

Young, Cathleen Child Minding

Falkirk

Type of inspection:
Unannounced

Completed on:
15 August 2024

Service provided by:
Cathleen Young

Service provider number:
SP2003905644

Service no:
CS2003011341

About the service

Cathleen Young provides a childminding service from their family home within a residential area of Falkirk. The service is close to local amenities including green spaces, the local nursery and primary schools and local shops. The service is delivered from the ground floor of the family home and children have access to the lounge, dining kitchen and downstairs bathroom. Children also have access to enclosed front and rear gardens for their play.

The service was 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.

About the inspection

This was an unannounced inspection, which took place on 15 August 2024 between 10:15 and 13:15 hours. Feedback was given the same day. 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we

- spoke with three children using the service
- spoke with the childminder
- gathered feedback from two parent/carers
- observed practice and daily life
- reviewed documents.

Key messages

- Strong connections with children and their families contribute to children's experience of a warm and loving atmosphere where they feel secure and happy.
- Regular creative play experiences enabled children to investigate and explore and built their problem solving skills.
- Children were happy, having fun and developing well in the childminder's care.
- Personal plans should now be reviewed and developed to capture children's developmental progress and next steps.
- Quality assurance approaches should now be developed further, including the formal gathering of parental feedback.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very 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.

Quality Indicator 1.1; Nurturing care and support

Warm, loving interactions between the children and the childminder contributed to their feelings of safety and security in the setting. The strong connections with the childminder came as a result of building relationships with the families over a number of years. Parents told us that they thought of the childminder as part of their family and were seen to have relaxed and friendly interactions with the childminder. This contributed to their confidence in raising any issues and having meaningful discussions about their children on a regular basis. This further enabled the childminder to meet children's needs.

Children were developing their capacity to experience, regulate and express their emotions in a safe way, supported by the childminder's approach to their emotional wellness. This included opportunities for mindfulness activities to support distressed behaviours and supervised interactions with the pet dog, which promoted feelings of calmness and relaxation. This increased children's sense of wellbeing, enabling them to explore, learn, communicate their needs and gain support when needed.

Children's health and wellbeing was promoted as the childminder had robust systems in place for these. Medication was signed in by parents on appropriate forms, ensuring that children received appropriate dosages. The administration of medication and information on accidents was signed by parents to confirm receipt of this information. This contributed to children's continuity of care.

Children enjoyed relaxed and sociable mealtimes. They were sat safely, using high chairs where needed and were able to eat when it suited them and their needs. The childminder sat with them to support conversations and the relaxed pace for eating. Parents provided packed lunches, but additional healthy snacks were provided by the childminder along with milk and water to drink. This contributed to children developing healthy eating habits.

Use of a travel cot promoted children's safe sleeping at all times, as it enabled children to sleep without restriction and promoted more comfortable rest. The cot was positioned where the childminder could maintain an overview, supporting regular checks for children's wellbeing.

Basic personal plans were held for all children, which recorded personal details for each child and their families, alongside contracts. These now need to be developed to record children's achievements and next steps. This would help to track their progress and development. Personal plans were now overdue for review by families. We suggested a system to support the childminder in reviewing these every six months (see area for improvement 1).

Quality Indicator 1.3; Play and learning.

Children's physical strength, co-ordination and wellbeing were increased through the childminder's awareness of ensuring minimum levels of physical activity were met. For example, ensuring younger children had a safe space to support active play through tummy time and placing toys to encourage their movement.

Older children enjoyed regular opportunities to play in the gardens with a range of physical play resources and regularly brought their scooters. Use of the local woods provided opportunities to learn about and experience some level of risky play. This ensured children enjoyed regular fresh air and exercise and enabled them to learn how to risk assess.

Children enjoyed play experiences suited to their interests as the childminder knew children very well and was able to discuss their personal preferences and hobbies. The childminder's close supervision, interactions and effective questioning extended children's learning throughout their play. We saw lots of evidence of older children carrying out experiments which engaged them and allowed them to investigate and be curious. The childminder spoke about the importance of allowing them opportunities to problem solve which increased their critical thinking skills. Opportunities to support language development for the younger children was enhanced as the childminder read stories, spoke to them about their play, repeated words and regularly sang songs. They spoke about the importance of repetition for young children's language development and were aware of building this into play experiences. This enabled children's engagement and promoted their learning.

The childminder considered the SHANARRI wellbeing indicators when providing children's play experiences, contributing to their overall wellbeing and enjoyment. The childminder kept track of what children were interested in and used this to support them in planning relevant experiences. A display of experiences demonstrated the breadth of play activities enjoyed. We suggested refreshing photos over time to ensure this remains up to date.

Children were able to work on their own 'projects' such as their Lego builds over an extended period of time which respected their efforts. Each child had their own box for keeping their Lego models or other items in that they were working on or they were set aside for them to return to the following day. This supported children's perseverance and depth of learning

Areas for improvement

1. The childminder should regularly review, with parents, the information they hold about individual children. This should take place at least once every six months in line with current legislation. This should also include identifying and putting in place methods for recording children's progress and next steps. This will ensure the most up-to-date information is held to meet children's needs and interests.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "My personal plan (sometimes referred to as a care plan) is right for me because it set out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality Indicator 2.2; Children experience high quality facilities

Children benefitted from a warm, welcoming and homely environment in which to play and relax. There was ample space for children to move around, play and learn. For example, one child was learning to walk and moved around whilst holding onto stable furniture.

Comfortable sofas in the lounge, along with a travel cot, enabled children to have space to rest and relax. The dining room area provided a table and chairs for meals, art, craft and construction activities.

The home was ventilated, bright and well maintained, ensuring that children benefitted from a service that was clean, safe and inviting, contributing to their levels of comfort.

Children's safety was promoted because the childminder had taken appropriate steps to ensure that hazards to children on the premises, both inside and outside, were minimised. A fire blanket was held but we asked the childminder to ensure that this was attached to the wall for quick access. The home and any areas visited had been risk assessed with detailed written risk assessments in place. These were regularly reviewed and updated.

Resources were accessible to children at their level, promoting their independent access and decision making. Children were encouraged to tidy up after their play and to look after toys and the childminder's property. This built children's sense of responsibility and respect.

Children's wellbeing was promoted as infection prevention and control measures were in place which reduced possible spread of infection. This included a clean environment, ventilation, soap and paper towels for handwashing and aprons and gloves for nappy changing. In addition, exclusion periods were followed for common childhood ailments and regular cleaning of toys and games was carried out. This reduced risk of cross contamination and supported children to remain healthy.

Information about children was stored securely to ensure that only the childminder could view the information. This meant that children's personal details were protected.

How good is our leadership?

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 3.1; Quality assurance and improvement as well led

Policies, and risk assessments were in place and remained mostly relevant. These supported the safe and effective running of the service supporting children's safety and wellbeing. We suggested some small changes to policies to provide more detail of support and actions. For example, revising the confidentiality/complaints policy to add our contact details.

The childminder had aims for the setting. These included 'making children feel welcomed and valued, promoting physical and emotional wellbeing, keeping children safe from harm and learning through play'. These were reflected throughout the interactions seen with children during the inspection and gave a clear direction for the service. These enabled parents to understand the childminder's approach and created a positive ethos where children mattered.

The childminder held a good understanding of best practice guidance and used this to support their mental reflection on their own practice. They were able to discuss improvements made following reflections and discussions with parents such as in regard to meal provision for one child. We discussed with the childminder different ways to develop more formal approaches to gathering parents' views and building their quality assurance approaches. This included producing a brief action plan for the year ahead identifying priorities for improvement (see area for improvement 1).

Areas for improvement

1. The childminder should formalise quality assurance approaches to further support evaluations and improvements in the service. They should make reference to best practice guidance including the Care Inspectorate guidance 'A quality framework for day care of children, childminding and school aged children' and the 'Self evaluation toolkit for childminders'. In addition, they should identify priorities and capture this within an improvement plan for the year ahead and build more formal opportunities for parental feedback.

This is to ensure that care and support is consistent with the Health and Social Care Standards (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).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality Indicator 4.1; Staff skills, knowledge and values

Children benefitted from warm, loving interactions from the childminder. The strong connections with them and their families contributed to children's feelings of safety and security. Children experienced positive interactions throughout which supported and extended their learning during their play.

The childminder completed development and learning through reading relevant documents such as updates from the Scottish Childminding Association. They also familiarised themselves with best practice documents from the Care Inspectorate. Core training which supported practice had been completed, for example, first aid and child protection training had been identified as a future priority. This commitment to learning supported delivery of quality experiences and supported children's outcomes.

The childminder had established links with other local childminders. These enabled them to have informal discussions, to share ideas and ask questions which supported sharing of knowledge and experience.

The childminder discussed the impact of personal circumstances on their training and development. However, they demonstrated a commitment to further training and development opportunities and should now be proactive in sourcing these. We discussed other learning opportunities aside from online courses and would encourage them to source these to support their continued professional knowledge and practice. This should be used to develop positive play and learning experiences for children.

The childminder kept a log of their professional development completed. We asked them to further develop this by reflecting on training completed and how it could be used to further develop the service and capturing this within the record of training. This would contribute to further reflection on practice and improvement planning.

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	5 - Very Good
How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very Good
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	5 - Very Good
4.1 Staff skills, knowledge and values	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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