

Smith, Sharon Child Minding

Saltcoats

Type of inspection:
Unannounced

Completed on:
19 January 2026

Service provided by:
Sharon Smith

Service provider number:
SP2006959499

Service no:
CS2006122748

About the service

The childminder provides a service from their home in the coastal town of Saltcoats in North Ayrshire. They can care for up to six children at any one time under the age of sixteen years of whom no more than three are not yet attending primary school and of whom no more than one is under 12 months. The front garden is not used for minded children and overnight stays will not be provided. The children have access to a playroom and kitchen area as well as a downstairs toilet and enclosed rear garden. There were six children registered with the service at the time of the inspection and one child was present during the inspection.

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, no improvements were identified relating to core assurances.

About the inspection

This was an unannounced inspection which took place on 14 January 2026 between 11:30 and 14:30. 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 the childminder
- gained feedback from four parent/carers through Microsoft Form questionnaires
- observed practice and daily life
- reviewed documents.

Key messages

- The childminder knew children well, and children were happy, settled, and content in their care.
- Children engaged in play that was enjoyable, meaningful, and supported their development.
- The childminder had established positive and trusting relationships with families, which contributed to continuity of care.
- Reviewing and updating children's personal plans would further support children's wellbeing.
- Embedding effective self-evaluation processes would help drive sustained 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	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 childminder had established aims and objectives which were shared with parents when they started with the service. This supported shared expectations for the service. The childminder advised that they review their aims and objectives annually. This supported the childminder to ensure they remained relevant to the families attending.

Policies and procedures were in place to support the childminder's practice, and the childminder told us they reviewed policies annually. However, we found some policies required updating to reflect current guidance. We discussed with the childminder maintaining an ongoing review of policies to reflect changes in legislation, updates in national guidance, and the impact of professional learning, and that any changes should be communicated clearly to parents. This would support the childminder in ensuring policies were up to date and communicated clearly to parents, keeping them informed of current practices and procedures.

The childminder demonstrated reflective practice by identifying ineffective documentation and updating these systems to improve the quality of the recorded information. For example, changes were made to accident and incident forms and to communication methods, such as newsletters, to ensure they contained relevant information and provided suitable alternatives.

Although the childminder had identified some areas for improvement, they were at the early stages of self-evaluation. While questionnaires had been issued to parents previously, they had not resulted in identifiable improvements. We discussed with the childminder, identifying areas for improvement within their service and using supporting documents, such as the Care Inspectorate's 'A Quality improvement framework for early learning and childcare sectors' to support them to target meaningful improvements. Involving families in this, should support them in making meaningful developments in practice suited to the needs of families accessing the service (see area for improvement 1).

The childminder had taken steps to reduce risks within their home, such as removing toys from the floor to prevent trip hazards. Risk assessments supported the identification of hazards in the childminder's home, garden, and during outings. We asked the childminder to continue reflecting on these and to amend them as appropriate to address any further risks identified. This would further support them in keeping children safe.

The childminder had completed some training relevant to their role, including keeping up to date with First Aid training. They were also in the process of completing Child Protection refresher training to enhance their knowledge and skills. We discussed with the childminder keeping a log of the training they complete, reflecting on the impact this will have on their practice. This will support them to provide more positive outcomes for children.

Areas for improvement

1. To support more positive outcomes for children, the childminder should strengthen their approach to continuous improvement. This should include, but is not limited to, including meaningful consultation with families about identified areas for development and clear planning of the actions required to address these.

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

The childminder was aware of children's likes and interests and used this knowledge to plan and adapt play experiences. They supported the children in expressing themselves and staying engaged in their play. For example, when a child began to lose interest in an activity, the childminder sensitively introduced new resources which successfully re engaged the child. For example, the childminder incorporated action songs and they provided dolls when they knew they were of particular interest to the children. This approach promoted children's independence, communication, and emotional security. Parents commented: "(The childminder) always tries to tune into my child's interests," and "(The childminder asks relevant questions in regards to my child's interests and how we do things at home to ensure continuity."

Children had access to a range of toys and materials which were stored in pull out drawers and units, which supported their independence and enabled them to make choices in their play. The childminder advised that resources were regularly rotated and replenished in response to children's interests. Although some resources were natural, most were plastic. While these resources supported children's play, increasing the range of natural and open ended materials would further enrich sensory experiences and promote deeper exploration and creativity.

The childminder supported children to develop their imagination through simple but effective play experiences. For example, we observed the childminder exploring sounds with a child using a container and blocks. They enjoyed this interaction, laughing and smiling as they experimented making different sounds. The childminder gave the child space and time to explore these materials at their own pace, promoting autonomy and sustained engagement.

Positive and effective communication with families was supported through the use of Messenger and WhatsApp, where the childminder shared information about children's play, learning, and daily experiences. This helped parents to feel informed and involved in their child's time at the service, contributing to positive relationships. Parents commented: "I have a really positive relationship with my childminder, which means a lot to me. I feel comfortable talking openly with them about my child and trust them completely with my child's care. They know my child well and always keep me informed about how the day has gone, which reassures me as a parent."

Children's literacy and numeracy skills were supported through everyday interactions, such as discussions, repetition of words, and talking about colours during play activities. These natural learning opportunities

helped children to make connections and develop early language and thinking skills. Parents commented: "The children are exposed to wide range of language and numeracy experiences."

The childminder also made good use of the local community, including visits to nearby parks. These experiences supported children to build relationships, develop confidence in new environments, and gain an understanding of the world around them. Exploring further community links would offer additional opportunities for children to learn and widen their experiences. Parents commented: "The children have opportunities to visit the community."

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

The childminder demonstrated nurturing approaches in their interactions with children. They offered comfort and reassurance, including cuddles when children sought closeness. As a result, children appeared happy, relaxed, and content in the childminder's care. Positive relationships had been established with families, which helped support continuity of care and contributed to children's sense of security. Parents commented: "My child is happy, safe, and well supported."

Transitions between activities were managed with warmth and sensitivity, and several aspects of practice effectively supported children's autonomy. For example, the childminder used gestures to signal on some occasions on upcoming transitions, such as holding out their arms and allowing children to initiate being lifted during changes, which promoted the child's understanding and sense of control. At times, however, this approach was not applied consistently. A more consistent use of strategies such as naming the transition, offering a visual cue, or showing the child what would happen next would further enhance predictability and emotional security for children.

The childminder respected children's home routines and children were able to rest and sleep at a time that was right for them. Although we observed children sleeping in prams the childminder demonstrated a clear understanding of the Sleep Safe guidance and described how this informed their approach to keeping children safe. Their awareness and application of the guidance supported safe sleep practices and contributed positively to children's wellbeing. Parents commented: "My child is able to rest, sleep, or relax whenever they need to. Their routines are respected, and they are supported to feel comfortable and calm when they need a break."

Mealtimes were relaxed, unhurried, and sociable as the childminder sat with the children while they ate. The childminder supported children's independence by offering choices and providing opportunities for them to self select foods. Children had access to water throughout the day which ensured they remained hydrated. Before eating, the childminder used wipes to clean the children's hands. We asked that children are encouraged to use soap and water when washing their hands at key times such as before eating. This should help reduce the spread of infection.

Personal plans were in place and related to the wellbeing indicators, safe, healthy, active, nurtured, achieving, respected, responsible, and included. This helped the childminder record a holistic view of children's needs. However, the plans were not appropriately dated; therefore, it was not possible to evidence that reviews had taken place within the required six month period. Plans also lacked detail on how the

childminder intended to support children's individual needs or learning, and no evaluations were recorded to show children's progress or next steps. This did not support the childminder in effectively planning children's learning. We asked the childminder to review the children's personal plans to ensure they highlight how the childminder will support the children's learning and development. We discussed ensuring plans are reviewed with parents at least every six months to ensure they contain relevant, up-to-date information and effective partnerships with parents. This should support a more consistent approach. We shared the Care Inspectorate's Guide for Providers on Personal Planning with the childminder to support them (see area for improvement 1).

Overall, the childminder offered nurturing and caring experiences for children which supported their overall wellbeing.

Areas for improvement

1. To ensure children's individual health and wellbeing needs are met, the childminder should further develop children's personal plans. This should include, but not be limited to, recording clear information about how each child's needs will be met and ensuring personal plans are reviewed at least once every six months with families.

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

The childminder should develop personal plans for each service user which inform of how their health, welfare and safety needs are to be met (example provided). Parents and children (where appropriate) should be involved in this process and plans should be reviewed at least six monthly.

This is in order to comply with SSI 2011/210 The Social Care and Social Work Improvement Scotland (Requirements for Care Services), Regulation 5 - Personal plans.

National Care Standards 'Early Education and Childcare up to the age of 16', Standard 6 - Support and development.

This area for improvement was made on 8 May 2017.

Action taken since then

Children's personal plans did not detail how the childminder would meet children's health, welfare and safety needs. It was not evident how often plans were reviewed to support the childminder to further

challenge children's learning. Plans in place had not been appropriately dated to evidence if they had been reviewed at least every six months. Therefore, this area for improvement has not been met. It has been reworded and included as part of this inspection.

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	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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