

Fleming, Julia Child Minding

Lairg

Type of inspection:
Unannounced

Completed on:
9 August 2024

Service provided by:

Service provider number:
SP2011981649

Service no:
CS2011281462

About the service

Julia Fleming is registered as a childminder to care for a maximum of six children at any one time under the age of 16. Julia Fleming provides a childminding service from their home in a quiet residential area in Lairg, close to the local primary school.

Children made use of the kitchen, lounge and bathroom. There is also a large fully enclosed garden area which is regularly used by the children. The childminder also made use of various local facilities, including play parks and walks to offer the children the opportunity to be healthy, active and have access to fresh air and exercise.

About the inspection

This was an unannounced inspection which took place on 8 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 using the service
- reviewed feedback from six parents
- observed practice and daily life
- reviewed documents.

Key messages

- Children experienced warm, caring and nurturing approaches from the childminder, which supported their overall wellbeing.
- There were ineffective systems in place to support the administration of medicine.
- Children were provided with a wide variety of exciting opportunities which met their developmental needs, interests and curiosities.
- Children's health and wellbeing was supported with regular opportunities for outdoor play.
- Children experienced care in a well-furnished, comfortable and homely environment.
- Children were at the centre of the childminder's practice and each child was valued as an individual.
- The quality of outcomes and experiences for children and families had the potential to be negatively impacted as the childminder had failed to engage in professional learning to improve their practice.

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

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| How good is our care, play and learning? | 3 - Adequate |
| How good is our setting? | 4 - Good |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 2 - Weak |

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. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 1.1: Nurturing care and support

Children experienced warm, caring and nurturing approaches from the childminder which supported their overall wellbeing. Strong attachments were evident between the children and the childminder, and they were comfortable, confident and happy in their care. The childminder offered physical comfort to children when needed which nurtured children's security and confidence. When describing the service, parents were very complimentary of the childminder. Some comments included:

"I would not be able to work if it wasn't for [the childminder]. [The childminder] has looked after my children since they were babies, and I could not ask for a more reliable, loving and nurturing person to care for my children".

"I love how their house feels like a second home to my children. [The childminder] organises crafts, baking, parties, takes them on walks. Their children all have a close bond with them even once they leave and go to high school".

The childminder knew the children's preferences and personalities well which supported them to meet some of their needs. All families who responded to our survey strongly agreed with the statement: 'The childminder knows my child well, including what they like and what is important for their care'. One parent told us, "the childminder takes on board what we say if something is not working, or our child is unhappy. If something is working, then [the childminder] keeps doing it".

Basic information including, children's medical and dietary needs was not recorded for all children. As a result, effective systems were not in place to ensure the childminder was confident the information they had previously obtained verbally reflected children's current needs. We signposted the childminder to 'Guide for Providers on Personal Planning: Early Learning and Childcare'. **(See Area for improvement 1)**

Although no children in the service required medication at the time of the inspection, there were ineffective systems in place to support the administration of medicine. For example, there was no clear procedure in place for the safe management of medication in the service and medication permission forms missed key information, such as whether a first dose had been administered, posing potential risks to children's health and wellbeing. **(See Area for improvement 2)**

The childminder had limited understanding of their roles and responsibilities in relation to safeguarding. This meant there was potential for risk of harm to children. (See Requirement 1 under quality indicator 4.1)

Children's wellbeing and continuity of care was supported by their parents being welcomed into the setting. This approach supported positive relationships with families to be built and sustained.

Quality Indicator 1.3: Play and learning

Children were happy and enjoying their time with the childminder. They had a wide variety of exciting opportunities which met their developmental needs, interests and curiosities. These experiences offered children good play and learning which included, exploring, experimenting, being creative, taking risks and problem solving. These opportunities were highlighted as a real strength by parents who told us their children had benefitted from a range of opportunities including, baking, waterplay, drawing, crafts and outings. These experiences contributed to the development of skills for life and resulted in happy, confident individuals.

The childminder was playful in their interactions with children and there was lots of positive conversations. This effectively supported early language development. They took time to listen to children and used careful questioning to promote children's curiosity and creativity. They valued children's interests and supported their play, learning and development through following children's line of enquiry. This enhanced children's engagement and enjoyment in their play experiences. Responsive planning approaches ensured children's perspectives were listened to and taken account of. This contributed to children feeling valued and respected.

Day-to-day routines and experiences were utilised to support children's learning and development. For example, the childminder created natural opportunities to develop and consolidate numeracy skills, including counting and size. While supporting play, the childminder commented on objects and labelled new vocabulary to children which they then repeated and used in conversation.

Children's health and wellbeing was supported with regular opportunities for outdoor play. They participated in daily walks in the community as well as visiting the local playpark and woods. The children had access to the childminder's enclosed back garden which provided areas to climb and run which supported children's physical development and overall wellbeing.

There were limited approaches in place to evaluate children's progress and achievements. The childminder captured children's experiences using photographs and shared these with parents electronically. This enabled parents and families to be involved in their child's experiences. However, the childminder did not always have sufficient information that supported them to evaluate children's progress and achievements.

Areas for improvement

1. To support children's health and wellbeing, the childminder should ensure all children have a personal plan that details their individual needs, choices and progress. This information should be used by the childminder to care for and support children effectively. Plans should be reviewed by parents to reflect children's current needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My personal plan (sometimes referred to as my 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).

2. To ensure children are kept safe, the childminder should review the systems in place to support the safe management of medication.

This should include but is not limited to: reviewing medication permission forms to ensure all information required is included and follows best practice guidance as stated in the Care Inspectorate publication 'Management of medication in day care of children and childminding services'.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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.

Quality Indicator 2.2: Children experience high quality facilities

Children experienced care in a well-furnished, comfortable and homely environment. They had plenty of space and made independent choices about how and where they played. They used the different areas of the home with confidence. Children were kept safe and protected as the service was well maintained and clean.

Children's stages of development, interests and curiosities were well considered and reflected in the selection of resources on offer. The toys and resources were rotated regularly based on children's interests, which helped children to be stimulated, engaged and challenged in their play. They were easily accessible which promoted choice. The resources available supported children to develop skills, for example, having opportunities to explore and be curious through imaginative play and arts-based activities. We discussed how children would benefit from having more opportunities to play with open ended and natural materials to encourage a sense of wonder.

Children made use of the childminders garden which offered opportunities for active and energetic play. Children's safety was promoted when they played outdoors. The garden was secure, with a clear perimeter fence. The childminder was aware of where they needed to position themselves to ensure they had good vision of children playing. This contributed to children being safe as they played outdoors. This was highlighted as a strength by parents who told us their child, "loves playing in the garden with the different range of toys".

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 3.1: Quality assurance and improvement are led well

The childminder provided new and prospective parents with a comprehensive starter pack, sharing the service's aims and objectives. This meant that families were well-informed and they and the childminder, had a shared understanding of what they could expect from the service.

Children were at the centre of the childminder's practice and each child was valued as an individual. Children were involved in shaping their daily experiences in a meaningful way and their views were listened to, valued and respected. A parent told us, "The children [the childminder] looks after come first in every way".

Families had regular communication with the childminder through a range of methods to suit their needs, which supported them to be involved in their child's care. They had the opportunity to share their views about the service on an informal basis. Parents strongly agreed or agreed that they were involved in a meaningful way to help develop the service. One parent told us, "[The childminder] asks for advice and asks my child what they want from their service".

The systems in place for the childminder to evaluate the quality of the service and identify areas for improvement did not consistently lead to improved outcomes for children. Processes needed to be strengthened to secure progression. We discussed the benefits of using quality audit tools such as, 'A quality framework for day-care of children, childminding and school-aged childcare' in order to support self-evaluation. **(See Area for improvement 1)**

Areas for improvement

1. The childminder should develop and implement an effective system of quality assurance to monitor and improve all areas of practice and improve outcomes for children.

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 staff team?

2 - Weak

We made an evaluation of weak, for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Quality Indicator 4.1: Staff skills, knowledge and values

Children were cared for by a childminder who showed kindness, warmth and patience in their interactions with them. This enabled children to feel valued and secure. Respectful interactions supported children's wellbeing and helped build secure attachments. The childminder was able to build and maintain relationships with families, welcoming them in to spend time in the service to talk about their child's day, progress and needs. This contributed to a welcoming ethos and supported the childminder to meet individual needs and fulfil parents' wishes. A parent told us, "[The childminder] is trustworthy and fantastic, [the childminder] has such a warm personality and always a smile on their face".

The quality of outcomes and experiences for children and families had the potential to be negatively impacted as the childminder failed to engage in professional learning to improve their practice. Where learning needs were identified, these were not fully taken forward and the childminder had not accessed any additional training or professional reading to support and develop their knowledge, understanding or practice. This resulted in gaps in the childminder's knowledge and skills and had the potential to compromise children's safety and wellbeing. For example, the childminder was not clear in their roles and responsibilities in relation to safeguarding and had not refreshed their First Aid training for some time. **(See Requirement 1 and 2)**

Requirements

1. By 29 November 2024, the provider must ensure children are safeguarded and protected from harm. To do this the provider should ensure, their knowledge of their roles and responsibilities in reporting any concerns is accurate. This is to ensure that knowledge and understanding of reporting concerns is consistent with 'National Guidance for Protection of Children in Scotland 2021'.

This should include but is not limited to, Knowing who to contact in the instance of a child protection concern.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

2. By 29 November 2024, the provider must ensure that children are safe, protected from harm and their wellbeing needs are met. To do this, the provider must access a suitable practical paediatric First Aid course.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

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

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| 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? | 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? | 2 - Weak |
| 4.1 Staff skills, knowledge and values | 2 - Weak |

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