

# Hastie, Fiona Child Minding

Kirkcaldy

**Type of inspection:**  
Unannounced

**Completed on:**  
15 December 2025

**Service provided by:**  
Fiona Hastie

**Service provider number:**  
SP2017988906

**Service no:**  
CS2017355044

## About the service

Fiona Hastie provides a childminding service from the family home in a residential area to the west side of Kirkcaldy. The service is close to local amenities including green spaces, the local nursery and school and local shops. The service is delivered from the ground floor of the family home and children have access to the open plan lounge, kitchen/diner downstairs bathroom. An enclosed rear garden is available but is not used.

The service was registered as follows: to provide a care service to a maximum of 8 children at any one time under the age of 16, of whom no more than 6 are under the age of 12, no more than 3 are not yet attending primary school and no more than one is under 12 months. Numbers are inclusive of children of the childminder's family. Overnight care may not be provided and minded children cannot be cared for by persons other than those named on the certificate.

## About the inspection

This was an unannounced inspection, which took place on 11 December 2025 between 15:40 and 18:10 hours. We provided feedback by telephone on Monday 15 December 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; and
- Intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with four children using the service
- Spoke with the childminder
- Requested feedback from parents/carers
- Observed practice and daily life; and
- Reviewed documents.

## Key messages

- Warm and responsive interactions ensured children were relaxed, forming positive friendships with each other and a secure attachment with the childminder.
- Healthy practices such as provision of balanced snacks and drinks and promotion of handwashing and regular outdoor play supported children physical wellbeing.
- Children were stimulated and supported to learn through the childminder's interactions which provided challenge through conversations and information sharing alongside use of age appropriate games and books.
- The childminder needs to establish regular quality assurance to support measurement of provision and continuous improvement.

## 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

The childminder was experienced and demonstrated knowledge of child development, child protection and first aid, which benefitted children's wellbeing. They also drew on their experiences and training from a voluntary role which supported them in the role of childminder. They had begun to engage with some best practice documents through online resources on our website. There was still scope to further develop professional knowledge through engagement with relevant best practice documents and further training. This would allow them to remain abreast of developments in childcare (see area for improvement 1).

Parental feedback during the inspection was very positive and demonstrated a high level of happiness and satisfaction with the service. Comments also highlighted the positive relationships which supported enhanced communication and led to consistency in approaches for children. This enabled a shared approach to meeting children's needs. Formal opportunities for parents to feedback on different aspects of service provision were not yet available and we discussed how these could be developed (see area for improvement 2).

Informal quality assurance was carried out as the childminder spoke daily to children and families and used their verbal feedback and observations to support benchmarking. They also mentally reflected on the service provided which had allowed them to make some improvements towards 'areas for improvement' identified at the last inspection. There was not yet a formal quality assurance approach in place or an improvement plan for the year ahead. We shared the self evaluation toolkit and the new quality improvement framework document with the childminder and discussed how to use these to establish ongoing formal self evaluation and quality assurance (see area for improvement 3).

The administrative side of the service was well organised with relevant paperwork in place. This provided families with reassurance that the service complied with registration requirements. Paperwork such as policies and risk assessments, were kept under review, readily available and supporting practice.

A clear set of values were in place and shared with families on arrival and had been recently reviewed. These were also reflected in the provision of the service. We discussed how these could now be developed in consultation with children to allow them to have ownership of these. Families should also be involved in review of aims and values to fully reflect shared aspirations for positive outcomes.

### Areas for improvement

1. To further improve outcomes for children, 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 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 practice and outcomes for children, the childminder should develop ways to include parents and children in the development of the service. This should include building opportunities for parents to view provision on a regular basis. Feedback received should be recorded and used to make positive changes.

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).

3. To support continuous improvement and positive outcomes for children, the childminder should formalise quality assurance. This should include making use of the 'quality improvement framework for early learning and childcare sectors: childminding' and the self evaluation toolkit for childminders. Development of action planning for the year to identify areas of strength and improvement should also be considered.

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).

## 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

Children enjoyed fun and educational play experiences as a result of skilled interactions from the childminder. Children were set challenges which supported their problem solving skills, such as trying to complete one side of the Rubik's cube within a time frame. The range of games and activities also supported literacy and numeracy and the childminder engaged fully in games, giving clear explanations and supporting children's understanding, enjoyment and success. Regular opportunities for active play were available in the park where the childminder used their skills to further promote outdoor play through made up games. One parent told us, 'its amazing what they do when at the park which is just an open green space.' These opportunities enabled children to feel happy and to achieve.

Use of digital technology was limited and controlled well to support and extend children's play; such as helping with their drawings. The childminder effectively supported turn taking which allowed children to understand about fairness.

Children were building responsibility as they were encouraged to tidy up after their play. The childminder gently encouraged them to be mindful about how they treated resources which built respect for their property. In addition, children were given time to complete activities they had begun such as crafts when this interrupted at the end of the day. This meant they were able to revisit this the following day. This contributed to children feeling that their efforts were respected.

Children's voices were evident as they were able to make suggestions which were responded to in the moment by the childminder. Where this could not happen provision and plans were made for it to be done at the next earliest opportunity through sensitive explanations. One of the children told us, 'Fiona would just say wait a little minute and then get what I wanted and she would usually ask everyone else as well.'

Children were consistently given choices throughout their time, including what colour of apple they would like. This empowered children and enabled them to have some control over their time in the setting.

The stimulating environment and range of games and activities meant children had places to play, rest and relax within the clean, secure, and welcoming home. Resources were easily accessible supporting children's independence and allowing them to lead their own play or just relax. This contributed to children's overall enjoyment and sense of wellbeing.

## 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

Children's information within personal plans had been recently updated which supported their care and wellbeing. We reminded the childminder that this must be done at least once every six months. Scrap books were now consistently added to and evidenced children's experiences over time. Children had access to their scrap books and were able to add to them, which gave them ownership. 'All About Me' forms were currently being reflected on by the childminder who recognised the need for changed wording to make these more relevant to the age group of children. Some further review would support these to more clearly identify next steps and make relevant links to the SHANARRI wellbeing indicators (see area for improvement 1).

Children were relaxed, had formed positive friendships, and engaged happily with the childminder and their husband. Warm, responsive interactions contributed to relaxed chat and laughter promoting children's connections with each other and the childminder and contributing to their comfort.

Approaches to behaviours were respectful and restorative, maintaining children's dignity whilst giving explanations when needed to help them understand why some behaviour was unwanted. For example, when the Rubik's cube stickers were changed or when inappropriate language was heard, which was managed with sensitivity. This approach supported children's sharing and turn taking well to minimise disputes or jealousy. When children became more boisterous the childminder skilfully channelled this energy into more active games which supported their focus whilst continuing their enjoyment.

Children's emotional wellbeing was supported through sensitive discussions and positive role modelling. Regular reminders to children about each others feelings enabled them to develop kindness. Interactions were consistently positive and provided children with appropriate challenges alongside praise and recognition for their efforts. This boosted children's confidence and sense of success.

Nutritiously balanced snacks and drinks were provided and children enjoyed the social aspect of eating together. This meant children were hydrated and were developing healthy relationships with food. Effective support for allergies and wellbeing were in place and strategies identified and recorded within personal plans. This contributed to children's continued wellbeing. Children were also encouraged to look after their own health through positive handwashing practices. We asked the childminder to consider building more opportunities for children to help prepare snacks to support them in developing skills for life.

## Areas for improvement

1. To ensure up to date information is held to meet children's needs, the childminder should carry out regular reviews of children's care plans. This should be carried out at least once every six months or sooner if there are any changes. This should include but not limited to children's registration details and 'All About Me' information. Additionally, children's scrap books should be developed by adding dates, next steps and comments about ongoing learning to evidence children's progress.

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).

## 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 safe administration of medications, the childminder should revise and update medication forms to ensure they gather all relevant details prior to giving any medicines.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 11 December 2024.**

### Action taken since then

No medication had been required since the previous inspection, however appropriate forms were now held for the recording and administration of medicines.

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

### Previous area for improvement 2

To ensure up to date information is held to meet children's needs, the childminder should carry out regular reviews of children's care plans. This should be carried out at least once every six months or sooner if there are any changes. This should include but not limited to children's registration details and all about me information. Additionally, children's scrap books should be developed by adding dates, next steps and comments about ongoing learning to evidence children's progress.

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

# Inspection report

'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 11 December 2024.**

## Action taken since then

Personal plans had recently been reviewed and signed by parents/carers and were now up to date. Information in children's scrap books was also up to date and children were able to access and update these themselves. Photographs and children's drawings were all dated demonstrating their time in the service. There was however still scope to further improve these by reviewing the all about me questions further to ensure that next steps are clear and making links to the SHANARRI wellbeing outcomes. We reminded the childminder that reviews of personal plans must be carried out every six months and not annually.

**We recognise improvements made in relation to personal plans, however this area for improvement is not yet met and has been made again.**

## Previous area for improvement 3

To support continuous improvement and positive outcomes for children, the childminder should formalise quality assurance. This should include making use of the 'quality framework for daycare of children, childminding and school-aged childcare' and the self evaluation toolkit for childminders. Development of action planning for the year to identify areas of strength and improvement should also be considered.

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 11 December 2024.**

## Action taken since then

The childminder was not yet familiar with the self evaluation toolkit or the new quality improvement framework. The childminder did demonstrate some reflection on their service and actions taken to try to make improvements, however they had not yet formalised quality assurance and self evaluation approaches. We have changed some wording within this area for improvement to reflect the updated framework.

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

## Previous area for improvement 4

To improve practice and outcomes for children, the childminder should develop ways to include parents and children in the development of the service. This should include building opportunities for parents to view provision on a regular basis. Feedback received should be recorded and used to make positive changes.

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 11 December 2024.**

### Action taken since then

Parents came right into the setting to collect their children and were able to look at their folders and have informal discussions with the childminder. They spoke positively about their relationships with the childminder and being comfortable raising any concerns and shared examples of this. However, there had been no further action in order to formally gather children and families views on the quality of different aspects of provision. We discussed issuing questionnaires, mind mapping with children and children interviewing their parents using the questions formed.

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

### Previous area for improvement 5

To further improve outcomes for children, 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 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 11 December 2024.**

### Action taken since then

The childminder confirmed that they had engaged with some online videos such as bitesize sessions to support their learning and development. They were not yet aware of the new quality improvement framework and we signposted them to this and sent links within an email following the inspection. There remained scope for the childminder to increase their awareness of best practice documents and tools and to use these to reflect on their provision and support improvement.

**This area for improvement is not met and has therefore 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](http://www.careinspectorate.com).

## Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	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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