdf).

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).

Children are supported to achieve 3 - Satisfactory / Adequate

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

Quality Indicator: Nurturing care and support

Nappy changing was carried out discreetly and out of view protecting the child's privacy and dignity. However, appropriate personal protective equipment needed was not available for use and a towel was

being used instead of a wipeable changing mat. The area for improvement made at the last inspection has been made again and re-worded to reflect action taken in response to hand washing (see area for improvement 1).

Children were able to sit comfortably in appropriate seating for meals, were supervised closely and encouraged to sit safely which reduce their risk of choking. Although lunches were mostly provided by parents, the childminder provided some snacks and drinks. Children were accessing diluting juice during the inspection and lunch was eaten from the box rather than served on a plate. Snacks were not yet in line with current guidance for younger children to support them in developing healthy eating habits. We signposted the childminder to the revised 'Setting the table' guidance document. Menus should be developed to support provision of nutritiously balanced snacks and meals whilst supporting provision of healthy packed lunches. This is to support children in developing healthy eating habits (see area for improvement 2).

Communication with families was mostly verbal and through social media platforms. This supported regular sharing of information which enabled the childminder to understand children's current individual needs. Personal plans had been reviewed every six months to ensure information was up to date to meet needs. We reminded the childminder to make sure that it is the parent who signs and dates these to confirm the update.

Children benefitted from some warm and loving interactions with the childminder. Lots of cuddles supported children to feel secure. Transition into the setting was flexible to meet individual needs especially for children who needed more time. This promoted children's secure attachment and emotional safety.

The childminder demonstrated knowledge of child protection procedures contributing to children's safeguarding. They had refreshed their training and held a policy which supported them to take appropriate action. We asked the childminder to ensure that the contact details of the local Child Protection team are also recorded on this to further support timely action for children's wellbeing.

There were no children currently requiring medication and no accidents since the previous inspection. However appropriate records were in place to manage this when needed. This would support timely recording and information sharing, contributing to children's positive wellbeing.

Areas for improvement

1. To minimise the potential spread of infection within the setting, the childminder should:

- Ensure appropriate personal protective equipment (PPE) is used when changing children.

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 based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To promote children's healthy eating, the childminder should review snacks and lunches, to ensure provision of a nutritiously balanced menu and active promotion of healthy food choices to support children to develop healthy eating habits.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

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 wellbeing, the childminder should, at a minimum:

- Ensure every child has a fully completed personal plan, created in partnership with children and parents / carers, within 28 days of starting the service.
- Record the child's medical information.
- Review the plan at least every six months while the child is at the service.

This is to ensure that care and support is 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 16 February 2024.

Action taken since then

We looked at children's personal plans and found that there was no medication needed since the previous inspection. Paperwork was however readily available for this. This aspect of the improvement area will be followed up at the next inspection. Children's personal plans were now reviewed every six months and development checklists were being used to support ongoing review of children's development.

This area for improvement is therefore met.

Previous area for improvement 2

To protect children from hazards, the childminder should:

- Develop a dynamic risk assessment procedure that identifies all risks, hazards and control measures needed to keep children safe.
- Ensure risk assessments are regularly reviewed.

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 5.19).

This area for improvement was made on 16 February 2024.

Action taken since then

The childminder had recently begun to complete a basic risk assessment of the home and some risk assessments statements for four aspects of provision were seen. However, these were not yet fully identifying the potential risk and the minimising actions needed to ensure children's safety. We signposted the childminder to templates to support the development of these and advised to complete this for the home, garden, pets and outings.

The area for improvement is therefore not met and has been made again.

Previous area for improvement 3

To minimise the potential spread of infection within the setting, the childminder should:

- Ensure appropriate personal protective equipment (PPE) is used when changing children.
- Ensure children do not share a towel when handwashing takes place.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state 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 16 February 2024.

Action taken since then

Although steps had been taken to ensure children were not sharing a towel after handwashing, the childminder did not have appropriate personal protective equipment readily available for nappy changing and was using a towel as a changing mat. This could have compromised children's health.

The area for improvement is therefore not met and has been made again.

Previous area for improvement 4

To improve outcomes for children, the provider should implement robust quality assurance systems which will improve the quality of the provision in line with best practice.

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).

This area for improvement was made on 16 February 2024.

Action taken since then

The childminder confirmed they had not yet taken any action in implementing quality assurance systems. This had resulted in limited progress in addressing concerns highlighted in the previous inspection. We signposted the childminder to the self evaluation toolkit available on our hub.

The area for improvement is therefore not met and has been made again.

Previous area for improvement 5

To further improve outcomes for children, the childminder should refer to and use training, national guidance and best practice, focusing specifically but not exclusively on:

- Child protection in a childminder setting
- Child development, play and the adult's role to support children
- Risk assessment processes
- Self-assessment and quality assurance.

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 based on relevant evidence, guidance and best practice (HSCS 4.11).

This area for improvement was made on 16 February 2024.

Action taken since then

The childminder had completed an online module to refresh their knowledge and understanding around child protection. They had also accessed one other online modules in relation to children's play since the previous inspection. This had not been sustained and the childminder confirmed they were not accessing and using best practice documents or webinars.

The area for improvement is therefore not met and has been made again.

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	2 - Weak
Leadership and management of staff and resources	2 - Weak
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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