

Little Stars Child Minding

Glasgow

Type of inspection:
Unannounced

Completed on:
17 March 2026

Service provided by:
Asia Ali

Service provider number:
SP2019990431

Service no:
CS2019373808

About the service

Little Stars is registered to care for a maximum of six children at any one time up to 16 years of age, of whom no more than three are not yet of an age to attend primary school and no more than one is under 12 months.

At the time of the inspection, there were three children being cared for.

The service is provided from a three bedroom semi-detached house in Cowglen, Glasgow. The children have access to the lounge, kitchen, and toilet facilities. The service is located close to local amenities including nurseries, schools and parks.

About the inspection

This was an unannounced inspection which took place on 16 and 17 March 2026. The inspection was carried out by two inspectors 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 three children attending the service.

Spoke with one parent whose children attend the service.

Observed practice and the childminder's interactions with children.

Reviewed documents.

Spoke with the childminder.

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, Children thrive and develop in quality spaces and Children are supported to achieve sections of this report.

Key messages

- The childminder's gaps in knowledge about regulatory understanding, organisation, and safety had the potential to impact negatively on children's health wellbeing and safety.
- The lack of quality assurance systems meant children did not experience a consistently safe or well managed service.
- The childminder offered a comfortable, home from home environment that supported children's emotional wellbeing.
- Infection prevention control and safety of the environment needed to improve.
- Children were settled, comfortable, and treated with warmth and respect by the childminder.
- No personal plans or detailed written information were in place, limiting the childminder's ability to plan for and track children's wellbeing and development.
- Parental involvement in evaluating the service was minimal, with no structured systems to gather or use feedback.

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 thrive and develop in quality spaces	3 - Satisfactory / Adequate
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

Quality indicator: Leadership and management of staff and resources

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

The childminder welcomed us into their home and was willing to engage in the inspection process. They told us that they were committed to making improvements and improving outcomes for children and families who used the service. While this was encouraging, it now needs to be demonstrated through effective action, clear systems, and sustained compliance with regulatory expectations.

We were concerned that the childminder did not demonstrate a clear understanding of their regulatory responsibilities, which impacted the safety, organisation, and quality of children's experiences. On the first day of our inspection, key documents required for the safe operation of the service, including the registration certificate, insurance certificate, and PVG/disclosure records, were not available. Although the childminder told us they believed these documents were in the home, they were unable to locate them during the visit. When we returned the following day, the childminder was able to present the required documentation. We discussed with the childminder how this lack of organisation reduced confidence in the reliability and effectiveness of leadership.

In addition to this, we were made aware that an adult child was residing in the home. The Care Inspectorate had not been informed of this, and as a result, the necessary Protection of Vulnerable Groups (PVG) checks had not been completed. This oversight presented a potential risk to children and demonstrated further gaps in understanding of regulatory requirements. (See requirement 1)

The childminder was not fully aware of the conditions attached to their registration. They confirmed that minded children used the garden, despite this area not being included in the registered premises. This demonstrated limited oversight and placed children at potential risk. We assessed the garden area and found that it presented potential risks to children. Broken equipment and a hole in the fence meant that children could have been at risk of harm or leaving the garden space. As a result, the outdoor area was not safe for use and required improvement before it could support safe outdoor play. This restricted children's opportunities to access fresh air, explore the natural environment, and benefit from physical play outdoors.

There were no systems in place to support quality assurance. The childminder had not engaged in self evaluation or reflective practice and did not use recognised tools, such as Scottish Childminding Association (SCMA) materials or the Care Inspectorate's frameworks. As a result, strengths were not identified, areas for improvement were not recognised, and no structured planning was in place to support ongoing development. Children therefore did not benefit from a service that was learning, adapting, or demonstrating continuous improvement. (See requirement 2)

The service did not have written aims, a vision, or values. Families had not been provided with information outlining the purpose of the service or what it aimed to achieve for children. Without clear guiding principles, the childminder lacked a framework to support decision making or to shape the direction of the service.

Requirements

1.

By 1 May 2026, to ensure that people's care and support needs are met effectively, the provider must ensure that children are cared for in a safe, well-managed, and compliant service.

To do this the provider must at a minimum ensure that all adults living in the household who are aged 16 and over have an up-to-date PVG or disclosure check completed and available for inspection.

This is to comply with Regulation 4(1)(a) 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 that "I experience high-quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

2. By 30 May 2026, the provider must ensure that in order to keep children safe, improve the quality of the service and improve outcomes for children, robust quality assurance systems are put in place.

To do this the provider must at a minimum:

- a) Stop using any unregistered spaces, including the garden, until these areas have been formally assessed and added to the conditions of registration.
- b) Develop and implement effective quality assurance processes to monitor the service, ensure compliance with legislation and guidance, and identify areas requiring improvement.
- c) Establish and share a clear vision, values, and aims that describe the purpose of the service and the outcomes it seeks to achieve for children.

This is to comply with Regulation 4(1)(a) 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 that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19) and "My environment is secure and safe." (HSCS 5.17)

Children thrive and develop in quality spaces **3 - Satisfactory / Adequate**

Quality indicator: Children experience high quality spaces

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

The childminder provided a home from home environment for children who attended after school. The childminding environment allowed children to feel comfortable and part of the household. Children were relaxed when spending time in the living room, which was warm, welcoming, and spacious enough to support play and rest. This helped children feel secure and supported their emotional wellbeing.

A small selection of resources were available to encourage play. These included construction toys, colouring books, pens and board games. Children were also supported to access their iPads to complete homework tasks. While these resources were suitable for the ages and stages of the children attending, the limited variety meant that opportunities to extend learning and sustain children's interests were reduced. Developing a broader range of resources would help motivate and engage children more fully.

In order to keep children safe and minimise the spread of infection some areas of the home required attention. We noted family medicines stored on the kitchen window sill and general clutter in the kitchen increased the risk of accidents. (See area for improvement 1)

We were concerned about how the childminder minimised the potential spread of infection, as some practices increased risks for children. While the downstairs toilet was clean and met children's needs, cleaning products were stored within children's reach, creating potential hazards. In addition to this handwashing routines also required improvement. Children were not consistently encouraged to wash their hands before and after eating. As a result, children were at increased risk of exposure to infection, and the overall level of protection provided within the service was reduced.

Children's personal information was not accessible during the inspection, and the location of their records was unclear. As a result, children's information was not being stored safely or securely. This created a risk that essential details such as medical information, emergency contacts, or consent records might not have been available when required to support children's health, safety, and wellbeing. Secure and accessible storage of records is essential to ensure children receive safe and consistent care. (See area for improvement 2)

Areas for improvement

1.

To reduce the risk of infection and promote a safe environment for children, infection prevention and control practices and safety within the setting should be strengthened. This should include, but not be limited to ensuring cleaning products are stored securely and handwashing routines are reinforced, particularly before and after eating.

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

"My environment is secure and safe" (HSCS 5.17) and "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.22).

2. To keep children and young people safe and promote their wellbeing, the provider should establish a clear and consistent system for the secure storage and organisation of all children's records. This should include, but not be limited to, ensuring information is kept in a locked and designated location and be accessible only to authorised adults. This will support effective decision-making, ensure compliance with data protection requirements, and promote children's safety.

This is to ensure 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 "I use a service and organisation that are well led and managed" (HSCS 4.23).

Children play and learn 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

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

Children experienced a relaxed and comfortable atmosphere within the childminder's home, and they were able to make choices about how they spent their time. They confidently told us, "We play with him and we play with the toys. We have building toys and cars," showing they were familiar with the resources available and felt comfortable using them.

A small selection of toys was stored under the sofa and in a small unit beside it. During the visit, the childminder brought out a box of construction materials, and all four children, including the childminder's own child sat together on the floor and played happily. This supported positive social interaction and cooperative play, helping children build relationships and enjoy shared experiences.

One child chose to complete colouring using felt pens and a colouring book after initially showing interest in an online game. They were happy and engaged, demonstrating enjoyment and sustained concentration in their chosen activity. Some children requested to watch television and the childminder met responded to this, allowing children to follow their interests naturally.

Children told us that they did not go on outings other than visiting the local park within the estate, and they confirmed that the childminder accompanied them when they went. While this offered basic outdoor play and fresh air, opportunities for wider learning, exploration, and variety were limited.

After school, the children spent time resting on the sofa, watching YouTube and singing along. The childminder commented that children were usually tired after school and preferred to relax or complete homework. Throughout the visit, the childminder engaged with them gently and spoke with them at times in their home language. This supported children's sense of belonging and strengthened relationships by reflecting their home language and culture.

There were no written plans or documentation to support children's play and learning. The childminder did not record children's interests, developmental needs, or progress. As a result, experiences relied mainly on children's day to day choices and the small selection of resources available. More planned opportunities would extend learning, promote curiosity, or support development over time.

Despite these gaps in planning and documentation, children were comfortable, settled, and enjoyed warm, nurturing interactions. They experienced care that supported emotional security and positive relationships. With more structured planning and a broader range of play opportunities, the childminder could further enhance children's learning and widen their experiences.

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 were settled and comfortable during the visit. They were offered milk and a plain biscuit for snack, in line with their parent's wishes. One child was fasting due to family religious observance and did not take snack. They spoke confidently about this and about upcoming family celebrations. The childminder responded sensitively, showing understanding of the child's cultural needs and supporting them in a calm and respectful way. This helped children feel valued and included.

Children spent time together on the sofa, with one child confidently completing homework on a tablet. They communicated openly with the childminder and with each other, showing they felt safe to express their needs and share their thoughts.

There were no personal plans in place for any child. The childminder did not hold written information beyond basic details they had on their phone such as dates of birth and GP practice. The lack of personal plans meant children's individual needs, interests, and progress were not recorded. As a result, the childminder did not have the information needed to plan effectively for children's wellbeing or to share meaningful updates with families. This limited their ability to support children's ongoing development and ensure their needs were consistently met. (see area for improvement 1)

Parental involvement in evaluating and developing the service was limited. There were no established methods for families to give feedback or contribute to decision making. However, the parent we spoke with told us that they were very happy with the care provided and that their children enjoyed attending the childminder's home. While this reflected positively on the childminder's relationships with children and families, it did not replace the need for structured approaches to gather, analyse, and use parental feedback to support improvement. (see area for improvement 2)

Despite these gaps in documentation, planning, and engagement with families, children experienced warm, kind, and respectful interactions. The childminder's nurturing approach helped children feel safe, secure, and welcome. To improve outcomes further, the service should strengthen planning, record keeping, and communication with families to ensure children's needs are clearly understood and consistently met.

Areas for improvement

1. In order to keep children safe and ensure their individual needs are met, personal plans should be developed and maintained for every child attending the service. This should include, but not be limited to, developing plans that clearly set out children's individual needs, interests, and routines and reviewing them with families at least every six months, or as children's needs change.

This is to ensure 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 needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

2. In order to provide more consistent individualised care, the provider should strengthen approaches to consulting with and involving families in children's care and in evaluating the service.

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

"I am supported to give my views and participate meaningfully in decisions about my care and support" (HSCS 4.8) and "I am enabled to participate in developing the organisation's care and support policies and practice" (HSCS 4.15).

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 thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	3 - Satisfactory / Adequate
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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