

# **Brodie, Stephanie**

## **Child Minding**

Dunfermline

**Type of inspection:**  
Unannounced

**Completed on:**  
27 November 2025

**Service provided by:**  
Stephanie Brodie

**Service provider number:**  
SP2006962575

**Service no:**  
CS2007145954

## About the service

Stephanie Brodie provides a childminding service from the family home in the city of Dunfermline. The service is within easy walking distance of local amenities including green spaces, the local nursery and school and town centre. The service is delivered from the ground floor of the family home where children have access to the sitting room, lounge/diner and downstairs bathroom. Children also have access to an enclosed rear garden and supervised access to a large outdoor garden room.

The service was registered to provide care 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; of whom no more than three are not yet attending primary school and; of whom no more than one is under 12 months.

## About the inspection

This was an unannounced inspection, which took place on 26 November 2025 between 15:40 and 17:30 hours and completed the inspection on 27 November 2025. 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
- Intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with four minded children using the service
- Spoke with the childminder
- Gathered feedback from two parent/carers
- Observed practice and daily life
- Reviewed documents.

## Key messages

- Strong, trusting relationships are evident between the childminder, children and families supporting a secure and inclusive environment.
- Children continue to experience consistent, warm, and nurturing interactions promoting their emotional wellbeing as a result of the childminder's calm, warm and supportive interactions.
- Experiences and interactions continue to challenge and engage children whilst supporting their creativity.
- To further strengthen outcomes for children, professional development and reflective practice should be prioritised. This includes formalising quality assurance processes to ensure sustained high standards of care.

## 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 and clearly outweighed areas for improvement.

### Quality indicator: Leadership and management of staff and resources

The vision, values and aims of the setting had been recently reviewed by the childminder supporting a clear direction. The aims of the setting were visible through the childminder's provision and practice. New families had been provided with these, however we asked the childminder to also share these with current families. Additionally, the childminder should consider how children and families could be included in future reviews. This would ensure that values and aims reflected shared aspirations, were relevant and led to positive outcomes for children.

The childminder had taken steps to review and develop some of the administrative aspects of the service. Full written risk assessments were now in place and they had undertaken some review of policies to ensure these reflected current best practice and legislation. Some policies still required some minor amendments. For example, adding the contact details of the local child protection team to the child protection policy. This would provide consistency and safety in routines such as safeguarding.

Questionnaires had now been developed and issued and responses were mostly positive. We suggested how to further develop ways to gather feedback from users of the service, such as 'settling in' and 'leavers' questionnaires along with a mind mapping approach. Any feedback should also be shared with children and families especially where action is needed or taken, to support transparency. Systematically gathering and incorporating feedback from parents and children would ensure the service remained responsive, reflective and aligned with best practice to improve children's outcomes.

The childminder demonstrated a commitment to children's wellbeing but had limited opportunities for professional development due to other commitments. Some progress was evident as the childminder had accessed online materials such as recorded webinars to support them in developing provision. For example, watching the webinar on the revised food guidance document 'Setting the table' had led to review of the policy. There remained some scope for improved engagement with best practice documents and professional development opportunities. The childminder should now continue to engage with learning and development opportunities and maintain a reflective record of training and learning. This reflection would further support self evaluation.

The childminder was reflective about their practice and was able to verbally identify their strengths and areas for improvement. They had taken positive steps to enable them to meet some areas of improvement identified at the previous inspection such as beginning to gather views of children and families. This demonstrated their commitment to improvement. Measurement of provision however remained mainly mostly informal. The childminder should now familiarise themselves with and make use of the new 'Quality improvement framework for early learning and childcare settings: childminding.' We also signposted the childminder to the self evaluation toolkit for childminders. These would support them in identifying actions for continuous improvement and recording these within an improvement plan. The area for improvement made at the previous inspection has been made again for the third time (see area for improvement 1).

## Areas for improvement

1. The childminder should put in place formal quality assurance systems and create an improvement plan for the year. This should be regularly reviewed and used to inform planning and development of the service. This is to enable children to benefit from a service that is focused on improvement and committed to providing high quality care. To further improve outcomes for children, the childminder should also ensure they use relevant best practice documents and tools to inform and improve their practice. Using these to build current knowledge; consider what the service does well and what could be better. Useful documents and websites can be found at <http://hub.careinspectorate.com/>.

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); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## Children play and learn 4 – Good

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

### Quality indicator: Playing, learning and developing

The childminder was responsive to children's requests throughout their day allowing them to direct their own play. Choices were routinely given to children about their play, food and outings contributing to their enjoyment. The childminder ensured that children had a voice in making decisions about resources and outings enabling their rights as citizens. Simple planning which was previously in place should now be re-established to ensure children's requests are not forgotten or missed. This would ensure children's needs and interests were consistently met through planned and unplanned provision.

Children's were supported and challenged during their play as the childminder sat with them and engaged in their activities. Games and resources available supported children's mathematical and literacy development. The childminder's effective questioning and genuine interest in their activities promoted children's problem solving and concentration. This supported children to persevere whilst appropriate praise and recognition for their efforts boosted their self esteem.

Opportunities for play were balanced as the childminder controlled screen time and encouraged more participative play such as board games and arts and crafts. Television was used as a learning tool, for example watching YouTube videos on how to draw. This enabled a balance to children's play and learning as they benefitted from a variety of play experiences.

Some opportunity for outdoor play in the garden, at parks and local walks supported children to be physically active and to explore the natural environment. This supported children's wellbeing and confidence and helped them to feel connected to their community. There was scope to build on this and access other spaces such as local woodlands for forest play. This would provide opportunities for children to take, manage and understand risk in a safe way.

Children enjoyed interacting with and caring for the pet dog, including taking the dog for walks. The childminder carefully supervised interactions for children's continued safety. As a result, children were developing an understanding of how to care for animals, be responsible and stay safe.

The childminder had begun to record children's experiences and development and regularly met with parents/carers to discuss progress. These plans now identified next steps and progress on meeting these. Children spoken to were not aware of these, therefore there was scope to involve children more in setting these goals. Where children had an additional support need the strategies described were not recorded. The plans should now be developed to ensure they are in place for all minded children with identified strategies of support recorded where relevant. This would support information sharing with parents and support planning of appropriate experiences.

## Children are supported to achieve 4 - Good

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

### Quality indicator: Nurturing care and support

One child was able to walk home from school without the childminder being present, which supported them to become independent. However, there was no written permission from parents held for this. We asked the childminder to address this as soon as possible. A written risk assessment should be put in place to support this to ensure children's continued safety and wellbeing whilst outwith the childminder's supervision (see area for improvement 1).

Planned positive transition experiences had contributed to children feeling secure. For example, visits with parents for 'getting to know you' games created a welcoming environment. Children were happy and relaxed, which was evident by how well new children had settled.

Trusting relationships were established between the childminder and the children who approached them easily for support, praise and comfort. Children were relaxed and comfortable in the home and had formed positive relationships with members of the childminder's family. The childminder's calm, quiet and warm interactions contributed to the children feeling nurtured and secure.

Children's health and wellbeing was supported as the childminder ensured systems were in place to manage medication and accidents. This meant information would be quickly shared with families ensuring continuity of care.

Information sharing with parents was carried out using photographs and messages sent through social media applications and full discussions upon collection. Personal plan information was updated every six months ensuring information held was robust and relevant. This supported consistency in approaches contributing to children's wellbeing and enjoyment in the service.

Meals and snacks continued to be healthy and nutritiously balanced, supporting children to develop healthy eating habits. Mealtimes were supervised and sociable whilst sat at the dining room table which supported conversation and table manners. The childminder could now support children's development of life skills by involving them in the preparation and cooking of snacks and meals. This would build children's independence, confidence and practical knowledge.

## Areas for improvement

1. To ensure that children remain safe, the childminder should gain written permission to allow children to walk from school to the childminder's home unsupervised. They should also have a written risk assessment to support this.

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).

## 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

The childminder should now begin recording children's development and experiences along with next steps. They should share this information with parents and use it to plan for and meet children's needs and support them to achieve.

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 October 2024.**

### Action taken since then

The childminder had taken steps to develop sheets which recorded children's experiences and next steps.

**This area for improvement is met with advice to further develop these and ensure these are in place for all minded children.**

### Previous area for improvement 2

The childminder should further develop written risk assessments on the home, garden and outings. These should demonstrate all potential hazards and the control measures and be reviewed annually or sooner if there is any new risk identified or any changes to the environment. This is to support provision of a safe environment for children.

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 October 2024.**

## Action taken since then

Full written risk assessments were now in place to support practice and children's safety and wellbeing.

**This area for improvement is therefore now met.**

## Previous area for improvement 3

The childminder should put in place formal quality assurance systems and create an improvement plan for the year. This should be regularly reviewed and used to inform planning and development of the service. This is to enable children to benefit from a service that is focused on improvement and committed to providing high quality care. To further improve outcomes for children, the childminder should also ensure they use relevant best practice documents and tools to inform and improve their practice. Using these to build current knowledge; consider what the service does well and what could be better. Useful documents and websites can be found at <http://hub.careinspectorate.com/>.

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); 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 16 October 2024.**

## Action taken since then

The childminder had begun to gather views of children and families formally, had taken steps to review policies and procedures and had made some changes to policy as a result of new learning and reflection. They had also used the action plan from the previous inspection to help them address some areas for improvement. However, they had not yet managed to put in place a formal quality assurance system to support ongoing self evaluation and improvement planning and remained unsure how to develop this. We provided further information and discussed the new quality improvement framework and how to use the self evaluation toolkit for childminders to support implementation of system to support ongoing evaluation and improvement.

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

## Previous area for improvement 4

The childminder should develop ways to include parents and children in the development of the service. This could include questionnaires. Information received should be recorded and used to make positive changes. This is to improve practice 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 am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

**This area for improvement was made on 16 October 2024.**

## Action taken since then

The childminder had now developed and issued an appropriate questionnaire. Feedback had been positive therefore there were no actions identified. There was scope to further develop this and other ways of gathering children's feedback which we shared during feedback.

This area for improvement is therefore now met.

#### Previous area for improvement 5

The childminder should ensure they use relevant best practice documents and tools to inform and improve their practice. These should be used to build current knowledge, consider what the service does well and what could be better. Useful documents and websites can be found at <http://hub.careinspectorate.com>. This is to further improve 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 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 October 2024.**

#### Action taken since then

The childminder had begun to access online learning materials such as webinars and had used these to make some changes to provision. Core training such as first aid and child protection were up to date. We acknowledged the childminder's other commitments limiting their time and advised of prioritising relevant training and familiarisation and use of best practice documents to support provision of quality care and support.

**This area for improvement is therefore met with advice to continue to access learning and development opportunities.**

#### 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	4 - Good
Leadership and management of staff and resources	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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