

Joiner, Joyce Child Minding

Forfar

Type of inspection:
Unannounced

Completed on:
26 June 2024

Service provided by:
Joyce Joiner

Service provider number:
SP2003901291

Service no:
CS2003002807

About the service

Joyce Joiner provides a childminding service known as Joiner, Joyce. The service is provided from the Glamis area of Angus. The childminder is registered to provide a care service to a maximum of 8 children at any one time under the age of 16, of whom a maximum of 6 will be under 12, of whom no more than 3 are not yet attending primary school and of whom no more than 1 is under 12 months. Numbers are inclusive of children of the childminder's family.

The children are cared for on the ground level of the childminder's cottage, play spaces were spacious and children have access to an enclosed rear garden.

About the inspection

This was an unannounced inspection which took place on 26 June 2024 between 09:30 and 12:00. One inspector from the Care Inspectorate 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 children using the service;
- spoke with the childminder;
- observed practice and children's experiences; and
- reviewed documents.

Key messages

- Children experienced responsive and nurturing care because the childminder knew them as individuals and understood their needs and personalities.
- Children were comfortable and relaxed in the clean and hygienic environment. The spaces took account of safety and were spacious.
- Personal plans should be developed to ensure they contain relevant information to meet children's needs.
- Regular outings supported children to feel connected to the local community.
- Risk assessments should be developed to support the safety and wellbeing of children.
- The childminder should develop effective self-evaluation and quality assurance processes.
- Additional training, professional learning, and familiarisation with best practice guidance would improve outcomes for children.

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

Quality indicator 1.1: Nurturing care and support

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

Children were settled and engaged in their play. The childminder spoke about children passionately and had created a strong bond with the children and their families. We observed the childminder praising children, offering encouragement and choice. As a result, children were secure and valued by the childminder.

Regular informal communication with families meant that the childminder worked in partnership with parents. Children's care, experiences and achievements were discussed during daily conversations and WhatsApp messages. This supported children to feel secure and helped parents and carers to feel included in their children's care.

The childminder knew children well, which supported her deliver tailored care. Children's records of information which formed part of personal plans included basic information. For example, emergency contacts, medical information and some consents. We discussed where information could be expanded. For example, to include support strategies, children's current care routines and achievements. This would support the childminder to ensure children achieved their potential. We signposted the childminder to 'Guide for Providers on Personal Planning: Early Learning and Childcare' (see area for improvement 1).

At the time of inspection, no children required medication. However, we saw that the childminder had the Scottish Childminding Association (SCMA) templates for logging children's medication if needed. We placed importance on the childminder recording the reason for medication being administered along with parents and carers permission forms being complete. This would support the childminder's practice and ensure children's safety and wellbeing was fully considered.

Snack time was an unhurried experience for children; opportunities for social interactions with each other and the childminder were provided. Children were supervised, ensuring they were safe whilst eating. Furniture, space and infection prevention and control measures were also considered. For example, children were secure within their seat to support safety and comfort and the cleaning of surfaces where snack was provided ensured children's health and wellbeing was supported.

Children were safe and protected from harm. The childminder understood the role they played in this and had undertaken past training to support knowledge and understanding. We encouraged the childminder to access a refresher child protection course. This would better support her knowledge, responsibilities and further enhance the protection of children from harm.

Quality indicator 1.3: Play and learning

The childminder's approach to play and activities was child-centred and responsive to the children's interests and wishes. Children were observed playing with small figures, soft toys and construction activities. This allowed children to have fun and shape their play and learning experience.

Children had space and could move around freely. The childminder engaged children in their play and learning and used open ended questions to support children's thinking and learning. For example, a child's interest was tractors and natural conversations about the toy tractors took place and the childminder facilitated appropriate conversations about past experiences. This supported the development of skills in early communication and language.

Children had access to fresh air, outings and learning within the local community. Enabling children to regularly visit local parks and community classes supported children's experiences and their inclusion within the community.

There were limited approaches in place to evaluate children's progress and achievements. We encouraged the childminder to include the identification and tracking of some next steps in learning, which should inform children's play and the activities offered. This would support children to access intentional play experiences that offer challenge.

Areas for improvement

1. To support children's individual health, wellbeing and progress, the childminder must at a minimum ensure that all children have a personal plan in place.

This should include but not be limited to:

- a) be reviewed at least every six months with children, when appropriate, and their parents and carers;
- b) be up to date and relevant to the child's individual choices, care needs, and wishes; and
- c) provide contact details of their health visitors and outside agencies for children who are not yet attending school.

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

'As a child 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

Quality indicator 2.2: Children experience high quality facilities.

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

The childminder's cottage was spacious and welcoming and children experienced care in a comfortable environment. Storage spaces contained a range of toys and resources to support children's play. The home was clean, inviting and supported children's choice, allowing them to explore and extend their curiosity during their play and learning.

Resources and toys included books, construction toys, arts and crafts, active resources and small world figures. This supported children's imagination, fun and problem-solving skills. Outdoor play could be freely accessed through the back door to the garden at the rear of the property to support access to fresh air.

Appropriate infection prevention and control procedures were in place to provide a safe environment and support children's health and wellbeing. These included good ventilation, cleaning of surfaces and effective hand washing. Children washed their hands at key times with support from the childminder and it was clear that this was part of daily routines.

To support children's safety and wellbeing, the childminder carried out visual assessments of the environment. Risk assessment processes did not include all possible risks, control measures and how risks are currently managed. We highlighted the need for the childminder to ensure completed risk assessments are in place for their home, garden space, pick up and drop offs and regular outings at a minimum. This would further support children's safety and wellbeing (see area for improvement 1).

Children could not be accounted for in the event of an emergency, as a register of attendance was not maintained. To ensure children's continued safety, we reminded the childminder that children's attendance must be recorded to include when children arrive and leave the service (see area for improvement 2).

Children who needed a sleep enjoyed a restful and safe experience as the childminder made regular checks on sleeping children. A mat, sheet and covers supported comfort, children's natural movements, promoting positive and restful sleep.

Children's personal information was stored securely to ensure familie's privacy and confidentiality.

Areas for improvement

1. To ensure the wellbeing and safety of children using the service, the childminder should develop risk assessments and procedures to identify possible and actual hazards. This should include, but is not limited to, a daily checklist and appropriate risk assessments which include environment, key activities and outings.

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

'My environment is secure and safe.' (HSCS 5.17).

2. To support safety and record keeping, the childminder should maintain a record of children's attendance to show the total number of children in the premises at any one time. This is to ensure the childminder is working within terms of registration and can account for children in the event of an emergency.

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).

How good is our leadership?**3 - Adequate****Quality indicator 3.1: Quality assurance and improvement are led well**

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

The aims and objectives of the service were in place and included 'meeting the needs of children' however these had not been reviewed for some time. We suggested that the childminder includes the families of children who access her service in reviewing these. This would ensure these reflected a shared aspiration for the service delivery.

The childminder mainly used informal ways to communicate and evaluate her service. This helped a partnership working between parents, carers and the childminder. We recognised that the childminder was committed and confident about meeting children's care needs. However, there were no systems in place to evaluate the quality of the service and identify areas for improvement. We advised the childminder to make greater use of the Care Inspectorate hub and become familiar with 'A quality framework for daycare of children, childminding and school aged childcare'. This would support with the assessing of her service and identifying improvements (see area for improvement 1).

The childminder shared their policies and procedures with families which meant they knew what to expect from the childminding service. Policy information needed to be reviewed and updated to ensure these were in line with current best practice. The childminder outlined her intention to work with other local childminders to support her practice and development of policies. Keeping up to date with best current practice guidance will support the childminder to develop her skills and ensure children receive a quality service (see area for improvement 2).

Areas for improvement

1. To continue to improve outcomes for children, approaches to quality assurance and self-evaluation should be developed. The childminder should become familiar with best practice guidance and use this to support her approaches to self-evaluation and continuous improvement.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

2. To ensure the childminder provides a service in line with best practice, the childminder should review and update their policies and procedures to ensure they fully support them in their role and reflect current best practice.

This is to ensure that 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).

How good is our staff team?

3 - Adequate

Quality indicator 4.1: Staff skills, knowledge and values

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

The childminder had been providing her service for some time and had trusting relationships with families and a flexible approach supported their needs. She was caring in her interactions with children and knew the children well. Children approached the childminder for cuddles, reassurance and invited the childminder into their games and play. It was clear children felt comfortable and confident with the childminder.

The childminder relied on previous training such as child protection and had a satisfactory understanding of safeguarding children. They understood their responsibilities and knew who to contact for advice and support. However, the childminder was not familiar with current best practice guidance, therefore this was not underpinned in practice. We discussed with the childminder the benefits of accessing the Care Inspectorate hub, training opportunities and professional reading material to enhance knowledge, skills and practice.

As part of the approach to continuous professional development, the childminder may benefit from keeping a reflective log of training and learning opportunities. This could support the childminder to consolidate their learning and measure the impact of this on their practice.

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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