

Fiona Cahoon - Childminder Child Minding

Aberdeen

Type of inspection:
Unannounced

Completed on:
25 February 2026

Service provided by:
Fiona Cahoon

Service provider number:
SP2022000228

Service no:
CS2022000344

About the service

Fiona Cahoon is registered to provide care for 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 old. Numbers are inclusive of children of the childminder's family. There were four children present during the inspection.

The childminding service is delivered from the childminder's home in a residential area of Aberdeen. Children are cared for in the living room and dining kitchen and have access to a downstairs bathroom. A large, fully enclosed garden is used for outdoor play and activities. The childminder's home is close to local amenities such as parks, shops and a primary school.

About the inspection

This was an unannounced inspection which took place on 24 and 25 February 2026, between 12:00 and 18:00. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for this inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- Spent time with children using the service and spoke to three parent/carers
- Spoke with the childminder
- Observed practice and children's experiences
- Reviewed documents.

As part of our inspection, we assess core assurances. Core assurances are checks we make to ensure that children are safe, the physical environment is well maintained and that a service is operating legally.

Key messages

- Children's overall care and wellbeing was supported in a warm and nurturing environment.
- In order to support children's safety and wellbeing the childminder should refresh their training in first aid.
- Quality assurance, self-evaluation, risk assessments should be reviewed and further developed to ensure high quality care.
- The childminder should consider next steps as a method of extending children's learning through play.
- To promote and support children's health, infection and prevention control practices should be strengthened.
- The childminder knew the children and families well. Children were supported with warm and nurturing interactions.

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	3 - Satisfactory / Adequate

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

We evaluated this quality indicator as adequate where strengths just outweighed the weaknesses.

An established set of aims for this service included a 'welcoming environment where children feel valued,' 'respected and included' with 'plenty of opportunities for outdoor play.' Furthermore, 'promote healthy eating' and 'support sociable mealtimes.' Further work should be carried out to explore how families can be involved in the vision and aims of the service. This would allow families to play a meaningful role in the service.

Self-evaluation was in the early days of development and had begun to positively impact the service. We observed the development of some policies and procedures which the childminder had completed with the support of their Scottish Childminding Association (SCMA) development worker. However, we observed some inconsistencies with policies and practice. Food hygiene training had recently been completed, however, there were some instances where procedures were not followed. Handwashing was not carried out prior to preparing food, and surfaces were not cleaned before sitting down to eat. To ensure the health and wellbeing of children in their care, the childminder should follow current best practice guidance and those procedures set out in their own policies. This would help to support the control of infection and keep children safe (see area for improvement number 1 in the section of this report 'What the service has done to meet areas for improvement we made at, or since the last inspection').

Maintaining a consistent approach to training would ensure the safety of children. We found that the childminder did not hold a current accredited first aid certificate. This could potentially compromise the wellbeing and safety of children. The childminder should reflect on training as part of their self-evaluation and find a suitable method of recording this (see area for improvement number 2 in the section of this report 'What the service has done to meet areas for improvement we made at, or since the last inspection').

An annual planner to support the childminder with quality assurance had been developed. Within the planner we observed ways the childminder was evaluating their practice using reflective questions. For example, 'how am I doing,' 'how do I know' and 'what am I going to do next.' The childminder should ensure that this becomes a consistent and meaningful approach to updating their knowledge and practice. In doing so, this will enable the childminder to provide an effective method of improvement planning.

Personal learning showed signs of development. Enlisting the help of their development worker had supported the childminder to review and update some procedures. To develop this further, it would be helpful to record what they have learned. This would support them to evaluate the impact on their practice and to the outcomes for children.

Children play and learn 4 - Good

Quality Indicator: Playing, learning and developing

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

Nurturing interactions were observed throughout our visit. Children were reminded to be kind to each other, and older children engaged in nurturing and positive exchanges with younger children. We observed the childminder comforting children when they became tired or upset. One parent fed back that the childminder provides a 'very homely' experience for their child. Providing a comfortable environment allows children to feel safe and secure whilst in the childminder's care, and this was evident throughout our visit.

Children were offered a range of experiences linked to their developmental stages. We saw photo evidence of children playing hairdressers, using a keyboard, and going for walks in the snow. We observed children confidently taking part in physical play outside and following dance routines inside. The childminder provided a range of experiences for younger children including nature walks where leaves and sticks were collected and used for craft activities. A range of resources were available to the children, however most of these were stored out of reach. The childminder should continue to find ways to make the resources more accessible to the children. This will allow the children to make choices and engage in creative and imaginative play.

Progress linked to children's interests should be included in the childminder's own development. For instance, incorporating learning into trips to the local shops could progress children's literacy and numeracy development. The childminder spoke about introducing new games to the children along with plans to include baking into the sessions. This would benefit the children's experience as well as support their developmental progression.

Updated observation sheets with links to the 'Getting it Right for Every Child' (GIRFEC) wellbeing indicators had been introduced to the service. Observations should be completed consistently and used to capture children's learning. This will support the childminder to further develop their understanding and use of challenging children's creativity and learning.

Children and families should be more involved in sharing knowledge and updating planning to extend children's learning. Encouraging a partnership approach to planning would support the childminder to effectively plan and provide developmentally appropriate next steps. This would ensure children were being effectively challenged and offer opportunities to extend learning through play.

Children were warmly greeted and showed an understanding of road safety during their walk home from school. The childminder knew each child well and understood their different needs and individual interests. We discussed ways in which different times of the day could support children's needs. For example, we found that screen time was being used to support the transition after returning from school. The childminder should be mindful that any screen time is balanced with opportunities for the children to be engaged in interesting and challenging activities.

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

Quality Indicator: Nurturing care and support

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

Families told us they experienced positive and supportive relationships with the childminder. During our visit children were smiling and happy and showed kindness to each other. The childminder created a warm and welcoming environment where children were made to feel valued. Families shared that the setting felt 'very homely' and that their children are 'happy here.'

Although written risk assessments were not in place, the childminder managed risk effectively. We found that children managed their walk back from school with very few prompts from the childminder. Involving children in writing risk assessments would allow them another way of sharing their knowledge and understanding of things like road safety.

Personal plans were in place and included key information for children. Registration forms and 'All About Me' information were completed by the families and the children. We found one personal plan that had not been updated in line with guidance. Plans should be reviewed with families at least once every six months or sooner if required. This would ensure children receive consistent support that promotes safe and secure experiences. It would be beneficial for the childminder to monitor personal plans as part of their self-evaluation (see area for improvement number 3 in the section of this report 'what the service has done to meet areas for improvement we made at, or since the last inspection').

We found unsafe eating practice where food safety guidance had not been followed. The childminder should ensure that their knowledge of best practice guidance is up to date in order to keep children safe from potential choking (see area for improvement number 1 in the section of this report 'what the service has done to meet areas for improvement we made at, or since the last inspection'). Children were not involved in preparing snack and food was served to the children. This resulted in missed opportunities for the children to be involved in learning new life skills. We suggested ways that the childminder could improve snack experiences. For example, sitting with children when they were eating. This would further support the childminder to support safe eating.

Health and medication recording systems were in place to be used should the need arise. The childminder was aware of the need to get written permission and clear instructions prior to administering any medication.

New families are offered shorter transition visits to allow both the childminder and the family to get to know each other. Meaningful transitions helped to support families to feel at ease. One family agreed that the childminder 'provided a very smooth induction' and that their child is 'very settled at Fiona's.' We observed evidence of the childminder working alongside families to support children through their stages of development. The childminder should continue to develop their practice to ensure positive connections with families.

Weekly outings to local groups ensured that children could engage in familiar surroundings and build experiences within their own community. The childminder informed us that they had built intergenerational relationships for children whose own grandparents lived in other countries. The childminder should continue to provide these experiences and record the impact on children's care and development.

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

In order to promote children's care and wellbeing the childminder should increase their awareness and use of best practice guidance. They should then use this information to identify where further learning and/or improvements are needed.

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

'I experience care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and
'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 25 March 2025.

Action taken since then

Although we have seen evidence of improvements being made, reference to best guidance needs to be developed further to have an impact on practice. For example, completing first aid training and following setting the table guidance. The childminder showed some awareness of best practice guidance and some policies and procedures were in place. However, procedures were not always followed up in practice. For example, not all personal plans were reviewed every six months. Furthermore, fruit was not washed prior to being served and some infection prevention and control procedures were missed.

This area for improvement has not been met and remains in place.

Previous area for improvement 2

In order to support children's safety and wellbeing the childminder should, as a priority, refresh their training in first aid and child protection.

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).

This area for improvement was made on 25 March 2025.

Action taken since then

Child protection training had been undertaken and the child protection procedure has been updated as a result of this. The childminder was competent in discussing the procedure of a child protection concern. First aid training had not been completed at the time of this inspection and was planned for March 2026.

This area for improvement has not been met and remains in place.

Previous area for improvement 3

To enhance the delivery of high-quality practice that leads to improved outcomes for all, the childminder should ensure that continuous programme of improvement is established. This should include but not be limited to:

- Implementing a system of self-evaluation taking account of feedback from children and parents and best practice documents.
- Implementing a system of planned improvements which impact positively on the outcomes and experiences of children.

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 25 March 2025.

Action taken since then

The childminder had begun their self-evaluation journey. A self-evaluation toolkit was in place, and the childminder had an annual planner to outline their priorities each month. However not all procedures were being followed for example, sitting with the children at snack. This means that these areas were not yet positively impacting practice.

This area for improvement has not been met and remains in place.

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	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	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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