

Clark, Isobel Child Minding

Airdrie

Type of inspection:
Unannounced

Completed on:
9 April 2024

Service provided by:
Isobel Clarke

Service provider number:
SP2003902591

Service no:
CS2003004588

About the service

Isobel Clark provides a childminding service from their property in a quiet residential area of Chapelhall, in Airdrie. The childminder is registered to provide a care service for a maximum of six children up to 16 years of age, of whom no more than three are not yet attending primary school and of whom no more than one is under 12 months. Numbers are inclusive of children of the childminder's family.

The service is close to local primary schools, shops, parks and other amenities. Children are cared for in the living room and open plan kitchen area. Toilet facilities are located upstairs. Children also have access to a rear garden.

About the inspection

This was an unannounced inspection which took place on 9 April 2024 between 12:45 and 14:30. 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
- reviewed documents.

Key messages

- Children were happy, settled and confident in the childminders care.
- The childminder knew the children well and had developed positive relationships with children and their families.
- Personal plans should be developed in-line with guidance.
- Children received care in a safe and clean environment.
- Children's wellbeing was promoted with access to trips in the local community.
- Quality assurance and self-evaluation processes could be further developed.

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?	4 - Good
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 were happy, settled and confident in the setting. The childminder had warm and caring interactions, which helped children feel loved, safe and secure. At the time of the inspection only school age children were being cared for. They confidently could ask for support and make requests. The childminder respected their wishes and responded to their needs. For example, children could eat their lunch at different times if they wished to do so.

The childminder knew children well, which supported them to know about their interests, likes and dislikes. Regular communication with families helped the childminder gather information informally, to meet children's needs. We made an area for improvement at the last inspection to develop personal plans for each child in line with current guidance. We found that some information was missing and not all children had plans in place. Plans should be developed to include meaningful information to support children needs, choices and wishes. As a result, we have repeated the area for improvement made at the last inspection. The childminder agreed to action this. (See area for improvement 1).

Children enjoyed a relaxing and sociable lunch experience, where they were offered a choice of foods, helping to meet their preferences. Children knew they could eat when they were ready to, which created a relaxing unhurried experience. They choose from a variety of foods and told us they liked pizza, sandwiches, soup and fruit. They also had easy access to milk and water, helping ensure they stayed well hydrated.

Whilst the childminder had not needed to administer medication recently, we viewed the medication paperwork and noted that the information recorded supported the safe administration of medication if required. We discussed this could be updated to include the dispensed and expiry dates of medications.

Quality Indicator 1.3 Play and learning.

Children were comfortable playing games and activities of their choice. For example, drawing, board games and outdoor play. Some children brought their own toys from home which supported their interests and respected their choices and wishes. Children talked to us about games they enjoyed playing with childminder.

Children enjoyed spending time at the kitchen table, drawing and playing games. Children could choose from a range of drawing and art materials. This helped support their imagination and creativity skills. One child told us, "I like Barbies, drawing and playing with friends.

Children had some opportunities for playing games on their iPad. However, the childminder was aware of the importance of encouraging children to access other types of play activities, helping reduce time spent on screens, which can limit children's play experiences.

Children benefitted from opportunities from trips in the local area and told us about the fun they had at soft play the previous day. This supported their physical development and social skills. Children eagerly told us about how high the slides were and were proud of their achievements sliding down them.

Children's wellbeing was promoted from opportunities to play at the local park, which supported their confidence and independence. The childminder discussed safety with the children helping them learn how to manage risks. One child told us, "I like to play out the front and park across the road".

Areas for improvement

1. To ensure that children's needs, wishes and choices are met, the provider should ensure that personal plans are written and reviewed regularly with children and parents. This should include, but is not limited to, recording and evaluating children's progress and identifying next steps in learning and development.

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

How good is our setting?

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: 2.2 Children experience high quality facilities.

Children were cared for in a clean, comfortable and well-maintained setting. Spaces were well furnished to help meet children's needs. For example, children had access to the open-plan kitchen and living room area. This supported their wellbeing as they comfortably spent time drawing, eating at the kitchen table and relaxing on the sofas. Recent upgrades to the central heating system, provided a warm and cosy environment.

Children confidently expressed their choices and ideas for play and discussed their likes and dislikes. Children brought some play materials from home which met their interest and there was a range of art materials and games they could choose from. In addition, children could choose to play outdoors which supported their physical development and wellbeing.

To help ensure children were protected from harm, risks were considered throughout the setting. This included discussing safety awareness with children, safe storage of hazardous materials and good supervision. We discussed developing additional risks assessments to include use of parks and areas in the local community.

A variety of measures helped prevent the potential spread of infection, including regular hand washing and regular cleaning of the home. We discussed that hand drying procedures should be improved by providing individual paper towels. The childminder agreed to action this.

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 well led.

The childminder had built positive relationships with children and families and valued their thoughts and opinions. This helped create a relaxed and welcoming environment.

Families were welcomed into the home and had daily opportunities for discussions, which helped build meaningful relationships. Children benefited from opportunities to engage with the childminders family members, promoting social skills and helping build children's confidence. The childminder informally made changes to the service to meet children needs. For example, planning trips and outings. However, they could consider more formal ways to gather views about the service to help evaluate what is working well and make positive changes to improve outcomes for children and families.

The childminder had not reviewed policies or update their paperwork in some time. They should develop systems for maintaining and organising the service records to help ensure they are up to date and reflect best practice. We found some important documents were not easily accessible. We made an area for improvement at the last inspection which we have repeated. (See are for improvement 1).

Areas for improvement

1. To ensure that quality assurance processes impact positively on outcomes for children, they should be developed to help identify and inform improvement planning. This should include, but is not limited to, developing self-evaluation processes, actively seeking views from families and children, updating policies and procedures and reflecting on best practice guidance.

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 robust and transparent quality assurance processes'. (HSCS 4.19) and; 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership (HSCS 4.7).

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: 4.3: Staff deployment.

Children were cared for in a welcoming and homely environment which supported their wellbeing. The childminder knew the children well, which was evident during chats about their day and upcoming events in their lives. For example, holidays and clubs they attend.

The childminder operated the service after school hours only and provided a flexible service to meet the different needs of families during school holiday periods. This helped ensure children benefitted from consistent routines, supporting their wellbeing.

The childminder was supported on occasions with a family member, who is employed as an assistant. The assistant was not available at the time of inspection. However, they visit the home regularly and the children know them well.

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

To ensure that children's needs, wishes and choices are met, the provider should ensure that personal plans are written and reviewed regularly with children and parents. This should include, but is not limited to, recording and evaluating children's progress and identifying next steps in learning and development.

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

This area for improvement was made on 28 August 2023.

Action taken since then

The childminder gathered some information to inform personal plans. However, this is not yet in place for all children. **Therefore, this area for improvement has not been met.**

Previous area for improvement 2

To ensure that quality assurance processes impact positively on outcomes for children, they should be developed to help identify and inform improvement planning. This should include, but is not limited to, developing self-evaluation processes, actively seeking views from families and children, updating policies and procedures and reflecting on best practice guidance.

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 robust and transparent quality assurance processes'. (HSCS 4.19) and; 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership (HSCS 4.7).

This area for improvement was made on 28 August 2023.

Action taken since then

The childminder has not yet actioned the areas identified, to support quality assurance. **Therefore, this area for improvement has not yet 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

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?	4 - Good
2.2 Children experience high quality facilities	4 - Good
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
4.3 Staff deployment	4 - Good

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