

Fraser, Alison Child Minding

Inverness

Type of inspection:
Unannounced

Completed on:
18 March 2024

Service provided by:

Service provider number:
SP2005949052

Service no:
CS2005101607

About the service

Alison Fraser provides a childminding service from her home in a residential area near the centre of Inverness. The minded children make use of the living room, hallway and upstairs toilet area. Children can access an enclosed outdoor play space within the back garden.

The childminder is registered to provide a care service for a maximum of six children at any one time under the age of 16, of whom no more than six are under the age of 12, of whom no more than three are not yet attending primary school and of whom no more than two is under 12 months. Numbers are inclusive of children of the childminder's family. The parts of the premises not to be used are the main bedroom.

About the inspection

This was an unannounced inspection which took place on 13 March 2024 between 10:00 and 13:00. 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 children using the service;
- reviewed online questionnaire feedback from five families;
- spoke with the childminder;
- observed practice and children's experiences; and
- reviewed documents.

Key messages

- Children received warm and nurturing approaches to their care which supported them to feel safe, loved and secure.
- The childminder supported children's developing language and numeracy skills through play.
- Children benefited from access to some resources that reflected their interests and developmental stages.
- Infection prevention and control practices around toileting and nappy changing should be reviewed to limit the potential spread of infection.
- Families reported positively on the communication received by the service and the care and support in place for their children.
- The childminder should self-evaluate their service against best practice guidance, to support them to make improvements.

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?	4 - Good
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Children attending the service were happy, settled and relaxed in the care of the childminder. Their needs were met through nurturing and responsive interactions, which helped children feel loved, safe and secure. For example, when a child required support with personal care the childminder was warm and caring, playing a peekaboo game which nurtured the child's security and confidence. One parent told us: "Alison is so warm and caring to my children and genuinely loves them. She knows them as well as our family do and reacts to their needs instinctively. My children both love going to Alison's house and been made to feel like part of her family."

Personal planning information was in place for all children and contained important information that supported meeting children's needs. For example, details about their interests, health and likes and dislikes. The childminder knew children well which supported them to meet children's care needs. They spoke with parents regularly about the individual needs of children and this approach supported effective communication and consistency of care. Some information in children's personal plans was not up to date. We discussed ensuring personal planning information was reviewed with families every six months or as required, recording any changes.

Lunchtime was unhurried and relaxed, which ensured a caring and positive experience for children. The childminder recognised that mealtimes were a rich opportunity to promote close attachment and develop language. Younger children were encouraged to develop their self-feeding skills which supported their independence and confidence with food. All snack and lunch items were supplied from families which limited the opportunities for children to be involved in the preparation of snack or lunch. We signposted Care Inspectorate's practice note, 'Keeping children safe: supporting positive mealtime experiences in early learning and childcare (ELC)', to support the ongoing review of mealtime experiences.

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 whether a first dose of medicine had been administered and the signs and symptoms which might indicate when children needed it. We signposted them to the Care Inspectorate 'Management of medication in daycare and childminding services' best practice document and bitesize resources (**see area for improvement 1**).

The childminder recognised the importance of rest and sleep for children's overall development. Arrangements were in place to provide sleep experiences and routines were in place which reflected children and families wishes. This contributed to children's emotional security. However, the childminder also shared that one child sometimes slept in a buggy in an upstairs area of the house. Through discussions and sharing of information, the childminder agreed to review practice with regards to where children slept. This would ensure that children sleep in an area that is comfortable, not restrained, supports their privacy and dignity, and keeps them safe and effectively monitored.

Quality indicator 1.3: Play and learning

Children had opportunities to lead their play and have fun in the childminder's home. The three minded children in the service were happy and settled and the childminder supported their play with sensitive interactions which extended their thinking. For example, when children used coloured buttons to pour, empty and fill paper cups the childminder supported the children to identify the characteristics of the objects such as their colour, quantity and size. She supported the youngest child to explore objects and create sounds. This promoted children's natural creativity and developing numeracy skills.

Children benefited from access to some resources that reflected their interests and developmental stages. These included small world resources, building blocks and stacking objects. All of the 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. There were some loose parts available such as coloured buttons, wooden rings and building blocks. We discussed introducing more loose parts and natural items to the resources available, to support children's developing natural curiosities. We signposted best practice guidance 'Growing my potential Promoting safe, responsive, nurturing care and learning experiences and environments for babies and young children aged 1 and 2 years' to support the childminder with the ongoing development and review of the learning environment for younger children.

The childminder had a flexible approach to planning as they followed children's interests and responded to their choices. The childminder used a daily diary to record details of individual children's learning experiences. Children's learning and progress was shared each day with families through the daily diary and at pick up and drop off times. All families who responded to our survey strongly agreed with the statement: 'I am fully involved and informed about my child's learning and development'. Parents commented: "Alison always makes sure to tell me what the kids have been up to. I'm confident that they are learning/have learnt core skills whilst in her care." and "I am very happy with the care shown for my child, there's lots of different ranges of play for him and I think he has come on leap and bounds since beginning.". This demonstrated families were valued and included as partners in their children's learning.

Children's play experiences were enhanced by regular visits to the local community. Visits to the local toddler group, cafes and playparks as well as meeting up with other childminders, helped to promote children's social skills and develop their confidence.

Areas for improvement

1. To ensure children are kept safe. The childminder should review the systems in place to support the safe management of medication. This should include but is not limited to:

- a) reviewing medication permission forms to ensure all information required is included and follows best practice guidance as stated in the Care Inspectorate publication 'Management of medication in daycare of children and childminding services'; and
- b) implementing a clear policy for the safe storage and administration of medicine which is accessible to families.

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

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

How good is our setting?

3 - Adequate

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

Quality indicator 2.2: Children experience high quality facilities

The downstairs space of the childminders home was clean and comfortable with plenty of natural light and ventilation. Indoors, children had access to a living room, dining space and an upstairs bathroom area. Indoors, some resources for children's play were not easy to access and some were not stored in a safe way. We spoke with the childminder about reviewing the storage of play equipment to help children access resources freely and to keep the environment safe (**see area for improvement 1**).

Children had access to some resources which took account of their stages of development and learning. These included, building blocks, transport toys, musical instrument and other objects to explore sounds. This provided children with some stimulating experiences which engaged them in play. The childminder had started to include more interesting, natural and open-ended materials to create more opportunities for imaginative and creative play, including real objects and a water play area outdoors. We directed the childminder to best practice guidance including the Loose Parts Toolkit, available on the Care Inspectorate hub to assist the review and development of resources available within the service.

Children's health and wellbeing was supported with regular opportunities for outdoor play. They participated in daily walks in the community as well as visiting the local playpark. The children had access to the childminders enclosed back garden which contained a range of resources including some loose parts and an area to investigate water. This helped to promote children's creativity and curiosity. The outdoor space also provided areas to climb, use wheeled toys and run which supported children's physical development.

There were some infection prevention and control procedures which supported a safe environment. For example, we observed the childminder supporting children with handwashing at appropriate times. However, the floor of the toilet area used for nappy changing was not clean, the changing mat used for children was torn and gloves and an apron were not worn by the childminder during nappy changing. This had the potential to increase the spread of infection (**see area for improvement 2**).

Areas for improvement

1. To help ensure children are cared for in an inviting, accessible and safe environment the childminder should review and improve the storage of resources and play equipment indoors.

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

'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 safe and healthy and to promote their wellbeing, the service should improve infection prevention and control measures. This includes but is not limited to ensuring:

- a) nappy changing and toileting areas are clean and hygienic;
- b) resources to support nappy changing practices are clean and free from damage; and
- c) nappy changing practices follow best practice guidance.

This is to ensure that infection prevention and control practices are consistent with the Public Health Scotland document: Health protection in children and young people settings, including education.

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).

How good is our leadership?

3 - Adequate

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

Quality indicator 3.1: Quality assurance and improvement are led well

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 provided a warm and welcoming service, helping children feel loved, safe and secure. They engaged with families and children, and asked for feedback about the service through informal chats and questionnaires. This helped the childminder to reflect on the needs of the children and make changes to support them. The childminder provided opportunities for meaningful communication with families. Children's play experiences and achievements and other important information was shared with parents through a variety of methods. These included through a daily diary, online messages and face to face discussions. This helped the childminder to maintain clear and effective communication which supported families to feel valued and respected.

There were limited systems in place to evaluate the quality of the service and identify areas for improvement. As a result, experiences for children were not always being developed. We discussed the benefits of using quality audit tools, such as: 'A quality framework for daycare of children, childminding and school-aged childcare' and 'My Childminding Journey', as a starting point in reflecting on what was working well, and where improvements could be made (**see area of 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) reflecting on, and improving 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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 4.1: Staff skills knowledge and values

Children experienced warmth, kindness and compassion in the responsive interactions we observed with the childminder. This supported the development of strong relationships with the children. The childminder responded to their needs in a caring manner which helped children build good attachments and positively supported their wellbeing. One parent commented: "Alison is kind, caring and goes above and beyond to ensure our kids feel happy, safe and loved. She has a heart of gold and I trust her whole heartedly with the kids.".

The childminder had completed core training, including child protection and paediatric first aid and food hygiene; this supported keeping children safe. They were also a member of the Scottish Childminding Association and had supportive links with local childminders. This provided opportunities for sharing ideas and developing knowledge and reflecting on practice, contributing to positive outcomes for children.

The childminder had not recently accessed further professional learning to develop their skills and knowledge and enhance outcomes for children. We spoke with the childminder about the importance of keeping up to date with current guidance and best practice through professional reading or wider training. We discussed ways the childminder could document the impact of professional learning on children's experiences.

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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good

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

How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	4 - Good
4.1 Staff skills, knowledge and values	4 - Good

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