

Hazel's Childminding Services

Child Minding

Livingston

Type of inspection:
Announced

Completed on:
16 February 2024

Service provided by:

Service provider number:
SP2019990564

Service no:
CS2019375345

About the service

Hazel's Childminding is provided by Hazel Armour (referred to in this report as the childminder) from her home in Livingston, West Lothian.

The childminder can care for a maximum of 6 children at any one time up to 16 years of age of whom no more than 6 are under 12 years; no more than 3 are not yet attending primary school and; no more than 1 is under 12 months. Numbers include the children of the childminder's family/household. Minded children can only be cared for by persons named on the certificate and no overnight care can be provided.

The service is situated in a residential area with good links to local transport. A school, nursery, shops and play parks are within walking distance.

About the inspection

This was an announced inspection which took place on Tuesday 30 January 2024. Feedback was given to the childminder on Friday 16 February 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 and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with one child using the service and one family
- spoke with the childminder
- observed practice and daily life
- reviewed documents.

Key messages

- Children were comfortable within the childminding setting and had developed positive attachments with the childminder. The childminder could develop her understanding of how high quality interactions would support children further and enhance their experience.
- The childminder needs to improve her recordkeeping arrangements, for example, ensuring personal plans are fully completed and reviewed to ensure that children's needs are met at all times.
- The childminder now needs to make a stronger commitment to continuous professional development to ensure her skills, knowledge and practice are regularly developed and reviewed.

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.

During our visit two minded children were present. The children appeared to be comfortable within the childminding setting and had developed positive attachments with the childminder. The younger child was held for most of our visit and fell asleep on the childminder's lap. The older child enjoyed playing independently with the toys available and was confident in moving around the home.

The childminder had introduced a new personal plan format to enable relevant information to be gathered from parents. The childminder intended to use plans to meet children's individual needs sensitively and effectively. We found that some information had been omitted from two of the plans and we discussed the importance of ensuring these plans were completed in full. The childminder needs to ensure that appropriate arrangements are in place to review these plans regularly to capture relevant changes and important developments in children's lives (see area for improvement 1).

The childminder advised that children were dropped off and collected by their families at the front door of her home. We discussed the benefits for both children and their families of being invited into the childminding home. The childminder advised that families were satisfied with the existing arrangements but agreed to review these in partnership with the families using the service.

Parents received text messages during the day and a quick chat at handover to discuss their children's activities with the childminder to reassure them that their children were having a good time. The childminder was introducing floor books to capture photos and observations of children's experiences to share with parents, which would support more effective communication, consistency and continuity of care.

Parents provided children's lunches and the childminder provided healthy snacks for children. Children did not access a meal or snack during our visit. The childminder told us that in response to feedback at the last inspection, arrangements had been improved to allow children to experience more pleasant mealtimes.

We discussed the rest and sleeping arrangements for children and the childminder told us that a travel cot was no longer used for sleeping children. We advised that the childminder refer to the most recent safe sleeping guidance materials and ensure that all arrangements are in line with best practice.
<https://scottishcotdeathtrust.org/news-welcome-to-safe-sleep-scotland/>

The childminder advised that no medication had been administered to minded children but was unable to evidence that paperwork was in place for parents to give written consent to administer medication. We suggested that the childminder obtains a copy of our guidance document and updates her records to ensure that families could be reassured that her procedures were in line with best practice.
<https://hub.careinspectorate.com/media/1549/management-of-medication-in-daycare-of-children-and-childminding.pdf>

At the last inspection, we highlighted the need to access training to enhance the childminder's understanding of child development and best practice guidance. We noted that this had not yet been done (see How good is our staff team?)

From our observations, children were content to play with the toys provided but the childminder could have done more to offer support to enhance the children's experiences through the use of more frequent and appropriate interactions. During our visit, adult to child interactions were limited, but this could have been a result of the inspector's presence. The childminder needs to develop her understanding of how high quality interactions could support children.

During the inspection, one child left the lounge and went into the kitchen unsupervised for a short period of time. We reminded the childminder that it was important to supervise children at all times, especially when they left the lounge and could not be seen.

The childminder had recently introduced paperwork to track children's progress against their developmental milestones but this was at the very early stages.

Children had regular opportunities to be active and access fresh air on walks to and from school and visiting the local play park.

Areas for improvement

1. To support children's wellbeing, the provider should, at a minimum:

- ensure every child has a fully completed personal plan, created in partnership with children and parents/carers, within 28 days of starting the service
- record the child's medical information
- review the plan at least every six months while the child is at the service.

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 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.

Overall, the childminding setting was comfortable and appropriate arrangements for cleaning were in place. We suggested that the childminder considered the number of boxes and other items in the hall/stairway as this was the exit route in event of emergency and needed to be clear. The childminder also needed to look at the storage of hazardous materials, as medication and alcohol were potentially within the reach of older children.

The front garden was a safe and enclosed space for fresh air and outdoor play. Children had regular opportunities for access to fresh air and energetic play at the local playparks.

Appropriate smoke detection had been installed but the childminder needed to carry out and record fire drills and alarm tests in line with best practice guidance to ensure children's safety. As part of this process, the childminder needs to ensure that a register is put in place to record children's attendance.

During our visit, the childminder's completed risk assessments could not be seen as these were on the childminder's laptop, which had been sent away for repair. The childminder needs to ensure that comprehensive risk assessments are in place for the home, garden, outings and access to pets. The childminder needs to develop her knowledge and understanding of risk and the risk assessment process to ensure dynamic risk assessments are in place that highlight the steps and measures put in place to ensure children's safety at all times (see area for improvement 1).

At the last inspection, we highlighted the need for the childminder to improve the measures within the home to control and prevent the spread of infection. We noted that while some improvements had been made, this remained an area for further attention. In particular, the use of appropriate personal protective equipment (PPE) when changing nappies. Although, children washed their hands regularly, they shared a towel at handwashing times (see area for improvement 2).

At the last inspection, a range of toys was available for children in the lounge, but we suggested the addition of some open-ended and real items to the range would offer enhanced opportunities for children to be creative and imaginative. We again suggested the childminder refers to the Loose Parts Toolkit (Inspiring Scotland) to gain ideas for developing this.

<https://inspiringscotland.org.uk/wp-content/uploads/2019/07/Loose-Parts-Play-Toolkit-2019-web.pdf>

We confirmed that the childminder held appropriate insurance to operate the service and use her car for business purposes. The childminder was advised to confirm with the landlord that annual maintenance arrangements were in place to ensure the gas boiler and central heating were working safely.

Areas for improvement

1. To protect children from hazards, the service provider should:

- develop a dynamic risk assessment procedure that identifies all risks, hazards and control measures needed to keep children safe
- ensure risk assessments are regularly reviewed.

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

2. To minimise the potential spread of infection within the setting, the provider should:

- ensure appropriate personal protective equipment (PPE) is used when changing children
- ensure children do not share a towel when handwashing takes place.

This is to ensure that care and support is consistent with the Health and Social Care Standard (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 childminding service had now been operating for four years and we discussed the learning curve that had entailed, including navigating a pandemic. We found that the childminder had not yet quite managed to balance the business aspects of the service with the caring aspects of the service. We were confident that children were well cared for and the childminder was committed to improving quality. However, the childminder needs to factor sufficient time in to the childminding week to ensure that the relevant records are being completed and maintained.

We acknowledged, at the last inspection, that the childminder was still establishing her service and making improvements to the processes and procedures needed for the smooth and efficient operation of a childminding service. At that time, we made a number of requirements and suggestions to assist the childminder to improve the service. Following the inspection, the childminder did not submit an action plan to tell us how these areas would be addressed. We discussed the importance of using an action plan as a tool for making and measuring progress.

The childminder would benefit from an understanding of how using quality improvement planning tools and resources would assist in making the necessary improvements highlighted at this inspection. We directed the childminder to our online resources which would assist with this.

<https://hub.careinspectorate.com/how-we-support-improvement/quality-improvement-programmes-and-topics/early-learning-and-childcare-improvement-programme/>

We found that the childminder used daily discussion with the parents and children to provide a service that met the needs and interests of the children she was caring for. The childminder shared the children's experiences to enable parents to feel they were included in their child's day.

While the childminder respected the views of children, most feedback came from informal discussions with children and their families. However, there were limited opportunities for children and families to be involved in meaningful reflection on the quality of the service and participation in the development of future plans for improvement (see area for improvement 1).

The childminder told us that there was an appropriate accident and incident recording system in place to ensure that families were advised if any children were involved in, for example, minor bumps. However, the paperwork was not provided at inspection. The childminder had been trained in first aid to ensure she was confident to deal with any minor injuries and was due to attend further training to refresh this.

Areas for improvement

1. To improve outcomes for children, the provider should implement robust quality assurance systems which will improve the quality of the provision in line with best practice.

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).

How good is our staff team?

3 - Adequate

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

The childminder had made some improvements since the last inspection, and had made contact with a more experienced childminder who was providing support and assistance to develop appropriate processes and make necessary improvements. However, no formal training or development had been undertaken since the last inspection (see area for improvement 1).

The childminder now needs to make a stronger commitment to continuous professional development to ensure her skills, knowledge and practice are regularly developed and reviewed. The childminder needs to keep up-to-date with best practice guidance and changes to legislation through accessing online resources.

At the last inspection, we highlighted several areas where the childminder could improve her practice through participation in training and development. However, these had not been addressed. For example, the childminder had a basic understanding of her role in safeguarding children, but further training was required to ensure the childminder had more comprehensive knowledge and understanding of this to underpin her practice.

One parent responded to our questionnaire and told us: "Hazel is great with the kids, and always friendly and approachable."

Areas for improvement

1. To further improve outcomes for children, the childminder should refer to and use training, national guidance and best practice, focusing specifically but not exclusively on:

- child protection in a childminder setting
- child development, play and the adult's role to support children
- risk assessment processes
- self-assessment and quality assurance.

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).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 25 June 2022, the childminder must ensure each child has a personal plan which states what their needs are and how they will be met. To do this, the childminder must, at a minimum:

- a) ensure every child has a fully completed personal plan, created in partnership with children and parents/ carers, within 28 days of starting the service.
- b) record the child's full name, address, carer details and medical information.
- c) identify the child's needs and wishes and set out how these will be met.
- d) review at least every six months while the child is at the service.

This is to comply with Regulation 5(1)(2) – (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 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 requirement was made on 8 June 2022.

Action taken on previous requirement

Personal plans were in place for each child. These asked relevant questions and contained appropriate information about each child's needs. However, we found that no plans had been reviewed, one was not signed or dated and one had no GP details. However, as the childminder had introduced a reasonable format for the personal plans and made some progress, this requirement will be downgraded to an area for improvement.

Met - outwith timescales

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 promote the development of healthy habits around food experiences for children, the childminder should review snack and mealtime routines and align them to best practice.

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).

This area for improvement was made on 8 June 2022.

Action taken since then

We did not see the children having food during our visit. However, we discussed arrangements for snack and lunch and the childminder told us that older children sat at the table in the kitchen to eat. Younger children used a high chair or sat at a small table and chairs. The childminder also told us that younger children have more opportunities to feed themselves independently.

This area for improvement has been met.

Previous area for improvement 2

To promote time and space for children to think during play, the childminder should consider making the environment calmer and free from distraction.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells" (HSCS 5.20).

This area for improvement was made on 8 June 2022.

Action taken since then

During our visit, we did not have any concerns about the calmness of the environment. One child was watching a television programme when we arrived. He was enjoying singing along to nursery rhymes.

This area for improvement has been met.

Previous area for improvement 3

To minimise the potential spread of infection, effective handwashing should take place regularly. In particular, but not restricted to times, when:

- Nose wiping has taken place
- Nappy changing or toileting has taken place
- Before and after food preparation has taken place.

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).

This area for improvement was made on 8 June 2022.

Action taken since then

The childminder had some further work to do to ensure infection control measures were carried out in line with best practice. We found that:

- No aprons were available for nappy changing

- Children used one shared towel after handwashing
- A child did not wash their hands after touching the childminder's cat and then eating sweets.

This area for improvement has not been met but has been amended. See area for improvement 2 under How good is our setting?

Previous area for improvement 4

To further improve outcomes for children, the childminder should refer to and use training, national guidance and best practice, focusing specifically but not exclusively on:

- Child protection in a childminder setting
- Child development, play and the adult's role to support them.

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).

This area for improvement was made on 8 June 2022.

Action taken since then

The childminder had not attended any training since the last inspection and we found that areas of her practice would benefit from a closer focus on continuous professional development.

This area for improvement has not been met but has been amended under How good is our staff team?

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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