

Natasha's Cheeky Monkeys Child Minding

Grangemouth

Type of inspection:
Unannounced

Completed on:
30 April 2024

Service provided by:
Natasha White

Service provider number:
SP2020991094

Service no:
CS2020379040

About the service

Natasha's Cheeky Monkeys is provided by Natasha White who is referred to as 'the childminder' in this report. The service is provided from an end terraced house within a residential area of Grangemouth. The service is close to local amenities including schools, shops and parks. The service is registered to provide a care service to a maximum of 6 children at any one time up to 16 years of age, of whom no more than 3 are not yet of an age to attend primary school, and of whom no more than 1 is under 12 months. Numbers are inclusive of children of the childminder's family. Minded children cannot be cared for by persons other than those named on the certificate. Overnight service will not be provided

The designated areas used for childminding included the living room, hallway, kitchen/diner and downstairs bathroom, along with a large rear garden area.

About the inspection

This was an unannounced inspection which took place on 30 April 2024 between 15:45 and 18:15 hours. One inspector carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with two children using the service
- requested and reviewed feedback from four parents/carers
- spoke with the childminder
- observed practice
- reviewed relevant documents.

Key messages

- Children experience positive and nurturing interactions, helping them to feel settled and secure.
- The childminder has developed trusting relationships with families who value them.
- Children's health and wellbeing continues to be promoted through regular physical activity.
- Children continue to experience a homely and flexible service contributing to them feeling relaxed.
- The childminder needs to develop children's personal plans to clearly identify strategies for support, next steps and evidence of children's play and learning for all children in order to meet their needs.
- Risk assessments need to be updated to identify and address risks within the garden.
- The childminder should be proactive in accessing relevant learning and development opportunities and reflect on her professional development and practice to support continuous improvement of her service.

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?	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 were relaxed and comfortable in the childminder's care. The childminder responded sensitively to a younger child who was watching for mummy arriving and interacted with children in their play. This supported children's enjoyment of their time in the setting.

Children's continuity of care was supported by systems to record and share information with parents about any accidents or incidents. This meant that parents were kept informed about issues affecting their children. The childminder should now refresh training in paediatric first aid, to give parents and children confidence in their ability to deal with accidents and injuries (see area for improvement 1, under quality indicator 4.1).

Effective communication with families through social media applications, telephone and face to face conversations supported partnership working with parents. One parent told us "Natasha always invites me in to observe my kids before pick up and gives me updates on what they have been doing and what they have ate from their meal". This enabled sharing of information to meet children's needs. For example, the childminder had shared information to support healthy eating on their closed Facebook page. Photographs and messages shared with parents allowed them to feel included in their child's time in the service.

Children remained hydrated and the childminder regularly encouraged children to drink, especially when they were physically active. Mealtimes were sociable, with all children sitting together at the table. We reminded the childminder to also sit with the children to role model and promote the social aspects of eating together. During the meal one child was allowed to play on their iPad. We highlighted how this limited interaction and conversation and was also an infection risk as the child was also eating finger foods. A review of mealtimes should be carried out to ensure these are opportunities to develop healthy eating habits and social connection. Access to touch screens should be restricted whilst eating to also reduce the risk of cross infection.

Personal plans included some information to help to meet children's needs. The childminder had made some recent attempt to improve these and had begun capturing the developmental milestones and next steps for some younger children. However, some plans had not been reviewed for over a year and should now be updated. Personal plans could be more effectively used. For example, how to meet emotional needs in response to information shared by families or steps to be taken in the event of an allergic reaction. Plans should now be further developed to include any techniques or strategies used to support children's identified specific need. Plans should also highlight next steps, progress and achievements for every child. We reminded the childminder that personal plans must be reviewed and updated at least every six months or as children's needs change (see area for improvement 1).

Quality Indicator 1.3; Play and learning

Children enjoyed easy access to a range of games and resources suited to their age, stage and interests. This allowed them to make decisions about their play.

Verbal choices were routinely given to children about their play, food and outings. This contributed to children's enjoyment and their sense of inclusion. Opportunities for children to give their views and be consulted should now be developed further to empower and include them further. We also discussed how to create simple planning to ensure children's needs and interests were consistently met through a mix of planned and unplanned provision.

Lots of outdoor play in the garden and the local parks supported children to be physically active every day and develop confidence. One child told us "I like playing football" and "We go to the park". Children enjoyed a game of football with the childminder and their husband during the inspection and were enjoying learning about the rules of the game as they played. One parent told us "They can walk the dog, or go outside into the back garden where there is outdoor toys etc."

Regular outings within the local community such as soft play and toddler groups were providing opportunities for social interaction for the youngest children. There was scope to build on this and access other spaces to promote learning such as libraries, museums and other places of local or national history. The childminder should now also consider use of local woodlands for forest play. The childminder told us they had done this previously but not for some significant time. This would provide opportunities for children to take, manage and understand risk in a safe way.

Areas for improvement

1. The childminder should put in place personal plans which capture developmental information held for children who attend. The childminder should record children's progress in the service and their next steps identified. This is to support them in planning to meet their needs and support sharing of this information. We discussed how the childminder could capture this information using the SHANARRI wellbeing indicators.

All personal care plan information should be reviewed by parents at least once every six months.

Where children have identified allergies or specific identified needs, further information to meet these needs should be recorded within the personal plan.

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

3 - Adequate

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

Quality Indicator 2.2; Children experience high quality facilities

Children were cared for in an environment that was homely and welcoming. The home and resources were clean and in good order promoting children's health and wellbeing. Children had space to play and could choose to spend time in the lounge, dining kitchen or garden. Resources were plentiful and stored well, enabling children to have choice and independent access. The childminder should now offer children more open-ended resources that encourages their imagination and challenges their thinking.

We reminded the childminder again about 'loose parts play' and the 'Loose Parts Play Toolkit' which can be found on the Care Inspectorate Hub.

Children's privacy was maintained as the childminder had an understanding of the importance of not speaking about minded children whilst with other childminders or outwith the setting. All information was stored securely within a locked box out of sight, increasing confidentiality for families.

Children's risk from cross infection was increased as they were not effectively encouraged and supported to wash their hands at appropriate times with soap and water. We had to intervene to remind children to wash their hands when eating. We asked the childminder to implement their own policies and procedures as displayed on the kitchen wall. This would contribute to children learning about the importance of hand hygiene and reduce the possible spread of infection.

There was potential for children to leave the garden area unnoticed due to the level of fences and proximity of different furniture to fences. In addition, supervision was intermittent whilst meals were being prepared. We asked the childminder to be mindful of the ages of some of the children present when playing in the garden and levels of supervision required. The childminder quickly addressed some of the risks during the inspection and we advised that this should be written into a risk assessment for the garden. This is to reduce the risk of harm to children from leaving the service unnoticed. We signposted the childminder to our 'SIMOA' campaign and guidance materials which are available at <https://hub.careinspectorate.com/how-we-support-improvement/quality-improvement-programmes-and-topics/keeping-children-safe/> (see area for improvement 1).

One child was able to walk home from school without the childminder being present, which supported them to become independent. However, there was no written permission from parents held for this. We asked the childminder to address this as soon as possible and ensure they picked up all minded children in the meantime. A risk assessment should be put in place to support this to ensure children's continued safety and wellbeing whilst outwith the childminder's supervision (see area for improvement 1).

Areas for improvement

1. To support children's safety and wellbeing, the childminder should ensure that appropriate measures are in place to prevent children leaving the childminder's garden unnoticed. This should include, but is not limited to:

- a review of the placement of garden furniture and other resources
- discussing rules with children
- written permission held for unsupervised periods such as walking from school
- a detailed written risk assessment to identify steps taken to minimise risks in regard to play in the garden and individual children.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 5.19 which states "My environment is secure and safe."

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

The childminder continued to measure her service informally through general discussions with parents and observations of children's level of happiness. This allowed the childminder some opportunity to be immediately responsive to children and families' requests and make changes.

The aims of the service had not been reviewed for some time and they were unsure what these were. We suggested to the childminder that these be reviewed with children and parents to ensure they are still relevant and provide a clear direction. The aims of the service could also be used to evaluate if these are being met and help identify any areas for improvement.

The childminder was aware of best practice documents to help them develop the service but had not yet taken time to familiarise themselves with key documents such as 'A quality framework for daycare of children, childminding and school-aged childcare'. They should now ensure they use this to evaluate their service and identify strengths and areas for improvement. In addition, they should access and make use of the 'self-evaluation toolkit for childminders' and the bitesize videos available on the Care Inspectorate Hub. This would support them to develop a quality assurance system to make improvements to the service and promote positive outcomes for children. The area for improvement made at the last two inspections has been made again (see area for improvement 1).

Parents and children had some informal opportunities to give feedback on practice through daily conversation in person or through online 'apps'. Parents were generally happy with the service provided and told us "we can talk to the childminder about improving the service" and "the childminder regularly asks if there is anything they need or want to play with". The childminder had very recently issued a settling in questionnaire to gather views. They should now develop regular formal ways for children and families to be more meaningfully involved in influencing change. The childminder should record children's and parents' feedback and use this information in the self-evaluation process. This would support them to feel valued in contributing to improvement of the service (see area for improvement 2).

Areas for improvement

1. The childminder should develop their awareness of best practice in early learning and childcare through engaging with relevant documents and use these to develop their service and carry out quality assurance. This will allow them to develop as a professional and make changes to meet the needs of the children in their care.

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

The childminder's interactions with children were warm and friendly and children had formed positive relationships with them. The childminder was responsive to children's needs and consistently offered them choices which made children feel valued.

The childminder's knowledge and understanding of childcare was supported through conversations with other local childminders, with whom they met regularly. This provided opportunities to discuss any challenges and share ideas, along with creating shared play opportunities for children.

The childminder was able to explain to us what they would do if they had a child protection concern. The childminder knew who to contact to discuss these concerns. A child protection policy and chronology sheets were in place. This knowledge and confidence in taking action contributed to the safeguarding of children. We noted that it had been some time since the childminder refreshed child protection training. This should now be identified as a future priority (see area for improvement 1).

The childminder had not yet participated in any training and development since the last inspection. This was an area for improvement made at the last two inspections to support them to build their knowledge and skills. The childminder was also not yet making use of best practice documents or online videos we signposted them to at the previous inspection. The childminder should now identify further relevant professional learning and development to meet the needs and interests of the minded children. We also discussed keeping a record of learning and evidencing its impact on children's experiences as part of ongoing quality assurance. This would support provision of high quality care and positive outcomes for children (see area for improvement 1).

Areas for improvement

1. The childminder should identify and access training and professional learning to develop their skills and knowledge. They should record learning and demonstrate ways in which it has improved experiences and outcomes for children. This is to support positive outcomes for children. This should include but is not limited to child protection training.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

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 put in place personal plans which capture developmental information held for children who attend. The childminder should record children's progress in the service and identify their next steps. This is to support them in planning to meet children's needs and support sharing of this information. We discussed how the childminder could capture this information using the SHANARRI wellbeing indicators. All personal care plan information should be reviewed by parents at least once every six months.

Where children have identified allergies or other support needs, further information and clear strategies for support to meet these should be recorded within the personal plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state 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 9 November 2022.

Action taken since then

Some recent progress had been made in capturing developmental progress for two younger children using the wellbeing indicators. This had not yet been established for all children and did not consistently identify next steps. Personal plans were not yet capturing information about specific needs and how to meet these and were not being kept under regular review. This area for improvement is therefore not met and has been made again for the third time.

Previous area for improvement 2

The childminder should develop their awareness of best practice in early learning and childcare through engaging with relevant documents and use these to develop the service and carry out quality assurance. This will allow them to develop as a professional and make changes to meet the needs of the children in their care.

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).

This area for improvement was made on 9 November 2022.

Action taken since then

Approaches to quality assurance continued to be informal with limited opportunity for children and families to provide feedback. This area for improvement is therefore not met and has been made again for the third time.

Previous area for improvement 3

The childminder should identify and access training and professional learning to develop their skills and knowledge. They should record learning and demonstrate ways in which it has improved experiences and outcomes for children. This is to support positive outcomes for children.

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, and are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 9 November 2022.

Action taken since then

Learning and development opportunities were limited to booking upcoming training to refresh first aid training which was now overdue. There was no evidence of any impact on practice or records of learning held. This area for improvement is therefore not met and has been made again for the third time.

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

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