

Karen Taylor Child Minding

Auchterarder

Type of inspection:
Unannounced

Completed on:
9 April 2026

Service provided by:
Taylor Karen

Service provider number:
SP2003905452

Service no:
CS2003010047

About the service

Karen Taylor provides a childminding service from her home in the small town of Auchterarder in Perthshire. The childminder is registered to provide care to a maximum of six children at any one time up to 16 years of age.

The children are cared for in the kitchen-dining area, the lounge and have access to a downstairs toilet and enclosed garden to the rear of the property.

About the inspection

This was an unannounced inspection which took place on 01 April 2026 between 11:30 and 12:15 and 08 April 2026 between 10:00 and 12:30. 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.

To inform our evaluations we:

- Spoke with two children using the service and one family member
- spoke with the provider
- assessed core assurances, including the physical environment
- observed practice and daily life
- 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, no improvements were identified relating to core assurances.

Key messages

- Children were treated as individuals and benefited from a homely environment; they had developed positive relationships with the childminders extended family which supported their emotional wellbeing which helped them feel safe and welcome.
- The childminder had formed trusting relationships with families which supported them to meet children's needs.
- To support families' understanding of what to expect from the service and to further improve practice, the childminder should review and update their policies and procedures.
- Children played happily and cooperatively together it was evident they had formed close attachments.
- To support children to reach their full potential, the childminder should develop an understanding of how children develop and progress.

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	3 - Satisfactory / Adequate
Children are supported to achieve	4 - Good

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 vision, values and aims of the service were reflected in practice through warm, kind, and caring interactions, children being valued as individuals, and the provision of a welcoming, homely environment. As a result, children appeared happy, secure, and settled. We discussed the importance of involving children and families in the development and regular review of the service's aims and values, as this had not been undertaken for some time. This would help promote a shared understanding of expectations and ensure that ongoing improvements reflect the views, preferences, and needs of all.

Families were provided with a welcome booklet outlining the purpose of the service and its aims for children. Most policies and procedures required updating to reflect national policy, legislation, and best practice guidance. The child protection policy lacked sufficient detail, including procedures for managing allegations against a family member. In addition, the complaints, missing child, behavioural management and infection prevention and control policies lacked clarity, which meant families were not fully informed about expectations or how the service would respond in specific situations. We highlighted relevant guidance and resources available on the Care Inspectorate HUB. This will help support the childminder to strengthen the content of these documents. (See area for improvement one)

Throughout our visits the childminder engaged well with us, they were honest and transparent about the service they provided and acknowledged that paperwork was an area for development. The childminder told us in the past few years they had not had time to undertake any reflective practice, access training and professional development opportunities or kept up to date with current guidance. Children and families were not meaningfully involved in influencing positive change as the childminder did not have methods in place to gather their views. As a result, the pace of change within the service was slow, and thoughtful changes were not being made. We encouraged the childminder to consider the areas for improvement highlighted within this report as a starting point to improving outcomes. We discussed how resources such as, 'A quality improvement framework for the early learning and childcare sectors: childminding, The Health and Social Care Standards and Self-evaluation for improvement- your guide' could be used to support reflection and identify what's working well and what could be improved. (See area for improvement two)

Despite gaps in knowledge of current frameworks, best practice guidance and reflective practice children and families were provided with care and attention through respectful interactions and positive relationships. The childminder's approach ensured children and families felt welcome, happy, and secure. A parent told us, 'I feel like I have hit gold with Karen, it feels like her family is an extension of ours, we are very happy.'

Areas for improvement

1. To support families' understanding of what to expect from the service and to further improve practice, the provider should review and update their policies and procedures in line with best practice documents, standards and frameworks.

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. To further develop the service the provider should use reflective practice to plan for service improvements. This should include, but is not limited to:

- a) develop knowledge and an understanding around self-evaluation and quality assurance and use their reflections to improve outcomes
- b) consult with children and families to gather views to help inform change.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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.

The childminder had an informal approach to planning experiences and activities. This supported children to lead their own play and learning with resources and activities available to them. We saw children enjoyed their experiences. For example, children took part in Easter craft activities, creating bonnets and baskets. They proudly showed their creations to us and one child told us, 'Look, two chicks in there'.

Resources were easily accessible and well organised in storage units in the kitchen, which promoted choice and independence. Children played happily and cooperatively together, it was evident they enjoyed each other's company. They helped each other dress up dolls and had fun together as they pushed them around the living room in prams.

Indoor and outdoor play was supported by plastic-based resources and toys. We discussed the benefits of children playing with loose parts, natural materials, and real life resources. Enhancing the play environment with these high-quality resources would enrich children's play and learning, provide challenge, and ignite children's imagination and curiosities. We encouraged the childminder to access national practice guidance 'Realising the Ambition: Being Me' to support them with providing meaningful play experiences. (See area for improvement one)

The childminder used age and stage appropriate language, which effectively encouraged children's communication skills. We discussed the importance of ensuring books and mark-making materials are easily accessible to children to promote their engagement with early literacy skills. Opportunities to develop numeracy skills, such as counting, were naturally woven into conversations, which helped support children's understanding in a meaningful way.

The childminder could enhance their use of concepts such as wondering aloud, developmentally appropriate questioning, and explaining to further enhance children's understanding and sense of excitement about their world.

Families were provided with verbal updates and photographs that reflected their child's wellbeing and play experiences. The childminder was honest and told us they did not use observations to recognise and extend children's knowledge, understanding, skills and achievements. This limited the childminder's ability to plan meaningful experiences, provide high quality play spaces, and identify next steps in children's play and development. This resulted in children not being fully supported to achieve their full potential. (See area for improvement one)

Children accessed a large garden for physical play, which supported their health and wellbeing. Opportunities for outdoor play beyond the home included occasional visits to the local park, farm track walks with another childminder, and local shops. These experiences were limited and often dependent on the weather. We encouraged the childminder to widen children's access to outdoor and community based experiences to strengthen their connections to their local and wider communities.

Areas for improvement

1. To support children to reach their full potential, the provider should develop an understanding of how children develop and progress. This should include, but is not limited to:

- a) review and improve resources and play experiences to provide children with challenge, and stimulation to inspire their creativity, imagination and curiosity
- b) use observations effectively to recognise and extend children's knowledge and skills

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

'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

Children are supported to achieve 4 - Good

Quality indicator: Nurturing care and support

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.

The childminder was kind and caring in her approach towards the children in their care. Children received warmth and compassion through spontaneous cuddles, and nurturing interactions to which children affectionately reciprocated. It was evident that close attachments had been formed. Children had developed positive relationships with the childminders extended family which supported their emotional wellbeing and helped them feel welcome, safe, and secure in the childminders home. A parent told us, 'We feel so welcomed into their home and life, my child has lovely relationships with all of Karen's family, it is so reassuring to know our child is loved by every member of Karen's house.'

Effective information sharing and personal planning documentation meant the childminder knew the children very well. They warmly told us of children's personalities, likes, and dislikes.

We asked the childminder to review personal plans regularly with families and update information. This would ensure children's preferences and important information such as emergency contacts and medical information are kept up to date.

Transitions from home to the childminder's and back again, and to and from school, were managed well. Daily verbal communication and the use of a digital platform supported continuity of care and resulted in children being settled and confident. Families knew they were welcome into the home, although most chose to remain in the front porch. We shared our guidance 'Me, my family and my childcare setting' with the childminder to further support their commitment to developing meaningful relationships.

Families provided healthy lunches and snacks for their children. At lunchtime, the childminder plated the children's food, and they sat together at the kitchen table or had a picnic in the garden. This resulted in the children experiencing a relaxed, calm atmosphere where they could eat and drink at a pace that was right for them. The childminder was aware of how to manage allergies and how food should be prepared to prevent young children from choking which helped keep them safe.

On the first day of inspection, we observed a child sleeping in a pram in the living room. The childminder told us that families were aware this was routine; however, parental consent had not been sought. We discussed safer sleeping practice with the childminder, including the importance of providing children with a comfortable and safe sleeping surface. The childminder told us they owned a travel cot and confirmed they would use this for younger children. We asked the childminder undertake a risk assessment for sleeping arrangements, identifying potential risks and the measures taken to minimise these. This will help protect children from avoidable harm and support their safety and wellbeing while they rest.

Personal care routines were approached sensitively and aligned with guidance. Children attending the service did not require medication at the time of the inspection. We reviewed medication documentation and were confident appropriate systems were in place which supported the safe management and administration of medication. The childminder was confident in who to contact should they have concerns regarding a child's wellbeing, which helped keep them safe from harm.

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 improve the permission and administration forms for medication. This is to ensure the quality of the care and support is consistent with the Health and Social Care Standards, which state that as a child;

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 6 December 2018.

Action taken since then

Medication paperwork had been reviewed and medication was signed in and out of the service.

Permission to administer medication was sought from families.

The childminder kept a log of medication administered which was acknowledged and signed at the end of the day by families.

Medication forms contained details of symptoms of when medication should be administered and how often.

We asked the childminder to ensure they recorded the expiry date of any medication brought into the service.

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	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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