

# Bo-Peep Daycare Child Minding

St. Andrews

**Type of inspection:**  
Unannounced

**Completed on:**  
3 February 2026

**Service provided by:**  
Jane Graves

**Service provider number:**  
SP2013984822

**Service no:**  
CS2013316870

## About the service

Bo-peep daycare is provided by Jane Graves who operates a childminding service from the family home in a rural location of St. Michael's, Fife. The service is in reach of local amenities including, the local school and shops. The service is delivered from the childminder's detached home. The areas of the accommodation to be used for childminding are the playroom, sensory room, living room, kitchen/diner, bathroom and rear garden.

The service was registered to provide a care service to a maximum of 6 children at any one time under the age of 12 of whom no more than 3 are not yet attending Primary School and no more than 1 is under 12 months. Numbers are inclusive of children of the childminder's family. Overnight care may not be provided. Minded children cannot be cared for by persons other than those named on the certificate.

## About the inspection

This was an announced inspection, which took place on between 15:35 and 18:05 hours on 3 February 2026. 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 one minded child using the service
- spoke with the childminder
- requested written feedback from parents/carers
- spoke directly to one parent
- observed practice and daily life
- reviewed documents.

**Key messages**

- The childminder had continued to maintain a high standard of care and support promoting positive outcomes for children.
- Responsive, sensitive and nurturing approaches strongly support children's emotional wellbeing.
- Relationships with families were open and trusting enabling supportive communication about children's needs, interests and experiences.
- The childminders knowledge of child development and ongoing learning and development enabled them to understand and meet children's needs.
- There was scope to further develop and formalise quality assurance processes.

**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 thrive and develop in quality spaces	5 - Very Good
Children play and learn	5 - Very Good
Children are supported to achieve	5 - Very 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 childminder was a reflective practitioner resulting in their awareness of the strengths and areas for improvement within their service based on children's outcomes. We asked the childminder to develop quality assurance through use of self evaluation against the quality indicators within the quality improvement framework. This would evidence and ensure their practice was consistent, safe and continually improving. The framework should be used to support the childminder to formally evaluate their work and identify what is going well and what could be improved. This would support the childminder in developing a formal quality assurance approach which should also include the development of a basic improvement plan for the year ahead. This would promote continuous evaluation and improvement (see area of improvement 1).

The childminder took a partnership approach through regular open discussions with the minded child's parents. This informal approach supported the childminder in involving children and families views in shaping any improvements. Questionnaires had previously been issued to parents and we encouraged the childminder to re-start this to enable collection of formal feedback. This would enable families to feel involved and have their views valued.

Relevant documents were held and record keeping was appropriate and organised providing parents with reassurance of a quality service. Policies and procedures to support children's care, play and learning were in place. These were shared with parents and had been kept under regular review and updated to reflect current best practice and guidance. These supported positive practice for children's health wellbeing and enjoyment.

The current aims and values of the service were reflected in the ethos of the setting which remained positive, supportive and loving. We asked the childminder to now review these to ensure they reflect the current context and to consider how they can involve the minded child and their family in this. This would support a positive and inclusive experience for all.

An attendance register was held, however, there had been a recent lapse in recording children present. We reminded the childminder to re-start this to meet the terms of her registration. This is to ensure children were accounted for in the event of an emergency.

### **Areas for improvement**

1. 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'. Development of action planning for the year ahead 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 thrive and develop in quality spaces 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

### Quality indicator; Children experience high quality spaces.

Children benefitted from access to a range of rooms in the home which were fully accessible to them. A designated play room was available where the majority of toys were stored and provided comfortable spaces to sit. Arts and crafts were accessible in the large kitchen/diner with materials to hand and when needed the living room could be accessed for quieter moments. Children moved freely between these space under supervision supporting their enjoyment and play.

Children benefitted from a wide range of toys and games which were in good condition. These were all easily accessible to children supporting independence and choice. This meant that children could spend time doing what they enjoyed. We asked the childminder to consider reducing the amount of toys accessible to reduce choice overload.

Children's risk of cross infection was reduced through positive hygiene practices around cleaning, handwashing and the management of common childhood ailments. This contributed to their positive health and wellbeing.

Written risk assessments were held which helped keep children safe whilst in the home and the community. These identified risks and actions taken to reduce these. We noted some alcohol on display and asked the childminder to review this and put in place a risk assessment. Children were regularly encouraged to tidy up, promoting their responsibility within the home.

Emergency evacuation procedures were held, ensuring children's continued safety in dangerous situations and appropriate safety equipment was in place such as a fire blanket attached to the wall. Children were able to tell us what they would do in the event of a fire in the setting. They told us "if there was a fire there we would go out the back door and if it was in there we'd go out the front door. We have to stand away down from the house". These measures supported children's wellbeing and reduced their risk of harm.

Procedures were in place to ensure that children's information was securely stored. Digital technology was used to share photographs and daily updates individually with families, helping them to feel included in their child's experiences. Phones and computers were password protected. The childminder was aware of GDPR (General Data Protection Register) and was registered with the Information Commissioner's Office. An appropriate policy supported this and ensured parents were aware.

## Children play and learn 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

### Quality indicator; Playing, learning and developing.

Children's rights were respected as they had a voice over matters that affected them. For example, when due to leave to attend a club during the inspection the childminder provided choices as to whether they wished to go or remain in the setting. The minded child was able to make decisions over where in the setting they wished to play and were quickly supported in accessing the garden when requested. Resources were easily and readily available supporting their free selection and they were fully involved in decision making around snacks provided, within limits of healthy options. This contributed to children feeling empowered and increased their enjoyment.

Children enjoyed lots of outdoor learning opportunities through daily outdoor play in the garden and use of the local and wider community. Children were able to connect with nature during local walks and had some opportunity for risky play through climbing trees. Regular outings in the local and wider community such as the deer park, loch, and parks expanded children's environment beyond the home.

Continued professional learning around play and development had been maintained by the childminder through accessing national learning resources such as the Care Inspectorate Hub, and SCMA (Scottish Childminding Association). In addition, they accessed a range of training in their role as a foster parent which they drew upon in their childminding work to enhance children's experiences and wellbeing.

Children's needs and interest were met as the childminder was responsive to their requests in the moment. There was a good mix of open ended free play for the minded child alongside planned activities such as accessing clubs. There was now some scope to document any requests that cannot be met in the moment as a form of planning. This would further support the childminder in extending children's play and learning.

Interactions from the childminder were strong and supportive. They role modelled positive language, challenged children's thinking and extended their ideas in a supportive way. The range of toys and games and planned experiences were supportive of children's language, literacy and mathematical development whilst ensuring children had fun and enjoyment.

## Children are supported to achieve 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

### Quality indicator; Nurturing care and support.

The minded child present had attended for some time and was settled, secure and very happy in the service. They told us "I've been here since I was a baby". They had developed strong attachments to the childminder and members of their family with whom they interacted and played with, contributing to their enjoyment. The childminder recognised that predictable routines created emotional security and supported the minded child's continued access to hobbies and groups attended. Children's emotional wellbeing was strongly supported as the childminder was trauma informed and took a restorative approach towards any dysregulated behaviours. This maintained children's dignity and supported them to self regulate.

Children's needs and interests were met as the childminder knew them very well. Regular discussions with parents supported sharing of key information about children's wellbeing and health, and supported continuity in their care. Personal plan information had been reviewed six months previously and was about to be reviewed again ensuring information held was current. These personal plans also included records of children's development and time in the setting. Photographs were mostly shared digitally and children had their own drawing books. Written observations of children's development was linked to the SHANARRI

wellbeing outcomes and strategies of support were evident and kept under review. We asked the childminder to now ensure that they capture the children's next steps within these records and support children to also review their 'all about me' information.

Mealtimes were relaxed and sociable occasions around the table, supporting children's sense of belonging and positive relationships. Encouragement to tidy up after eating, built respect, responsibility and independence. Snacks were supportive of children's dietary needs, balanced and nutritious and children were encouraged to remain hydrated. This promoted their physical wellbeing and supported them in developing healthy eating habits.

Personal care for children was managed with discretion and respect, children were encouraged and praised in being as independent as possible in self care, such as dressing for outdoor play. This supported children's self esteem and confidence.

There were no children needing medication in the setting. Paperwork was held in readiness for this and quickly accessible. We asked the childminder to make a slight amendment to this to ensure that it reflects the updated guidance, which can be found on the hub section of our website.

Families were warmly welcomed into the home and a parent told us they often had a chat over a cuppa. The childminder spoke about the importance of information sharing with families to meet children's needs and actively supported them in interactions with other professionals. This further supported a consistent approach to support children's wellbeing and health.

## 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 review all personal care plan information when the provider is requested to do so by the service user or if there is any significant change to a child's health, welfare or safety needs and at least once in every six month period. These should be dated to support regular review. This is to ensure care and support is consistent with the Health and Social Care Standards 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 23 August 2018.**

#### Action taken since then

Personal care plan information as up to date and the childminder was now aware of their responsibility to update information at least once every six months.

**This area for improvement is now 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

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Leadership and management of staff and resources	4 - Good
Children thrive and develop in quality spaces	5 - Very Good
Children experience high quality spaces	5 - Very Good
Children play and learn	5 - Very Good
Playing, learning and developing	5 - Very Good
Children are supported to achieve	5 - Very Good
Nurturing care and support	5 - Very Good

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