

Watson, Isabel Child Minding

Bathgate

Type of inspection:
Unannounced

Completed on:
2 May 2024

Service provided by:

Service provider number:
SP2007966206

Service no:
CS2007158416

About the service

Isabel Watson provides a childminding service from the family home in the small town of Whitburn, West Lothian. The service is close to local amenities including green spaces, the local nursery and school and local shops and centres. The service is delivered from the family bungalow where children have access to the dining kitchen, downstairs bathroom and playroom. Children also have access to an enclosed rear garden.

The service was registered to provide care to a maximum of six children under 16 years of age, of whom no more than three are not yet attending primary school and no more than one child is under 12 months old. Numbers are inclusive of the childminder's own family.

About the inspection

This was an unannounced inspection, which took place on 29 April 2024 between 12:30 and 15:00 hours. We provided feedback by telephone on 2 May 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four children using the service
- spoke with the childminder
- gathered feedback from one parents / carer
- observed practice and daily life
- reviewed documents.

We reminded the childminder to remove the time limited condition on their certificate for the period October 2014 to June 2015 by submitting a variation as this is no longer relevant.

Key messages

- The childminder's warm and kind approach are evident throughout practice supporting children to feel loved.
- Children are busy, happy and active during their time in the service where they are challenged through effective interactions.
- Children benefit from an inviting, comfortable and well resourced service which meets their needs.
- Personal planning for children should now be improved to further evidence, plan for and support children's needs.
- Quality assurance systems should be developed to promote continuous improvement.
- The childminder must ensure that they work within the terms of their registered conditions

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?	3 - Adequate

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 received responsive and nurturing care as a result of the childminder's consistently warm approach and kind interactions. Children enjoyed cuddles when needed, supporting them to feel loved. This resulted in children appearing very relaxed and at home in the setting.

Children's self-esteem was enhanced as the childminder consistently praised children's efforts and offered consistent messages to support children with sharing and turn taking. As a result, children felt secure and were learning positive strategies to manage disputes.

Mealtimes were relaxed, healthy and sociable for most children. Appropriate levels of support were given to young children enabling their independence. Children were given choices and involved in menu planning, shopping and growing fruit and vegetables. This enabled them to develop healthy relationships with food. During the inspection one child was allowed to watch television whilst eating. We recognised the limited space at the kitchen island and discussed how this could be managed better using the small table and chairs in the playroom space. This would support a more sociable mealtime experience for all children at the same time.

Regular discussions with parents through social media applications and face to face chats enabled sharing of information supporting children's continuity of care. The childminder sent photographs to families daily, enabling parents to feel involved in their child's day and discuss this with them.

Children's privacy was not always maintained during nappy changing and we asked the childminder to review how and where nappy changes took place. This is to maintain children's dignity. We also advised that handwashing should be encouraged after nappy changes to promote children's understanding of the link between toileting and handwashing.

Children's needs were supported as the childminder knew them well as individuals and understood their personalities and preferences. The childminder held a strong knowledge of children's individual needs and was confidently able to discuss these. However, there was no written information to capture identified needs and strategies for support. Where children need some additional support for learning, physical, emotional or health needs, this should be captured within their personal plan. Planned strategies for support should be identified through consultation with parents and kept under regular review. In addition, personal plans should also be developed to capture children's ongoing development, progress and next steps, which could be linked to the SHANARRI wellbeing indicators. This would support planning to meet children's needs and positive outcomes for children. Basic personal plan information had not been updated since 2022 for some children. We reminded the childminder they must review these with families at least once every six months (see area for improvement 1).

There was a potential risk to children as a result of approaches to the administration and recording of medication. We saw a cream medication given during inspection which had not been signed in. Other medication was signed in but the administration of it was not being recorded. We asked the childminder to review procedures to ensure all medication given was signed in by parents and any administration recorded and signed again by parents upon collection. This is to support children's continued wellbeing (see area for improvement 2).

Quality indicator 1.3; Play and learning

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

Daily opportunities for active and risky play within the local park and forest whilst moving to and from school enabled children to be active. This contributed to their sense of wellbeing and built their physical confidence, strength and understanding of risk.

The childminder was responsive to children's requests allowing children to have control over their play. Children repeatedly made requests for different games and art materials which were supplied. Support from the childminder during play contributed to children's perseverance and focus during these activities. Choices were given enabling children's rights and supporting their inclusion.

Children's language, literacy and numeracy was promoted in a relaxed and fun way through the variety of games and toys provided. The childminder was a positive role model for language and effective questioning which provided appropriate levels of challenge. This contributed to children being successful and learning.

Use of community resources further extended children's learning and enjoyment. Children enjoyed weekly attendance at the toddler group sessions and sessions run at the community partnership centre. These further enhanced children's social, literacy and language skills.

Planning was mainly child led with children choosing what they wanted to do. We discussed ways in which to further develop planning to include children and help them to revisit learning. For example, gathering and recording children's ideas would support planning to meet interests and enable children to feel their ideas were valued.

Areas for improvement

1. The childminder should further develop children's personal plans to ensure that their development needs are well planned, reviewed and met.

To achieve this, personal plans should include but not be limited to:

- development targets/observations which are of significance to that child as an individual
- details of any specific need along with identified strategies for support
- details of 'how' the child's needs will be met (such as next steps)
- reviews that indicate if the child's needs have been met.

In addition, all personal plan information should be reviewed with families at least once every six months or sooner if there is a significant change to the child's health, welfare or safety.

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

2. The childminder should maintain a record of all medication received into the service. Where medication is administered to a child, the date and time that it is administered must be recorded and the record must be signed by the childminder and the child's parent/carer. This is to ensure accurate administration of all medication.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.24, which states 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 quality indicator 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

A good range of resources were available which were age and stage appropriate for the children attending. These were in good condition and easily accessible and provided children with choice. The childminder rotated toys regularly to stimulate children's interest. We noticed the book case was behind the settee for children's safety. Access to books was therefore supported by the childminder including a commitment to reading to children at least once a day.

Children enjoyed the freedom to lead their own play using space within the playroom, dining kitchen and large garden. They made decisions on when and where to play and could access a large range of appropriate toys and games both indoors and outdoors. This empowered children and enabled their independence and choice contributing to their level of enjoyment.

Children benefitted from a clean and tidy home which was well ventilated, comfortable and inviting. Children were encouraged to tidy up after themselves, building their respect for the environment and resources and contributing to a safe play space.

Children's confidentiality was maintained as the childminder stored personal information securely. This meant children's privacy remained intact.

Children's risk from cross infection was enhanced through the childminder's management of exclusion periods for common childhood illnesses. They had registered with the Food Standards Agency as a food provider and were awaiting assessment which supported the safe management of food.

Risk assessment had been completed to support children's continued wellbeing in the home, garden and on outings. These required some further review to ensure they fully identify all possible risks and clear actions taken to prevent or minimise these.

We asked the childminder to make sure that the use of the pool is fully risk assessed due the increased risks from this activity. This would support the childminder in maintaining a safe environment for children (see area for improvement 1).

Areas for improvement

1. The childminder should ensure that written risk assessments are revised and updated to capture all identified risks and actions to reduce possible harm. This includes ensuring that risk assessment is carried out for the artificial turf and the pool. This is to maintain a safe environment for children at all times.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My environment is secure and safe" (HSCS 5.19).

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

Regular reflection on practice by the childminder was supporting them to begin to identify areas for improvement and take action to address these. This contributed to improved care, play and learning for children. For example, a focus had been on developing opportunities for children to learn where food came from. As a result, fruit and vegetables beds were built supporting children's understanding of the 'seed to plate' concept. More recently, a focus on refining resources to reduce quantity was supporting children in making better choices during play. This ongoing self-reflection enabled the childminder to make some relevant changes enhancing children's play.

The childminder was able to clearly identify the strengths of the service, such as providing a warm and friendly environment and age and stage appropriate activities. These were evident throughout inspection and also reflected within the written aims and objectives. The childminder told us how they also measured the service by the interest in it, from word of mouth in the local community, compliments in cards and children's happiness. Areas for improvement identified by the childminder included reviewing the personal plans for all children and how they capture learning and development. Self-evaluation should now be formalised to support continuous improvement and evidence progress. An action plan for the year should be developed to capture identified priorities along with ongoing quality assurance. Reference should be made to the Health and Social Care Standards and the 'Quality framework for daycare of children, childminding and school-aged childcare' (see area for improvement 1).

Opportunities for parents and carers to give feedback were mostly informal. Some questionnaires had been issued, however, these did not have any impact on the service. We shared best practice ideas as to how this could be carried out with children and families, such as mind mapping and how to frame questions. These formal opportunities for feedback would allow parents and children to have a say and support continuous improvement of the service (see area for improvement 2).

On arrival we found that the childminder was operating outwith the terms of their registration due to having one too many children. This was further impacted by no register of children's attendance being maintained.

We recognised a stressful situation on a family had led to the childminder accommodating an additional child on this day. However, this could have had an impact on the outcomes of other children. The childminder should ensure that they work within the terms of their registration at all times for children's safety and wellbeing. They should also maintain a daily register of children's attendance which demonstrates start and finish times (see requirement 1).

The Certificate of Registration was not displayed. We reminded the childminder that this must be displayed during minding hours. This is to allow parents to check that she is operating within the terms of her registration.

Requirements

1. By 11 June 2024, the provider must ensure that they are operating within the terms of their registration certificate in regard to the number and ages of children to be cared for at any one time. In addition, a register of attendance must be held which clearly details start and finish times of all children for each day attended. This is to evidence that the ratios are maintained and evidence compliance with the conditions of registration.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 - Regulation 4 Welfare of users (1)(a).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

Also, reference should be made to 'Records childminding service must keep and guidance on notification reporting'; available on the Care inspectorate website.

Areas for improvement

1. The childminder should develop and formalise quality assurance processes within the service to enhance positive outcomes for children. This should include but not be limited to;

- creating an improvement/action plan to identify priorities and support change
- becoming familiar with and making use of the new 'Quality Framework for Daycare of Children, Childminding and School-aged Childcare' alongside the Health and Social Care Standards.

Reference should also be made to the 'Self evaluation toolkit for childminders' available on our website. This would provide evidence of progress and support action planning for future improvements.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

2. The childminder should provide regular and formal opportunities for children and families to provide their views across all aspects of provision. These should be captured and used to identify and address areas for improvement. Children and families should be kept informed about improvements made, to enable them to feel included and that their opinions are valued.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6) 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?

3 - Adequate

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

Quality indicator 4.1; Staff skills, knowledge and values

Children enjoyed really kind, compassionate and responsive care through the positive relationships in place. This enabled children to feel loved and cared for. Children told us "It's good fun, she's a good cook and she lets us play outside and she is kind".

The childminder's approach reflected her aims and enhanced children's outcomes. Parent comments confirmed their children loved attending and were supported to learn and have fun. They told us; "The children bake, play outside, play board games, are allowed to play the computer on occasion" and "Isabel knows my children, they get on extremely well with her and are happy and comfortable to go to her for care".

The childminder confirmed that they remained abreast of developments by using the Hub section of the Care Inspectorate website and filtering and saving relevant documents. They were able to discuss best practice documents and used these to support provision.

Previous training for a qualification had been halted due to personal circumstances and the childminder was keen to complete this and access more training opportunities. First aid had already been identified as a future training need and booked. This will promote children's wellbeing during accidents and emergencies. Additional and relevant training and learning opportunities should now be accessed to build continued professional knowledge and support best practice. This would increase understanding of children's development and learning and enable children to reach their full potential. To ensure learning and development is linked to service delivery, the childminder should now record learning undertaken and reflection on its impact on the service. This would support the childminder to continue to develop as a reflective practitioner and support improved outcomes for children (see area for improvement 1).

Areas for improvement

1. The childminder should be proactive in sourcing appropriate learning and development. This should include, but not be limited to refreshing training in child protection. This will allow them to develop as a professional and make changes to meet the needs of the children in their care. A reflective log of learning and development should be developed and maintained to support continuous improvement.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

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

The childminder should further develop children's personal plans to ensure that their development needs are well planned, reviewed and met.

To achieve this, personal plans should include:

- development targets which are of significance to that child as an individual
- details of 'how' the child's needs will be met
- reviews that indicate if the child's needs have been met.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "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 10 August 2018.

Action taken since then

Personal plans held were basic and did not yet capture children's developmental progress, next steps or specific strategies for support of individual needs. These were also not being kept under regular review. Therefore this area for improvement was not met and has been made again.

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?	3 - Adequate
4.1 Staff skills, knowledge and values	3 - Adequate

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