

Taylor, Brenda Child Minding

Alford

Type of inspection:
Unannounced

Completed on:
16 July 2024

Service provided by:
Brenda Taylor

Service provider number:
SP2003910608

Service no:
CS2003036218

About the service

Brenda Taylor provides a childminding service from their property in a quiet residential area of Alford. The childminder is registered to provide a care service to a maximum of eight children at any one time under the age of 16, of whom a maximum of six will be under 12, of whom no more than three are not yet attending primary school and of whom no more than one is under 12 months. Numbers are inclusive of children of the childminder's family.

The service is close to a local primary school, shops, parks and other amenities. The children are cared for in the kitchen/family area and downstairs toilet. Outdoors children also have access to an enclosed rear garden.

About the inspection

This was an unannounced inspection which took place on 16 July 2024 between 09:15 and 14:00. 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.

In making our evaluations of the service we:

- Made contact with three parents of children who attended.
- Spoke with the childminder and children.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- Children were cared for by a childminder who knew them and their families well.
- Children experienced warm and caring interactions from the children.
- The childminder made good use of learning opportunities in the local community.
- The childminder should look at ways to improve their service through self-reflection using recognised documents.
- The childminder should access training to support their practice and good 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?	4 - Good
How good is our setting?	4 - Good
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?

4 - Good

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

Quality Indicator 1.1: Nurturing care and support

Children benefited from warm, relaxed interactions which helped them to feel loved, safe and secure. The childminder knew children well and had developed trusted and loving relationships. This supported them to be settled and confident in the setting. Parents told us they had a strong connection with the childminder. One parent said; "Brenda is an incredibly kind and caring childminder".

Personal plans were in place for all children and detailed information such as, emergency contacts, medical needs and allergies. These had been reviewed recently with parents. However, not all plans reflected children's current likes, dislikes and preferences. During the last inspection we discussed the value of updating personal plans to include the wellbeing indicators which would give the childminder a holistic overview of the children's health and wellbeing. The childminder had plans in place to do this for new children joining the service. This would support the childminder to more easily track children's progress.

At the last inspection we discussed introducing the use of chronologies within the children's personal plans which would capture significant events in children's lives. Again, we highlighted the importance of these to ensure that the childminder was aware of potential safeguarding issues in children's lives and evidence actions taken. This would support children to stay safe and well.

Mealtimes were an unhurried and social experience. Children sat together and the childminder took time to serve the packed lunches provided by parents. The childminder promoted independence and encouraged young children to use a spoon, supporting when appropriate. This contributed to ensuring children were learning important life skills such as using cutlery.

At the time of the inspection, no children required medication. At our last inspection we asked the childminder to review the service medication policy in line with best practice guidance to highlight how they would effectively store and manage the administration of medication. This had not yet been done. We highlighted the importance of this to support children's health and wellbeing. **(See area for improvement 3.1)**

Nappy changing routines were sensitively carried out and the childminder used kind, caring and gentle interactions when providing personal care, ensuring children felt safe and well supported.

Children's sleep routines were reflective of their family wishes. Safe sleeping spaces were available for children requiring a nap, including a travel cot to support the safety of the younger children. Parents strongly agreed that their child was able to rest or sleep when they needed to within an area that was comfortable and cosy.

Quality Indicator 1.3: Play and Learning

Resources available were age appropriate and children were seen to be using these well. Children benefited from toys that captured their interests, for example, the children were interested in the variety of vehicles.

They enjoyed pulling and pushing cars on the floor having races. The childminder joined in their play modelling how to pull back the cars and let them go. They then introduced the car garage into their game. Children enjoyed rolling the cars down the ramp, extending their play.

There were some opportunities for children to develop literacy, language and numeracy skills. While playing with puzzles, the childminder supported literacy and language, reinforcing vocabulary and asking the children questions. One child showed an interest in the clock on the wall and the childminder spent time with them, looking at the numbers and relating the time to their daily routine. This supported the development of the children's early literacy and numeracy skills.

Parents told us their child's development was supported through interesting and fun play experiences. When asked about the type of play experiences their child were involved in they said; "Drawing, playing outside, going to the park, fire station visit, toddlers, baking, interacting with older children, library visits and book bug".

The childminder was in the early stages of developing a system for recording children's learning and progression. At our last inspection we discussed documenting observations and the childminder had started to record some observations of children's play and learning in a book. They should now consider how these could be used to acknowledge achievements and identify next steps for the children. These could be used plan to high quality and relevant learning experiences, further supporting children's learning and development.

Children benefited from exploring local parks and walks and being part of groups within the community. These outings not only provided opportunities for social interaction and physical activity but also fostered children's confidence, independence and sense of belonging within the community.

How good is our setting?

4 - Good

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

Quality Indicator 2.2: Children experience high quality facilities

Children were cared for in an environment that was homely and welcoming. Areas used for childminding provided ample space for children to play and opportunities to relax. Comfortable sofas and rugs provided spaces for children to rest and relax. Parents told us their children could always rest or relax if they needed to.

Children were seen to lead their own play and choose from a variety of toys and resources which were easily accessible to them in boxes and on shelves. The childminder told us they rotate toys depending on the children's interests and age/stage of development. During our inspection children told us their favourite toys were tractors and cars which they enjoyed playing with together. This highlighted that resources reflected children's current interests and curiosities.

Direct access through the patio doors to a secure garden promoted children's choice in where they played. Although they did not play outside during the inspection they took a walk to a local park. This promoted daily opportunities for children to play outdoors, get fresh air and exercise which contributed to them being fit and healthy.

Children benefited from a well-considered, safe environment. The childminder had a good knowledge and understanding of potential risks. At our last inspection we discussed updating risk assessments however; these had still to be reviewed. This would ensure current potential hazards are identified and recorded in line with current best practice supporting children's access to risky play opportunities. **(See area for improvement 3.1)**

Infection control measures were in place, such as cleaning surfaces and wearing PPE (personal protective equipment) for personal care to minimise the spread of infection. We reminded the childminder of the importance of effective hand washing before and after eating and after nose blowing, to prevent the spread of infection. This would help children to be protected from infection and be healthy.

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

Whilst the childminder's aims and objectives detailed the service provided and supported children to be safe, valued and cared for in a friendly, welcoming environment. We noted that these had not been updated involving families and children since our last inspection. We discussed the importance of this in order to develop a shared vision reflecting what is important to all. **(See area for improvement 1)**

Positive relationships had been established with parents which allowed for open communication and effective information sharing. The childminder engaged well with parents through daily discussions, diaries and the use of WhatsApp to send photographs. Parents told us they were welcomed into the childminder's home to discuss care, play and learning. One parent said; "Brenda always seems to have an open door on collection and drop off and is very approachable".

We saw that the childminder had sought formal feedback from families and children using annual questionnaires. Comments were positive and no suggestions were made, meaning no meaningful changes had taken place. There was scope to build further opportunities for children and parents to give their views to support improvements. Parents told us they were involved in a meaningful way to develop the service. One parent said; "Brenda is very approachable and looks out for ideas or interests of what the children are doing personally and at home". Another parent said; "Brenda sends out questionnaires with opportunities to see which activities the children enjoy as well as opportunities to share any other thoughts".

There were no systems in place to evaluate the quality of the service and support the childminder to identify potential areas for improvement. At our last inspection we directed the childminder to best practice documents such as: 'A quality framework for daycare of children, childminding and school aged childcare' to support them to evaluate the service and identify areas for improvement. There had been no engagement with this and we discussed once again how this might be used going forward to support improvement. **(Area for improvement 1 reinstated)**

Policies and procedures were in place which underpinned the service. At our last inspection we asked that these be reviewed in line with best practice guidance to ensure parents were provided with up to date information. These had still not been updated. We discussed the importance of this to ensure children have access to a quality service and experience care that is right for them. **(See area for improvement 1)**

Areas for improvement

1. 1. To support improvement to the service and ensure good outcomes for children and families, the childminder should ensure quality assurance systems are in place.

This should include, but are not limited to;

- a) Involving children and families in reshaping the values, vision and aims for the setting.
- b) Using best practice documents to support self evaluation and improvement within the service.
- c) Ensuring policies and procedures in place reflect current guidance and support a quality service for children and families.

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 quality indicator as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 4.1: Staff skills, knowledge and values

Children benefited from kind and nurturing interactions, allowing them to feel loved and supported by the childminder. We saw children climb onto the childminder's knee for cuddles, highlighting that the childminder recognised the importance of building strong attachments. This supported children to feel secure and valued. Parents said; "we have been using Brenda for nine years now and so know each other very well. We chat at drop off and collection, have a 'talk back' book and I receive regular updates and pictures". Another parent said; "Brenda is kind, helpful and goes out of her way to be a wonderful warm, welcoming person for the children in her care".

The childminder had undertaken basic training, including paediatric first aid, child protection, food hygiene and infection, prevention and control. At our last inspection we discussed the benefits of training and taking time to reflect, documenting learning and the impact on the setting and outcomes for children. We noted that the childminder had yet to undertake any further training. They would also benefit from engaging with best practice guidance, accessing the Care Inspectorate HUB and further training. Adopting this approach to ongoing learning and reflection would ensure they were informed about current practices and developments. **(Area for improvement 1 reinstated)**

Areas for improvement

1. 1. The childminder should continue to improve the service by:

- a) Developing her knowledge and skills through ongoing training and by reading and implementing relevant best practice guidance;

b) identifying how new learning had been put into practice and review the impact on children's care and experiences.

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)

And

'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

To support improvement to the service and ensure good outcomes for children, the childminder should ensure quality assurance systems, including the use of quality audit tools, are fully embedded into 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 organization having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 26 November 2024.

Action taken since then

There were still no systems in place to evaluate the quality of the service and support the childminder to identify potential areas for improvement. We referred the childminder to: 'A quality framework for daycare of children, childminding and school aged childcare' to support them to evaluate the service and identify areas for improvement.

This area for improvement has not been met.

Previous area for improvement 2

The childminder should continue to improve the service by:

a) developing her knowledge and skills through ongoing training and by reading and implementing relevant best practice guidance;

b) identifying how new learning had been put into practice and review the impact on children's care and experiences.

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)

And

'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 organizational codes' (HSCS 3.14).

This area for improvement was made on 26 November 2024.

Action taken since then

The childminder had yet to undertake any further training and reflect on this. The childminder would benefit from engaging with best practice guidance, accessing the Care Inspectorate HUB and further training. Adopting this approach to ongoing learning and reflection would ensure they were informed about current practices and developments.

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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
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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