

# Little Raes of Sunshine Child Minding

Carnoustie

**Type of inspection:**  
Unannounced

**Completed on:**  
2 August 2024

**Service provided by:**  
clare rae

**Service provider number:**  
SP2016987875

**Service no:**  
CS2016345892

## About the service

Clare Rae is registered to provide a childminding service known as Little Raes of Sunshine. The childminder is registered to provide a care service for a maximum of six children at any one time under the age of 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 provided from the childminder's home in a quiet residential area of Carnoustie. The service is close to local primary schools, parks, shops and other amenities. Children are cared for in a dedicated playroom, living room and kitchen/dining area. Children also have access to an enclosed rear garden.

## About the inspection

This was a short announced inspection which took place on 01 August 2024 between 09:30 and 12:45. 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 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.

We reached out to parents to collate feedback but received no responses.

## Key messages

- Children were settled and appeared happy in the care of the childminder.
- Children led their play, choosing from a range of resources to explore their ideas and interests.
- Children experienced a homely environment in which they had space to play and rest comfortably.
- The childminder should ensure pets do not access kitchen surfaces and food preparation areas when providing the service.
- While there were some procedures in place to support children's safety, the childminder should continue to develop their approach to risk assessment to enhance measures.
- Self-assessment and quality assurance needs to be developed to support the childminder to assess the quality of the service and make improvements. This should include gathering the views of children and their families to support them to influence change.
- The childminder was undertaking opportunities to develop their skills and knowledge through training. They should continue to familiarise themselves with best practice guidance to support them with their professional development.

## 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

### Quality indicator 1.1: Nurturing care and support

Children were settled and appeared comfortable and happy. They confidently approached the childminder to seek help and to chat, and were responded to kindly. However, at times some interactions appeared to lack warmth. When we shared this with the childminder, they told us this was due to feeling nervous as a result of the inspection. The childminder knew children well, which helped them to meet some of their care needs and form positive attachments.

One child shared with us, "I mostly have fun when I am here. I like it. I get to choose what I do and play with. I like to go on trips".

The childminder had changed their approach to mealtime provision since the last inspection. Parents now provided packed lunches and snacks. Children had some opportunities to be independent during mealtimes by setting up and clearing away. Children were given choice in what they ate, which meant they ate food they enjoyed. When they had finished eating they could return to play. As a result, children could eat at a pace that suited them. Children sat together to eat but, due to a significant age gap, social discussions during this time were limited. While the childminder did provide some supervision to keep children safe as they ate, children could have been supported to develop their communication and social skills had the childminder sat with them. This would have provided the opportunity to promote a positive social experience. **(See area for improvement 1).**

Personal plans were in place for all children. These contained registration details, some health and care information and some of children's preferences. However, some of the information had not been updated in a significant time. Regular reviews of information with parents is important to ensure that it is accurate and to reflect legislation. The childminder was able to speak about specific things they were supporting each child with. This should be reflected in the children's personal plans and would support the childminder to ensure needs are fully met and children receive care that is right for them. **(See area for improvement 2).**

When children needed support with toileting it was done in a dignified and respectful way. Children were able to rest or sleep when they needed to, supporting their wellbeing. A travel cot was available to support younger children to sleep safely and the childminder took account of children's home routines and preferences.

Although no children currently required medication the childminder had processes in place to support safe administration. This included obtaining parental consent, a medication policy and medication recording forms. The childminder was confident in their role in safeguarding children. They had clear procedures and had undertaken a range of training in relation to child protection and keeping children safe. The childminder had systems in place for recording and reporting concerns. We asked that their policy be updated to reflect current national guidance.

### Quality indicator 1.3: Play and learning

The approach to play and learning was child-led and was responsive to children's interests. The childminder implemented a "Free play" time, which supported children's choice and allowed them to explore their ideas. Planned activities took account of children's suggestions and the childminder was responsive to children's

requests for resources and activities. This meant that children were engaged, had fun and their choices respected.

A variety of resources were available to children and provided a range of play experiences. Resources were rotated to account for children's current interests, which supported them to experience play that was interesting. Resources, however, were generally plastic and there was limited access to sensory and open-ended equipment. Children would benefit from access to natural and open-ended play materials to promote creativity, problem solving and curiosity. Best practice documents including, 'Realising the Ambition' and the 'Loose Parts toolkit,' would help to support the childminder to develop children's play further.

There were some activities which supported the development of children's skills in literacy and numeracy. This included trips to the library to source books of interest and to attend book bug sessions. One child shared with us that they were participating in a reading challenge over the summer break. The childminder had organised visits to the library to support this interest.

The childminder was beginning to develop ways to record children's experiences and observations of learning. This included the use of floor books and for younger children progress records. These were not consistently completed and could be used more effectively to identify the next steps in children's learning journey. This would support children to reach their full potential and allow the childminder to more effectively track children's learning and plan next steps.

Children were proud to share with us the photos contained in floor books and enjoyed reflecting on their past experiences. The childminder told us that children had some involvement in documenting their experiences through sticking photos and craft resources in the books. We discussed how they could be further involved and given ownership of floor books, for example, mark making and adding children's comments. This would enhance their involvement in documenting their learning. It would also be beneficial to have floor books accessible to children, so they have the freedom to revisit.

The childminder recognised the importance of sharing information with families. Photographs of children's experiences, with appropriate permissions, were shared with parents and a closed Facebook page used to share activities. This provided opportunities for families to be included in their child's day and insight into children's daily experiences.

Children were supported to have connections to their local community. The childminder regularly took children to local groups, parks and other amenities. These outings provided opportunities to mix with other children and develop their social skills and extended children's interests.

## Areas for improvement

1. To ensure that mealtimes provide a positive social experience and children are given effective supervision, the childminder should sit with children as they eat.

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

**'If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate' (HSCS 1.36).**

2. To support children's overall wellbeing, the service should ensure personal plans reflect children's current needs and how the childminder will support these. Ensuring they are reviewed and signed by families every six months or sooner.

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

**'My personal 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.

#### **Quality indicator 2.2: Children experience high quality facilities**

Children experienced a homely environment and appeared relaxed and comfortable. Children were confident in the childminder's home and were observed having the freedom to move around the areas used for minding to make independent choices. There was ample space for children to play and spaces to relax should children choose to.

A dedicated playroom provided a range of resources for children to choose from, which were organised and stored in a way to support access independently. This helped children to lead their play. Artwork and environmental print was displayed, which provided children with ownership and a sense of belonging.

The childminder understood the benefits of outdoor play on children's health and wellbeing. Children had daily opportunities to participate in outdoor experiences within the garden or through walks and outings in the local environment. The outdoor area at the rear of the property was secure and offered children a safe space to play and explore. The childminder could develop free flow to the garden to further promote children's choice.

There were some Infection prevention and control measures in place to minimise the risk of infection spread. Regular cleaning of toys and resources meant the spread of infection was reduced and children washed their hands at key times of the day. However, we observed one of the childminder's pets accessing kitchen surfaces, which could potentially risk infection spread and impact on the cleanliness of the environment. The childminder should ensure pets are not climbing on kitchen surfaces and food preparation areas when minded children are present. **(See area for improvement 1).**

There were some measures in place to support keeping children safe. Fire safety procedures and appliances were regularly reviewed and accident records were detailed. These included an audit to support the childminder identify and action where there were recurring trends. We asked that the childminder ensure accident records are signed by parents. Daily checks of the environment were carried out to help the childminder to remove some risks prior to children's arrival.

Overall, risk assessments for the setting were basic. An area for improvement was identified at the previous inspection and while the childminder had begun to review and update some of these, they were still in the early stages of development. Risk assessments should include all possible risks, control measures and how risks are currently being managed. This area for improvement will continue. **(See area for improvement 2).**

## Areas for improvement

1. To minimise the risk of infection spread and to promote good hygiene the childminder should ensure that pets do not access kitchen surfaces/food preparation areas whilst the service is operational.

**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).**

2. To ensure the wellbeing and safety of children using the service, the childminder should further review and update the services risk assessments and procedures to identify possible hazards and the measures in place to minimise risk.

**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 5.19).**

## 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

The vision, values and aims of the service were not yet in place, but the childminder was beginning to develop these. The childminder should include the families who access the service in the process. This would ensure these reflected shared aspirations and wishes.

The childminder used daily discussions to support consultation with children and their families on the day to-day running of the service and the care provided. A welcome pack was shared with families at enrolment which supported them have clear expectations around how their child's needs would be met in the setting. The childminder shared that they were willing to respond to parents' ideas and suggestions to meet individual needs and preferences. This allowed families to influence the care and experiences their child had.

The childminder should begin to gather the views of children and families formally and develop ways in which they could be supported to evaluate the service. This would allow them to input into planning meaningful improvements and support them to drive change. This would support the childminder to reflect on what is working well and identify what could be improved.

**(See area for improvement 1).**

A more formal approach to self-evaluation would allow the childminder to assess and make improvements to the service. We highlighted best practice guidance which could help with this. For example, 'A Quality Framework for daycare of children, childminding, and school aged childcare', and the Care Inspectorate bitesize resources. **(See area for improvement 1).**

Overall, the pace of change to improve the quality of care, experiences and overall outcomes for children was slow. To improve the quality of the care provided, the childminder must prioritise and address areas for

improvement, including carrying out effective self-evaluation to help them to assess the service. The childminder shared that they now felt that they were in a position to focus on making changes and moving the service forward. They should prioritise the areas for improvement identified within this report. **(See area for improvement 2).**

## Areas for improvement

1. To ensure a high-quality service for children and families, the childminder should review their own quality assurance processes. This will help to raise standards and to drive and sustain improvement. This should include, but is not limited to, a record of on-going participation and involvement of children and their families, risk assessments, children's personal files, an improvement plan and self-evaluation system.

**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).**

2. To support children's well-being, learning and development, the childminder should prioritise the areas that we have identified for improvement within this inspection report.

**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).**

## 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

### Quality indicator 4.1: Staff skills, knowledge and values

Children's overall wellbeing was supported as the childminder recognised the importance of listening to them and supporting their choices. Children were encouraged to share their thoughts and ideas which were valued and respected. The childminder knew the children and their families well and maintained regular communications which helped to build positive relationships. The childminder provided a flexible service to support meeting the needs of the families they cared for.

Settling in visits for children new to the service were planned and arranged with families to ensure they met individual needs and preferences. As a result, children were supported to settle at a pace that suited them and developed trusting relationships.

The childminder was accessing further training and spoke positively about recent professional development opportunities to build upon their current skills and knowledge. The childminder would benefit from keeping a record of learning to reflect on training accessed and how this has impacted on their practice and outcomes for children. This would support them to identify any gaps in their practice and consider how learning can be implemented to improve their service.



The childminder was a member of the Scottish Childminding Association (SCMA) and made use of some resources and materials to support the running of their service. Links with other childminding colleagues supported the sharing of practice and enabled professional discussions to take place.

While we recognise that further training had been accessed since the previous inspection, the childminder should continue to extend their continuous professional development to ensure their skills, knowledge and practice are regularly developed and reviewed. This should include keeping up-to-date with best practice guidance, research and legislation through accessing online resources. Increasing their use of guidance would support the childminder in providing high quality care which meets the needs of children.

## 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 children's well-being, learning and development, the childminder should prioritise the areas that we have identified for improvement within this inspection report.

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 27 July 2023.**

#### Action taken since then

We assessed that identified areas for improvement made at the previous inspection had not progressed enough for them to be fully met. The pace of change was slow and the childminder should action these areas as a priority to improve the quality of the service and promote positive outcomes for children.

This area for improvement will continue.

#### Previous area for improvement 2

To support an unhurried and relaxed atmosphere, the childminder should develop ways to include and fully involve children in the planning and preparation of meals and snacks.

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

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible'. (HSCS 1.35)

**This area for improvement was made on 17 August 2022.**

## Action taken since then

Parents are now providing meals, which meant children did not have the opportunity to prepare meals. They did, however, have some opportunities to set up and clear away after mealtimes. There are still improvements needed to ensure mealtimes are a positive, relaxed experience. The childminder should sit with children whilst they eat. This would help to promote sociable meal times and ensure effective supervision and support is provided.

We have reworded this area for improvement.

## Previous area for improvement 3

To ensure the wellbeing and safety of children using the service, the childminder should further review and update the services 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 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 5.19).

**This area for improvement was made on 17 August 2022.**

## Action taken since then

The childminder was at the early stages of reviewing and updating risk assessments for the service. We have asked that they continue to develop these to consider potential risks and the control measures in place to keep children safe. Daily checks of the environment were now being carried out to allow the childminder to assess the setting prior to children arriving.

We have reworded this area for improvement to account for progress made.

## Previous area for improvement 4

To ensure a high-quality service for children and families, the childminder should review their own quality assurance processes. This will help to raise standards and to drive and sustain improvement. This should include, but is not limited to, a record of on-going participation and involvement of children and their families, risk assessments, children's personal files, an improvement plan and self-evaluation system.

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

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

**This area for improvement was made on 17 August 2022.**

## Action taken since then

Quality assurance and self-evaluation processes were currently informal. The childminder should adopt a more formal approach to improvement planning and self-evaluation to allow them to assess the service and

effectively inform change. This should include involving the families that use the service and using best practice guidance,

This area for improvement will continue.

## 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
2.2 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?	4 - Good
4.1 Staff skills, knowledge and values	4 - Good

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