

# Innes, Lisa

## Child Minding

Dundee

**Type of inspection:**  
Unannounced

**Completed on:**  
26 November 2024

**Service provided by:**

**Service provider number:**  
SP2004935825

**Service no:**  
CS2003044270

## About the service

Lisa Innes provides a service from their home in Dundee. The service is registered to provide a care service to a maximum of six children at any one time under the age of 16, of whom a maximum of six are under 12; of whom no more than three are not yet attending primary school and of whom no more than 1 is under 12 months. Numbers are inclusive of children of the childminder's family. The service operates from a building to the rear of the childminder's home. Children had access to the playroom and an enclosed garden. Toilets and the kitchen were accessed within the childminder's home.

The service is based in a residential area of Dundee and is close to parks, schools and other amenities.

## About the inspection

This was an unannounced inspection which took place on 26 November 2024 between 09:15 and 12:45. The inspection was carried out by an 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:

- observed practice and daily life
- reviewed documents
- spoke with the childminder
- spoke with children using the service
- gathered the views of family members through MS Forms.

## Key messages

- Children experienced warm, nurturing care which helped them to feel loved and valued.
- To ensure children benefit from individualised care and support, the childminder should update personal plans regularly with families, in line with legislation.
- Children had regular access to the local community exploring walks, playgroups and visits to the library.
- The childminder should create detailed risk assessments which promote children's safety as they play and learn.
- Children benefitted from a relaxed, homely and welcoming space.
- The childminder should develop their knowledge and understanding of best practice, to support the self-evaluation and improvement of their service.

## 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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

## How good is our care, play and learning?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

### Quality Indicator 1.1: Nurturing care and support

Children were cared for with warmth, kindness and a nurturing approach, by a childminder who knew them well. Comfort and cuddles were given when needed, which helped to make children feel safe and loved. A parent commented, 'She always goes the extra mile and makes it her priority that all children are safe and happy'. This demonstrated that trusting relationships between children and families had been formed.

Secure attachments had been formed between the childminder and children. The childminder was consistent in their response to children's cues and requests. For example, they recognised when one child picked up their blanket, that they may be tired and asked if they would like to sleep. This gave children the message that they mattered.

Children's care and experiences were mostly supported through effective personal planning. Personal plans contained relevant core information. Younger children's plans reflected their likes, dislikes and care needs. We discussed methods the childminder should implement to gather this information for older children in their care. There was the potential for key information to be missed to support children's care, as personal plans had not been updated regularly. The childminder was aware of the timescales for updating personal plans and told us they had spoken with families. Formal recording of updates within children's personal plans would ensure that their needs were met and current.

Snack was a calm and relaxed experience for children. Appropriate seating was provided with one child sat in a highchair and another at a small table on a chair. We suggested that the child in the highchair could move closer to the table to support them to be more included. The childminder read to the children as they ate. This added to the nurturing experience provided.

Nappy changing respected children's privacy and dignity, as they were changed in a secluded space within the playroom.

Medication administration forms and policies were in place. No children currently required medication and the childminder had not administered this in some time. We asked the childminder to review their permission forms. This would ensure that children's medical needs were met, in the event that they may require medication.

### Quality Indicator 1.3: Play and learning

Children were engaged and happy in their play. They were able to make independent choices and the childminder provided resources to support their needs and interests. The childminder was consistently down at children's level in play, adding comments and repeating words to extend their experiences. They knew when to stand back and observe, which gave children opportunities to develop their problem-solving skills. For example, one child was playing in the kitchen and persevered to open the microwave to cook their food. As a result, children had ownership of their play experiences.

Literacy and numeracy were woven within play experiences. The childminder naturally sang songs, counted and repeated children's spoken words and babbling. For example, one child picked up a toy spider and the childminder started to sing, 'Incy wincy spider' and encouraged the children to join in. There was evidence of older children's writing being valued as this was displayed on the toy kitchen, which they had made into their café. This provided opportunities to develop children's emerging literacy and numeracy skills.

The childminder was responsive to children's play needs and wishes. For example, one child requested to play with the baby buggy and this was instantly provided. The childminder created a safe space for the children to push the buggy and use the baby walker. They naturally extended play which developed children's thinking skills. For example, they provided decorations for the cake and modelled counting with the older child. The younger child demonstrated repeated patterns of play. For example, watching food drop from the highchair and dropping balls through a tree tunnel. We suggested the childminder developed their knowledge and understanding of how activities provided can extend children's learning through play. This would further enhance the high-quality experiences for children.

Photographs and videos of children's experiences were shared with families through WhatsApp. The childminder had begun to include some photographs within children's folders. The childminder spoke about children's next steps informally. We suggested that the childminder develop this further and introduce individual observations and next steps for children. This would enable children to recognise and celebrate their achievements.

Good use was made of the local community, as the childminder attended the library, playgroups and had a shared allotment space. This supported children to develop their social and life skills and interactions in a variety of spaces.

## How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

### Quality Indicator 2.2: Children experience high quality facilities

The playroom was clean, warm and well-maintained. Spaces were available for children to rest and relax. A parent commented, 'Lisa's home is so inviting'. As a result, a home from home environment was created, which helped children to feel safe and secure.

Children had space to move freely in the dedicated playroom and could select resources independently. Resources were at child height and easily accessible. The childminder was knowledgeable of children's current interests and provided resources to meet these. Some loose parts and natural resources had been introduced, to extend children's opportunities to develop their curiosity, inquiry and creative minds. This meant that the environment was appropriately resourced to meet children's needs.

The garden provided an enclosed space for children to explore their physical skills. Children were outdoors daily on walks and the childminder spoke about regular visits to the 'Gruffalo park'. This meant that children's health needs were met, as they were able to access fresh air and exercise.

A handwashing station had been introduced, which enabled the children and childminder to wash their hands at regular intervals. This maintained effective infection prevention control, to reduce the risk of any spread of infection.

Detailed risk assessments were in place for spaces that the childminder would visit. The childminder had introduced a daily tick sheet to risk assess the playroom and garden. This should be developed further to identify potential risks/hazards and the measures in place to minimise these. For example, we discussed that the step into the garden could be a potential hazard. To minimise this the childminder might hold younger children by the hand, as they use the step. This was a previous area for improvement which has been carried forward. This would further support the childminder to maintain children's safety (**see area for improvement one**).

The childminder understood the importance of keeping children's personal information secure. Information was stored confidentially in an organised manner. This meant that children and family's information was protected.

## Areas for improvement

1. To ensure children's health, wellbeing and safety are supported in a safe environment, the childminder should create risk assessments for the playroom and garden. These should detail any risk/hazards and the measures in place to reduce these.

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 5.17).

## How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

### Quality Indicator 3.1: Quality assurance and improvement are led well

The childminder engaged well with the inspection process and had reflected informally on their previous inspection, to make some improvements. For example, they had introduced a hand washing station and loose parts. This demonstrated that the childminder was committed to improving their service.

Some quality assurance systems should be further developed to ensure children continue to experience quality care. For example, registers were not always updated regularly. We discussed methods that the childminder could use to evaluate their service. They were responsive to our suggestions and keen to improve. This would ensure that improvements were managed and effective in supporting the service. This was an area for improvement which has been carried forward (**see area for improvement one**).

Questionnaires had begun to be introduced to gather the views of families within the service. A parent shared, 'We have good communication with Lisa and we work in partnership with her'. The childminder told us that they planned to share these every six months. We suggested the childminder could develop this further by involving children and asking them about the service. This would support children and families to recognise that their views were listened to and acted upon.

Policies and procedures were in place, however some of these required further developments. We discussed adding more detail to the child protection policy, including the Care Inspectorate information if a concern was reported. A missing child policy should be created. This should detail the childminder's procedures in the event of a child leaving the service. An accident and incident policy should be created to detail the childminder's procedures in the event of these. We suggested that the childminder add in links to best practice guidance within their policies. This would ensure the service reflected the most up to date practice and guidance.

### Areas for improvement

1. To ensure that quality assurance processes impact positively on outcomes for children, they should be developed to help identify and inform improvement planning.

This should include but is not limited to;

- developing self-evaluation processes
- creating an action plan
- seeking children's views
- updating and maintaining registers
- reflecting on best practice guidance.

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

### How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

#### Quality Indicator 4.1: Staff skills, knowledge, and values

The childminder was warm, caring and responsive to the needs of the children in their care. They knew them well and spoke fondly of their time together and watching older children grow and flourish. A parent commented, 'It feels like (their) other home and family'. The childminder had a lovely nature with the children and was softly spoken throughout all interactions. They supported children to learn to share and turn take in a respectful manner, which valued children's choices.

Positive relationships had been formed with families, with some children in the childminder's care from an early age. Families spoke positively of the care and support their children received and the trusting relationships that had been established. A parent shared, 'Lisa is an excellent childminder, she goes above and beyond for my child who has grown and learnt so much since being in her care'. This meant that children and families were nurtured.

Training had been accessed to increase the childminder's knowledge and understanding of child protection, first aid and infection prevention and control. The childminder spoke about their learning in child protection and identified that they would like to keep their skills updated. This demonstrated that they were committed to the development of their skills and learning.

The childminder had established close working relationships with another childminding colleague. Together they had developed an allotment space where children could grow and pick their own vegetables. As a result, children were developing life skills in a range of social situations.

## 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, wellbeing and safety are supported in a safe environment, the childminder should create risk assessments for the playroom and specific outings.

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).

**This area for improvement was made on 2 May 2023.**

#### Action taken since then

A daily tick sheet for the indoor space and the garden had been implemented to maintain safety. A more detailed risk assessment should now be created to identify all risk/hazards and the measures the childminder has put in place to reduce these. This area for improvement had been met in part and will be carried forward.

#### Previous area for improvement 2

To maintain children's health and safety, the childminder should promote and embed effective infection prevention and control practices.

This should include, but is not limited to;

- ensuring children's privacy and dignity is maintained during nappy changing
- ensuring effective hand washing takes place at appropriate times, by the childminder and children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I require intimate personal care, there is a suitable area for this, including a sink if needed' (HSCS 5.4).

**This area for improvement was made on 2 May 2023.**

#### Action taken since then

The childminder had introduced a handwashing station within the playroom, to ensure effective hand washing took place.



Children's privacy and dignity was maintained throughout the nappy changing experience, as they were changed in a secluded space in the room.

This area for improvement had been met.

### Previous area for improvement 3

To ensure that quality assurance processes impact positively on outcomes for children, they should be developed to help identify and inform improvement planning.

This should include, but is not limited to;

- developing self-evaluation processes
- creating an action plan
- seeking children's views
- reflecting on best practice guidance.

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

**This area for improvement was made on 2 May 2023.**

#### Action taken since then

The childminder had begun to gather the views of families through questionnaires. They had not yet formally gathered the views of the children in their care.

The childminder had not yet developed self-evaluation processes, created an action plan or reflected on best practice guidance.

This area for improvement has not been met.

### Previous area for improvement 4

The childminder should access mandatory training and current best practice guidance, to develop their professional skills and knowledge and to promote the improvement of the service.

This should include, but is not limited to;

- child protection training
- first aid training
- reviewing best practice documentation and accessing the bitesize videos on the Care Inspectorate HUB
- evaluating the impact of training on their practice, children and families.

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

**This area for improvement was made on 2 May 2023.**

## Action taken since then

The childminder had attended training and evaluated this informally. They had watched the Care Inspectorate bitesize videos and could talk about their learning.

This area for improvement had 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](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
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?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.1 Staff skills, knowledge and values	4 - Good

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