

Cheeky Cherubs Childminding Child Minding

Glasgow

Type of inspection:
Unannounced

Completed on:
5 June 2024

Service provided by:
Gail Wilson

Service provider number:
SP2004917793

Service no:
CS2004061769

About the service

Cheeky Cherubs Childminding service is provided from the childminder's home in the Crookston area of Glasgow. The service is close to local schools, nurseries, shops, parks, woodland, public transport links and other amenities. The children have access to the main living room space and enclosed back garden. The room is used to support various activities including mealtimes, rest, sleep time, and play and learning. Children had access to the toilet area to support their personal care. The childminder is registered to care for a maximum of six children at any one time up to 16 years of age, of whom no more than three are not yet of an age to attend primary school and of whom no more than one is under 12 months. At the time of inspection, there was three minded children being cared for.

About the inspection

This was an unannounced inspection which took place on 4 and 5 June 2024. The inspection was carried out by two inspectors 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 the childminder
- reviewed five completed questionnaires
- observed practice and daily life
- reviewed documents.

Key messages

- Children were nurtured and happy.
- The childminder had developed positive relationships with families.
- The childminder was supported by Glasgow City Council and Scottish Childminding Association with training and best practice guidance.
- The personal planning approach needed some improvements.
- Infection prevention and control practices needed to improve to create a safe environment for children.
- The approach to risk assessing and maintaining a safe environment required improvement.
- The childminder should develop their approach to self-evaluation and improvement planning.
- The childminder should review and update their policies, to ensure they inform and contribute to continual improvements to practice.

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?	2 - Weak
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.

Three children attending the service on the day of inspection. Children were nurtured and supported throughout their daily experiences. The childminder chatted with them and offered cuddles, helping them feel emotionally secure. Parents who provided feedback strongly agreed with the statement: 'Overall, I am happy with the care and support my child receives in this service'. We concluded the childminder knew children well, and had developed strong relationships with the minded children.

The childminder and families provided meals and snacks for the children. We observed children enjoying a nutritious snack. The childminder knew what foods children liked and offered them choices when preparing snacks and meals. The childminder sat beside younger children and chatted to them while they ate their lunch and snacks. We concluded the childminder was supporting social, nutritious mealtimes, and supervising children to keep them safe while they ate.

Where children needed a sleep, the childminder sat beside them to ensure they were comfortable and safe. We discussed safe sleep practice with the childminder, including the importance of making sure children slept safely, by not wearing bibs around their neck. We signposted the childminder to Scottish Cot Death Trust safe sleep guide, to support safe sleep practice. The childminder agreed to update their safe sleep practice and policy in line with the guidance.

Personal plans were in place for all children. Plans were completed prior to the children starting the service. The personal planning format was informed by best practice guidance and included the key information linked to wellbeing indicators: safe, healthy, achieving, nurtured, active, respected, responsible, and included to support the care of the minded children. When sampling plans, we found they were not always updated regularly, and did not always reflect the knowledge the childminder had of individual children. We discussed with the childminder how the use of chronologies could support accurate record keeping about children's needs. See area for improvement 1. We signposted the childminder to the Care Inspectorate Hub for guidance with personal plans and recording chronologies for children.

Children attending the service on the day of inspection did not require any medication. The childminder had a medication policy in place, and a good understanding of the best practice guidance. We were satisfied medication would be administered and stored medication safely if a child required this.

Quality indicator 1.3: Play and learning.

The children enjoyed their time with the childminder and had fun during their play. They accessed a basic range of toys which interested them. We discussed with the childminder about developing a wider range of toys that would support children of all ages and stages of development. We observed limited toys to be on display for children, and children had to ask the childminder for toys to support their interests. We discussed with the childminder how having a wider range of toys on display would support children's choice, independence, curiosity, and development.

The childminder was gathering basic observations and photographs of the children at play and recording these in children's developmental checklists and folders. We discussed how they could use their observations to plan which resources and experiences they provide to offer more challenge for children's play and learning. The observations and photographs were not dated. This meant it was difficult to establish children's progress. We suggested the childminder date the photographs and observations to show progress and highlight children's achievements.

Children at the service told us how they enjoyed going on outings with the childminder. We reviewed evidence that children went to local parks and the library, and sometimes went further afield to places such as the beach. Parents who provided feedback commented positively on the opportunities children had in their local community. One parent said "The childminder always has the children at the park, in the garden or at the football pitch at every opportunity possible." This supported children's play and learning beyond the setting and developed positive community links.

Areas for improvement

1. To ensure children's health, wellbeing and safety needs are met, the childminder should review children's needs and update personal plans regularly. This should include but is not limited to, updating each child's chronology.

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); and 'My needs as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality indicator 2.2: Children experience high quality facilities.

Children had use of the ground floor, along with a rear secure garden. The garden was surrounded by a well maintained perimeter fence, and pet areas and rubbish were separated from the main play space. This kept children safe. The childminder's setting was homely, bright and well-ventilated through open windows. This sent a message to children that they mattered.

Some Infection Prevention and Control (IPC) practices did not support a safe environment for children. We have therefore made a requirement to address this. Concerns included a lack of effective handwashing, children eating from unsterile surfaces, some soft furnishings being dirty, and both the bathroom and kitchen areas were cluttered and unclean. This posed IPC risks to children. Children should be cared for in a setting with effective IPC to prevent the possible spread of germs and infection that can cause children to become unwell. See requirement 1.

We had some concerns about children's safety. Whilst the childminder had a risk assessment in place, we found that this did not contribute fully to protecting children from harm. We found several examples where hazards had the potential to cause injury to a children. These included: extension plugs were not being positioned safely, sheds in the garden were not securely locked, and cleaning materials were at children's

reach in the bathroom. We discussed the importance of children being cared for in a safe environment to help protect them from hazards, accidents, and injury. See requirement 2.

Requirements

1. By the 1 September 2024 the childminder must ensure appropriate arrangements for limiting the risk of harm to children are in place to keep children safe. To do this, the childminder must, as a minimum:

- a) Remove potential risk to children from the home and garden.
- b) Ensure hazardous materials are stored safely, and out of reach of children.
- c) Update recorded risk assessments and use in practice to keep children safe.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) - Regulation 4(1)(d) - health, welfare and safety of service users.

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 5.17).

2. By 1 September 2024, the childminder must ensure that children are cared for in a safe and hygienic environment and sufficient measures are in place to protect children from harm. To do this, the childminder must, as a minimum ensure:

- a) Effective handwashing takes place for the childminder and children.
- b) All minded areas are clean and clear of clutter, including bathroom and toilet area.
- c) Soft furnishings are deep cleaned, and regularly laundered or replaced.
- d) Participate in learning about the importance of good Infection, prevention, and control.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) - Regulation 4(1)(d) - health, welfare and safety of service users.

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 organisational codes' (HSCS 3.14); and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

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 improvements are led well.

The childminder communicated with parents verbally, by text and email. Parents told us they had a strong

connection with the childminder. This encouraged their involvement in their child's day and contributed to consistency in children's care.

The childminder gathered people's views about her service verbally and through basic questionnaires. We discussed with the childminder how the questionnaires could be further developed to support the continuous improvement of the service. For example, asking parents for their suggestions, ideas, and what the service could do better. All parents who provided feedback agreed or strongly agreed with the statement 'My child and I are involved in a meaningful way to help develop the service.' We concluded the childminder valued and respected views of people who used the service, and was at early stages of using these to inform positive change within the service.

The childminder had begun to informally reflect on the service they provided and make some changes. For example, new resources had been purchased to support children's interest outdoors. We discussed the value of further self-evaluation to develop and improve the service more widely. The childminder engaged with the inspection process well and was keen to take forward ideas for improvement. We suggested that the action plan from this report could be used as the basis for an improvement plan, thus demonstrating the childminder's commitment to improving the quality of their service. The childminder should now begin to develop self-evaluation approaches. Recording any areas for improvement while continually considering parents' and children's views and ideas. We signposted the childminder to the Care Inspectorates 'Quality framework for daycare of children, childminding and school-aged childcare', and supporting templates available on the Care Inspectorate Hub, to support them with self-evaluation and continuous improvement of their service. See area for improvement 1.

Areas for improvement

1. To support high quality outcomes for children and families, the childminder should develop approaches to self-evaluation and improvement planning of the service.

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) 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?

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 was warm and caring in their interactions. They were caring towards children and had worked with parents to help children to settle well into the setting. The childminder responded positively to the minded children, offering help and support when needed.

The childminder had participated in child protection training and was alert to any signs that children could be at the potential risk of harm. The childminder had a child protection policy in place, and was clear of the responsibility to report any child protection concerns. We were satisfied the childminder could respond to any safeguarding concerns to support children and keep them safe from harm.

The childminder was in partnership with Glasgow City Council and the Scottish Childminder Association (SCMA) to provide funded early learning and childcare. They shared the SCMA had been a good source for training, and up to date information. This provided the opportunity to learn about practice elsewhere, and had contributed to some improvements for children attending the setting. For example, developing outdoor spaces. However, further learning would support the childminder to develop practice to provide a safe, secure and highly stimulating play and learning environment for children

The vision of the service was shared with families at the settling in procedure along with policies and procedures in place. At the previous inspection we suggested the childminder implement a policy to support school pickup and outings. This was not in place, and meant procedures for school pick ups were not clear for service users. We discussed with the childminder how practice and policies should be reviewed to ensure they are, in line with best practice guidance, and cover the needs of the service. We recommended the updated policies should include at minimum: outings, pets, safe sleep, and school collections. See area for improvement 1.

Areas for improvement

1. To support the service to be managed and led well, the childminder should review and update the policies of the service. Policies should reflect best practice guidance and be appropriate to the needs of the childminding service. As a minimum, the childminder should review policies for school collection, outings, pets and safe sleep.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

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?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
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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