

Mair, Carol Child Minding

Edinburgh

Type of inspection: Announced (short notice)

Completed on: 20 September 2024

Service provided by: Carol Mair

Service no: CS2003046922 Service provider number: SP2003011086



About the service

Carol Mair is registered to provide a care service to a maximum of six children under 12 years, 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 the childminder's family. Minded children cannot be cared for by persons other than those named on the certificate.

The service is registered to the childminder's home in the north side of Edinburgh. The premises has a secure garden area and spacious living accommodation for children to move safely around in. However, the service is currently being delivered solely from public spaces, such as parks and local amenities. We report on this in key question 3 'How good is our leadership?'.

About the inspection

This was an short notice inspection carried out in a public park on Tuesday 17 September 2024 between the hours of 10:50 and 12:45. We returned to complete the inspection on Wednesday 18 September 2024 between the hours of 10:35 and 12:10, at a different public space. One inspector from the Care Inspectorate carried out this inspection.

To prepare for the inspection we reviewed information about the service. This included previous inspection reports, information submitted by the service and intelligence gathered since registration.

In making our evaluations of the service we:

- observed children using the service and received feedback from two parents
- spoke with the childminder
- had an online tour of the childminder's home, viewing spaces children would use
- observed practice and daily routines
- reviewed documents relating to children's care and the management of the service.

We gave feedback to the childminder by telephone call on Friday 20 September 2024.

Key messages

The service was operating out with the legal definition of a childminding service. The use of a domestic premises must be available to provide children with a safe, flexible and responsive service.

Children were cared for with warmth and kindness by the childminder who knew them well. As a result, secure relationships had formed where children were comfortable.

A range of experiences and opportunities were available for children to enjoy in the outdoors and indoor community spaces.

Children's safety and wellbeing were at increased risk due to out of date practice in infection prevention and control, safe sleeping and choking prevention practices. The childminder should keep up to date with changes in early learning and childcare, and use these to continually improve outcomes for children.

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?	3 - Adequate
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? 3 - Adequate

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

Quality indicator 1.1: Nurturing care and support

In general, children were nurtured and supported throughout their daily experiences. They experienced calm and kind interactions from the childminder who knew them well. They looked comfortable and relaxed and sought the childminder out for help when needed. This demonstrated secure relationships where children felt at ease. A parent said, "She provides a great mix of giving the children a lot of attention while they get to explore the world around them at the same time".

Mealtime experiences were mixed regarding safety and learning opportunities for children. For example, snacks were eaten in the buggy or picnic style, while lunch was eaten in a community hub or again picnic style outdoors. This meant that children often had safe and sociable meals with the childminder. However, it also meant that children were not always closely supervised when eating snacks. The childminder should improve mealtimes to ensure choking risks are minimised. Children should also have opportunities to practice and learn new self-care skills in a stage appropriate way, such as preparing and self-serving food.

Safe sleeping practices were not yet fully established. Young children were present during inspection and so they napped during the day in a double buggy. They were not lying flat and so were not as comfortable as they could have been. In addition, being strapped into the seat meant they had limited movement, which is why buggies are not the safest place to sleep. The childminder should become familiar with safe sleeping best practice in early learning and childcare to ensure children have consistently safe and comfortable rest times (see area for improvement 1).

Children's personal plans showed information about children's individual needs and preferences, such as daily routines and favourite toys. This information was mostly used to provide continuity of care for children. There was no medication needed in the service at the time of inspection. The childminder knew to record permissions, symptoms and actions for the health needs, along with the administration of it. This would ensure the right treatment is given to children at the right time.

Quality indicator 1.3: Play and learning

Children had fun as they experienced a range of play, learning and development opportunities. During inspection, the children were transported in the buggy and then were free to move around when in safe spaces. We saw them explore a natural environment where they picked things up, crunched leaves and practised their motor and balance skills. The childminder supported their literacy development through introducing vocabulary, saying words as children pointed, reading books and singing together. A parent said, "My child comes home with new words that we haven't taught them, so there must be enough chatting going on with the childminder". The childminder should increase the use of numeracy concepts such as shapes, numbers, weight and movements to further aid children's learning.

A range of experiences were available over children's days in the service. They attended the local library for songs, stories, construction and craft sessions. Spending time outdoors offered opportunities for children to meet new people, be involved in the local community and have new experiences in the moment. It allowed them to build connections and become familiar with their local area.

However, children would benefit from the childminder enhancing their knowledge of play at different developmental stages. This would support the various opportunities to be as meaningful as possible for children's development. For example, young children need opportunities to revisit skills and repeat actions to understand and master them. The childminder should use their knowledge of individual children to plan experiences which are intriguing and enabling. This would help children to build confidence and independence in problem solving and decision-making, even at a young age.

There were missed opportunities for children to fully explore, experiment and have their learning extended through the childminder's interactions and actions (see area for improvement 1 in key question 3). Play and learning opportunities would be enhanced through using the national guidance document `Realising the Ambition` (Education Scotland 2020), `A quality Framework for daycare of children, childminding and school aged childcare` (Care Inspectorate 2023) and the `Health and Social Care Standards` (Scottish Government 2017).

Areas for improvement

1.

To support children's health and wellbeing, the childminder should improve the quality of sleep and rest times. This would ensure children are safe, comfortable and having a consistent approach with their home routine.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax' (HSCS 5.6).

How good is our setting? 3 - Adequate

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

Quality indicator 2.2: Children experience quality facilities

The service was registered to a domestic premises which was the childminders home. However, this setting was not accessed by the children or parents. The service was being delivered entirely from indoor and outdoor public spaces, such as a community centre, cafes and parks. While children had access to fresh air, warmth and shelter when needed, the comforts of a homely and private environment were not available. Children had no space for their belongings and their artwork nor photographs could be on display. Children were therefore not given a strong sense from the setting that they mattered. The childminder must provide a responsive service based on children's needs and wishes, including access to a domestic premises (**see requirement 1 in key question 3**).

While we were unable to assess the safety of all the environments used by children, the childminder demonstrated some awareness of how to minimise risks. Areas were risk assessed at each use to ensure potential hazards were identified and minimised. For example, the park area where children were playing was checked for litter. However, further supervision of children was needed to ensure safety at all times. For example, young children were lifting items from the ground without consistent close supervision.

Infection prevention and control measures were basic and reflective of using public spaces to deliver the service. For example, nappy changing took place in accessible public toilets; and effective handwashing did

not always happen following nappy changing or before food. These practices can increase the risk of infection spread to the more vulnerable children aged under two years. The childminder should improve aspects of infection prevention and control to ensure the risk of infection spread is reduced for children (**see area for improvement 1**). The childminder should be guided in this improvement by nappy changing guidance and infection prevention and control in childcare settings best practice document.

The outdoor spaces being used provided play and exploration in a natural environment where children could experience the weather and seasonal changes. A parent said, "Carol works outdoors and, as a result, kids enjoy different outdoor settings, including several parks and especially the amazing botanic gardens". The indoor spaces used included toddler groups, the library and museums. These offered books and a range of toys and resources to use. The childminder should continue to monitor how children are benefiting from the spaces used and how their opportunities for learning could be enhanced.

Areas for improvement

1. To protect children's health and wellbeing, the childminder should take action to reduce the risk of infection spread during daily routines. This should include but not be limited to:

- handwashing for children and the childminder following personal care and before food
- the use of personal protection equipment (PPE) during personal care

- personal care for children under two years should predominantly take place in a self-contained space designed for that purpose only.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

3 - Adequate

How good is our leadership?

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

Quality indicator 3.1: Quality assurance and improvement are led well

The childminder was committed to give children positive experiences. Parents appreciated this with one saying, "We feel the childminder shares our values and approaches to raising children (e.g. playing outside is better than screen time)". However, in order to ensure children's needs are met and their rights respected, the childminder should enhance their knowledge of what children should expect from a registered childcare service. In addition, some aspects of how the service was operating was not in line with a childminding service, therefore not fully fulfilling it's obligation to children (**see requirement 1**).

While children had some level of choice over their activities, they had no choice where their care, play and learning took place. This meant that children were not always experiencing the full home from home experience within their day. Parents were regularly asked to feedback about the service and their satisfaction with it. The childminder was open to suggestions from them and was able to give an example of when a parent had influenced change. However, outcomes for children should continually improve in response to their needs, developmental stages and their wishes. This includes involving children and families in shaping the service as well as using best practice and national guidance to inspire improvements.

As a result of limited quality assurance and self-evaluation, there was no improvement planning in place. Moving forward, the childminder should reflect on aspects of the service and use best practice documents as a benchmark. This would inform and influence change to enhance outcomes for children (**see area for improvement 1**).

Requirements

1. By 01 November 2024, the childminder must ensure children's health, welfare and safety needs are met consistently.

To do this, the childminder must at a minimum, ensure the domestic premises is available and used as part of a flexible and responsive service to meet children's changing needs.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1).

Areas for improvement

1. To provide children with a high quality service which supports them to reach their full potential, the childminder should keep up to date with changes in early learning and childcare. This should include but not be limited to using best practice and national guidance to inspire and guide quality outcomes for children.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state, '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).

How good is our staff team? 3 - Adequate

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

Quality indicator 4.1: Staff skills, knowledge and values

The childminder had many years of experience working with children. They demonstrated the joy this brought alongside a commitment to the families they worked with. They presented as kind and compassionate, enabling children to feel loved and secure. A parent said, "We felt at ease very quickly and very much appreciate her warmth towards the children".

An area for improvement from the last inspection had been met as the childminder had completed training in child protection and first aid. However, this was some time ago and their knowledge needed to be refreshed. The childminder should identify opportunities to enhance their skills and knowledge in early learning and childcare. This should include a refresh of safeguarding and first aid training to keep children safe and well (see area for improvement 1).

Overall, children were experiencing aspects of out of date practice as the childminder did not keep up to date with current best practice in early learning and childcare. This had the potential to result in increased risks to children, such as safe sleeping, choking prevention and infection prevention and control. We were

concerned about the childminder's limited progress in developing their professional practice since the last inspection. The childminder should engage in regular knowledge and skills development in order to provide children with a quality service (**see area for improvement 1**).

Areas for improvement

1.

To ensure children receive a quality service based on evidence, guidance and best practice, the childminder should engage in regular training to enhance their knowledge and skills. This should include but not be limited to:

- child protection and safeguarding training
- first aid training
- infection prevention and control training.

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

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

We recommend that the childminder attend child protection and first aid training to ensure she is up to date with best practice and recent guidance.

This will ensure children's health and wellbeing is maintained.

National Care Standards Early Education and Childcare up to the age of 16: Standard 3 - Health and Wellbeing

This area for improvement was made on 20 December 2017.

Action taken since then

Child protection and first aid training were completed following the last inspection. These courses increased the childminder's knowledge of the subjects and how to best support children in specific circumstances. A first aid kit and a reference guide was also carried with the childminder each day for ease of use. However, due to the time lapse from that training, the childminder's knowledge needed to be refreshed. A new area for improvement has been set in key question 4 'How good is our staffing?'. This will support the childminder to consider their ongoing training needs to enhance outcomes for children.

This area for improvement has been met.

Previous area for improvement 2

We recommend that the childminder formalise her approaches to gaining feedback from parents and children. This should be completed at least once in every six months and should allow her to get feedback about the strengths and areas for development for the service. This can be carried out verbally but meetings should be recorded to show how families are included and where they have had the chance to improve the service they receive.

This will help families feel included, respected and responsible.

National Care Standards Early Education and Childcare up to the age of 16: Standard 13 - Improving the Service

This area for improvement was made on 20 December 2017.

Action taken since then

Feedback from families was mostly sought verbally at the end of the day. Feedback questionnaires have been used with parents previously and new parents will get these in the new year. The childminder should continue to seek feedback and look to use this to improve aspects of the service.

This area for improvement has been met.

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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
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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