

Gallagher, Gillian Child Minding

Longniddry

Type of inspection:
Unannounced

Completed on:
10 February 2026

Service provided by:
Gillian Gallagher

Service provider number:
SP2010977092

Service no:
CS2009228873

About the service

Gillian Gallagher (referred to as the childminder in this report) provides the service from her detached home in a quiet residential area of Longniddry in East Lothian. The areas used for the childminding service are the open plan kitchen/lounge/dining room, downstairs bathroom and large enclosed rear garden.

The childminder may 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; of whom no more than 3 are not yet attending primary school and; of whom no more than 1 is under 12 months. Numbers include the children of the childminder's family/household. No overnight care will be provided. Minded children can only be cared for by persons named on the certificate.

About the inspection

This was an unannounced inspection which took place on 09 February 2026 between 12:00 and 14:00 and between 16:00 and 16:45. One Inspector carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included, registration information, information submitted by the service and intelligence gathered since registration.

In making our evaluations of the service we:

- spoke with children using the service
- considered feedback from five families through an online questionnaire
- spoke with the childminder
- observed practice and daily life
- reviewed documents relating to the care of children and the management of the service.

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 within the 'children are supported to achieve' heading.

Key messages

- Children experience very good play and learning, with strong engagement, choice, and positive interactions that support their wellbeing and development.
- Self evaluation is positive but informal, with a need for more systematic, recorded processes to track improvements.
- Care is nurturing and relationships are strong but further work to develop safe sleep policies and procedures in line with best practice should be developed.
- Children were supported to access outdoor play regularly, which enriched their play and learning.
- Families reported strong, positive relationships with the childminder and appreciated the quality of communication, describing them as welcoming, responsive and caring.

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	5 - Very 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 quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Quality indicator: Leadership and management of staff and resources

Aims and objectives had been established and set out a clear vision for the service. These reflected a commitment to delivering a caring, friendly and a relaxed home-like environment, with the objective of making children feel happy, secure and confident. The aims were detailed within the service handbook and were shared with families prior to children starting, promoting openness and supporting informed engagement. However, the aims and objectives had not been reviewed for some time. As a result, they referenced outdated guidance and did not fully reflect current national frameworks. Regular and systematic review of these statements would ensure they remain relevant, accurate and provide clearer direction for the service.

The childminder had made some progress since the previous inspection, with one area for improvement met following updated child protection training. In addition, they had begun to use best practice guidance and Scottish Childminding Association (SCMA) formats to strengthen personal plans and new templates were being introduced. To improve outcomes for children, these now required consistent implementation and six monthly reviews. The previous area for improvement relating to personal planning remained unmet.

The childminder engaged well with best practice guidance to ensure children's health care needs were met and that they had effective, accurate documentation in place. Improved medication procedures and accident and incident reporting had been developed in the service to align with best practice. Continued use of best practice guidance, including safe sleep, personal planning and care inspectorates 'Me, My Family and My Childcare Setting,' would continue to support the ongoing improvements in the service.

The childminder demonstrated an awareness of the importance of self evaluation and routinely sought verbal feedback from families. Families told us they felt meaningfully involved in the service and spoke positively about the childminder's openness and approachability. Self evaluation processes were largely informal and not recorded, making it difficult to evidence how views were used to inform change, secure improvement and influence positive outcomes for children and families. While the childminder recognised the value of gathering views from children and families, formal tools such as questionnaires had not been used for some time. Developing a more systematic and recorded approach to self evaluation such as reflecting on best practice guidance, capturing views, identifying clear priorities and measuring the impact of any changes would further strengthen improvement processes.

Risk assessments were in place and contributed to maintaining a generally safe environment. The childminder carried out regular informal checks, such as monitoring toys for damage. However, written risk assessments had not been reviewed for some time and did not fully reflect current practice. For example, the childminder recognised they referenced a stair gate no longer in use. Updating risk assessments to reflect the current environment and safe measures in place for day to day practice would strengthen the childminder's approach to safety and align more closely with best practice expectations.

Children play and learn 5 - Very Good

We found major strengths in this aspect of the setting's work and identified very few areas for improvement, therefore we evaluated this quality indicator as very good.

Quality indicator: Playing, learning and developing.

Children were happy, confident, and fully engaged in their play. One family commented, "The childminder goes out of her way to make the children's time in her care, happy, varied and stimulating". Children moved confidently around the environment and accessed a variety of play and learning experiences that promoted choice and independence. Children selected toys independently from accessible storage and enjoyed activities such as construction toys, cars, books, board games and dancing. After school children spoke enthusiastically about the range of activities available and told us there were plenty of resources to choose from. Board games supported positive interactions, cooperation and numeracy skills. Children enjoyed music and had fun dancing, which they were keen to demonstrate and younger children enjoyed joining in with older peers. Children had frequent opportunities to lead their own play and learning, which supported their wellbeing, sustained their engagement and contributed positively to their development.

Children were supported to access outdoor play regularly, which contributed positively to their engagement, confidence and overall wellbeing. Outdoor experiences were mainly provided through local community spaces rather than the garden. The childminder had strong links within the community, offering frequent visits to parks, toddler groups, soft play centres and meet ups with other childminders. These experiences supported children's social skills, relationships and communication through interaction with a wide range of peers. During our visit children told us they had been to the hills at the park after school. This ensured opportunities for physical activity and engagement within a natural environment. One family told us, "Whether in the garden or local play parks, the childminder is very active with my child". Regular use of the local community spaces supported children's physical development, wellbeing and learning.

Interactions were consistently kind, caring, and respectful, ensuring children's rights were upheld. Attuned and responsive interactions supported children's development and encouraged them to express themselves, strengthening communication and confidence. For example, the childminder responded effectively to younger children's non verbal cues, helping children feel understood and supported.

Children were at the centre of planned and daily experiences which were recorded in the service diary. The childminder knew the children well and used their understanding of child development to provide age appropriate play and learning experiences. Photographs and updates were shared with families through a digital platform, helping families stay informed about their child's day. Families told us, "We chat about the day and what they did". These approaches supported communication with families. Further developing observations to capture significant developmental moments would support challenge and progression and help monitor and evidence children's progress over time. Since the last inspection, guidance has been developed and as a result the previous area for improvement is no longer in place and has been incorporated into a new area for improvement (see area for improvement one).

Areas for improvement

1. The childminder should further develop observations to capture significant developmental moments of children. Observations should capture children's progress and achievements and support extension in learning.

This is to ensure that care and support is consistent with the health and social care standards (HSCS) which state that: My future care and support needs are anticipated as part of my assessment (HSCS 1.14) and I am supported to achieve my potential in education and employment if this is right for me (HSCS 1.27).

Children are supported to achieve 4 - Good

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Quality indicator: Nurturing care and support

Children experienced warm, caring, and nurturing interactions from the childminder. They built positive relationships with children and families. The childminder knew each child's routines, needs, and personality well. This created an environment where children felt safe, loved, and secure. Families spoke highly of the care provided, commenting, "I am delighted with the care provided" and "Very compassionate and caring." The childminder was responsive to children's cues and offered support when needed, helping children feel understood, comforted and secure.

The childminder had recently refreshed their child protection training and the previous area for improvement had been met. They demonstrated a clear understanding of potential concerns and the correct reporting procedures. A current child protection policy was in place, supporting confident and responsive practice to help keep children safe from harm. They also accessed best practice guidance from the Care Inspectorate Hub to strengthen their approach to medication management. Medication consent formats had been updated using Scottish Childminding Association (SCMA) templates. Although no medication was being administered at the time of inspection, appropriate recording systems were in place in line with national guidance. These measures contributed to maintaining children's safety and wellbeing.

The childminder supported children's individual sleep routines and had a sleep policy in place. Regular checks were carried out on sleeping children, demonstrating awareness of national expectations. We discussed the use of buggies for sleep, which did not align with safe sleep best practice. While the childminder took steps to keep children safe, such as frequent checks, they were advised to follow current safe sleep guidance and update their policy accordingly. In consultation with families, the childminder should agree approaches to transitioning children to safer sleep arrangements within the service (see area for improvement one).

Mealtimes were calm, positive and nurturing. Families provided packed lunches and the childminder offering snacks. Children sat together at the dining table, with appropriate seating provided. The childminder offered close supervision and support, including helping younger children cut food safely. They responded sensitively to children's cues, offering food later when needed and providing healthy snacks such as fruit and breadsticks after school. Families spoke positively about this approach, noting that snacks were healthy and appropriate. As a result, children experienced sociable, unhurried mealtimes that supported their safety and nutritional wellbeing.

Children's personal care needs were met in a way that upheld dignity and respect. Changing took place discreetly in the hallway, allowing the childminder to supervise all children while maintaining privacy. Although strong hand hygiene was in place, personal protective equipment (PPE) such as gloves and aprons was not routinely used for environmental reasons, which did not align with best practice. We discussed the importance of consistent PPE use. The childminder was receptive to this. Implementing this would strengthen infection prevention and enhance children's health and wellbeing.

The childminder had introduced a new personal plan format to improve the quality of information recorded. Plans were created in partnership with families. Families confirmed they were actively involved in developing and reviewing plans, and told us, "We regularly discuss our child's schedule/development as this changes constantly". While communication through a digital platform helped the childminder stay responsive to children's changing needs, personal plans had not been reviewed every six months in line with legislation. A structured review cycle was needed to ensure plans were updated consistently at least every six months. The use of Care Inspectorates 'A Guide for Providers on Personal Planning' would support the childminder to continue to develop their personal planning approach. The previous area for improvement had not been met (see area for improvement in section 'What the service has done to meet any areas for improvement we made at, or since the last inspection').

Families reported strong, positive relationships with the childminder. They appreciated the quality of communication, describing them as welcoming, responsive and caring. Daily conversations and text messages helped parents feel informed and confident in the care provided. Doorstep collections were used to support transitions; however, we advised the childminder to review the Care Inspectorate guidance 'Me, My Family and My Childcare Setting' (2024), which highlights the value of families being physically present in the setting. Families told us they would be welcomed inside if needed. Reflecting on this as part of ongoing self evaluation and providing regular opportunities for families to access the setting would further strengthen relationships.

Areas for improvement

1. The childminder should reflect on best practice guidance for safer sleep and review and develop their policies and procedures on safe sleep to align with best practice guidance.

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) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

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 ensure she carries out observations of the child she cares for to allow her to track the child and ensure they are reaching their full potential. In order to achieve this she should: - Add the GIRFEC information to her welcome pack so service users are aware of it. - Use the 'Shanarri Indicators' as a tool to record each child's development. - Inform parents of how she will use this whilst caring for their child.

National Care Standards Early Education and Childcare up to the age of 16. Standard: 3 Health and wellbeing

This area for improvement was made on 31 January 2017.

Action taken since then

The childminder had developed sending photographs to families through a digital platform, to share moments of what children were experiencing in the service. The childminder used this as a method of communicating with families on children's care needs. Since the last inspection, guidance has been developed and as a result **this area for improvement is no longer in place and has been incorporated into a new area for improvement under the heading 'Children play and learn'.**

Previous area for improvement 2

To ensure children's personal information is current and up to date, we recommend that the childminder should review their personal care plans at least once in every six months. Parents should be involved in this process.

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 31 January 2017.

Action taken since then

Although some improvements had been made in revising the format of personal plans they had not been formally reviewed every six months in line with legislation. The childminder had regular ongoing informal reviews with families and should ensure they formally review the personal plan in line with legislative requirements.

This area for improvement had not been met.

Previous area for improvement 3

To ensure she is up to date with Child Protection, we recommend the childminder attend training on this when it next becomes available. National Care Standards Early Education and Childcare up to the age of 16 Standard: 12 Confidence in staff.

This area for improvement was made on 31 January 2017.

Action taken since then

The childminder attended Child protection training and was up to date with this. Their first aid was about to expire and they had plans to ensure that was carried out.

This area for improvement had 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
Children play and learn	5 - Very Good
Playing, learning and developing	5 - Very Good
Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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