

MacMillan, Liz Child Minding

Fort William

Type of inspection:
Unannounced

Completed on:
24 April 2024

Service provided by:
Liz MacMillan

Service provider number:
SP2003907620

Service no:
CS2003013968

About the service

Liz MacMillan 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. Numbers are inclusive of children of the childminder's family. The parts of the premises not to be used are the bedrooms and the kitchen.

The service is provided in a terraced house in a residential area of Caol in the town of Fort William. Children have access to an enclosed back garden, living room and upstairs 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 17 April 2024 between 10:15 and 12:45. 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 two children using the service;
- reviewed online questionnaire feedback from three families;
- spoke with the childminder;
- observed practice and children's experiences; and
- reviewed documents.

Key messages

- Children's needs were met through nurturing and responsive interactions, which helped them feel loved, safe and secure.
- Children benefited from access to some resources that reflected their interests and developmental stages.
- Children would benefit from more opportunities to explore, create and problem solve with loose parts and open ended materials.
- The childminder should review the systems in place to support the safe management of medication.
- Families commented positively on care and support their children received from the service.
- There were limited systems in place to evaluate the quality of the service and identify areas for improvement.

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?	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?

3 - Adequate

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

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, caring and reassuring which nurtured the child's security and confidence. One parent commented: "We are delighted with the care Liz gives and feel so lucky to have her as a childminder. She is really excellent at her job and our son loves going to her house every day. We are immeasurably grateful to Liz as we know our son is safe, cared for and thriving with her."

The childminder knew children well which supported them to meet their care needs. Basic information was recorded in personal plans, however this was not consistently gathered for all children and did not contain enough information to understand and keep up to date with children's care needs. For example, information about children's toileting, eating or sleeping routines was not consistently gathered or reviewed for each child. As a result, effective systems were not in place to ensure the childminder was kept up to date to with children's changing needs. We signposted the childminder to 'Guide for Providers on Personal Planning: Early Learning and Childcare' (see area for improvement 1).

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. The childminder spoke confidently about how they minimise choking risks for children and what they would do in a choking emergency. This helped to keep children safe. 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.

There were ineffective systems in place to support the safe management of medicine. Key information to support children's healthcare needs, such as recording the correct amount of medication to be administered and the signs and symptoms which might indicate when they needed it was not clear. This risked medication being administered incorrectly. We signposted them to the Care Inspectorate 'Management of medication in daycare and childminding services' (see area for improvement 2).

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 children often slept in buggies which does not promote high quality sleep experiences. 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 areas that are comfortable, not restrained, support their privacy and dignity, and keep 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 two minded children in the service were happy and settled and the childminder supported their play with sensitive interactions which extended their thinking. For example, the childminder counted blocks with children and used mathematical language related to size such as "bigger" and "little" as they played. This supported children's natural creativity and developing numeracy skills.

The childminder had a selection of resources available for children's play which were appropriate for the age of the two minded children. These included, construction materials, books and small world toys. One child choose 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.

There were limited approaches in place to evaluate children's progress and achievements. The childminder shared children's experiences and progress verbally with families at pick up and drop off times. This enabled parents and families to be involved in their child's experiences. We spoke with the childminder about reviewing the approach for planning play and learning to support children's progress and provide opportunities for children to reflect on, revisit and consolidate their learning.

Areas for improvement

1. To support children's health and wellbeing, the childminder should ensure all children have a personal plan that details their individual needs, choices and progress. This information should be used by the childminder to care for and support children effectively. Plans should be reviewed by parents to reflect children's current needs.

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

'My personal plan (sometimes referred to as my 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).

2. 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 management of medicine which is accessible to families.

This is to ensure that 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?

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 experienced a setting that was clean and comfortable with plenty of natural light and ventilation. They had access to a living room, bathroom facilities and an enclosed back garden. Spaces offered children the opportunity to lead their play and develop skills. Some of the resources for children's play were stored in an outside shed and not easily available for children to access. We spoke with the childminder about reviewing the storage of play equipment to help children access resources more freely indoors and outdoors to promote their choice and independence in play.

Children had access to some resources which took account of their stages of development and learning. These included building blocks, transport toys and books. This provided children with some stimulating experiences which engaged them in play. We discussed the benefits of introducing more loose parts and open ended items to the resources available, to support children's developing natural curiosities and schematic play opportunities. 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 (see area for improvement 1).

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. This supported children to be active and healthy. The childminder 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 potential risks such as litter. This contributed to keeping children safe.

Effective infection prevention and control measures were in place. Children were encouraged to wash their hands at key times and effective nappy changing and cleaning procedures meant that the spread of infection was kept to a minimum. This contributed to a safe environment for children.

Areas for improvement

1. To support children's development, imagination and creative play, the childminder should develop the resources available to stimulate and challenge children in their play. This should include, but is not limited to, increasing the range of loose parts, open ended and natural materials.

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

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials.' (HSCS 1.31).

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 that some information within these policies did not reflect the current service offered. We encouraged the childminder to revisit these to ensure information was current, informed by best practice guidance, 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 at drop off and pick up times. This helped the childminder to reflect on the needs of the children and make changes to support them. All families who responded to our survey reported positive communication with the service and that they were kept well informed.

Quality assurance processes were not in place to ensure important areas of the service were monitored. For example, the systems in place to ensure the effective management of medication and the recording, sharing and review of children's personal planning information were not robust (see area for improvement 1).

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 for improvement 1).

Areas for improvement

1. To improve outcomes for children, quality assurance processes should be developed. This should include but is not limited to ensuring:

a) important aspects of the service such as personal planning and the management of medication are regularly monitored and carried out in accordance with best practice guidance; and

b) best practice guidance is used to reflect on and improve the service.

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); 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 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. Overall, the childminder understood what children needed to help them grow and develop, and responded to their needs in a caring manner. This helped children build good attachments and positively supported their wellbeing. One parent commented: "Liz provides truly excellent care, going above and beyond whilst minding our son. He loves her and her family, who have all been incredibly welcoming and caring. She provides a home away from home and ensures he is active, and has enough stimulation and socialisation."

The childminder recognised the importance of maintaining their skills and knowledge in keeping children safe and protected. They had attended core training in food hygiene as well as practical paediatric first aid. The childminder had a good knowledge of child protection procedures and understood the appropriate steps to take if they had a child protection concern. The childminder had supportive links with another local childminder. This provided opportunities for sharing ideas, developing knowledge and reflecting on practice, contributing to positive outcomes for children.

The childminder had not recently accessed further professional learning to improve 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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
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
4.1 Staff skills, knowledge and values	4 - Good

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