

# AskLynn 4 Childminding Child Minding

Peterhead

**Type of inspection:**  
Unannounced

**Completed on:**  
10 June 2024

**Service provided by:**

**Service provider number:**  
SP2012983586

**Service no:**  
CS2012308479

## About the service

AskLynn 4 Childminding provides a childminding service from their own property located in a residential street in Peterhead, Aberdeenshire.

AskLynn 4 Childminding is registered to care for a maximum of eight children at any one time 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 include the children of the childminder's family/household.

Minded children can only be cared for by persons named on the certificate. No overnight care will be provided. The parts of the premises not to be used are the five bedrooms and bathroom upstairs.

The service is close to local schools, shops, parks, and other amenities. The children have access to the rooms downstairs, including the kitchen with an adjacent play area. There is a garden to the rear of the property for outdoor play.

## About the inspection

This was an unannounced inspection which took place on 14 May 2024 between 15:30 and 17:00 and 10 June 2024 between 09:15 and 12:00. 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 children using the service
- spoke with two of their parents/carers
- received 11 responses to our request for feedback from parents via MS Forms
- spoke with the childminder
- observed practice and daily life
- reviewed documents.

## Key messages

- The childminder was friendly in their interactions with children and their families.
- Children had fun and liked going to the childminder to play with their friends.
- The childminder was experienced and committed to their professional development. This included sharing ideas as part of the local childminding group.
- Children's personal plans should be improved to include children's daily routines and promote a continuity of care.
- The outdoor environment for children should be improved to ensure it is safe for play and free from any potential hazards.
- Ways to share information and fully involve parents/carers in continuous improvement of the service should be improved.

## 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?              | 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.

### 1.1 Nurturing care and support

Children demonstrated a fondness for the childminder and told us they enjoyed attending the setting and playing with their friends. The childminder took time to speak to children about their day at school. This supported children to feel nurtured and respected.

Children's personal plans recorded basic information, such as contact details and any medical needs. However, they were not always reviewed every six months as required by legislation. This raised the potential for changes in children's care and safety needs to be missed. Daily routines, including naps and toilet routines, were not recorded for younger children to help support a continuity of care (see area for improvement 1).

Children did not experience positive snack times. Snacks were not nutritious and did not meet healthy eating guidelines. Food preparation areas were cluttered, making it difficult to keep surfaces clean. Children were not well supervised and, on one occasion, were left alone while eating. Seating at the breakfast bar was too high to support children's safety and those children who used high chairs were not fastened in. This put children at risk of falling and harming themselves.

We raised these concerns with the childminder and asked them to provide evidence that changes had been made.

On our second visit, we found that children experienced a snack time that was supportive of their needs and maintained their safety. The kitchen had been cleaned and cleared of unnecessary items. Children chose from fruit as part of a healthy snack. A small, child height dining area had been created which improved interactions and supported children's safety.

Children were supported in their personal care with kind interactions. However, children's dignity was not always respected during nappy changing. We discussed this with the childminder who agreed to make changes.

Children did not benefit from safe and cosy sleeping arrangements. Children slept when out for a walk or travelling in the car. This did not ensure children's comfort and safety (see area for improvement 2).

A few of the families had attended the service for a number of years and saw the childminder as an extended part of their family. Parent comments included, "Lynn provides a home-from-home setting in a friendly and caring family atmosphere" and "Lynn has become a part of the family and a well loved and respected caregiver to my child".

### 1.3 Play and learning

Children had fun and were actively involved in leading their play. Some of the children commented they liked going to the childminder to play football with their friends.

Parents were provided with an insight into their child's learning and daily routines. They were able to share information at pick-up and drop-off times and text messages and some photographs were sent electronically. However, a few parents felt communication around their child's day could be improved. Parent comments included, "Perhaps maybe a bit more information about what they do while they are there but my child is able to tell me so not a problem at all".

Planning approaches included asking children what they wanted to do. As a result, they enjoyed playing football in the garden and going on outings. Outings included trips to the harbour and to the local community garden. Speech bubbles drawn on the kitchen cupboards demonstrated children's learning on how to be kind and be a good friend. Parent comments included, "My daughter always has such a fun time and lots of creative activities are offered".

Younger children were supervised and encouraged to keep safe as they played. During feedback, we suggested this age group would benefit from more focussed interactions to promote high quality learning and development. The childminder advised this was more evident at other times when the older children were not present.

Children benefitted from a wide range of resources relevant to their interests and age and stage of development. Children could access arts and crafts materials to encourage their creativity and imagination. There were a range of good quality books which were rotated to engage children's interests. There were dress up clothes and board games to promote cooperative play and turn-taking.

Children's opportunities for play and learning were enhanced through strong connections to their own and wider communities. Children frequently visited the local parks, beach, and harbour, exploring natural areas and observing wildlife. Children and families were encouraged to help others by donating and purchasing foods for a local food bank. This promoted lifelong learning through helping others. Younger children went to toddler groups, childminding group activities, and soft play.

### Areas for improvement

1. To support children's health and wellbeing, the childminder should ensure all children have a personal plan that meets their individual needs, choices, and daily routines. This information should be used by the childminder to care and support children effectively. Plans should be reviewed by parents at least every six months to ensure the information remains up-to-date and current.

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).

Supporting guidance includes:

- Personal planning guides for providers.

2. To support children's safety, emotional security, and wellbeing, the childminder should ensure children are provided with safe and comfortable sleeping arrangements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

Supporting guidance includes:

- Safe Sleep Scotland.

## How good is our setting?

### 3 - Adequate

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

Children played mainly outdoors. They liked swinging on the hammocks and had fun playing football on the grass. The addition of a shelter meant they could play outside in all weathers, supporting their emotional health and wellbeing. However, some areas of the garden looked neglected and there were broken toys and unsafe items, such as an old and disused trampoline. We raised these concerns with the childminder and asked them to make changes in order to keep children safe.

On our second visit, areas accessed by children looked more appealing and some of the broken toys had been removed. However, the garden did not promote positive play and learning experiences and would benefit from further improvements to ensure children's safety (see area for improvement 1).

Children were able to access and play in the downstairs rooms. This included a spacious living room, dining room, and a small play room adjacent to the kitchen. Comfortable chairs and a small tent in the living room provided children with a place to rest and play quietly on their own.

The childminder did not demonstrate a good understanding of infection prevention and control practices. Toilet tissue was lying unravelling on the bathroom floor and could not be used. Dirty nappies were left and not disposed of immediately. The kitchen work surfaces were cluttered and difficult to keep clean. This raised the potential risk of illness and did not support children's health and wellbeing. We highlighted our concerns and asked the childminder to make changes.

On our return visit we found the bathroom and kitchen were clean and tidy and suitable for use.

## Areas for improvement

1. To promote positive play and learning experiences and keep children safe, the childminder should ensure the environment is uncluttered and free from potential hazards.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.24).

**How good is our leadership?****3 - Adequate**

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

The aims of the service were shared with families, helping them understand what to expect from the service. However, they were not fully reflected in practice and had limited impact on children's experiences.

Most parents 'strongly agreed' they were involved in a meaningful way to help develop this setting. However, one parent 'disagreed' and one was 'unsure'. The childminder advised they had not asked parents recently for any feedback. We discussed developing ways to gather both parent and children's views and opinions on the service (area for improvement 1).

Self evaluation and quality assurances systems were not effective to ensure children's safety and promote high quality care. As a result, inconsistencies in practice had not been identified, children were not kept safe, and their experiences were compromised. The childminder had not completed any formal self evaluation. However, they recognised what they did well and were proud to be a special person in the children's lives (see area for improvement 2).

The childminder demonstrated a commitment to positive change and made changes as a result of our feedback. We signposted the childminder to 'A Quality Framework for daycare of children, childminding, and school-aged children' in order to support continuous improvement of the service.

**Areas for improvement**

1. To promote good outcomes for children and inform the development of the setting, the childminder should ensure children's and families' views are actively sought.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

2. In order to improve outcomes for children, the childminder should introduce and embed the practice of self evaluation to support the quality assurance programme.

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?****4 - Good**

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

Children were supported with kind interactions. The childminder had a good relationship with the children and chatted to them in a friendly manner. This meant they were happy to attend the setting.

Whilst committed to providing quality care to children, the childminder was overwhelmed by new guidance and practice. They were aware of the Care Inspectorate Hub and subscribed to provider updates. As a result, they had used some guidance to support their practice. For example, the document 'The Management of Medication in Daycare of Children and Childminding Services' was used to write a comprehensive policy to support the safe administration of medication.

The childminder was committed to professional development. They had accessed core training, such as first aid and child protection. This contributed to them having a good knowledge of how to protect children from harm and abuse. They attended online training in accessing the natural environment and spoke passionately about using techniques to support children's awareness of sounds, textures, and smells. This led to some positive learning experiences for children.

The childminder was a leading member of the local childminding group. They had helped source training and provided support to new childminders. They met regularly to share ideas and discuss new initiatives.

Most parents 'strongly agreed' they were confident that the childminder had the appropriate skills, knowledge, and experience to care for their child and support their learning. Parent comments included, "Our childminder seems very experienced with a wide range of ages and learning development stages, including supporting learning difficulties and social interactions".

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?                               | 3 - Adequate |
| 2.1 Quality of the setting for care, play and learning | 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?            | 4 - Good |
| 4.1 Staff skills, knowledge and values | 4 - Good |

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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