

# Currid, Kerry Child Minding

Stirling

**Type of inspection:**  
Unannounced

**Completed on:**  
26 August 2024

**Service provided by:**

**Service provider number:**  
SP2003903492

**Service no:**  
CS2003005887

## About the service

Kerry Currid, provides a childminding service from her property in a quiet residential area of Stirling. 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.

The service is close to the local school, shops, and parks. Children have access to the kitchen - dining room, living room, hallway, and downstairs toilet. Children also have direct access to a secure garden at the rear of the property.

## About the inspection

This was an unannounced inspection which took place on 22 August 2024 between 13:00 and 15:00 and 16:10 and 17:00. We delivered feedback to the provider by telephone on 26 August 2024. 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 and viewed six responses to our questionnaire from their family members.
- Spoke with the provider.
- Observed practice and daily life.
- Reviewed documents.

## Key messages

- Children experienced warm, calm, and caring interactions from the childminder which helped them to feel valued, respected, and loved.
- The childminder was knowledgeable on children's circumstances, likes and preferences which contributed to children being happy and confident. However, they should ensure personal plans are in place and have been regularly reviewed with families.
- Children benefitted from a wealth of opportunities to engage with their natural environment and wider communities as the childminder was an advocate of healthy lifestyles.
- Policies and procedures did not fully underpin the service being provided. The childminder should review and update their policies and procedures to align with current guidance and best practice documents, to ensure families are clear on what to expect from the service.
- Strong relationships with families had been built which created a welcoming and inclusive ethos within the service.
- The childminder was skilled in supporting children through highly effective language and questioning strategies, which encouraged children to think and problem solve independently.

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

### 1.1 Nurturing care and support

The childminder and the children in her care had developed positive attachments and close relationships. The childminder knew the children very well, they experienced warm and caring interactions which contributed to them feeling safe and secure. The childminder skilfully responded to minor disputes over resources, by using distraction techniques and offering reassurance and comfort. Older children told us they could speak to the childminder if they had had a challenging day at school, their comments included, 'Kerry is really kind, we love her' and 'If we were sad Kerry would give us cuddles'. This resulted in a trusting environment where children felt valued, loved, and had a sense of belonging.

The childminder was knowledgeable on children's circumstances, likes and preferences which contributed to children being happy and confident. They had established trusting relationships with parents and were confident they met children's care and support needs through effective information sharing. For example, through daily discussions, phone calls and on a digital platform. However, on the day of the inspection, two children's personal plans were not available, and one plan we did view had not been reviewed with families for some time. We have asked the childminder at the last two inspections to ensure personal plans are in place for every child (see area for improvement 1). Further information can be found in section 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Mealtimes were sociable and unhurried experiences for children, as they sat together at a small table to have their lunch. Older children were offered a healthy snack after school and were encouraged to eat food from their packed lunch bags if they were hungry. This meant children were able to eat at pace and time that was right for them. The childminder confidently discussed how they would respond to a choking episode which helped keep children safe.

Children attending the service did not require medication at the time of our visit. We viewed paperwork to support the safe administration and management of medication, should it be needed. We highlighted to the childminder they should ask families for confirmation and clearly record that any medication brought to the service has previously been administered. This would help support them keep children safe and healthy.

The childminder understood their role in keeping children safe from harm. They had undertaken child protection training and could confidently discuss the actions they would take should they have any concerns about a child's welfare.

### 1.3. Play and learning

The childminder sensitively listened to children through kind and developmentally appropriate interactions. They meaningfully responded to children's individual asks and cues for comfort, support, or reassurance. Children were enabled to problem solve independently as the childminder used effective questioning to further develop their thinking. These approaches empowered children to explore their feelings, express their emotional needs and supported their overall wellbeing.

Children benefitted from a wide range of experiences which captured their interests and supported them to achieve. For example, older children learned to play chess, cross stitch, went on cycling trips and baked cookies. Younger children participated in yoga sessions, outdoor experiences, and sensory activities. Throughout the inspection children were engaged and played happily and contently together or independently.

Language and numeracy opportunities were well planned and naturally woven into children's experiences which developed their early language and numeracy skills. The childminder repeated words to help children's understanding and waited for the appropriate time for children to answer questions. The childminder skilfully incorporated counting, shape, and colour recognition into activities. For example, when building a den together they asked the children how many chairs and blankets they would need. Children were creating shadows with a torch inside their den and the childminder asked what colours and shapes they were making. They excitedly told us, 'They are really big' and 'This one is very black'.

The childminder had a good understanding of children's current development needs, however, there was no monitoring or evaluation of children's progress. The childminder should build on their approach to children's personal planning by clearly recording identified next steps in development and learning and share children's success and achievements with families. It was evident children were learning new skills while at the service and we highlighted how these could be incorporated into their personal plans. This would help the childminder further, to effectively support children to reach their full potential (see area for improvement 1).

Children were offered a wealth of opportunities to engage with their natural environment and wider communities. They regularly visited a nearby park, local farm, toasted marshmallows by the river and went for cycle trips. Younger children benefitted from weekly visits to local toddler groups with other childminders and children. These activities provided children with positive health, wellbeing and social experiences and enhanced their connections to their local communities.

### Areas for improvement

1. To support children's overall wellbeing, the provider should ensure each child has a personal plan in place, clearly recording their information, development needs, routines, and interests. Plans should be reviewed by families at least every six months.

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).

### How good is our setting?

**4 - Good**

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

#### 2.2. Children experience high quality facilities

The childminders home was clean, well-furnished, and provided children with a homely environment in which to play and relax. Children played in the garden, kitchen-dining room and living room.

Soft furnishings provided children with a comfortable area to relax after school and the warm and welcoming environment meant children felt safe and secure.

Children had access to some resources in baskets kept behind the sofa, for example, a selection of books, and games which gave them independence. The childminder told us children knew what resources were available in the cupboard and in the garage. While they were responsive to children's requests for activities, we asked the childminder to consider how they could offer children more choice and enable them to access a wider range of resources independently. Prior to the inspection being concluded the childminder had enhanced the provision of natural, loose parts and real-life experiences which would support children's imagination and curiosities further.

The childminder had a good understanding of the positive impact that outdoor play had on children's overall wellbeing. They spoke passionately about their interest in healthy lifestyles and their love of the outdoors. Children enjoyed free flow access from the kitchen to a secure garden which offered them a variety of play experiences. For example, a sandpit, climbing apparatus and larger play equipment which promoted children's gross motor skills and confidence. The childminder managed safety well when allowing the children to independently explore their environments. Younger children were encouraged to think about their safety when climbing and older children confidently told us of the potential risks to their safety when walking home from school together. They told us, 'Kerry has told us, you have to watch out for cyclists too you know, not just cars'. These approaches supported children to develop their own understanding of how to keep themselves and others safe while experiencing positive risk.

The childminder visually and routinely checked the house before the arrival of the children, however, we found risk assessments were limited and had not been reviewed for some time. We highlighted to the childminder some areas of practice required a risk assessment to keep children safe. For example, arrangements for children that require a sleep, outings and travelling in the car. This would support the childminder further in removing hazards and keeping children safe (see area for improvement 1).

Children were kept safe and protected as the service was well maintained, and effective infection prevention and control measures were in place. For example, the childminder's home was clean, and they sensitively reminded the children to wash their hands, before eating and after using the toilet. This helped minimise the potential spread of infection.

The childminder was a member of the Information Commissioner's Office (ICO) which meant they were knowledgeable on keeping children and family's information confidential and stored it securely within their home.

## Areas for improvement

1. To keep children safe and healthy, the provider should ensure risk assessments are regularly reviewed and updated to reflect current guidance and best practice.

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 5.19).

**How good is our leadership?**

**3 - Adequate**

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

### 3.1. Quality assurance and improvement are led well.

The childminder confidently told us about the aims of their service which included providing a warm, friendly, environment and making transitions as easy as possible for children and families. Throughout the inspection we observed the childminders calm and loving manner towards children and families, that responded to our questionnaire were very happy. Their comments included 'Kerry gives a detailed handover, she is warm and welcoming,' 'Kerry provides a caring and supportive environment' and 'Kerry is open and honest'.

The childminder had developed a questionnaire to gather feedback on the service they provided, but was unable to provide us with any responses. They told us they used daily discussions with children and families for gathering feedback and self-evaluation purposes. To support the childminder with continuous improvement, we suggested ways in which a more formal approach could be undertaken. The childminder should now further develop their systems to gather the views of children and families and develop an improvement plan to support and influence positive change (see area for improvement 1).

The childminder had a welcome booklet she shared with families which contained their policies and procedures. We found these were limited and some policies and procedures required more information. For example, the medical emergency policy did not explain exclusion periods if a child was ill or systems in place for accepting and administering medication. We advised the childminder to review current guidance and best practice documents and update their information. They should also continue to develop a range of policies and procedures to fully underpin the service they are providing (see area for improvement 2).

### Areas for improvement

1. To support continuous improvements the provider should develop systems to formally gather the views of children and families. They should use these views to reflect on their practice and develop an improvement plan to influence positive change within the service.

This is to ensure the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in spirit of genuine partnership.' (HSCS 4.7)

2. To support children and families in what to expect from the service and to inform practice the provider should review and update their policies and procedures in line with relevant best practice documents.

This is to ensure 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.

#### 4.1. Staff skills knowledge and values

Children benefitted from the childminders warm, friendly manner and nurturing approach.

This resulted in children feeling happy, settled, and enjoying their experiences in the childminders home. The childminder had many years' experiences of childminding. They skilfully promoted manners, scaffolded the younger children's learning, and sensitively diverted children's attention when needed. This told us they had a good understanding of the children in their care and how to meet their needs.

The childminder recognised the importance of partnership working. They were skilled at building strong relationships with families which created a welcoming and inclusive ethos within the service. A parent told us, 'Kerry has been one of the most honest and positive parts of our children's early years care, we cannot fault her. Additionally, the childminder told us they valued the positive relationships built with other local childminders. This gave them the opportunity to share practice and engage in professional discussions.

The childminder read emails and updates from the Care Inspectorate and Scottish Childminding Association (SCMA). The childminder had participated in core training including first aid, child protection and infection, prevention and control which demonstrated her commitment to children's safety and overall wellbeing. We suggested the childminder continue to develop their knowledge through further training and self-directed reading of current best practice publications and documents.

## 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

The childminder should continue to develop the use of personal plans to show how children's health, wellbeing and safety needs are being supported. This information should be reviewed with parents at least once every six months to ensure it is up to date and can be used to support continuity of care.

This is to ensure 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.)

**This area for improvement was made on 4 March 2020.**

#### Action taken since then

At the last two inspections we have asked the childminder to ensure personal plans are in place for every child attending the service.

On the day of the inspection, two of the children's personal plans were not available and a plan we viewed had not been updated for some time. We discussed the importance of the childminder having up to date emergency contact details and medical information in the event of an emergency and to keep children safe. Children's likes, dislikes and preferences change over time and to help support the childminder to provide continuity and consistency in care, personal plans should be reviewed at least once every six months with families. Additionally, we discussed how children's developmental and learning goals could be incorporated into personal planning, which would help the childminder support children to reach their full potential.



The childminder was responsive to our discussions and reassured us at feedback that all children had a current personal plan in place.

This area for improvement has not been met and therefore has been reinstated within this report.

## 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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	5 - Very 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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