

Dunbar, Jane Child Minding

Inverness

Type of inspection:
Unannounced

Completed on:
27 February 2024

Service provided by:
Jane Dunbar

Service provider number:
SP2003907989

Service no:
CS2003008410

About the service

Jane Dunbar is registered to provide a care service to a maximum of six children at any one time under the age of 16, of whom a maximum of six will be under 12, of whom no more than three are not yet attending primary school and of whom no more than one is under 12 months.

The service is provided in a terraced house in a residential area in Inverness. Children have access to an enclosed front garden, living room, kitchen and bathroom facilities. The childminder's home is located close to local primary schools and parks.

About the inspection

This was an unannounced inspection which took place on 26 February 2024, between 2.45pm and 4.15pm. Feedback was given on 28 February 2024. 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, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with two children using the service;
- spoke with the childminder;
- observed practice and daily life; and
- reviewed documents.

Key messages

- Children received warm and nurturing approaches to their care which supported them to feel secure.
- The childminder supported children's developing language and numeracy skills through play.
- Children had access to a range of age-appropriate resources, which contributed to them developing lifelong skills.
- The childminder should review and improve practices around children interacting with pets in the home, to ensure children are safe.
- The childminder should self-evaluate her service against best practice guidance, to support her to make improvements.
- The childminder must undertake training in first aid to ensure her knowledge and skills are up to date, contributing to keeping children safe.

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

How good is our care, play and learning?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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

How good is our care, play and learning?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 1.1: Nurturing Care and Support

Children experienced warm, caring and nurturing approaches from the childminder. She had developed good relationships with minded children and their families and knew them well. The childminder spoke about what was important to each child in their care. She was attuned to the children's needs. She was able to read their cues, providing cuddles to support emotional wellbeing. As a result, children felt safe and secure.

Children's overall wellbeing was supported by the effective use of personal planning. The childminder gathered information from families when children first joined her service, including information about allergies and sleep routines. This information was regularly updated, when children's needs changed and when families shared any new information. This meant that children received the care and support that was right for them.

The childminder recognised the importance of rest and sleep for children's overall development. Arrangements were in place to provide safe and quality sleep experiences. Routines were in place which reflected children and families' wishes. This contributed to children's emotional security.

The childminder had a system in place to record medication. We found that this needed reviewed to ensure it recorded relevant information to support children's healthcare needs, such as recording the amount of medication to be administered and the signs and symptoms which might indicate when they needed it. We signposted them to the Care Inspectorate 'Management of medication in daycare and childminding services'.

Quality indicator 1.3: Play and Learning

Children were leading their play and having fun as they played in the childminder's garden. They were able to choose from a range of resources which encouraged physical activity, supporting their developing gross motor skills. The childminder supported children to manage risk, explaining to them how they could keep themselves safe while climbing. The childminder was responsive to children's choice, allowing them to choose when they wanted to go inside.

The childminder had a range of resources in her home, appropriate for the age of the two minded children. Such as, construction materials, books, crafting materials and role play. Children could access these resources themselves. One child chose a book to read with the childminder. The childminder's interactions supported the child's early literacy, language and communication skills. She labelled items, repeated familiar words and introduced new words. There was a sense of fun as they read the book together.

Both minded children enjoyed playing with the construction materials on offer. They joined materials together and built different structures. The childminder counted blocks with children and used mathematical language as they played, for example, tall, short, more. This supported children's natural creativity and developing numeracy skills. We discussed introducing more loose parts and natural items to the resources available, to support children's developing natural curiosities.

Children regularly visited areas of interest in the local community, such as parks. One child told the inspector that he "likes it when they go to the big park!". This enhanced children's play and learning opportunities as they developed connections with their own and wider communities.

There were limited approaches in place to evaluate children's progress and achievements.

Children were not able to reflect on their successes, or past play and learning experiences. We discussed introducing floor books, to allow children to share their experiences with each other and their families. The childminder should consider how she could enhance children's learning experiences to support them to reach their potential

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

Children experienced a setting that was warm, homely, comfortable, and furnished to a high standard. They had access to a living room, kitchen, bathroom facilities on the ground floor and an enclosed front garden. Spaces offered children opportunity to lead their play and develop skills.

The childminder was aware of the need to keep children safe when they were playing in the garden, remaining outside with them while they played. She demonstrated a good understanding of the potential risks when taking children on trips, such as, ensuring parks were suitable for the age of children, and being aware of boundaries and exits. This contributed to keeping children safe.

Effective systems were not in place to keep children safe around pets. The childminder had a number of dogs that, on occasion, were in contact with the children. She had not fully considered the risks of children playing alongside the dogs. Sufficient consideration had not been given to safe supervision of children when they were in the same area as the dogs. Children did not wash their hands after contact with the dogs which put them at risk of the potential spread of infection. We asked her to review her practice to reduce any potential risk to children and update her pet policy to reflect these, so parents were clear on expectations (see area for improvement 1).

Areas for improvement

1. To promote a safe environment for children, the childminder should review and make improvements to practice around children interacting with pets. This should include, but is not limited to:

- a) effective supervision when pets and children are together; and
- b) infection prevention and control measures.

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

'My environment is safe and secure.' (HSCS 5.19).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Aims and objectives, and policies were shared with families when they began. We found these had not been reviewed for some time. We encouraged the childminder to revisit these to ensure information was current, and reflected the service offered, giving clear expectations to parents about the service.

The childminder received informal feedback from families when they dropped off and collected children. The childminder valued the feedback of children and families, which allowed her to adapt her practice for individual children to meet their needs. We suggested how she could gain feedback about wider aspects of her service, such as around communication and outings, to support her to further develop her service.

The childminder was not reflecting on the service she provided and considering how she could make improvements. As a result, she was not developing experiences for children. We suggested that she refer to "A quality framework for daycare of children, childminding and school aged children." as a starting point in reflecting on what was working well, and where improvements could be made (see area for improvement 1).

Areas for improvement

1. To identify areas for improvement and to enhance outcomes for children, the childminder should make use of best practice guidance. This should include but is not limited to:

a) reflect on, and make improvements in the service provided.

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 a robust and transparent quality assurance processes.' (HSCS 4.19).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Children experienced warm and compassionate care. This meant that they felt valued, loved, and secure in the childminder's home. She provided individualised support as she engaged with children. We could see attachments had been formed as children received cuddles and reassurance.

The childminder had been operating her childminding service for many years and was experienced in minding children. However, she had not undertaken recent training in the core area of first aid. This had resulted in gaps in professional knowledge and skills, which had the potential to impact negatively on children's outcomes (see requirement 1).

The childminder had not kept up to date with current guidance and best practice through professional reading, or wider training. As a result, she was not using best practice and relevant evidence to improve the quality of children's experiences. We have made an area for improvement around this under 3.1.

Requirements

1. By 30 June 2024, to improve outcomes for children and ensure they are safe, the provider must, at a minimum:

a) complete training in paediatric first aid.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010) 4.(1)(a) make proper provision for the health, welfare and safety of service users.

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).

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

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	3 - Adequate

How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate

How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak

How good is our staff team?	2 - Weak
4.1 Staff skills, knowledge and values	2 - Weak

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