

# Heaven's Childminding Service Child Minding

Longniddry

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
13 March 2026

**Service provided by:**  
Clair Bonnington

**Service provider number:**  
SP2016988116

**Service no:**  
CS2016347940

## About the service

Heaven's Childminding Service provides a childminding service from their family home in the Longniddry area in East Lothian. The areas used for the childminding service are the open plan lounge/dining room, upstairs bathroom and enclosed rear garden. The home is in a residential area close to the parks and school. Local groups and community amenities were used frequently to enhance experiences for children.

The childminder is registered to provide a care service for a maximum of six children at any one time up to 16 years of age: of whom no more than six are under 12 years; of whom no more than three are not yet attending primary school and of whom no more than one is under 12 months. Numbers include the children of the childminder's family/household.

## About the inspection

This was an announced (short notice) inspection which took place on 12 March 2026 between 11:00 and 13:15. 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 eight 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 'leadership' heading.

**Key messages**

- Self evaluation was valued and informed by family feedback, but processes remained mostly informal and unrecorded.
- Policies generally supported safe and effective practice however, we asked the childminder to update their sleep and medication policies.
- Families felt the environment was safe and welcoming, though written risk assessments needed strengthening and were promptly improved.
- Children were engaged, happy and having fun in a nurturing environment where their right to play was respected.
- The consistent use of community spaces for outdoor play supported children's physical development and wellbeing.
- Care was nurturing and relationships are strong but further work to develop safe sleep policies and personal plans in line with best practice should be developed.

**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 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

The childminder had clearly established aims and objectives. The aims reflected a commitment to a warm, caring and friendly home-like environment where children felt secure, happy and confident, demonstrating a clear vision for practice. These were set out in the service handbook and shared with families before children started, supporting transparent communication. 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 remained relevant, accurate and provide clearer direction for the service.

The childminder demonstrated an understanding of the importance of self-evaluation and routinely sought verbal feedback from families. One family commented, "The childminder is always willing to take on comments or feedback and also bounce ideas off of us if necessary". Feedback from daily conversations informed changes, such as adapting arrangements for walking children to school to meet individual preferences. The childminder reflected informally on their practice and had begun improving personal plans through a revised format. The childminder agreed to update all plans and moving forward would review them within the required six monthly timescales. Self-evaluation processes remained mostly informal and unrecorded, making it difficult to evidence how strengths were identified or improvements planned and monitored. Using established resources such as Scottish Childminding Association (SCMA) self-evaluation tools and the shared 'Quality improvement Framework for the Early Learning and Childcare Sectors: Childminding' would further support more robust and targeted self-evaluation and development.

The childminder had a range of policies in place and had recently updated these, sharing revisions with families. Policies generally supported safe and effective practice however, we asked the childminder to update their sleep and medication policies. The medication policy was immediately updated to include clear actions when essential medication was forgotten by families. This was important to ensure that children who required emergency medication always had it available. The childminder addressed this promptly and confirmed they would check medication on arrival and take appropriate action when it was not provided. In addition, the childminder supported children's individual sleep routines and had a sleep policy in place. While the childminder took steps to keep children safe, such as frequent checks, we discussed the use of car seats and buggies for sleep which did not align with safe sleep best practice. We asked the childminder to develop their sleep policy to reflect safer sleeping guidance and it should be clear on the procedure if families request children sleep in cars and buggies. This would ensure children were supported to be safe in the service (see area for improvement one).

Families strongly agreed their child was cared for in a safe, secure and well maintained environment and commented, "The childminders home is clean, safe, warm and welcoming". The childminder carried out regular informal checks but there was not always written risk assessments in place. We asked the childminder to develop risk assessments to reflect the present environment and safe practices to strengthen the overall approach to safety and align more closely with best practice expectations. The childminder actioned this promptly and the risk assessments were in place the following day. The previous area for improvement on risk assessments had 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').

The childminder had completed some relevant training, including recent child protection training, which informed a review of their safeguarding policy. This supported responsive practice and contributed to ensuring children were protected from harm. A first aid refresher was also planned during the inspection week, helping to maintain essential skills for children's safety and wellbeing. Moving forward, engaging more consistently with best practice guidance available through the Care Inspectorate Hub such as safer sleep, personal planning and medication management would have strengthened quality assurance processes and ensured practice aligned with current standards. The previous area for improvement on training had 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').

### Areas for improvement

1. To support the service to be managed and led well, the childminder should review and update their policies and procedures on safe sleep to align with best practice guidance. This should be clear on the procedure if families request children sleep in cars and buggies to ensure children were supported to be safe in the service.

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).

## Children play and learn 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: Playing, learning and developing

Children were engaged, happy and having fun in a nurturing environment where their right to play was respected. One family told us, "While they are in her home, the children have a range of age-appropriate toys to choose from". Children played independently, confidently choosing resources, while the childminder actively joined in to support language development and extend their vocabulary. Children had regular access to a selection of resources and activities that supported their learning. However, ensuring children had access to books would have further enhanced opportunities for early literacy and development.

Children had regular opportunities for outdoor play and exploration within the local community. They frequently visited toddler groups, parks, cafes and soft play with other local childminders. Families told us, "They go to toddler's groups, weather appropriate activities like outdoor trails and the park or soft play. I also really like that they are involved in day-to-day activities as appropriate like the school run, going to a cafe, going to the shops, playing in the garden etc". Although children did not use the garden during the inspection, the childminder had direct access to an enclosed rear garden and used the front area for activities such as football. Daily outdoor time was planned after school pickup to ensure children who had been indoors all day could benefit from fresh air and physical activity. The childminder's consistent use of community spaces supported children's physical development and wellbeing.

Interactions were consistently kind, caring, and respectful, ensuring children's rights were upheld. The childminder knew children's routines, needs and personalities well, which helped create an environment where they felt safe, loved and secure. Responsive and attuned interactions supported children's development and encouraged them to express themselves, strengthening their communication skills and confidence in using language.

The childminder's planning approach was informal, with daily updates and photographs shared digitally. Regular conversations at pick up kept families well informed about their child's experiences and achievements. Families valued this communication and described consistent updates about their child's activities and development. While the childminder responded well to children's interests in the moment, planning did not yet show how experiences built on learning over time. Developing key observations of children's play patterns, progress and achievements, would support more purposeful planning and strengthened the childminder's ability to extend and challenge children's learning and development effectively.

**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**

The childminder demonstrated a warm, nurturing and responsive approach, which directly contributed to positive outcomes for children. Through sensitive and attentive interactions, children developed a strong sense of emotional security, feeling valued, respected and loved. Families commented, "A amazing childminder, they are the perfect combination of warm and caring, as well as firm and energetic" and "Warm, personalised care, the right amount of attention so they can sleep and eat in the way they need to, a strong bond between my childminder and my child". These positive attachments supported children to settle confidently and engage meaningfully in the childminding environment.

Mealtimes were relaxed and responsive to children's needs. Children sat safely in highchairs or at the low table, with the childminder providing close support. However, improving the layout of seating would further enhance opportunities for peer social interaction. Water was readily available and families provided packed lunches while the childminder offered snacks. To ensure continued safe practice and regulatory compliance we asked the childminder to contact the local authority to check if they were required to register as a food business when providing snacks. Families told us they were satisfied with the healthy snacks offered and felt consulted about choices. As a result, children experienced relaxed, healthy and nurturing mealtime routines.

Children's personal care needs were managed in a way that promoted privacy and dignity. Changing took place discreetly while maintaining appropriate supervision and personal protective equipment such as gloves and aprons was used correctly. However, although the childminder reported consistent handwashing, this was not observed. Strengthening infection prevention and control through robust hand hygiene at key times for both the childminder and the children would further enhance safe, nurturing care.

The childminder was developing their personal planning approach and had begun introducing a new format to improve the quality and consistency of information. Although existing plans were mostly created with families, not all children yet had a formal plan although some information was available on a digital platform. Families confirmed they were actively involved in developing their plan and that updates were discussed when children's needs changed. However, statutory six monthly reviews had not been consistently completed. To strengthen practice, the childminder needed to fully implement the revised format and introduce a clear review cycle in line with legislation. Revisiting the Care Inspectorate's Guide for Providers on Personal Planning would support the development of meaningful, up to date plans that informed daily practice and improved responsiveness. The previous area for improvement had not yet been met and will be re-written (see area for improvement one).

The childminder had built strong, trusting relationships with families, who described communication as open, transparent and supportive. Families felt well informed and valued the childminder's warm, adaptable, child centred approach and the nurturing, relaxed environment she created. They highlighted the meaningful experiences offered and noted that the childminder knew their children well and consistently went above and beyond to support them. Children and families were warmly welcomed into the home, promoting positive relationships, involvement and a strong sense of belonging. Overall, the childminder's deep knowledge of each child contributed to a caring, inclusive environment that supported wellbeing.

## Areas for improvement

1. The childminder should continue to develop children's personal plans to ensure a personal plan is in place for every child in the service. The personal plan should clearly identify each child's health, wellbeing and support needs. A clear record should also be kept to demonstrate that parents have reviewed their child's personal plan at least once every six months in line with legislation.

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) and 'My care and support meets my needs and is right for me' (HSCS 1.19)

## 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 continue to develop children's personal plans taking into account the SHANARRI wellbeing indicators. A clear record should also be kept to demonstrate that parents have reviewed their child's personal plan at least once every six months in line with legislation.

National Care Standards for Early Education and Childcare up to the age of 16: Standard 3 Health and wellbeing. Standard 6 Support and development.

**This area for improvement was made on 28 November 2017.**

#### Action taken since then

The childminder was developing their personal planning approach and had begun introducing a new format to improve the quality and consistency of information. However not all children had a personal plan in place and statutory six monthly reviews had not been consistently completed. To strengthen practice, the childminder needed to fully implement the revised format and introduce a clear review cycle in line with legislation.

**This area for improvement had not been met.**

**This area for improvement is no longer in place and has been incorporated into a new area for improvement under the heading 'Children are supported to achieve'.**

## Previous area for improvement 2

The childminder should develop written risk assessment information to outline the potential risks in each area of her home and garden and outline how these are minimised.

National Care Standards for Early Education and Childcare up to the age of 16: Standard 2 A safe environment.

**This area for improvement was made on 28 November 2017.**

### Action taken since then

The childminder carried out regular informal checks but there was not always written risk assessments in place. We asked the childminder to develop risk assessments to reflect the present environment and safe practices to strengthen the overall approach to safety and align more closely with best practice expectations. The childminder actioned this promptly and the risk assessments were in place the following day.

**This area for improvement had been met.**

## Previous area for improvement 3

The childminder should continue to identify and plan for training and professional development opportunities to help support positive outcomes for children. This should include child protection and first aid training.

National Care Standards for Early Education and Childcare up to the age of 16: Standard 3 Health and wellbeing. Standard 14 Well-managed service

**This area for improvement was made on 28 November 2017.**

### Action taken since then

The childminder had completed some relevant training, including recent child protection training. In addition they had previously completed a first aid training with plans to refresh this again on the week of inspection.

**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](http://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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