

Leona Dean Childminder Child Minding

Inverness

Type of inspection:
Announced (short notice)

Completed on:
23 February 2024

Service provided by:

Service provider number:
SP2012984044

Service no:
CS2012311554

About the service

Leona Dean Childminder is a childminding service situated in the Westhill area of Inverness.

The service is registered to provide a care service for a maximum of four children aged under 16 years old.

The service is situated in a residential area near shops, a primary school, local woods and other amenities. The children are cared for in a detached family home and have access to a lounge/dining/kitchen area and a downstairs toilet. The garden is not registered for childminding purposes.

About the inspection

This was an unannounced inspection which took place on 22 February 2024, between 12:35 and 14:15 and 23 February 2024, between 09:00 and 10:45. 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 the childminder
- observed practice and daily experiences
- reviewed documents.

There were no responses to our MSForms survey of parents/carers of children using the service.

Key messages

Children experienced warm interactions and nurturing care from a childminder who knew their needs well.

Some policies and procedures should be updated to help the childminder consistently and effectively meet children's needs and support their wellbeing, particularly with regard to the childminder's pet dogs.

The childminder demonstrated that they were reflective about some aspects of their practice.

The childminder should now develop formal quality assurance processes, including self-evaluation, to support continual improvement to meet children's needs effectively and promote positive outcomes.

Further training and professional reading would help enable the childminder to deliver practice which is current and reflects best practice documents.

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?	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?

3 - Adequate

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

1.1 Nurturing Care and Support

Children experienced warm, nurturing interactions which had helped them form strong attachments with the childminder. Children were enabled to feel secure, happy and confident with the childminder who demonstrated patience and was calm, gentle and fun. The childminder told us that she encouraged parents, particularly of babies, to come into her home when dropping off or collecting children. For example, the childminder had supported a young baby to have an extended settling in period to meet their needs and their family's wishes.

The childminder knew children's needs and preferences well and was able to meet those needs well. However, this was not consistently reflected in recorded information in personal plans. This meant that reviewing information with parents about their children's needs was more challenging and potentially ineffective. We discussed the importance of reviewing care needs regularly with parents, making accurate records and updating as necessary. We suggested that the childminder considered putting a system in place to consistently review personal plans within regular timescales.

Children enjoyed a sociable and relaxed lunch and snack experience. Children's food was not always served on plates. This is something the childminder should consider as they continue developing homely, family-type eating experiences. During snack and lunch times the childminder was attentive and focused on the children to ensure they ate well and safely.

Children's health and well-being were supported by the childminder having accurate records detailing children's allergies and medication. This also included records of medication administered.

1.3 Play and Learning

Children's play was supported by a childminder who knew their particular likes, dislikes and interests. There were some small loose parts, mark making resources, toys and books available for children to play with. These provided limited opportunities for open ended play to promote curiosity and creativity. There were no opportunities on offer for children to explore sensory awareness through activities such as playdough. As a result, children's potential to develop their knowledge and understanding through their imagination, creativity and curiosity was limited. We signposted the childminder to the national curriculum document, Realising the Ambition, to promote professional understanding of developmental play. (See area for improvement 1 under section 3.1 Quality assurance and improvement are led well)

Some toys and resources were stored in a child height cupboard in the living area. Although these were not readily accessible to younger children and babies the childminder assisted children to select items they had requested. The childminder should now consider how to provide opportunities to support babies and younger children to self-select items and make choices for themselves.

Children's play benefitted from the childminder who supported this by interacting and playing with them at their level, including at floor level. The childminder demonstrated some good quality, age-appropriate interactions and use of language when explaining things to children.

For example, the childminder sounded out letter sounds when writing a child's name helping to begin to make links between written letters and sounds. Some children were not fully engaged in play and wandered around the room. The childminder should explore whether activities on offer are sufficiently inviting, fun and challenging for all children.

Children's play experiences were enhanced by regular visits to amenities in the local community. This gave them regular opportunities to explore a local wooded environment and community. For some longer trips out in the car, it was unclear how children's learning and development would be enhanced by the experience. The childminder should now consider whether such trips have a positive impact on children's learning and development. Involving parents in the planning of longer day trips could enable children's needs and families' wishes to be effectively met.

Children's outdoor play experiences mainly consisted of visits to local woods. We discussed with the childminder how play experiences could be enhanced and more frequent opportunities provided. For example, by providing opportunities to explore a variety of sensory play experiences within the childminding setting.

How good is our setting?

3 - Adequate

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

Children experienced a welcoming home environment which was clean and tidy. A warm, comfortable kitchen, living, dining room provided children with a well-ventilated area with lots of natural light. Children also had access to a clean, organised downstairs toilet.

Children's play experiences were enhanced with regular visits to a local wooded area. This gave them opportunities to explore and learn about the natural environment.

There were some infection prevention and control procedures in place, however these were not consistently followed. For example, one child stopped playing to request a snack and was given a piece of fruit to eat without having washed their hands. They were supported to wash their hands afterwards. At times the childminder's two dogs walked from the garden and across the foam mats on which a younger child was playing at floor level. This presented a potential of increased risk of cross infection. We asked the childminder to talk through their nappy changing routine. They were not able to demonstrate appropriate use of PPE to prevent or minimise cross infection. We signposted the childminder to the Health Protection Scotland guidance document, Infection Prevention and Control in Childcare Settings. We made an area for improvement around the provision of consistent and effective infection prevention and control measures. (See area for improvement 1)

Children were not always effectively supported to play without the presence of the childminder's dogs. The childminder had not fully considered how to ensure the safety of children due to the dogs being present for significant periods of time. The maintenance of a hygienic environment whilst having pet dogs in the service had not been fully implemented. For example, the dogs walked over foam floor play mats and picked up items in their mouths which children had played with. The childminder agreed to reflect on this and put systems in place to ensure children were able to play without the presence of dogs. The childminder should now review their policy, procedures and practice to help ensure children are safe around the dogs. Effective infection prevention and control measures also need to be in place. (See area for improvement 2)

Areas for improvement

1. To keep children safe and healthy and to promote their wellbeing, the childminder should improve infection prevention and control measures.

This includes but is not limited to:

- a) ensuring through effective and consistent supervision that correct and effective handwashing routines are maintained
- b) appropriate use of PPE for personal care.

This is to ensure that infection prevention and control practices are consistent with the Health Protection Scotland document: 'Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)'.

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).

2. To support children's health and wellbeing the childminder should review and improve their practice to ensure children are safe around their dogs. This should include but is not limited to:

- a) ensuring effective infection prevention and control measures are in place
- b) reviewing and improving practice to reduce any potential risks to children.

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.

The childminder shared their service aims and objectives via an introductory letter to families. However, this was significantly out of date and should now be reviewed to reflect up to date information. This should also include a review of policies and procedures to ensure they reflect current and best practice. The childminder should consider involving children and families, by gathering their views, to help support the development of aims and objectives that reflect the needs of children currently using the service.

The childminder was reflective about some aspects of their practice. For example, they told us they felt they were not providing enough opportunities for sensory, messy play while in their home. The childminder should now consider how they could provide such activities in other ways, such as during time spent outdoors in the local woods. We suggested that the childminder could request a variation to their registration to allow use of their garden during childminding business hours. The garden could then be used for these types of play experiences.

Children's outcomes were not yet benefitting from self-evaluation or quality assurance processes which influenced positively on their experiences. For example, there were not many opportunities for parents to be meaningfully involved in providing feedback to the childminder.

Verbal feedback was often shared informally at drop off or collection handovers. We discussed with the childminder how this information, used in a meaningful way, could provide opportunities to reflect on and evaluate aspects of the service. This would enable improvements to be identified to influence positive impacts on children's outcomes. The childminder should now consider how to incorporate feedback from parents into a process of evaluation to identify and action where improvements can be made. We made an area for improvement which reflected these findings. (See area for improvement 3)

The childminder had not consistently identified aspects of their practice which did not reflect current best practice guidance. This meant that there was the potential for some children's experiences to have a limited impact on their learning and development. The childminder should regularly engage with best practice guidance to develop their knowledge, skills and understanding of how to support children's learning and development effectively. We signposted the childminder to the national curriculum document for early years, "Realising the Ambition: Being Me." As well as supporting professional understanding of developmental play and learning, this could enable reflective thinking as part of quality assurance and improvement processes. (See area for improvement 3)

Areas for improvement

1. To improve outcomes and experiences for children, quality assurance processes, including self-evaluation, should be developed. The childminder should become familiar with best practice guidance and use this to support them to reflect and plan for continuous improvement.

This should include but is not limited to:

- a) regular opportunities for reflection and self-evaluation of practice
- b) regular monitoring of the quality of children's experiences and care, including personal planning.

This is to ensure that staff knowledge, skills and understanding are consistent with national practice guidance for early years in Scotland, "Realising the Ambition: Being Me".

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state; '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) and 'I benefit from a culture of continuous improvement, with the organisation having 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/people and clearly outweighed areas for improvement.

The childminder clearly enjoyed interacting with and supporting younger children. Their warm manner and sense of fun meant that children responded with smiles and laughter. Children enjoyed established, trusting relationships with the childminder who was responsive to meeting their needs. A baby who was fairly new to the service liked to be close to the childminder for reassurance.

The childminder made sure she kept talking to the baby, providing reassurance if she was helping another child. Children's likes, dislikes and interests were clearly understood by the childminder. They responded by providing the children with some activities she knew they enjoyed. The childminder had minded some families children for a number of years. This demonstrated their ability to build and sustain positive relationships with families.

Children's wellbeing was supported by a childminder who had ensured that their basic training, such as first aid and child protection, was kept up to date. It was clear they had developed a range of skills and knowledge over their career. Children's play and learning was supported by resources which suited their age and stage of development. One child was showing an interest in colours, and pattern so the childminder used threading beads to talk about and develop this learning. The childminder recognised the importance of outdoor play and being in nature for children's learning and development. They provided regular opportunities for walks and visits to local woods. Recently they had been encouraging children to look for signs of spring, such as tadpoles. However, they had not kept up to date with current practice or consistently developed their professional knowledge and skills. As a result, there was the potential for opportunities to be missed which could positively influence children's development and learning. We suggested that the childminder considered engaging regularly with some best practice documents on the Care Inspectorate Hub to support their ongoing professional development.

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

We would recommend the childminder review her practice taking into account these documents to ensure her practice continues to meet the recently update guidance. Health Protection Scotland Infection Prevention and Control guidelines October 2016 which are accessible through the Care Inspectorate's information portal the 'Hub'.

This is to meet National Care Standards Early Education and Childcare Up to the Age of 16: Standard 3 - Health and Wellbeing. Each child or young person will be nurtured by staff who promote his or her general wellbeing, health, nutrition and safety.

This area for improvement was made on 13 December 2017.

Action taken since then

Children's health and well-being was not consistently supported by effective infection prevention and control measures.

During the first day of the inspection, a young child indicated to the child minder that they were hungry and would like a snack. The childminder gave the child the item they had chosen without ensuring they washed their hands before eating. Another young child was supported to eat snack at a child height table.

The table was not fully cleared of items that had been used during play. A section was cleared for snack which was wiped with an anti-bacterial wipe. The child's hands were wiped prior to eating.

The childminder had not fully considered how children's health and wellbeing could be affected by sharing spaces with their pets. We discussed the potential consequences to very young children's health as their immune systems are not yet robust. We advised the childminder to consider how their pets are managed during business hours and made an area for improvement. See section 2 of this report, How good is our setting?

We asked the childminder to talk through their nappy changing routine. They were not able to demonstrate appropriate use of PPE to prevent cross infection.

A new area for improvement has been made to reflect up to date infection prevention and control guidance and practice and can be found under section 2 of this report, How good is our setting?

This area for improvement has not been met and remains in place.

Previous area for improvement 2

The childminder will complete a self assessment online when requested by the Care Inspectorate.

National Care Standards Early Education and Childcare Up to the Age of 16 - Standard 14.2: Well-Managed Service. You can be confident that the records, plans and policies are properly made and kept in accordance with national and local guidance.

This recommendation was previously made and due to not being met is restated.

This area for improvement was made on 13 December 2017.

Action taken since then

Since the previous inspection, the childminder had not consistently or effectively evaluated their service against national guidance documents. This meant there were some records and policies which had not been regularly evaluated and improvements had not been effectively identified.

The childminder had identified one or two areas of their practice for improvement. However, they had not formed an action plan to support improvement to take place. To support the childminder, we signposted our guidance document, A quality framework for daycare of children, childminding and school-aged childcare.

As a result, a new area for improvement has been made to reflect current practice and guidance around effective quality assurance and improvement processes. This can be found in this report under the section, How good is our leadership?

This area for improvement has not been met and remains in place.

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?	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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