

Wholesome Children Child Minding

Musselburgh

Type of inspection:
Unannounced

Completed on:
10 March 2026

Service provided by:
Monika Mackenzie

Service provider number:
SP2015986951

Service no:
CS2015337559

About the service

Wholesome Children is a registered childminding service delivered from the childminder's home in Musselburgh, East Lothian.

The service is registered to provide a care service to a maximum of 6 children at any one time under the age of 16, of whom no more than 3 are not yet attending primary school and of whom no more than 1 is under 12 months. Numbers include the children of the childminder's family/household. Minded children cannot be cared for by persons other than those named on the certificate.

The service is close to a local primary school, beach, shops, parks and other amenities. Children are cared for in the living/dining room, upstairs bathroom and have supervised access to the balcony area.

About the inspection

This was an unannounced inspection which took place on 10 March 2026 between 08:00 and 11:15 and 14:00 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spent time with two children using the service
- received six completed questionnaires from families
- spoke with the childminder
- observed practice and daily 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 headings - Leadership and Children are supported to achieve.

Key messages

- The childminder was nurturing, warm and caring in their approach with children.
- The childminder should develop quality assurance processes, including self-evaluation to support continual development and improvement of the service.
- Children would benefit from the childminder participating in training, to update and develop their knowledge and understanding of best practice.
- Personal plans should be reviewed to ensure they meet children's current needs.
- The childminder made good use of local facilities helping children feel included in their local community.

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 satisfactory/adequate where strengths just outweighed the weaknesses.

The childminder did not have a formal vision and values in place; however, they were able to discuss their vision for the service. The childminder emphasised the importance of positive relationships, quality play experiences including the opportunity to play outdoors and learn about nature. It would be beneficial for the childminder to formalise these values. Children and families should be included in this process which could support positive outcomes for all.

The childminder had relevant policies in place and a sample of these were reviewed as part of the inspection. We identified that some policies and procedures had not been recently reviewed to ensure they reflected current best practice. For example, infection prevention and control. Establishing a routine for reviewing and updating policies would further support consistency and reinforce high-quality care.

There were limited systems in place to evaluate the quality of the service and identify areas for improvement. The childminder was able to tell us about a few areas for improvement they had planned. These included making a quiet space for older children to rest and relax and labelling resources to support children's independence. We spoke with the childminder about the benefits of a concise improvement plan and recording changes as they occurred to support the process of self-evaluation. These changes could be as a result of seeking the views of children and parents, learning from training that informs practice and implementing best practice guidance. We discussed the benefits of using the self-evaluation tool A quality improvement framework for the early learning and childcare sectors: childminding to support continuous improvement of the service (see area for improvement 1).

The childminder was a member of the Scottish Childminding Association (SCMA) and told us they had accessed some training on outdoor first aid. The childminder was able to discuss the processes to protect children and knew who to contact in the event of a child protection concern. However, core training, such as paediatric first aid, child protection and food hygiene, was in need of being updated. As a result, there were gaps in the childminder's knowledge. We discussed the importance of developing knowledge, skills and practice through training, self-study and professional reading. This would ensure the childminder was familiar with current guidance to support positive outcomes for children (see area for improvement 2).

We found some gaps in the childminder's understanding of their professional responsibilities. For example, they had not submitted the required annual return and had not applied for the necessary fit person checks when a household member reached the age of 16. These gaps in compliance increased the risk of unsafe practice and meant the service was not operating in line with regulatory expectations. Since the inspection, the childminder submitted the necessary fit person application.

Areas for improvement

1. To support positive experiences and outcomes for children and families, the childminder should strengthen quality assurance practices. This should include, but is not limited to:

- a) Self-evaluation of practice against recognised frameworks such as A quality improvement framework for the early learning and childcare sectors: Childminding quality indicators.
- b) Gathering and making use of feedback from children and parents to support ongoing improvements to the service.
- c) Ensuring that all policies, procedures and risk assessments are reviewed regularly and updated to reflect current legislation and guidance.

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).

2. To support children's wellbeing and development, the provider should access training relevant to their role and apply learning in their practice. This should include but is not limited to, reviewing best practice guidance and engaging in first aid, food hygiene and child protection training.

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

Children play and learn 4 - Good

Quality indicator: Playing, learning and developing

We made an evaluation of good for this quality indicator, as several important strengths, when taken together, clearly outweighed areas for improvement.

The childminder had a good understanding of how children play and learn and recognised the importance of valuing them as individuals. A range of toys and resources was available that were appropriate to children's ages and stages. For example, children had opportunities to explore their interest in animals whilst building a zoo while younger children explored sensory play with bubbles. This supported children to feel secure and engaged.

Children's learning was supported by the childminder's knowledge of child development and their responsive, natural interactions. They took time to listen to children, pick up on their non-verbal cues and respected their choices. The childminder's effective commentary and use of open-ended questions encouraged children to share their experiences and extended vocabulary. Playful and warm interactions were consistent throughout the inspection, showing children that their play and ideas were valued.

Parents were positive about the experiences available to their children. One parent commented: "My child has opportunities to move, go to parks, walks, enjoy the beach, woods, grass clearings or more urban set up. Indoors [my child] has plenty of toys, games activities they love too."

Some language, literacy and numeracy development were promoted during play experiences. Children were encouraged to count and recognise colours when interacting during play. A range of books was available to children to access. To help promote further opportunities for learning, we suggested mark making materials such as notepads, pencils and crayons be accessible for children. The childminder agreed to action this.

Planning approaches were informal and based on children's interests and curiosities. Photographs were used to share play and learning experiences with families. While planning was responsive and child-centred, systems for evaluating progress and identifying meaningful next steps were limited. We asked the childminder to develop systems for recording children's learning and progress, and to use this information to plan experiences that meet their developmental needs.

Children benefited from regular opportunities to explore the local environment through walks and visits to the nearby beach, parks and woodlands. They also met up with another local childminder, providing children further opportunities to socialise and make friends. One parent commented: "[The childminder] takes the children out every day unless very adverse weather conditions" and "They explore all the local outdoor fun areas". Another parent commented: "[My child] loves being outdoors especially going to the library."

Children are supported to achieve

3 - Satisfactory / Adequate

Quality indicator: Nurturing care and support

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

Children experienced caring and nurturing interactions to help them feel safe and loved. The childminder spoke in a warm and soothing voice and children received lots of cuddles and reassurance. This helped children settle and feel comfortable in the childminder's care. Parents described the childminder as "kind", "a caring person" and "a part of our family".

Children received personal care which respected their dignity and privacy. However, some improvements were needed to reduce the risk of cross infection. Whilst nappy changing, the childminder used disposable gloves but did not wear an apron to help keep children safe and well. Children's hands were cleaned with wipes before and after mealtimes. We advised the childminder to use soap and water when washing children's hands in line with the guidance - Infection Prevention and Control in Childcare Settings. The childminder agreed to action this immediately.

Children's personal plans contained information to support their basic care needs. Information was collated from parents when children started at the setting. However, this information had not been updated. This raised the potential for key details needed to support children's care, health and wellbeing to be missed (see area for improvement 1).

Children experienced positive snacks and mealtimes. Meals were eaten at a small table in the living area and younger children sat in a highchair. The childminder sat with children while they ate, helping to keep them safe and creating opportunities for conversation and social interaction. Water was offered to drink, helping to keep children hydrated and well.

Children and their families were welcomed by the childminder. Parents were able to have informal conversations on arrival and collection and felt the childminder was "very friendly and responsive". Messages and photographs were shared to keep parents informed about their child's day. This supported communication and working together to meet children's needs.

Areas for improvement

1. To support children's wellbeing, learning and development, the childminder should further develop children's personal plans to show how their needs are being identified and met. Plans should be developed in consultation with families and reviewed when there is a significant change in a child's needs, or 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 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

It is recommended that the childminder obtains a copy of the document Administration of Medication in Daycare of Children and Childminding Settings. She should follow the guidance particularly in relation to ensuring that parents confirm that they have given their child the first dose of any medication.

National Care Standards Early Education and Childcare. Standard 3 - Health and Wellbeing.

This area for improvement was made on 6 October 2016.

Action taken since then

The childminder was not currently administering any medication but a policy and consent forms were in place to support the safe administration of medication. This included ensuring parents confirm that they have given their child the first dose of any medication.

This area for improvement has 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

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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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