

Geoffrey Leonard Childminder Child Minding

Edinburgh

Type of inspection:
Unannounced

Completed on:
16 January 2026

Service provided by:
Geoffrey Leonard

Service provider number:
SP2012983776

Service no:
CS2012309860

About the service

Geoffrey Leonard Childminder provides a daycare service from their property in the Craigleith residential area of Edinburgh. The childminder is registered to provide a care service for a maximum of 6 children at any one time under the age of 16, 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 are inclusive of children of the childminder's family. Minded children cannot be cared for by persons other than those named on the certificate. Overnight care will not be provided.

For most children the service is within walking distance to a local primary school along some busy roads which. Local parks, and other amenities are also nearby. Children are cared for in a spacious home with a dedicated playroom. Children also have access to an enclosed rear garden. Access to the service is by foot, car, or local bus route.

About the inspection

This was an unannounced inspection which took place on 15 January 2026 between 14:15 and 17:30 and 16 January 2026 between 11:30 and 13:30. This 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. We received complaint information about this service. Following our triage assessment process, we concluded that an inspection was the most appropriate way to provide effective scrutiny and assurance. To inform our evaluation we:

Spent time with children using the service;

received five completed questionnaires from parents/carers;

spoke with the childminder;

assessed core assurances, including the physical environment;

observed practice and children's experiences;

reviewed documents.

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 following quality indicator headings: Leadership and management of staff and resources, playing, learning and developing and nurturing care and support.

During this inspection we gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

staff deployment;

safety of the physical environment, indoors and outdoors;

the quality of personal plans and how well children's needs are being met;

children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

Children experienced warm, nurturing relationships supporting them to feel safe and settled in the childminder's care;

Children enjoyed a variety of indoor and outdoor play that supported their interests, choices and enjoyment;

Important aspects of care required improvement, including safe snack routines, sleep arrangements, and quality assurance;

The lack of personal planning and out of date child protection training meant children were not fully supported in their wellbeing and safety;

The childminder engaged positively in discussions and showed willingness to make improvements to strengthen outcomes for children.

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	2 - Weak
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate

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

Leadership 2 - Weak

We made an evaluation of weak for this quality indicator, as there were some strengths but these were compromised by important weaknesses.

The childminder had a set of aims and objectives in place for the service, which were shared with new families. While these were mostly reflective of the service provided, they had not been reviewed or updated since they were first developed. We discussed how reviewing these with children and families would support improvement and help set a clear direction for the service. Involving families would ensure the vision, values, and aims reflect shared aspirations for positive outcomes for children. We asked the childminder to review these to ensure they remain relevant and include the voices of children and families. (See area for improvement 1).

Parents who returned our questionnaire agreed they felt involved in helping to develop the service. Some informal self evaluation and family feedback had led to small improvements, such as creating a new noticeboard for children to display their artwork and repositioning the trampoline. However, there were no formal systems to gather children's and families' views or to evaluate the service against current guidance. We highlighted the value of involving children and families more meaningfully and using quality audit tools, such as the 2025 document - A Quality Improvement Framework for the Early Learning and Childcare Sectors: Childminding. This would help the childminder identify strengths, target areas for improvement, and support better outcomes for children. (See area for improvement 2.)

Children were not always fully supported because the childminder was not up to date with current best practice. Key training in child protection, food hygiene and first aid had not been refreshed, and the childminder was unfamiliar with new guidance and relevant sources of professional information. For example, they were not familiar with updated guidance on self evaluation, safe eating, and safe sleeping. Accessing appropriate training and keeping up with current guidance would strengthen their knowledge and skills, helping them to provide safe, high quality care and respond effectively to children's wellbeing needs. (See area for improvement 3).

Key documentation needed to ensure compliance with regulatory requirements and maintain confidence in the quality and reliability of the service was not always up to date or effectively used. We discussed individual examples with the childminder and provided guidance. For instance, risk assessments were not in place or had not been reviewed, and policies and procedures did not always reflect current good practice guidance or demonstrate sufficient review. The childminder's registration and insurance certificates were also not displayed or readily available for families to see. Addressing these areas promptly would support safe and effective care and help maintain families' confidence in the reliability of the service. (See area for improvement 4).

Areas for improvement

1. To support positive outcomes for children and families, the childminder should review and update the vision, values, and aims for the service to ensure they remain relevant. This should include feedback and input from children and families.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I am actively encouraged to be involved in improving the service I use, in the spirit of genuine partnership" (HSCS 4.7).

2. To support positive outcomes for children and families, the childminder should strengthen how they reflect on the quality of their service. This should include, but not be limited to:

regularly seeking feedback from children and families;

keeping a record of what is working well and what could be improved;

using this information to make positive changes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

3. To support positive outcomes for children and families, the childminder should improve and develop their knowledge and understanding of current early learning and childcare practices. This should include, but is not limited to:

child protection;

first aid training;

food hygiene;

safe mealtimes;

safe sleeping.

The childminder should record any learning and demonstrate ways in which it has improved experiences for children.

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

4. To support positive outcomes for children and families, the childminder should improve and develop their use of key documentation. This should include, but not be limited to, ensuring that policies, procedures, and risk assessments are up to date and reflect current good practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I use a service and organisation that are well led and managed" (HSCS 4.23).

Children play and learn 3 - Satisfactory / Adequate

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

Children's development was supported as the childminder demonstrated a basic understanding of child development. They recognised and responded to individual areas of learning important to each child, such as speech and language, confidence building, drawing, and learning to play a musical instrument. A range of activities was available for children of all ages, including crafting, small world play, board games, and dressing up. Children also had access to dedicated play spaces where they could explore, develop their skills, and display their artwork and achievements. In addition, they had comfortable areas where they could play, create, and relax on soft furnishings. Parents told us, "Geoff offers the children different activities based on their likes and dislikes," "There is a nice area for them to relax if they need to," "Geoff has a wonderful setup to help our daughters grow through outdoor play, arts and crafts, or imaginary play," and "Our child has varied experiences and opportunities to learn and play with other children in a less busy environment than nursery, which really helps build friendships."

Information technology (IT) was used successfully to enhance the experience of older children. The childminder had appropriate safety measures in place, including passwords, parental controls, and supervised internet access.

Children of all ages enjoyed regular outdoor play. They told us about visits to local parks and green spaces and said they enjoyed spending time outdoors, whether exploring local areas, playing in the school playground, or using the childminder's garden. Older children had access to varied activities such as the trampoline and treehouse, while younger children enjoyed ride along toys and playing with cars. Parents commented positively, saying they liked "the range of activities and opportunities to be outdoors and active" and "Our child loves Geoff's outdoor space, whether on the trampoline or climbing frame. There's always outdoor games available too."

At times, children would have benefited from more interaction from the childminder during their play. For example, while in the school playground, a staff member from a local out of school club played football with a minded child. This was a missed opportunity for the childminder to engage meaningfully in the child's play and extend their learning.

Children were not fully supported in their learning and development because the childminder did not keep records of their ideas, learning, or progress. Children told us they enjoyed their time with the childminder, had fun playing, and sometimes made suggestions. However, these ideas were not developed into a basic planning process. Establishing simple planning and recording systems would help ensure children's needs and interests are recognised, monitored, and used to support their ongoing progress. This is essential to ensuring children experience both support and challenge in their learning. We discussed this with the childminder and provided suggestions on how they could improve this area of practice. (See area for improvement 1).

Areas for improvement

1. To support positive learning outcomes for children, the childminder should improve and develop the use of key planning and assessment documentation. This should include but not be limited to:

Planning for children's learning;

Observations and assessment of children's development;

Information sharing with families.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'My care and support meets y needs and is right for me' (HSCS 1.19)

Children are supported to achieve 3 - Satisfactory / Adequate

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

Children were supported through warm and nurturing relationships with the childminder. The childminder knew the children and their needs well and understood the importance of building trusting relationships to help children grow and develop. This was reflected in the feedback we received from families, who told us: "Geoff is always very warm and kind to both of my children," "Geoff is a great role model to our child," and "Geoff has built a very warm, trusting relationship with my child. My child is always happy to go and clearly feels comfortable and secure in his care."

Children did not always experience snack and mealtimes that were healthy, safe, or well supervised. The routine often meant that children had their afternoon snack in the school playground. During this time, children were not always well supervised, and some ran around while eating, creating a choking risk and compromising their safety. Some children were offered breadsticks, which they enjoyed, but meals should also routinely include a portion of fruit or vegetables. Some children ate snacks brought from home, which supported their individual preferences. (see area for improvement 1).

The childminder worked closely with families to support consistency between home and the service. Younger children were supported with toileting and nappy changing needs in ways that promoted their privacy and dignity. Older children were supported with activities such as learning a musical instrument and evening tea time routines. Families confirmed this positive approach, telling us: "We speak to Geoff regularly about our child's care," "He is attentive, caring and genuinely engaged with the children," and "We discuss our child's care daily." Children were offered opportunities for rest and sleep and could use comforters to help them relax. However, the childminder used buggies for children's sleep, which may be suitable occasionally but should not be used as a consistent approach. (see area for improvement 2). Children did not benefit from effective personal planning. Although the childminder knew the children well and families felt comfortable discussing their child's care, there were no detailed records or personal plans in place for individual children. This does not meet national guidance or legislative requirements. Meaningful personal plans are essential to ensuring children's needs, rights, and progress are clearly identified and met. We spent time signposting the childminder to relevant guidance and tools to support improvement in this area. At the time of publication the childminder had provided evidence that this was in progress. (see requirement 1).

The childminder did not demonstrate effective knowledge of child protection procedures. Their training had not been refreshed within recommended timescales. We asked the childminder to update their knowledge and ensure they understand what action to take, and when, to keep children safe. At the time of publication the childminder had provided evidence that this was in progress (see requirement 2).

There were no children currently requiring medication, and only a small number of accidents had occurred since the previous inspection. However, the records did not consistently include all the information required by best practice. Strengthening these records would support timely information sharing and promote children's wellbeing. (see area for improvement 3)

Requirements

1. By 15 May 2026, the provider must ensure that children's care and support needs are clearly identified, reviewed and met through effective personal planning.

To do this, the provider must, at a minimum:

- a) develop personal plans for each child that set out their individual needs, rights and preferred care approaches;
- b) ensure plans are created in partnership with families and reviewed at least every six months;
- c) maintain plans in line with current national guidance and legislation.

This is to comply with Regulation 5 (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

2. By 15 May 2026, the provider must ensure children are safe and protected from harm through effective child protection procedures and up to date knowledge.

To do this, the provider must, at a minimum:

- a) complete up to date child protection training that reflects national and local guidance;
- b) demonstrate knowledge and understanding of the actions to take when concerns arise;
- c) ensure procedures are implemented consistently and confidently in practice.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

Areas for improvement

1. To support children's health, safety and wellbeing, the childminder should improve snack and mealtime routines to ensure they are healthy, safe and appropriately supervised.

This should include, but not be limited to:

providing consistent and close supervision during eating;

ensuring snacks routinely include a portion of fruit or vegetables;

reviewing the practice of eating snacks in the school playground.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20) and "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSCS 1.33)

2. To support children's comfort, safety and wellbeing, the childminder should review and improve sleep routines. This should ensure that children have safe, comfortable and developmentally appropriate sleeping arrangements, and that buggies are not used as a consistent sleep option.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My environment is safe and secure." (HSCS 5.17)

3. To support children's wellbeing the childminder should improve the quality and completeness of accident and medication records. This should include ensuring all required information is consistently recorded in line with best practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14) and "I use a service and organisation that are well led and managed." (HSCS 4.23)

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

We recommend that Mr Leonard develop and maintain a system, which will provide parents and children with opportunities to give their views and make suggestions for improving all aspects of his child minding

service.

National Care Standards 13 Early Education and Childcare up to the age of 16 - Improving the Service.

This area for improvement was made on 27 September 2013.

Action taken since then

This area of improvement had not been met. We have detailed current practice within the body of the 'leadership' section of this report and reworded and area for improvement to reflect current guidance.

Previous area for improvement 2

We recommend that Mr Leonard develop a system for reviewing the changing needs of the children in his care. This should reflect Scottish Child Minding Association (SCMA) best practice guidance. Mr Leonard should ensure that he regularly reviews this information adhering to the new legislation. National Care Standards Early Education and Childcare up to the age of 16. Standard 5:- Quality of Experience.

This area for improvement was made on 27 September 2013.

Action taken since then

This area of improvement had not been met. We have detailed current practice within the body of the 'children are supported to achieve' section of this report and reworded and area for improvement to reflect current guidance.

Previous area for improvement 3

We recommend that Mr Leonard update his medication policy and procedures to reflect best practice guidance. 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 27 September 2013.

Action taken since then

This area of improvement had not been met. We have detailed current practice within the body of the 'children are supported to achieve' section of this report and reworded and area for improvement to reflect current guidance.

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	2 - Weak
Leadership and management of staff and resources	2 - Weak
Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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