

Austrupa, Anete Child Minding

Westhill

Type of inspection:
Unannounced

Completed on:
13 November 2024

Service provided by:
Anete Austrupa

Service provider number:
SP2018990087

Service no:
CS2018369265

About the service

Anete Austrupa provides a childminding service from their home in a quiet residential area of Westhill.

The conditions of registration for this service are as follows:

The childminder may care for a maximum of six children at any one time up to the age of 16 years:

- Of whom no more than six are 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 children of the childminder's family/household.

Minded children cannot be cared for by persons not named on the registration certificate.

Overnight care will not be provided.

From 01/05/2023 to 15/03/2026 the childminder may care for a maximum of seven children at any one time up to the age of 16 years:

- Of whom no more than six are 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 children of the childminder's family/household.

The service is close to a local primary school, parks and other local amenities. Children have access to the living room/dining area, kitchen, bathroom and an enclosed back garden.

About the inspection

This was an unannounced inspection which took place on 13 November 2024 from 12:10 to 13:00 and from 13:50 to 16:50. 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, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- Reviewed written feedback from four parents of children using the service
- Spoke with children using the service
- Spoke with the childminder
- Observed practice and the children's experiences
- Reviewed documents.

Key messages

- Children benefitted from the childminder's nurturing and caring approach.
- To support the health and safety of children the childminder should ensure medication procedures are in line with best practice guidance.
- Personal plans for all children should be reviewed and updated at least every six months.
- Children were cared for in a clean, welcoming and homely environment.
- Children's health and wellbeing was promoted through regular opportunities to play outdoors.
- The childminder should develop quality assurance processes, including self-evaluation, to support continual development and improvement of the service.
- Further professional development would enhance the childminder's knowledge and skills and support positive outcomes for the 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?	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

Children experienced kind and nurturing approaches which supported their overall wellbeing. The childminder was caring and responsive to children's changing needs. A parent told us that "Anete is very thoughtful and caring, she knows my child's likes and makes (my child) feel welcome and at home!" This approach had helped to develop strong relationships, supporting the children to feel safe and secure.

Informal daily discussions took place with parents and carers at drop off and collection times. Parents told us that they enjoyed positive relationships with the childminder and were confident their children were being well cared for. One parent told us that they "trust her absolutely and knows she has the kids best interests at heart." Another told us that there was "great communication with Anete" and that she "always has the kids best interests in mind."

The childminder knew the children in her care well and was able to tell us about how she was supporting them within the service. Personal plans which outlined children's routines, preferences and interests were in place but had not been updated to reflect changing needs. For one child there was no evidence of information having been updated for over a two year period and their needs had changed considerably over that time. Another child's personal plan had not been reviewed or updated for over one year. Information within plans needs to be reviewed with parents at least six monthly to ensure they are relevant and current. Up to date information is required to enable the childminder to plan appropriately for children's needs and experiences (**see requirement 1**).

Children and the childminder sat together at the dining table to enjoy a sociable lunch experience. The children enjoyed a nutritious home cooked meal. The children, who were all pre school were encouraged to develop their independence skills however received support where this was required. Some of the children were drinking diluted juice which was not in line with best practice guidance in relation to supporting children's dental health. While we agreed that for individual cases this may be necessary it should not be general practice.

After collecting the older children from school a healthy and filling snack was provided to the children and was much enjoyed. The children sat around the table and chatted to each other and the childminder about their day. This provided a positive opportunity for children to unwind and relax. We spoke to the school aged children about their snack experience. They commented upon this very positively. One child told us that "Anete makes the best banana bread" and that "every snack we have fruit." Another told us that they enjoyed making their own sandwiches. We saw them do this during the inspection and this helped to develop their independence skills.

Appropriate administration of medication forms and a policy were in place to support safe practice. The childminder told us about a child who on occasion needed a non-prescribed cream applied. This was not recorded within the child's personal plan and there was no written permission from the child's parents provided (**see area for improvement 1**).

Arrangements that were in place for a younger child to sleep in their push chair were not in line with best practice. We discussed the need to use a cot or a sleep mat for young children so that they are kept safe and more comfortable. The childminder advised that she did have a cot that could be used and would also explore sleep mats for toddler/pre school children.

Quality indicator 1.3: Play and learning

Children had fun as they engaged in various activities that supported their individual interests. Children were being creative by making things out of paper. They also played a game together and were supported by the childminder to ensure everyone was included and respected. One child told us that "Anete is the best childminder - she lets us do fun things, she has lots of fun things in her house to do." Another child showed us a beautiful decoration for their Christmas tree that they had made at during their time with the childminder.

The childminder told us that she had further developed her range of loose parts to support creative play. These included sticks, acorns and a mud kitchen in the garden. Regular visits to the forest also took place and these provided opportunities to explore natural loose parts such as leaves, pinecones and sticks. The childminder told us that indoors loose parts included cardboard boxes, dried pasta and tubes from kitchen rolls.

During school holidays and in-service days the childminder was committed to providing children with a range of different play and learning experiences. These included visiting different play parks, animal petting zoos, castles and splash parks. One parent told us that the children "visit lots of interesting places" and another that they go to "play centres with outdoor play parks, castles, garden centres." Children were very much involved in deciding where they wanted to visit and we saw discussion around this during the inspection visit. This helped the children to feel valued and included and meant their interests were well supported.

Younger children attended local playgroups with the childminder which provided positive opportunities to socialise with other children and gain other learning and play experiences.

Some tracking of younger children's learning and progress was carried out using developmental trackers. It would be beneficial to record learning for all children more frequently to ensure children's achievements are current. This would support plan the next steps in children's learning more effectively. This was discussed at the last inspection. The childminder discussed with us a planning tool she had recently sourced which she intended to use to support children's learning.

Requirements

1. By 8 January 2025, to ensure children's safety, health and wellbeing, the childminder should ensure that children's personal plan information is available, up to date and contains necessary information.

Personal plan information must reflect children's needs and record specific strategies to support their wellbeing.

Personal plans must be reviewed with families at least once in every six months.

This is in order to comply with: Regulation 4(1)(a) 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:

'My personal plan (sometimes referred to as my 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).

Areas for improvement

1. Children's health and medical needs should be managed safely and procedures in line with current medication guidance.

To do this, the childminder should, at a minimum ensure:

- a) The medical and health needs of children are documented within medical and personal plan records.
- b) Medical permission forms are fully completed by parents and carers prior to the administration of both prescribed and non-prescribed medication.
- c) The childminder should familiarise herself with current medication guidance to ensure her procedures are safe and well informed.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our setting?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality indicator 2.2: Children experience high quality facilities

Children benefitted from a comfortable, welcoming and homely environment. The setting was clean and well maintained.

A range of resources were available to the children to choose from. Children were engaged and having fun during the session playing games and undertaking some art and craft activities.

The childminder understood the importance of children experiencing outdoor play to allow them daylight, fresh air and energetic play. An enclosed garden provided a variety of play and learning opportunities. Since the last inspection action had been undertaken to further secure the garden by replacing the fencing. The childminder told us about how she understood the layout of the garden could make it difficult to have sight of all children at all times. She therefore ensured that the garden was sectioned off into different areas to support her to keep the children safe. Children also enjoyed regular outings in the community which supported their physical health and mental wellbeing.

Appropriate infection prevention and control procedures were in place to provide a safe environment and keep children healthy. Surfaces were regularly cleaned and children were reminded and supported where required to wash their hands effectively at key times of the day.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. Whilst we identified some strengths, these only just outweighed weaknesses.

3.1: Quality assurance and improvement are led well

Children were cared for by a childminder with a clear vision of the homely, welcoming service they aimed to provide. Children were happy, settled and warmly welcomed by the childminder. It was clear that positive relationships had been established.

The childminder described having supportive and trusting working relationships with families and this was also fed back from the parents. One parent told us that the childminder was "always available to chat to." Other parents talked about receiving detailed and regular feedback about their child's experiences and progress. Parents fed back to us that their child was meaningfully involved in the development of the setting, and the childminder used their ideas and suggestions to influence change. One parent told us the childminder was "always keen for feedback and improvements." Information was shared with parents through daily conversations at drop off/pick up times and digital technology was also used on a regular basis. This provided opportunities for parents to be included and involved in the service. Questionnaires were used to get the views of parents, carers and older children, however this was on an infrequent basis. The childminder should continue to develop feedback systems further and use this to inform her plans for improvement.

The childminder was aware of the Care Inspectorate document, 'A quality framework for daycare of children, childminding and school-aged childcare' and knew that this could be used to help her evaluate her service. A self evaluation had been completed but it was standard text provided by an external company and not personalised to the individual service. For example, the self evaluation said that children's personal plans were reviewed every six months or sooner if required. This was not what we found during the inspection. The childminder should reflect on her own practice and also regularly gather feedback from parents, carers and children to help her identify what she is doing well and what she could improve further. This should then be used to inform a clear improvement plan for the service which supports the childminder to track progress and achieve goals (**see area for improvement 1**).

Areas for improvement

1. The childminder should implement effective self-evaluation procedures and improvement planning to monitor and continuously improve experiences for children.

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); and

'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

Children enjoyed positive and trusting relationships with the childminder. They readily approached the childminder and enjoyed spending time with them.

The childminder had engaged in some professional development opportunities since the last inspection. These included child protection and food hygiene. The childminder now needs to target their learning on areas which have been identified that they need to develop. These would include children's personal plans, sleep routines, medication, children's learning and development planning/recording and self evaluation. Undertaking relevant training and reading and then applying the learning to practice would support the childminder to further develop her service (**see area for improvement 1**). It would be beneficial for the childminder to make better use of the Care Inspectorate Hub to familiarise herself with current and key early years guidance.

The childminder was a member of the Scottish Childminding Association (SCMA) and accessed updates and reviewed information from them to support keep their knowledge up-to-date. Links had been developed with other local childminders which provided good opportunities to share ideas. This promoted professional discussions and contributed to the sharing of practice.

Areas for improvement

1. To continue to improve the service and outcomes for children, the childminder should assess their training needs and develop a training plan to ensure that these are progressed. The childminder should keep a record of training completed and their learning.

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).

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

All children's personal plans should be developed to take better account of children's care needs and to reflect their learning, achievements and progress. Plans should be reviewed with parents/carers at least six monthly in line with best practice guidance and legislation.

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 area for improvement was made on 14 September 2023.

Action taken since then

Personal plans were in place for all children. However some personal plans had not been reviewed or updated in line with best practice and legislation.

This area for improvement has not been met and a requirement has been made. Please refer to key question 1 - 'How good is our care, play and learning' for more detailed information.

Previous area for improvement 2

Children's health and medical needs should be managed safely and procedures in line with current medication guidance.

To do this, the childminder should, at a minimum ensure:

- a) The medical and health needs of children are documented within medical and personal plan records.
- b) Medical permission forms are fully completed by parents and carers prior to the administration of both prescribed and non-prescribed medication.
- c) The childminder should familiarise herself with current medication guidance to ensure her procedures are safe and well informed.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 14 September 2023.

Action taken since then

The childminder did not have a record of a non prescribed medication used for a specific child or written permission from the child's parents to use it.

This area for improvement has not been met and has been restated. Please refer to key question 1 - 'How good is our care, play and learning?'

Previous area for improvement 3

The childminder should implement effective self-evaluation procedures and improvement planning to monitor and continuously improve experiences for children.

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); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 14 September 2023.

Action taken since then

The childminder had not yet undertaken meaningful self evaluation to support her to develop her service further.

This area for improvement has not been met and has been restated. Please refer to key question 3 - 'How good is our leadership?'

Previous area for improvement 4

To ensure children's health, welfare, and safety are maintained, the childminder should access child protection training.

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

'I have confidence in people because they are trained, competent and skilled.' (HSCS 3.14).

This area for improvement was made on 14 September 2023.

Action taken since then

The childminder had undertaken child protection training since the last inspection and was able to give a good account of how she would identify and respond to any concerns about a child's wellbeing.

This area for improvement was therefore found to have 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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