

Kimberley McLean Childminding Services Child Minding

Aberdeen

Type of inspection:
Unannounced

Completed on:
4 November 2024

Service provided by:
Kimberley McLean

Service provider number:
SP2015987491

Service no:
CS2015342101

About the service

Kimberley McLean Childminding Services is registered to provide a care service to a maximum of six children at any one time up to 16 years of age, 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 provided from the childminder's home in Aberdeen. The service is close to local schools, parks, shops and other amenities. Children have access to the living room, dining kitchen, toilet facilities and enclosed garden.

About the inspection

This was an unannounced inspection which took place between 08:15 and 12:00 on 4 November 2024. The inspection was carried out by one inspector from the Care Inspectorate.

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

To inform our evaluation we:

- Spent time with children using the service
- Reviewed three families' responses to feedback questionnaires
- Spoke with the childminder
- Observed practice and children's experiences
- Reviewed documents.

Key messages

- Children were happy, settled and confident in the care of the childminder.
- Children were engaged in their learning and having fun.
- Opportunities to explore the wider community helped children to develop an understanding of the world around them.
- Effective communication between the childminder and parents resulted in strong partnerships with parents.
- Self-evaluation and quality assurance processes led to high quality care and support to children and families.
- The childminder completed regular professional development which supported them in their 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?	5 - Very Good
How good is our setting?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 1.1 Nurturing care and support

Children were happy, settled and confident in the care of the childminder. Warm and kind interactions from the childminder helped children feel safe and loved. Positive relationships had been developed with families, helping to support and sustain strong connections. Parents strongly agreed they were happy with the service provided. Parents described the childminder as 'kind and easy to get along with' and 'a nurturing, patient care giver.'

Personal plans held detailed information to support children's wellbeing, preferences and routines, and were reviewed regularly with families. Older children had completed their own 'All About Me' form that detailed their likes/dislikes and interests. Parents agreed they were fully involved in their child's care and appreciated the flexibility and support they were offered. As a result, children experienced consistent care that was right for them.

Children experienced relaxed, unhurried and safe mealtimes. The children present enjoyed a healthy snack. The childminder supervised and provided support, when needed. They were aware of children's food preferences and encouraged them to try new foods and develop their life skills. For example, children had grown potatoes, made their own pizzas and fruit kebabs. This supported children's choice and understanding of healthy foods. Fresh water was available throughout the day which encouraged children to remain hydrated.

Children's sleep routines were well supported and reflective of their family's wishes. The childminder was aware of safe sleeping guidance, providing a travel cot to sleep in. Children were supervised whilst sleeping and immediately cuddled when they wakened. This promoted good habits and supported children's emotional security and wellbeing.

Medication was stored and administered safely to meet children's health needs. For example, the childminder kept clear records of when medication had been administered, with parental consent. This contributed to keeping children safe and healthy.

Children were protected from harm by the childminder's knowledge and understanding of their role in identifying, recording and referring any concerns. There was a child protection policy in place which supported the childminder to carry out their role.

Quality indicator 1.3 Play and learning

Children were offered a variety of play resources to support and develop their learning. There were age appropriate toys that reflected children's current interests and curiosities such as a play kitchen, dolls and blocks. Natural open ended materials such as scarves, bottle tops, pieces of wood and treasure baskets enriched children's play experiences. These materials helped develop children's creativity and imagination.

Children's learning was supported by the childminder's knowledge of child development and their responsive, natural interactions. They took time to listen to children, pick up on their non-verbal cues and respected their choices. This supported children's communication skills and sense of being valued.

Language, literacy and numeracy development were promoted during play. Children were able to access a variety of books and mark making materials. The childminder naturally encouraged literacy and numeracy when reading to the children and by encouraging and naming of colours when playing a throwing game with scarves. This meant children were progressing well and were happy and confident.

Children experienced a variety of planned and spontaneous play opportunities which supported them to achieve and develop skills. Planning approaches were child-centred and responsive to children's interests and ideas. As a result, children had fun, were happy and experienced learning that was meaningful.

Opportunities to explore the wider community helped children to develop an understanding of the world around them. Regular visits to local groups, library, parks and walks supported children's physical and social development. Parents valued the opportunities their children had to play and learn outdoors. Some of their comments included, 'They are out and about in the community every day.' 'These experiences open my child's world and encourage socialisation' and 'My child is always happy and is learning so much.'

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 2.2 Children experience high quality facilities

Children experienced an environment which was clean, well-furnished and homely. A parent described the service as a 'home from home.' A child sized table and chairs was well used to draw, play games and at mealtimes. Children enjoyed chatting, relaxing and looking at books on the comfortable sofa. Furniture in the lounge had been arranged so that children had ample floor space to play and move freely.

Toys and resources were easily accessible, supporting children to make choices about their play and learning. There were a variety of toys available to the children which reflected their interests. These included dolls, books, games, arts and crafts. Resources were clean, in very good condition and appropriate for children's age and stage of development.

Risk assessments were in place for indoor and outdoor environments which considered the risks and benefits of activities to support the safety and wellbeing of children. These documented potential risks and measures to support a safe environment. For example, during the time of inspection, the enclosed back garden had experienced storm damage and was not a safe space to play. The childminder explained whilst the work was ongoing children did not play in the area and used parks and natural spaces within the local community instead. Children were guided and supported to stay safe through discussion, such as during the walk to school. The childminder promoted a sense of independence whilst keeping children safe and well.

Infection prevention and control measures were in place to reduce the potential spread of infection. For example, regular cleaning and use of apron and gloves when nappy changing. The childminder washed hands regularly and we advised them it is good practice for young children to also wash hands after nappy changing. The childminder agreed to action this.

Children and families' personal information was securely stored, and the childminder had registered with the Information Commissioner's Office to protect personal data. This helped to protect children's and families' privacy.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 3.1 Quality assurance and improvement are well led

The childminder shared the service aims and objectives with families, helping them to understand what to expect from the service. The aims of the service included to provide a 'warm, safe and stimulating environment' and 'supportive partnership and participation with parents.' The childminder had created a happy and welcoming ethos, and their positive values were evident in practice.

The childminder had clear policies and procedures in place that supported the childminder in their practice. Policies had been reviewed and updated regularly. These provided information on how the service would meet children's needs through the experiences offered. Policies were shared with parents and contributed to them feeling included and well informed.

Children's and families' views were actively sought to inform the development of the setting. Opportunities to chat at arrival and pick up times, daily diaries, photographs and What's App messages kept parents fully informed and involved in a meaningful way. Children and parent questionnaires were used to capture thoughts and suggestions and parents strongly agreed they were happy with the service overall. To further support improvement we discussed taking a focused approach to the type of information gathered from parents and children. This would enable specific feedback to be gathered and used across the year to have a positive impact on children's experiences. We signposted the childminder to the self-evaluation toolkit available via the Care Inspectorate Hub. This contains useful ways to support the development of the service.

The childminder was using national guidance such as 'A quality framework for daycare of children, childminding and school-aged childcare' to evaluate their service. Self-evaluation and opportunities to reflect on service delivery supported the childminder to identify areas that could be improved. The childminder spoke confidently about self-evaluation and improvement planning processes and had identified how these had impacted outcomes and experiences for children. Recent developments included improvements to the environment to increase children's engagement and independence.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 4.1 Staff skills, knowledge and values

The childminder's warm and caring interactions created a relaxed and positive atmosphere and supported children to feel valued and loved. Strong attachments had been formed with children, some of whom had attended the service for a number of years. The childminder recognised the importance of positive relationships for children's self-esteem and wellbeing. The childminder listened to children and encouraged

them to express their views and preferences. These were then used to support the childminder in providing individualised care which encouraged children to feel listened to and respected. One parent commented, '(The childminder) is a good communicator, professional and approachable. If I'm unsure about anything, I know I can discuss it with them.' Another parent shared, '(The childminder) is kind and easy to get along with, they take time to answer any questions.'

The childminder was a member of a national childminding organisation and had supportive links with local childminders. This provided opportunities for sharing ideas, developing knowledge and reflecting on practice, contributing to positive outcomes for children.

The childminder was committed to continuous professional development to support positive outcomes and enhance experiences for children. They had engaged in a wide range of learning and development including a national childcare qualification. Guidance documents such as the Health and Social Care Standards (HSCS) were interwoven throughout procedures, policies and the work of the childminder.

This meant that children and their families benefited from care, support and learning that were informed by relevant evidence and practice guidance. The childminder should continue to evaluate the impact of learning to ensure that it continues to improve children's experiences and outcomes. Keeping a record of learning and reflections may support the childminder in this.

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

To ensure children's, health, safety and wellbeing, the childminder should ensure that appropriate records are maintained for children by ensuring:

- a) Blanket medication consent is removed
- b) Chronologies are in place.

National Care Standards Early Education and Childcare up to the age of 16 years - Standard 6: Support and Development; and Standard 13: Improving the Service.

This area for improvement was made on 3 February 2017.

Action taken since then

Blanket medication consent had been removed. Individual chronologies were in place to support the childminder to gather important information about significant events in children's lives.

This area for improvement has been met.

Previous area for improvement 2

The childminder to further develop medication administration procedures in line with Management of Medication in Daycare of Children and Childminding services:<http://hub.careinspectorate.com/media/189567/childrens-service-medication-guidance.pdf>

National Care Standards Early Education and Childcare up to the age of 16 - Standard 3: Health and Wellbeing; and Standard 14: A Well-Managed Service.

This area for improvement was made on 3 February 2017.

Action taken since then

Processes and procedures were in place to ensure the safe management and administration of medication. The childminder kept clear records of when medication had been administered, with parental consent. This contributed to keeping children safe and healthy.

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?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very Good
How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very Good
How good is our leadership?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	5 - Very Good
4.1 Staff skills, knowledge and values	5 - Very Good

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