

# Sutherland, Kim

## Child Minding

Leven

**Type of inspection:**  
Unannounced

**Completed on:**  
4 February 2026

**Service provided by:**  
Kim Sutherland

**Service provider number:**  
SP2003910693

**Service no:**  
CS2003017564

## About the service

Kim Sutherland provides a childminding service from the family home in the village of Lower Largo in north east Fife. The service is close to local amenities including beach, play parks, the local nursery, school and local shops. The service is delivered from the lower level of the family home and children have access to the lounge, kitchen and bathroom. Children also have supervised access to an enclosed rear garden.

The service was registered to provide a care service to a maximum of six children at any one time under the age of 16, of whom no more than three are not yet attending primary school and of whom no more than one is under 12 months. Numbers are inclusive of the children of the childminder's family. Overnight care will not be provided. The parts of the premises not to be used are the upper floor of the flat and the garden may only be used by minded children with supervision.

## About the inspection

This was a short notice announced inspection, which took place on between 10:15 and 12:10 hours on 4 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 feedback from parents/carers
- Observed practice and daily life
- Reviewed documents.

## Key messages

- Children and families are offered a caring and flexible service and children are relaxed and at home in the setting.
- The childminder has developed positive and trusting relationships with children and their families which supports open communication.
- A wide range of toys and activities meet the needs of the different ages of minded children.
- Interactions and experiences support and extend children's learning.
- Use of the local community supports and extends children's knowledge and understanding and promotes their physical wellbeing.
- The childminder should now develop a system of quality assurance and self evaluation to support improvement, access child protection training and ensure personal plans are reviewed regularly.

## 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 thrive and develop in quality spaces	4 - Good
Children play and learn	4 - Good
Children are supported to achieve	3 - Satisfactory / Adequate

Further details on the particular areas inspected are provided at the end of this report.

## Leadership 3 - Satisfactory / Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

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

The childminder remained abreast of changes through updates from us and the Scottish Childminding Association. Familiarisation with key best practice guidance documents such as the 'Health and Social Care Standards,' 'Realising the Ambition' and 'Setting the Table' was still not established as they were unable to discuss how this supported service delivery. We discussed how using these and accessing other training and development opportunities available, such as the bitesize sessions on our website would enhance knowledge and provision for children. We also signposted the childminder to recorded sessions on our YouTube channel. The childminder should make use of learning resources to remain abreast of developments in childcare. The area for improvement made at the last inspection has been made again, with re-wording to reflect current written guidance (see area for improvement 1).

The childminder was aware of their strengths and areas for improvement and communicated these during the inspection demonstrating reflective insight. Policies had been kept under review and shared again with families to ensure they remained informed. Reflection on practice and provision was mostly informal and drew upon observations of children's enjoyment, and verbal feedback from parents as a benchmark. We discussed how quality assurance should be developed to support continuous improvement. This would enable identification of areas for improvement and evidence progress. An action plan for the year should be developed to capture identified priorities alongside ongoing self-evaluation. Reference should be made to 'A 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).

Families had opportunity to provide feedback through informal opportunities such as verbal conversations during collection and drop off and messages on social platforms. Positive relationships with families created an atmosphere of trust and openness enabling them to feel confident in raising any issues. This had led to a parent working with the childminder to actively amend the snack provision which benefitted all children. Questionnaires for children and families were held and had been previously issued. We encouraged the childminder to re-start this to allow families to be engaged more formally and systematically. Questionnaires could also be developed to be linked to the indicators within the quality improvement framework.

The vision, values and aims of the service were reflective of provision seen during inspection. These had not been reviewed for some time and there was now scope to review these with input from children and families. This would ensure these continue to reflect the current context and meet the needs of the families using the service. The aims of the service could also be used to evaluate if these are being met and help identify any areas for improvement.

### Areas for improvement

1. To support positive practice in line with current guidance, the childminder should undertake continuous professional development which includes becoming fully familiar with the Health and Social Care Standards, 'A Quality Improvement Framework for the Early Learning and childcare sectors: Childminding' and other

relevant good practice documents. They should use these to help inform their work and, in turn, 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).

2. To support continuous improvement and positive outcomes for children, the childminder should develop a quality assurance system by familiarising themselves with relevant guidance, including 'A quality improvement framework for the early learning and childcare sectors: Childminding.' This is to support ongoing self-evaluation, development of self-evaluation and an annual improvement plan for the service.

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 **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: Children experience high quality spaces

Regular visual checks of the indoor and outdoor areas supported provision of safe spaces for children. The home was uncluttered and hazardous items were stored out of sight. We asked the childminder to consider securing the cupboard door where cleaning materials were held. Children were aware of the house rules and were encouraged to tidy up which promoted respect for the environment and resources. We reminded the childminder to affix the fire blanket to wall to ensure it can be used effectively in an emergency. The childminder should now develop written risk assessments on the home, garden 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. We shared some examples of how this could look (see area for improvement 1).

The children benefitted from the home being spacious, hygienic, bright, ventilated and comfortable. Children could move freely between the living room, hall, kitchen/diner and playroom. This contributed to their feelings of belonging and enabled them to make choices about where to play as they moved comfortably between spaces whilst being appropriately supervised.

Children's risk of cross infection was reduced through positive hygiene practices around cleaning, handwashing, nappy changing and the management of common childhood ailments. We encouraged the childminder to begin supporting children in washing their hands following nappy changes to support this hygiene link early. This contributed to their positive health and wellbeing.

Children's confidentiality was maintained as the childminder understood the importance of privacy when collecting, storing and sharing information on children. A policy was in place and phones and computers were password protected and records were stored securely. This ensured that each child's personal

circumstances and information remained private. The childminder was not registered with the Information Commissioner's Office so we asked them to look into this and signposted them to the website.

## Areas for improvement

1. To support children's continued safety in and around the home, the childminder should develop full written risk assessments for the home, garden and outings. These should clearly identify all identifiable risks alongside the level of risk and actions taken to minimise these. These should be kept under regular review.

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 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 play needs and experiences and interacted well to support and extend their play. This enhanced children's enjoyment and learning. Children had choice over how they spent their time in the setting and were able to access toys and games freely and move them between the playroom and the living room to support their play. The childminder limited children's access to the television or used it to support more active play and participation such as singing. Children's access to online technology was controlled and closely supervised by the childminder to ensure their safety, whilst ensuring they enjoyed balanced play experiences.

Opportunities to support language development for children were enhanced as the childminder read to children daily and frequently sang songs with them. This supported children's language acquisition and literacy. They also used play opportunities throughout the visit to develop children's understanding of mathematical concepts such as colour, size, and number during interactions. This gave children a sense of achievement and helped to build their knowledge and understanding.

Children were able to influence provision informally as the childminder offered choices throughout their play. For example, when they wanted to eat and where they wanted to play. This contributed to children's feelings of belonging and security in the setting. Gathering children's views could now be developed further to ensure all children's interests and choices were considered and included in all aspects of the service. This should include developing simple planning to ensure children's needs and interests were consistently met through planned and unplanned provision. This would support children to feel that their views were valued.

The local community was used regularly to extend children's experiences. Children enjoyed lots of opportunity to walk in the local community. Outings included visiting parks, local walks, beach play and bookbug at the local library. The childminder was also keen to begin using the new toddler group when it opens to further support children's socialisation. This meant children were physically active and able to explore the natural environment which supported their wellbeing and confidence and helped them to feel connected to their community.

Children's progress was shared with parents and used to provide appropriate play experiences. This was documented within records of their development and demonstrated their progress. Next steps and strategies for support described should now also be recorded within this. This would further support children to be successful and flourish.

## Children are supported to achieve 3 - Satisfactory / Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality indicator: Nurturing care and support

Personal plans were held for children which supported contact with families during an emergency and provided relevant information. However, these were not yet being reviewed in line with current guidance. We asked the childminder to ensure that parents reviewed this information as soon as possible and then follow guidance to ensure they are reviewed at least once every six months or sooner if there are any changes (see area for improvement 1).

Safeguarding of children should be improved to ensure their continued wellbeing. The childminder had not updated child protection training for some time and as a result was not fully confident in approaches to reporting protection concerns. They would benefit from refreshing child protection training and developing chronologies in readiness for potential concerns. To support accurate recording and information sharing, the childminder should consider the use of chronologies. Further information can be found in the document 'Practice Guide to Chronologies' available on our hub (see area for improvement 2).

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.

Children's dysregulated behaviours were supported in a restorative manner. The childminder referred to 'time out' but the approach described was more inclusive with 'time in' talking with the childminder about the behaviour and their feelings. This approach supported children in learning how to manage conflict through constructive role modelling and maintained their self esteem. The childminder should now amend the wording with the behaviour policy.

Children enjoyed warm, loving, and nurturing care and support as they had all attended since they were babies. This had resulted in the development of trusting relationships with the childminder. Children were given appropriate reassurance, cuddles, and support until they felt comfortable to play during the inspection. The childminder knew children well and was able to discuss their individual preferences, attributes, and stage of development. This contributed to them feeling safe and secure.

Meals and snacks were eaten in the kitchen at a suitable table supporting children's comfort and promoting the social aspect of eating together. Only snacks were provided by the childminder and these were mostly healthy. The childminder sat with children whilst they ate to reduce any risk of choking. We asked the childminder to further review some choices such as crisps and biscuits to support children in developing healthy eating habits. Reference should be made to the document 'Setting the Table' available on our hub.

The childminder had completed first aid training and held appropriate accident forms in readiness. This supported children's physical wellbeing and ensured timely and detailed information sharing with families for children's continuity of care.

## Areas for improvement

1. To ensure children's information is up to date and support their continued wellbeing, the childminder should ensure each personal plan is reviewed when there is a significant change in a child's health, welfare or safety needs and at least once in every six month period.

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 care needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. To safeguard children's health and wellbeing, the childminder should ensure that they complete training in the protection of children. They should also develop their understanding of chronologies and put these in place in readiness for potential concerns.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

## 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 each personal each plan is reviewed when there is a significant change in a child's health, welfare or safety needs and at least once in every six month period.

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 care needs will be met, as well as my wishes and choices' (HSCS 1.15).

**This area for improvement was made on 9 May 2018.**

**Action taken since then**

Records of development were held and were being routinely added to however, other information such as contact details, and 'All About Me' information was not being reviewed every six months. Therefore this area for improvement has been made again and re-worded to reflect current written guidance.

**Previous area for improvement 2**

The childminder should follow current infection prevention and control good practice guidance and wear a protective apron when involved in changing children's nappies.

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 9 May 2018.**

**Action taken since then**

Nappy changing procedures now reflected current guidance on infection prevention and control. Appropriate personal protective equipment was now used routinely reducing children's risk of cross infection.

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

**Previous area for improvement 3**

The childminder should undertake continuous professional development to become fully familiar with new Health and Social Care Standards and relevant good practice documents. She should use these to help inform her work and, in turn, 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 9 May 2018.**

**Action taken since then**

The childminder had not yet taken time to become fully familiar with the Health and Social Care Standards or other best practice guidance documents. They were also unaware of new guidance such as the current inspection framework. Therefore this area for improvement has been made again and re-worded to reflect current written guidance.

**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 thrive and develop in quality spaces	4 - Good
Children experience high quality spaces	4 - Good
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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