

Masson, Kayrine Child Minding

Leven

Type of inspection:
Announced (short notice)

Completed on:
23 October 2024

Service provided by:
Kayrine Masson

Service provider number:
SP2014986373

Service no:
CS2014331791

About the service

Kayrine Masson provides a childminding service from their family home within a residential area of Methil. The service is close to local amenities including green spaces, the local primary school and local shops. The service is delivered from the family home where children have access to the lounge, dining room, kitchen, bathroom and one bedroom. Children also have access to an enclosed rear garden.

The service was 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 six may be under the age of 12 years, 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.

When working with the assistant, to provide a care service to a maximum of seven children at any one time under the age of 16 of whom no more than seven may be under the age of 12 years, 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 and assistant's family. Minded children cannot be cared for by persons other than those named on the certificate. James Foy is a named assistant. Overnight care will not be provided.

About the inspection

This was a very short notice announced inspection, which took place on 23 October 2024 between 15:30 and 18:00 hours. Feedback was given on the same day. 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we;

- spoke with one child using the service
- spoke with the childminder
- gathered feedback from one parent/carer
- observed practice and daily life
- reviewed documents.

Key messages

- Children were relaxed and happy in the setting and had developed positive relationships with the childminder and their family members.
- One requirement and two areas for improvement had been met since the previous inspection.
- The childminder and assistant need to ensure they engage with best practice documents and relevant training and development opportunities.
- Quality assurance systems need to be developed to support continuous improvements and positive outcomes for minded 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?	2 - Weak
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 minded child was happy, relaxed and at home in the setting as they had developed friendships with the childminder's children and positive attachments to the childminder. This enabled the minded child to feel secure.

There was opportunity for the minded child to rest and relax after a full day at school. They told us "I mostly hang out in (name) room." Playing age-appropriate computer games and watching television were preferred choices for the brief time the child was in the service. This enabled them to rest, whilst their safety and wellbeing was supported through use of parental controls, close monitoring and supervision of suitable online materials.

Snacks and very occasional dinners provided, mostly supported healthy choices. The childminder confirmed fruit was always offered as a choice and drinks were accessible, supporting children's positive relationship with food. We looked at the menu and suggested making alterations to reduce some processed foods. The minded children told us they liked "pizza and chips" along with "mac and cheese" and "chocolate rolls". We signposted the childminder to the revised 'Setting the Table' guidance document to support menu planning.

Children's emotional wellbeing was promoted as the childminder supported and challenged issues such as bullying through regular conversations and shared approaches with parents. They shared an example of how they previously supported a child, which contributed to their increased self-esteem, confidence and happiness in the setting.

The childminder held a good knowledge of child protection procedures contributing to children's safeguarding. They refreshed their training annually and held an appropriate policy which was accessible to parents, enabling them to understand how the childminder would protect their children.

Although no children were currently requiring medication, there was a good policy in place. This would support appropriate actions to manage this when needed, contributing to children's positive wellbeing. However, medication forms were not readily available for this. This could prevent robust recording and had the potential to cause confusion over dosages. The area for improvement made at the last inspection has been made again. See area for improvement 1.

Quality indicator 1.3; Play and learning

Although the minded child's time was limited at the setting there was regular opportunities for active play. The minded child told us they enjoyed playing football and were able to play in the park. These opportunities promoted their physical wellbeing, strength, and coordination.

The minded child had choice over how they spent their time in the setting. They were able to access age-appropriate games and toys and choose where in the home to play, giving them some control.

Information gathered on the minded child enabled the childminder to get to know their personal preferences and specific needs. Information had not been reviewed by parents since 2021, meaning there was potential for contact details to be incorrect which could delay treatment in an emergency. We advised that all information held on children must be reviewed and updated with families at least once every six months. Although 'all about me' information was gathered, there was no further information capturing the child's time and development in the setting. This should now be developed to evidence progress, identify any needs and support achievements. The area for improvement made at the last inspection has been made again. See area for improvement 1.

The minded children was supported to be independent when walking back from the school bus and when playing out in the street without adult supervision. However, there was no written permission from parents held for this. We asked the childminder to ensure that parental permission was provided in writing. See area for improvement 2.

Areas for improvement

1. The childminder should ensure that personal plans are reviewed with parents at least once every six months or sooner if there are any changes to a child's care or welfare. They should also develop these plans to contain all the relevant information including information on children's health, welfare and safety needs and regular review of their progress and any planned next steps to support their continued development.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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".

2. The childminder should develop a permission form on which parents record all the information required for the safe administration of medication within the service. This is to support children's health and wellbeing. To do this the childminder should refer to current best practice guidance on the safe administration of medication in childminding and child care settings.

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

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 high quality facilities

The minded child enjoyed a clean, tidy, well-ventilated and comfortable environment. The childminder described steps taken to reduce the risk of cross infection to children, which supported them to remain healthy. The minded child benefitted from a range of spaces to play both indoors and outdoors, which supported different types of play, rest and relaxation. They had easy access to a range of toys and games which were mostly stored in the bedroom of one of the childminder's children. The minded child was confident in making requests for outdoor play. This enabled them to lead their own play.

Children were closely monitored in the house, chemicals and other hazardous items were stored appropriately and the rear garden was fully secure. These measures helped to keep children safe. Accidents were recorded and shared appropriately and the childminder was awaiting a date to refresh their first aid training which would further support children's wellbeing.

The childminder had considered hazards presented to children during outings and considered how to minimise these to support children's safety. There were a number of full written risk assessments for outings held. The childminder should now develop written risk assessments on the home and garden. These should demonstrate the hazard and the control measures and be reviewed annually or sooner if there is any new risk identified or any changes to the environment. See area for improvement 1.

Children's confidentiality was mostly maintained through appropriate record keeping and safe storage. However, we reminded the childminder of the importance of maintaining confidentiality when discussing individual children outwith the service and challenging others when confidentiality is broken.

Areas for improvement

1. The childminder should develop written risk assessments for the home and garden to support them in minimising risks for children's continued safety and wellbeing.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that "My environment is safe and secure" (HSCS 5.19).

How good is our leadership?

2 - Weak

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

Quality indicator 3.1; Quality assurance and improvement are led well.

Public liability insurance was not held for the business. We discussed the possible impact of this and encouraged the childminder to seek appropriate insurance for the business and the assistant. They should also ensure parents are informed about the current position in regard to insurance. This would provide some protection to people who use the service in the event of any accidents.

The childminder had not informed us of a member of the household turning 16. This must be addressed to ensure that appropriate checks are made to confirm that all adults are fit to be in the proximity of children. The childminder should ensure they submit all required notifications and make themselves familiar with the guidance on records childminders must keep and required notification procedures. This is to enable sharing of relevant information to ensure appropriate action is taken to support children's wellbeing. See requirement 1.

Children enjoyed continuity of care due to positive relationships and communication between the childminder and parents. This allowed parents to give their views on the service in an informal manner. One parent told us "My childminder always communicated effectively and I can ask her about anything. Likewise she can speak to me". We saw that children had previously had some formal opportunities through questionnaires; however, this practice had been discontinued. The area for improvement made at the last inspection has been made again. See area for improvement 1.

Children were not benefitting from a service that was kept under review as the childminder confirmed they were not carrying out quality assurance. We discussed how this could be developed to support continuous improvement. Robust quality assurance systems should now be developed to enable identification of areas for improvement and evidence progress. An action plan for the year should be developed to capture identified priorities along with ongoing self-evaluation. Reference should be made to the Health and Social Care Standards, the 'Quality framework for daycare of children, childminding and school-aged childcare' and the 'Self-evaluation toolkit for childminders' available on the Hub section of our website. Bitesize improvement sessions should also be accessed on our YouTube channel. The area for improvement made at the last inspection has been made again with some additional detail. See area for improvement 2.

Requirements

1. By 3 December 2024 the provider must notify the Care Inspectorate of any members of the household who have turned 16 and ensure appropriate checks have been completed and confirm their suitability and ensure appropriate safeguarding.

This is to comply with Regulation 12(2)(a) (Child minding) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

Areas for improvement

1. The childminder should continue to develop opportunities for the participation and involvement of the children and parents using the service. They should devise a system to record this and use it to evaluate the quality of the service.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS) "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7).

2.

The childminder should keep themselves updated on new legislation and best practice guidance. This is to ensure the continued improvement and quality assurance of the service. They should develop formal quality assurance systems by familiarising themselves with 'The quality framework for daycare of children, childminding and school-aged childcare'. This and other documents should be used to support ongoing self-evaluation, and development of an annual improvement plan for the service. This is to support continuous improvement and enhance outcomes for children.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS) "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 4.3; Staff deployment

The minded child had developed positive relationships with the childminding assistant who knew them well as an individual and interacted positively with them, contributing to their level of comfort. They worked with the childminder to ensure a shared approach which enhanced continuity of care for the minded child.

The assistant understood their role and responsibilities which were limited to general interaction, occasional collection from the school bus and cooking infrequent meals when required. The childminder confirmed that due to the limited number of children using the service there was no real need to use the assistant any more. We suggested submitting a variation to remove the assistant from the registration. Should they remain, the assistant's role and responsibilities should be written down as part of the information shared with parents, to ensure they are fully informed about the assistant's specific duties.

The assistant's training and development was limited, aside from general discussions with the childminder. The childminder should support the assistant to access relevant learning opportunities which should include engaging with best practice documents. A relevant first aid course for the assistant should also be identified in case of any emergency situation where the childminder may not be present. This would enhance their knowledge and promote children's positive play, care and learning experiences. The childminder and assistant should make use of the Hub section on our website to support further learning and development. The area for improvement made at the last inspection has been made again. See area from improvement 1.

The childminding assistant was not confident in how to identify and manage a child protection concern. This had the potential to delay reporting of any concerns and compromised safeguarding of children. The assistant should complete appropriate child protection training as a priority and familiarise themselves with the child protection policy. The policy should now be updated to include contact details for the local child protection team. See area for improvement 2.

Areas for improvement

1. The childminder should ensure that the childminding assistant regularly updates their training in childcare and early education.

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, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

2. The childminder should ensure that the assistant accesses child protection training and is familiar with the policy and procedures for the service. In addition, the child protection policy should be updated to include contact details for the local child protection team and to evidence to parents that both the childminder and assistant complete regular training in child protection.

This is to ensure that care and support is consistent with the 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).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 27 January 2020, the provider must ensure that children are appropriately supervised at all times. This is in order to keep children's safe and protected.

This is in order to comply with: Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with Health and Social Care Standard 3.25: "I am helped to feel safe and secure in my local community".

This requirement was made on 19 November 2019.

Action taken on previous requirement

The childminder no longer picks up children from the school. Minded children arrive at the service by school bus and are met by the childminding assistant or allowed to walk the short distance to the childminder's home. We made an area for improvement in regard to ensuring written permission from parents for this. This requirement is therefore met.

Met - within timescales

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 share information on their child protection responsibilities with parents.

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 13 October 2016.

Action taken since then

A child protection policy was in place and shared with parents, allowing them to be fully informed on steps the childminder would take to safeguard children. The policy needs some revision and another area from improvement was made under quality indicator 4.3. This area for improvement is therefore met.

Previous area for improvement 2

The childminder should develop a permission form on which parents record all the information required for the safe administration of medication within the service. This is to support children's health and wellbeing. To do this, the childminder should refer to current best practice guidance on the safe administration of medication in childminding and child care settings.

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 13 October 2016.

Action taken since then

There were currently no children requiring medication. A robust medication policy was held, however, the childminder had not yet developed an appropriate medication form in readiness for use. This area for improvement is not met and has been made again.

Previous area for improvement 3

The childminder offers regular outdoor and active play opportunities for the children attending. This is to contribute to their health and wellbeing.

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 13 October 2016.

Action taken since then

The minded child told us about their regular opportunities to play outdoors in the garden, street and local park, providing appropriate active play for the period of time spent in the service. This area for improvement is therefore met.

Previous area for improvement 4

The childminder should ensure that the childminding assistant regularly updates their training in childcare and early education.

National Care Standards Early Education and Childcare up to the age of 16, Standard 12: Confidence in staff, Standard 14: Well-managed service, Standard 4: Engaging with children

This area for improvement was made on 13 October 2016.

Action taken since then

The childminding assistant had not yet undertaken core training in child protection or first aid. Other learning was limited to informal discussions with the childminder. This area for improvement has therefore not been met and has been made again.

Previous area for improvement 5

The childminder should continue to develop opportunities for the participation and involvement of the children and parents using the service. She should devise a system to record this and use it to evaluate the quality of her service.

National Care Standards, Early Education and Childcare up to the age of 16, Standard 6: Support and Development, Standard 1: Being welcomed and valued

This area for improvement was made on 13 October 2016.

Action taken since then

Although there had been some formal opportunity to gather children's views through a questionnaire following the last inspection, this had not become embedded or further developed in practice and was not sustained. Opportunities for feedback from children and families continued to be informal. This area for improvement is therefore not met and has been made again.

Previous area for improvement 6

The childminder should keep themselves updated on new legislation and best practice guidance. This is to ensure the continued improvement and quality assurance of the service.

National Care Standards Early Education and Childcare up to the age of 16 Standard 13: Improving the service, Standard 14: Well-managed service.

This area for improvement was made on 13 October 2016.

Action taken since then

The childminder confirmed that they had not remained abreast of current best practice and legislation aside from information in relation to child protection. This area for improvement is therefore not met and has been made again, with some additional advice on developing formal quality assurance systems.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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