

Martin, Fiona Child Minding

Glasgow

Type of inspection:
Unannounced

Completed on:
28 October 2024

Service provided by:
Fiona Martin

Service provider number:
SP2003903214

Service no:
CS2003005454

About the service

Fiona Martin provides a childminding service from her property in a quiet residential area in the village of Killearn, Stirling. The childminder is registered to provide care to a maximum of six children at any one time up to 16 years of age.

The service is in a rural area and close to the local school, shop, and a park. Children have access to the kitchen - dining room, living room, hallway, and downstairs toilet. Children also have direct access to a secure garden at the rear of the property.

About the inspection

This was an unannounced inspection which took place on 10 and 28 October 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 two children using the service and one of their family members.
- Spoke with the provider.
- Observed practice and daily life.
- Reviewed documents.

Key messages

Children had built trusting relationships with the childminder and experienced warm and caring interactions which supported their wellbeing.

To support continuous improvement, the childminder should develop quality assurance and self-evaluation approaches. When these have been established, they should use reflection and the views of families and children to plan for service developments to improve outcomes.

The childminder had an informal approach to planning as they followed children's interests and responded to their choices.

Personal plans should be reviewed at least once every six months and should include how children will be supported to develop and thrive.

To keep children safe and healthy, infection, prevention and control practices should be improved.

The childminder offered support in an individualised way. They knew children well and we observed positive interactions through praise and encouragement, which meant children felt safe and secure.

The childminder should access further training and undertake professional reading, to enable them to improve the quality of the service they provide.

A policy and procedure must be developed for the safe administration of medication and some existing policies and procedures reviewed to support the childminder's safe 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

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?	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

The childminder had developed positive, and trusting relationships with children and their overall wellbeing was supported through kind and caring interactions. The childminder responded warmly to children's needs by offering cuddles and sensitively listened to their requests. This helped children feel safe and secure and they were relaxed and happy in the childminders care. A parent told us, 'Fiona is great with my child, she knows all the children so well'.

Daily communication with families meant the childminder was supported to care for children in a consistent way. A parent told us they had frequent conversations with the childminder regarding their child's care when they were dropping off and collecting their child. This supported children to feel secure and helped parents to feel included in their child's care and support.

Personal plans contained limited information to support the childminder to meet children's needs. The childminder recognised that they had not been reviewed for some time and should be updated. The childminder should further develop their personal planning processes through consultation with families and children to contain meaningful information. We reminded the childminder that personal plans should be reviewed and updated at least every six months or as children's needs change (see area for improvement 1).

Children brought their own snacks and meals. We saw they sat together at the table to eat snack which created a relaxed experience. The childminder provided appropriate levels of support and encouraged children to be independent where possible. This enabled them to develop life skills and experience a sense of achievement. We found the children sat at opposite ends of a large kitchen table. We asked the childminder to consider sitting with the children and moving the children closer together to help support a more sociable learning experience.

The childminder was knowledgeable about children's medical and dietary needs and relevant medication permissions and paperwork was in place, in line with best practice guidance before the inspection was concluded. The childminder should now develop a policy and procedure to support the safe administration of medication and apply this in their practice (see area for improvement 1 in quality indicator 3.1).

Children were kept safe as the childminder knew what to do should they have concern about a child's welfare. We asked them to review their child protection policy to ensure details of whom to contact were up to date (see requirement 1 in quality indicator 3.1).

Quality indicator 1.3 - Play and learning

The childminder had an informal approach to planning as they followed children's interests and responded to their choices. This resulted in children leading their own play and learning and being engaged in their experiences.

Children were actively involved in their play and learning through making choices from a range of accessible toys and resources.

We saw children play cooperatively with a 'lock and latch' activity, which helped develop their social and problem-solving skills. We suggested the childminder enhance the provision of loose parts, natural materials, and real-life experiences to further develop children's curiosity, creativity, and imagination.

Children were supported to develop their early language and numeracy skills. The childminder used age and stage appropriate language and waited for the appropriate time for children to respond to questions. A child brought the childminder a book, they sat together, pointing at the pictures and the childminder repeated words, which helped the child's understanding. Numeracy opportunities were naturally woven into children's experiences as the childminder helped them count objects and they sang together when playing.

Families were sent photographs of the children's experiences while in the childminders care. The childminder did not have any formal systems in place to identify techniques or strategies to support children's development or track their progress. We gave the childminder ideas of how this can be done as part of children's personal plans and how successes and achievements can be shared with families in a meaningful way (see area for improvement 1).

Children played mainly in the garden for physical exercise however, the childminder told us this was weather dependant. Children experienced some opportunities to visit the local park or to feed the ducks nearby to the childminders home. We suggested other ways in which the childminder could provide more opportunities for the children to become more connected to their local and wider communities.

Areas for improvement

1. To support children's overall wellbeing, the provider should develop personal plans to be person-centred and promote positive outcomes. This should include but is not limited to:

a) Recording any techniques or strategies used to support children's development.

b) Celebrating children's achievements.

c) Updating children's personal plans at least once in every six months or sooner if their needs change.

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

This is to ensure the childminder's skills and knowledge are consistent with the Care Inspectorate document 'Guide for providers on personal planning: Early learning and childcare.

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 a homely and welcoming environment.

The kitchen dining area provided ample space for children to play on the floor, at the table, or to relax on the sofa. Children were settled in the childminder's home and confident moving around the kitchen - dining area where they mainly played.

Children explored a small range of loose parts and played cooperatively with a latch and lock activity which encouraged their curiosity and problem-solving skills. We suggested that the childminder enhance this provision of loose parts and open-ended materials to further support children's interests and creative play.

The childminder visually and routinely checked the house before the arrival of the children. We found risk assessments were limited and had not been reviewed for some time. We highlighted to the childminder some areas of practice required a risk assessment to keep children safe. For example, arrangements for children that require a sleep, outings and travelling in the car. The childminder had actioned this prior to our second visit which will help support them to remove hazards and keep children safe.

Some infection prevention and control measures were in place to keep children safe. For example, children were supported by the childminder to wash their hands before eating. This helped to minimise the potential spread of infection. However, children's wellbeing was compromised as the childminder did not wear an apron when carrying out personal care routines. We found the bathroom the children accessed was dusty in places, and the sink unclean. The childminder should consider these aspects of infection prevention and control, and ensure further measures are taken to minimise risks and to keep children safe and healthy (see area for improvement 1).

The childminder had a system in place to record any accidents and incidents. This ensured that parents were informed of any accidents or incidents and children received the appropriate care.

Areas for improvement

1. To support children's health and wellbeing, the childminder should ensure that effective infection prevention and control practices are in place. This should include but is not limited to:

- a) Ensuring personal protective equipment is used effectively during nappy changing.
- b) Areas within the home used by the children are kept clean.

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.

Quality indicator 3.1 -Quality assurance and improvement are led well

The vision, values and aims reflected the service and were shared with families when they started with the service. We found that these reflected the practice we found but they had not been reviewed for many years. We asked the childminder to consult with families and children to ensure their statement of aims and values reflected current family's needs, wishes and values.

Policies and procedures available did not always reflect current best practice and guidance and some did not contain enough information.

For example, there was no information to support the safe administration of medication, which compromised children's safety. Some aspects of the service provided would benefit from a policy and procedure, for example, around safe sleeping routines and healthy eating.

This meant families did not have clear information of what to expect from the service based on relevant guidance, and best practice. The childminder should undertake some professional reading to develop and update their range of policies and procedures (see area for improvement 1).

There were no systems in place to formally gather and record the views of the children and their families in the development of the service. The childminder was unable to give us any examples of improvements made through consultation with children and their families. This was identified at the last inspection and had not been actioned (see area for improvement 2). Further information can be found in section 'What the service has done to meet any areas for improvement we made at or since or last inspection'.

There were no systems in place to evaluate the quality of the service and identify areas for improvement. Therefore, the pace of change to improve the quality of care and support and overall outcomes for children and their families was slow. The childminder was unable to give us an example of any developments made which had brought about improved outcomes for children. Expectations in relation to children's care and support in early learning and childcare are set out in the Health and Social Care Standards and the Care Inspectorate's: A quality framework for daycare of children, childminding, and school-aged childcare. These provide robust frameworks to support reflection and continuous improvement for childminder settings. We asked that they consider these documents and the areas for improvement identified within this report to support their improvement journey (see area for improvement 3).

Areas for improvement

1. To support children and families in what to expect from the service and to inform and improve practice the provider should develop, review, and update their policies and procedures in line with relevant best practice documents. This should include, but is not limited to,

- a) Develop a policy and procedure to ensure the safe administration of medication
- b) Ensure child protection contact details and procedures are up to date
- c) Review existing policies and procedures to align with current best practice documents and guidance.

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

2. To support continuous improvements the provider should develop systems to formally gather the views of children and families. They should use these views to reflect on their practice and develop an improvement plan to influence positive change within the service.

This is to ensure the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in spirit of genuine partnership' (HSCS 4.7).

3. To improve outcomes for children, quality assurance, including self-evaluation should be developed. The childminder should become familiar with best practice guidance and use this to reflect on the service and plan for continuous improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standard (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?

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 demonstrated a calm and friendly approach to the children in her care, as a result, the children were happy, confident, and settled. During our visit's, the childminder was attentive and responsive to the needs of the children and offered support in an individualised way. There was lots of positive interaction, chatting, praise and encouragement which meant children felt safe and secure.

The childminder had completed a first aid course and was confident in how to support a child who was choking which helped keep children safe. No other training or self-directed reading or research had been undertaken for many years, including child protection training. The childminder had many years' experiences of childminding, engaged well with us and was honest that paperwork was not one of their strengths. The childminder told us they had not been able to dedicate sufficient time to the development of the service, had not kept up to date with current childcare practice, and let memberships with professional organisations lapse over time. This meant the childminder was unaware of current guidance and resulted in gaps in the childminder's knowledge and skills. For example, the childminder was not able to explain how they encouraged children to explore the world around them and try new things. Children and families would benefit from the childminder developing her skills and knowledge through professional development opportunities and current best practice guidance (see area for improvement 1).

We discussed the childminder's areas for improvement and signposted them to the Care Inspectorate Hub website for current best practice guidance, to assist them with developments and improving outcomes.

Areas for improvement

1. To support children's wellbeing, learning and development, the childminder should access training and professional development and apply their learning in practice. This should include, but is not limited to,

- a) Refreshing and updating their knowledge in child protection.
- b) Increasing their knowledge around children's play and development
- c) Applying their learning to their practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled' (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

The service provider should provide more formal opportunities for parents and children to comment on the quality of the service and take account of this information in the self assessment process. National Care Standards for Early Education and Childcare up to the age of 16: Standard 14.5 - Well-managed service.

This recommendation was made on 18 September 2012.

This area for improvement was made on 18 September 2012.

Action taken since then

The childminder considers that verbal feedback is how she effectively hears opinions and views from families currently using her service. We discussed the importance of finding more formal methods to gather the views of both children and families, to help support the childminder to reflect on their service and use these views to plans for developments to improve outcomes. We signposted the childminder to guidance on our hub to assist them with this.

This area for improvement has not been met and has been reworded and reinstated within this report.

Previous area for improvement 2

National Care Standards for Early Education and Childcare up to the age of 16: Standard 2 - A safe environment.

This recommendation was made on 18 September 2012.

The childminder had written risk assessments for her premises. We advised her to record when she reviews these and the changes she makes as a result.

This area for improvement was made on 18 September 2012.

Action taken since then

The childminder had developed a comprehensive range of risk assessments by the time of our second visit. These will support the childminder to remove any hazards to keep children safe from harm.

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

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