

# Julie Minchin Child Minding

Thurso

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
23 August 2024

**Service provided by:**  
Julie Minchin

**Service provider number:**  
SP2009974967

**Service no:**  
CS2009230653

## About the service

Julie Minchin is a childminding service situated in the village of Forss, near the town of Thurso. The service is registered to provide a care service for a maximum of five children under 16 years of age. The service is provided from the childminder's property in a rural setting. Local amenities such as nurseries, schools, shops, a library and other amenities are a short drive away in Thurso. The children are cared for in a living room and kitchen/diner. They have access to two bedrooms for sleep. Children only have access the back garden of the property which is not fully enclosed. There is a gate to the front of the house with gated access straight off the main road.

## About the inspection

This was an unannounced inspection which took place on Wednesday 21 August, between 13:45 and 16:30, and Thursday 22 August 2024 between 09:00 and 10:15. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- reviewed four responses to our MS Forms survey of family members of people using the service
- spoke with the childminder
- observed practice and daily experiences
- reviewed documents.

## Key messages

- Children benefitted from a childminder whose interactions with them were warm, responsive, attentive and nurturing interactions, helping each child to feel valued, loved and secure.
- The childminder should now implement regular reviews of personal planning information to help ensure that recorded information is current and relevant for supporting children's needs and care.
- Children were generally actively engaged in play and encouraged to follow their own interests.
- Children's play and learning benefitted from the childminder joining and supporting some imaginative play, encouraging their ideas and extending thinking.
- Infection prevention and control procedures were not always consistent with best practice guidance.
- Children's experiences and outcomes were not yet benefitting from robust quality assurance processes and a continuous programme of improvement.
- We advised the childminder to implement regular use of key best practice documents would support them to shape and inform their practice, supporting them to reflect and identify improvements.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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 Support and Care

Children benefitted from a childminder who had supported them to form strong attachments through responsive, attentive, nurturing interactions. A young child looked to the childminder for comfort and reassurance when upset, knowing he would be given a compassionate response. Being valued and listened to helped children to feel secure. The childminder demonstrated that she knew children's needs and routines well. For example, picking up on a young child's cues that they were hungry and ready for snack.

Children's care and support needs benefitted from their families being welcomed into the childminder's home at drop off and collection times. This provided opportunities for informal feedback and conversations about children's care and activities. These informal conversations were supported by photos and messages, shared throughout the day with individual parents via a digital app. A parent told us that "we keep an open and honest dialogue to ensure we are always working in the same direction." Basic details about children's care and support needs were recorded in personal plans. The childminder should now implement regular reviews of personal planning information. This would help to ensure that recorded information is current and relevant for supporting children's needs and care.

Children's personal care was provided with nurturing support and care. Reassuring interactions helped the child to feel comfortable during the process. We advised the childminder to consider the location they used for nappy changing in order to protect children's dignity and privacy. The childminder implemented a new routine to reflect this advice soon after inspection.

Children's health and wellbeing benefitted from sleep routines which met their needs. They were able to access calm, quiet bedrooms to sleep in travel cots. Each child had their own sleeping bag or sheets. The childminder used safer sleep guidance to inform her professional approach to sleep practice. One child was in the early stages of dropping their afternoon sleep. The childminder was supporting parents' wishes relating to their child's sleep.

Snack time provided children with a homely, sociable experience. The childminder had established a routine with young children which meant that they were settled and relaxed at the table. All snacks and meals were provided by children. The childminder demonstrated an awareness of best practice around minimising the risk of choking. For example, snacks and small fruits were chopped into appropriately sized pieces. The childminder sat with and supported children to eat well and safely.

At the time of inspection no children were taking any form of medication. The childminder had paperwork and a policy in place so that procedures could be followed should a child require to take medication while attending the service.

### 1.3 Play and Learning

Children were generally actively engaged in play and following their own interests. They were provided with a range of activities that supported their play and learning. They were able to choose from a selection of toys and play equipment that met their stage of development and interests. For example, one child was supported to draw when they requested this activity.

The childminder joined in a child's imaginative play, encouraging their ideas. This helped children be creative and extend their ideas. The childminder could consider offering a greater variety of sensory activities and gradually increasing small loose parts and real life items, such as kitchen utensils. This could foster more imaginative play and creativity.

Children experienced a variety of trips out to places in the local community, helping them to connect with their surroundings. The childminder shared pictures of the children experiencing visits to local woods and beaches. There were regular opportunities to attend local toddler groups and to meet up with other childminders and their minded children. We asked the childminder to consider regular evaluation of the benefits to children's experiences and outcomes when reflecting on such visits. This could help ensure that some children achieve a balance of opportunities that best meet their care needs and impact positively on play and learning experiences.

Children's learning folders were shared regularly with parents. This enabled them to see and share in the variety of activities their child was participating in. The childminder had begun to track children's progress, noting the knowledge or skill achieved plus the next steps to support continued progress. We suggested that the childminder dated these entries to help them and parents track children's progress effectively. The childminder implemented this just after inspection.

Some skilled interactions from the childminder supported children's learning and development. These included offering instructions and encouragement which helped young children to be independent in their discoveries through play. Repetition of key words during play, such as naming shapes, helped children to develop their understanding of language and use new words with confidence. Considering how children could self-select from a greater variety of books would support the development of literacy and language knowledge and understanding.

## How good is our setting?

### 3 - Adequate

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

Children were cared for in a welcoming, warm, comfortable, homely environment. The setting was generally clean, tidy and organised. The childminder had thought about the organisation of the living room which provided ample space for both floor and imaginative play.

Children were enabled to explore toys and resources which interested them. A range of toys and resources were accessible to young children from child height storage drawers or large boxes. These included one or two wooden puzzles, a few books, vehicles, musical instruments and plastic figures and animals. The childminder acknowledged that many toys were plastic and had begun to introduce more items made from natural materials. We suggested the childminder could explore how loose parts, used indoors and outdoors, can support the development of problem solving skills, imagination and foster curiosity.

Children's wellbeing and safety had been considered relating to accessing toys and equipment in the back garden. For example, a large climbing frame and swing set were not in use at the time of inspection. This was due to the cohort of children minded being too young to use this equipment safely and in accordance with manufacturer's instructions. Instead more developmentally appropriate resources such as a sand pit and ride on toys had been provided. The introduction, over time, of loose parts and open-ended resources could be considered to promote creativity.

Children's health and wellbeing was not always consistently supported by effective infection, prevention and control procedures. For example, we discussed the risks posed by nappy changing in areas, where the risk of cross infection could be increased, for example, the kitchen diner. We also advised that effective infection prevention and control during personal care should be supported by the appropriate use of PPE. As a result we made an area for improvement (see area for improvement 1) relating to infection prevention and control. We shared best practice guidance, 'Health protection in children and young people settings, including education' with the childminder. The childminder took steps soon after inspection to reduce the risk of cross infection. Effective handwashing routines for children took place at key times and were well supported by the childminder.

Families' and children's confidentiality and privacy had been considered relating to the storage of recorded information. This was stored securely in folders stored away from areas where it could be easily accessed. Parents had signed permission slips about how their child's image was used within the service.

## Areas for improvement

1. To promote children's health and wellbeing through effective infection prevention and control (IPC) procedures, the provider should ensure that consistent and effective IPC measures are in place.

This should include but is not limited to ensuring:

- a) appropriate use of PPE for personal care
- b) appropriate infection prevention and control procedures to minimise the risk of cross infection, when providing personal care.

This is to ensure that staff skills and knowledge are consistent with the NHS guidance document: 'Health protection in children and young people settings including education.'

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.

The services aims and objectives reflected the caring, nurturing interactions and homely experience the children received. However, some information was outdated and should now be reviewed. We suggested that the childminder should consider involving parents and children in this process. This would promote a shared vision that reflects the aspirations of the children, families and childminder for the service.

Overall, parents' responses to our online survey were very positive. Partnership working and positive relationships with families were sustained with daily conversation and supported children's needs being met. This helped the childminder to know individual children well and provide ongoing support that respected families' wishes. Parents told us that they felt comfortable to make suggestions about the service. They said the childminder was "more than happy to receive feedback, chat about ideas" and that they "take on board feedback and action it straightaway."

Children's experiences and outcomes were not yet benefitting from robust quality assurance processes and a continuous programme of improvement. The childminder was not yet making effective use of self-evaluation to reflect on their progress and identify strengths and areas for improvement. As a result, we identified some gaps in some key aspects of their care, play and support which would have benefited from

improvement. For example, regular reviews with parents of information recorded in personal plans; use of chronologies as part of effective personal planning and infection prevention and control practice in relation to guidance. These had the potential to impact on children's health, wellbeing, experiences and outcomes. As a result we made an area for improvement relating to quality assurance processes (see Area for Improvement 2).

Improvements to children's experiences and outcomes were not yet consistently influenced by clear and effective self-evaluation. As a result reflective practice was not effectively identifying appropriate next steps and actions to take forward in a process of continual improvement. Since inspection the childminder has demonstrated that she is keen to develop her professional practice further. The childminder advised that, she had begun to engage with the best practice document, 'A quality framework for daycare of children, childminding and school aged childcare.' Evaluating aspects of their service against this framework could support the childminder to formalise some clear, robust quality assurance processes. This could also enable them to track positive impacts on children's experiences and outcomes, as well as help identify potential gaps in care and support.

### Areas for improvement

1. To support high quality outcomes for children and families, the childminder should introduce clear quality assurance systems to support evaluation of the service provided.

This should include, but not be limited to, using best practice guidance documents, including 'Realising the Ambition' and 'A quality framework for daycare of children, childminding, and school-aged childcare' to assess the service they provide and identify areas for development.

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?

### 3 - Adequate

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

Children benefitted from compassionate, responsive care given by the childminder. This supported children to form strong attachments. The childminder often got down to the level of young children, talking and playing with them, and offering comfort and reassurance when they were tired or upset. The childminder knew the children's individual personalities well and understood the different activities they each enjoyed. This supported the children to feel secure and valued.

Children's experiences and outcomes were not always benefitting from activities, care and support influenced by current best practice guidance. The childminder was aware of some of this guidance, such as 'Realising the Ambition' and 'A quality framework for daycare of children, childminding, and school-aged childcare'. We advised that implementing regular use of these documents would support them to shape and inform their practice, supporting them to reflect and identify improvements. This would help ensure children receive consistently high quality interactions and experiences (see area for improvement 2 under 'How good is our leadership?').

The childminder kept a record of training in the form of dated certificates.

We suggested that they considered briefly recording evaluations of any training, noting changes they would make to their practice as a result to benefit children's experiences and outcomes. Regularly reflecting on their practice in relation to best practice guidance would enable them to evaluate improvements to practice which were having the most beneficial impact.

Children's health and wellbeing was not yet consistently benefitting from the childminder having sufficient understanding of GIRFEC (Getting It right For every Child). As a result policies did not always support them to follow procedures effectively. This included engaging with other professionals. Improving links with other professionals could increase opportunities to support families and children's needs. We advised that the childminder implemented the use of chronologies to record significant events in children's lives. This would enable the childminder to review potential or actual impacts on children's outcomes. As a result we made an area of improvement related to GIRFEC (Getting It Right For Every Child). (See Area for Improvement 3).

## Areas for improvement

1. To support the safeguarding and wellbeing of children, the service should develop their knowledge and understanding of their professional responsibilities around GIRFEC.

This should include but is not limited to:

- a) increasing knowledge and understanding of this professional responsibility in relation to supporting families and children's wellbeing
- b) understanding and implementing the use of chronologies and the correct procedures for following up on concerns.

## 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	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?	3 - Adequate
4.1 Staff skills, knowledge and values	3 - Adequate

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