

# Magill, Lorraine Child Minding

Ellon

**Type of inspection:**  
Unannounced

**Completed on:**  
9 September 2024

**Service provided by:**  
Lorraine Magill

**Service provider number:**  
SP2010978072

**Service no:**  
CS2010249187

## About the service

Lorraine Magill provides a childminding service from their property in the Ellon area. The childminder is registered to provide a care service to a maximum of six children at any one time under the age of 16, 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 close to local amenities, such as nurseries, schools and parks within comfortable walking distance. Children had access to the downstairs, including the living room, kitchen/diner, toilet and an enclosed garden to the rear of the property.

## About the inspection

This was an unannounced inspection which took place on Monday 9 September 2024 between 09:00 and 11:40. One inspector carried out the inspection. To prepare for the inspection, we reviewed information about the 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 evaluations we:

- Observed practice and daily life
- Spoke with children using the service
- Reviewed documents
- Spoke with the childminder
- Reviewed feedback questionnaires from one family.

**Key messages**

- The childminder knew children well and were responsive to their needs.
- Children felt safe and secure in the childminder's care.
- Children benefitted from a childminder who was committed to their professional development.
- The childminder had established strong relationships with children and their families.
- Children were invited into a homely environment.
- The childminder should improve and maintain infection prevention control practices to ensure the spread of infection is reduced.

**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?	4 - Good
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.

### Quality indicator 1.1 Nurturing care and support

Children experienced warm and kind interactions from the childminder. The childminder knew children well and had formed positive relationships with them and their families. Parents were invited into the childminders home to discuss their children's care, play and learning. One parent shared; "Lorraine gives feedback and I feel it is just right." As a result, parent's felt included in their children's experiences.

All children had an individual personal plan in place. These forms gathered important information, such as medical needs, emergency contacts, children's routines, likes and dislikes. These were reviewed in line with current best practice, at least every six months or sooner if required. This ensured the information was current and children's needs were met.

Children experienced a relaxed and sociable snack time with their peers with highchairs positioned at the table. These experiences allowed children to build their social skills in a way that was right for them. The childminder provided all meals within the service. They were mindful of providing balanced nutritious meals, and ensuring children had opportunities to try new foods. We discussed ways to further promote independence throughout mealtimes. For example, children helping with preparing snack or being supported to pour their own drinks into cups. This would allow children to start to build on life skills independently.

Nappy changing took place in the downstairs toilet and provided children with dignity and respect when they required changing. The childminder used personal protective clothing (PPE) and washed their hands before and after changing children's nappies. We discussed encouraging children to wash their hands after having their nappy changed. This would start to embed good hygiene habits and reduce the spread of infection.

Children were safeguarded from harm as the childminder had good understanding of their responsibilities in relation to child protection. They had attended regular training to ensure their knowledge was up to date and in line with current best practice. Individual chronologies were in place that gathered important information about significant events in children's lives. This supported the childminder to build a wider picture of children's lives and identify how to support them and their families further.

### Quality indicator 1.3 Play and learning

Children were reassured and supported throughout their play. The childminder encouraged them to make choices and follow their interests. For example, when children showed an interest in drawing, the childminder set the tuff tray up with appropriate resources that they could access freely. This allowed children to extend their interests independently.

Children regularly explored the local community through walks to parks and visits to Haddo House and Country Park. The childminder had planned to attend groups to support children in building relationships with others their age. This would allow children to continue to build links and feel part of their community.

Free flow access to the outside space through patio doors in the kitchen supported children to follow their interests. This allowed them the choice of where they wanted to play. Resources were stored in cubed storage units inside a shed and allowed children to access resources independently. We discussed with the childminder to be mindful of how children access these resources consistently and safely without other items in the way. Children were seen exploring ride on toys alongside trucks and diggers. One child shared; "my favourite" while picking out a truck. This showed that resources available outside were of interest to children and supported them with their play and learning experiences.

Children had access to a range of toys and resources indoors that were suitable for their age and stage of development. We discussed with the childminder to consider ways to implement additional resources, such as open ended and natural resources. This would allow children to further develop their imagination and creativity skills.

The childminder supported children's development and high quality play opportunities through the use of open-ended questions. For example, the childminder asked children "what are you drawing?", while taking part in a drawing activity together. Children's interests were well considered and followed. For example, when children wanted to play outside, they were supported to get ready and help set up the garden space. This helped children to feel respected and listened to.

## 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 were able to play in a homely and welcoming environment. The living area provided space for the children to play games and move freely. Comfortable sofas with cushions and blankets provided a space for children to rest and relax, if they wished. Children had access to the kitchen diner space, where they had their meals or took part in activities, such as arts and crafts. Children were encouraged to move freely throughout the home. This gave children a sense of belonging.

A system for reporting accidents and incidents was in place. Forms gathered appropriate information with parents signatures and dates included, following best practice. This ensured accurate information was gathered and passed onto parents on the day of the accident. This supported the childminder to provide support for children and their families if required.

Weekly cleaning schedules and procedures were in place. On the day of inspection, some areas were not clean. For example, we identified the living room floor required a more thorough clean before children attended the service. This meant that infection prevention control practices were not always effective. To promote children's health and safety the childminder should ensure that all areas are regularly cleaned. This would reduce the spread of infection and cross contamination within the service. **(See Area for Improvement one)**

Children's safety was promoted as appropriate risks had been assessed. Risk assessments were in place to help the childminder identify hazards and reduce accidents. A daily check list was in place that supported the childminder to ensure the environment was safe for children. Outdoor risks had been assessed and additional risk assessments were in place.

We discussed with the childminder to be mindful of areas in the garden where broken items were stored. These had been identified and plans were in place to remove these items. This would allow children to freely explore the whole garden space safely.

## Areas for improvement

1. To support children's health, wellbeing and reduce the spread of infection, the provider should ensure infection prevention control practices are improved and maintained.

This should include, but is not limited to, ensuring the service is clean, tidy and ready for children's arrival.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

## 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 are led well

The childminder shared their vision, values and aims with families when they started at the service. The childminder had planned to send out questionnaires to update the vision, values and aims with new families. We encouraged the childminder to continue with their plans. This would further ensure children continued to benefit from a service that meets their needs, wishes and choices.

Children and families felt included and respected by the childminder. One parent told us; "Lorraine is very approachable and helpful." Regular informal chats at drop off and pickups allowed families and the childminder to build relationships and share information. This resulted in children and families who felt welcomed and valued by the childminder.

The childminder had developed a range of policies and procedures that underpinned the service. These were reviewed regularly and when changes were made, these were shared with parents. This ensured families were informed of any changes and kept up to date with the care their children received.

Children did not always experience high quality care, as formal quality assurance and improvement plans were not in place. The childminder recognised this, and formal plans were being developed. Priorities had been identified and planned improvements were underway. For example, the use of a new app that had been trialled with parents. We discussed how to develop these plans further and signposted the childminder to the 'Improvement bitesize videos' on the Care Inspectorate Hub. This would support the childminder to identify processes that would work for their service and improve children's experiences and outcomes.

Informal self-evaluation processes took place alongside identified improvement priorities.

We sign posted the childminder to 'A quality framework for daycare of children, childminding and school aged childcare' to support in these self-evaluation processes. This would help the childminder to reflect on what was working well within the service and what could be further improved.

## 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

The childminder was kind, caring and knew individual children and families well. They listened to children and responded appropriately and sensitively to them. They were aware of each child's current stage of development and changes to home lives which may have an impact. They reacted positively and supportively to children's requests, preferences and achievements throughout the day. For example, when children wanted to play with jigsaws. The childminder sat on the floor with them and followed their lead on how they wanted to complete the jigsaw. As a result, children felt respected and listened to by the childminder.

The childminder was confident in their role to support children and families. They demonstrated a commitment to professional development, through completing The Scottish Vocational Qualification (SVQ 3) in Social Services (Children & Young people). The childminder expressed how this qualification had helped them to understand how to best support children in their play and learning opportunities. This resulted in improved outcomes for children, through the childminders commitment to developing their practice.

The childminder had built trusting relationships with children in their care and they were confident to come for comfort when they needed it. The childminder gave cuddles freely to children, helping them to regulate their emotions. This ensured children felt loved and supported their wellbeing in a way that was right for them.

Overall, parents were happy with the care their children received at the service. One parent expressed the most positive aspect of their child's experiences in the service was; "they had a safe place where they can discuss problems and their child is happy there." This resulted in children who could thrive in an environment they felt safe and secure in.

## 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 ensure the trampoline is used in line with best practice guidance and manufacturer's instructions.

National Care Standards for Early Education and Childcare Up to the Age of 16 - Standard 2: A Safe Environment.

**This area for improvement was made on 29 September 2016.**

### Action taken since then

The trampoline had been used previously in line with best practice guidance and manufacturer's instructions. The trampoline was no longer used by children who were cared for by the childminder and was in the process of being removed.

### Previous area for improvement 2

The childminder should implement appropriate infection prevention and control procedures in order to reduce the risk of spreading infection. In order to achieve this the childminder should ensure:

- a) Disposable aprons are worn when changing all nappies.
- b) Disposable gloves are removed at the appropriate time when changing nappies.
- c) Children's hands are washed before eating.
- d) Children's hands and faces are cleaned after eating.

National Care Standards for Early Education and Childcare Up to the Age of 16 - Standard 2: A Safe Environment.

**This area for improvement was made on 29 September 2016.**

### Action taken since then

The childminder reduced the spread of infection through carrying out appropriate measures advised in the area for improvement. Disposable aprons and gloves were worn and removed when nappies were changed. Children's hands and faces were washed before and after eating their meals.

### Previous area for improvement 3

The complaints policy should be updated to:

- Clearly state complainants can contact the Care Inspectorate initially or at any point in the complaints process.
- Include the correct timescale for investigating and responding to complaints.

National Care Standards for Early Education and Childcare Up to the Age of 16 - Standard 14: Well-Managed Service.

**This area for improvement was made on 29 September 2016.**

### Action taken since then

Complaints policy had appropriate information. This included stating Care Inspectorate can be contacted at any time throughout the complaints process. Correct timescale for investigation and responding to complaints were stated.

### Previous area for improvement 4

To support the childminder in meeting children's health needs, the medication records should be further developed. This should include:



- The time last given by parents should be recorded on the permission record.
- A parent's signature should be obtained to give permission to administer the medication.

National Care Standards for Early Education and Childcare Up to the Age of 16 - Standard 3: Health and Wellbeing.

**This area for improvement was made on 29 September 2016.**

#### Action taken since then

Medication forms gathered the appropriate information and permissions prior to administering medication to children. This included time last given and parent's signatures.

## 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?	4 - Good
2.2 Children experience high quality facilities	4 - 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?	4 - Good
4.1 Staff skills, knowledge and values	4 - Good

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