

Beckett, Sandra Child Minding

Carnoustie

Type of inspection:
Unannounced

Completed on:
3 December 2024

Service provided by:
Sandra Beckett

Service provider number:
SP2003901197

Service no:
CS2003002706

About the service

Sandra Beckett provides a childminding service from their home in Carnoustie. The service is registered to provide a care service to a maximum of six children at any one time under the age of 16 years, of whom no more than one is under 12 months. Numbers are inclusive of children of the childminder's family.

The service is based in an area in Carnoustie close to local parks, schools, and other amenities. Children had their own dedicated space within the home, they had access to the kitchen, downstairs toilet, and an enclosed garden to the rear of the property.

About the inspection

This was an unannounced inspection, carried out by one early learning and childcare inspector, which took place on Tuesday 3 December 2024 between 15:15 and 17:30.

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.

In making our evaluations of the service we:

- observed practice and daily life
- spoke with children using the service
- spoke with the childminder
- reviewed documents
- MS Forms were sent to families to request their feedback in advance of the inspection, none were returned when the report was published.

Key messages

- Children experienced warm, kind, and nurturing care which supported them to feel comfortable and secure.
- The childminder communicated and engaged well with families.
- Children experienced a welcoming and clean home-from-home environment.
- The childminder should further develop their approach to quality assurance and improvement systems to allow them to revisit and reflect what worked well.
- Mandatory training in child protection and first aid should be accessed to ensure the childminder is confident in guidance and processes.
- Children's individual information gathered in personal plans should be reviewed with children and families at least every six months, in line with legislation.

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?	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?

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 1.1 Nurturing care and support

Children experienced warm, nurturing care and support from a kind childminder. They had cared for children for several years and had established positive relationships with their families. Children expressed that they were happy to come to the childminder's. The childminder showed genuine interest in the children's day, prior to coming to their home. As a result, children felt welcomed and valued.

An individual personal plan was in place for children in the childminder's care. These forms recorded important information such as, medical needs, emergency contacts, likes, and dislikes. Personal plans had not been reviewed with families in line with current legislation, at least every six months. The childminder should review these plans to ensure that information accurately reflects children's current care and support needs (see area for improvement 1).

There was no medication stored or administered on the day of inspection. Through records we could see that there had not been any medication administered in the last year. The childminder had reviewed and updated the medication policy and procedures. These policies reflected current best practice. This meant that if children needed medication while they attended the service, they would be kept safe.

Children and their families were mostly kept safe by a childminder who was aware of their child protection procedures. Through discussions with the childminder, we could identify that they were mostly confident in identifying concerns and how to manage these. An area for improvement had been made in the last inspection regarding mandatory training, including child protection training. We discussed ways to access different training, such as professional reading. This would build the childminder's confidence in child protection procedures and, as a result, safeguard children and their families. This area for improvement had not been met and remains in place (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Children experienced a relaxed and unhurried snack time. Children shared with the childminder what fruit they would like to have. One child told us, "I like kiwi but my favourite fruit is strawberries". While having snack, children enjoyed some downtime and watched some television whilst they ate. Once they finished their snack, they then moved onto their chosen activities. This experience helped children to unwind after a busy day at school.

Quality indicator 1.3 Play and learning

The childminder demonstrated warmth and care in their interactions with the children, fostering a family-orientated environment. Children were encouraged to make their own choices and follow their interests. For example, craft activities were a favourite and there was a variety to choose from. Informal planning approaches were child-centred and responsive to children's changing needs and interests. The childminder observed children's play and added more resources to extend their learning, for example more craft materials. This supported children to extend their interests further.

Children had opportunities to explore active play through access to a large enclosed garden space. Children chose if they wanted to play outside or indoors. Resources were available for children to choose from outside. As a result, children experienced fresh air which promoted their overall wellbeing.

Children had access to a range of toys and resources that were suitable for their age and developmental needs. The childminder shared that Lego and Playdough had been a favourite activity the children have enjoyed lately. These activities helped children to develop their creativity and imagination skills through their play.

Children's achievements were valued and celebrated. They were acknowledged and shared with families through pictures and text messages. We discussed how this could be developed further through individual folders for children to keep their creations. This would allow children to revisit previous experiences and activities and share with their families.

Areas for improvement

1. To ensure children's information is accurate and relevant, the childminder should formally record reviews of children's personal plans, including dates and signatures. These should be kept up-to-date and reviewed in line with legislation or sooner if changes occur.

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).

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 were able to play and rest in a welcoming and homely environment. They had space to keep their personal belongings. Personal items, such as slippers, were kept at the childminder's home for children to change into when they arrived. This gave children a sense of belonging.

Children experienced an environment that was well furnished, clean, and provided plenty of natural light and ventilation. Daily cleaning procedures were in place to ensure areas children used were clean and tidy. The childminder and children washed their hands regularly. For example, when arriving to the service and before and after eating. This helped to keep children safe and reduce the spread of infection.

The childminder had not needed to record any accidents or incidents in some time. A system for reporting accidents and incidents was in place. A recently reviewed policy and procedure supported the childminder to ensure correct processes were followed. Previous accidents and incidents were documented in a diary. This helped the childminder to safeguard children and their families.

Children were able to play and explore in a safe and secure environment. Risks were assessed and documented in basic risk assessment forms. We discussed how risk assessments could be developed further to provide a fuller picture. For example, include potential hazards, level of risk (low, medium, or high), and actions taken to minimise these. This would ensure that children continue to be kept safe while they were in the service or when they explored the community.

Children had their own dedicated space in the childminder's home. This area had a comfortable sofa which allowed children to rest and relax if they needed to. A dining table provided children with a comfortable space to complete their chosen activities, such as crafts, puzzles, and colouring. There was ample space for children to role play with small world toys. For example, a large dolls house. This helped children to take ownership of their environment.

How good is our leadership?

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 3.1 Quality assurance and improvement are led well

The childminder had created their aims and objectives of the service. This reflected the service provided. For example, "I aim to provide a safe and pleasant environment". The childminder plans to review these with families and children. This will ensure all families have the opportunity to share their views on what the service means to them.

The childminder had developed a range of policies and procedures that underpinned the service. These were reviewed regularly or when changes were made. Policies and procedures should reflect current best practice guidance. For example, the child protection policy should refer to the 'National Guidance for Child Protection Scotland 2021'. We reminded the childminder to document when reviews or changes happened to help keep track of when these were due (see area for improvement 1).

The childminder communicated and engaged well with families through the use of daily chats, phone calls, and text messages. Parents were welcomed into the service where they were given regular updates about their child's day. This allowed parents the opportunity to share information about their children. Parents' and children's views were informally gathered and influenced improvements within the service. For example, supporting children to attend clubs while they attended the childminder's service. This helped families to feel they were listened to and valued.

Quality assurance, self evaluation, and improvement processes were informal. The childminder could share what they had identified as areas for improvement and actions they had taken to achieve them. For example, the childminder had identified that children could take part in more complex craft activities and purchased new resources. This helped to ensure that children were appropriately challenged. A previous area for improvement had been made in the last inspection and this has not been fully met (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

We discussed ways to help formally document these processes in a way that was manageable. We signposted the childminder to 'ELC Improvement Programme - quality improvement bitesize resources'. This would support the childminder to continue to drive meaningful improvements and reflect on what was working well within the service (see area for improvement 1).

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 not limited to:

- a) Developing self evaluation and improvement processes that can be revisited and reflected on.
- b) Reviewing and updating policies to ensure they reflect and follow best practice and 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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Quality indicator 4.1 Staff skills

Children were cared for by a childminder who was nurturing and caring towards them. The childminder expressed that the children they had cared for had become like family. They had many years of experience and demonstrated that the children and their families were at the heart of the service. For example, offering flexible childcare options to support families' changing needs. As a result, children and their families received care and support that met their needs.

Children experienced warm and caring interactions that supported them to feel safe and valued. The childminder's responsive interactions promoted individualised support for the children. For example, parents had given permissions to allow older children to walk to and from school on their own. Risk assessments were in place and children were happy with this arrangement. This helped to build children's confidence and promoted their independence.

The childminder had not undertaken any training or professional reading since the last inspection. An area for improvement had been made to prioritise training, such as child protection and first aid. This area for improvement has been carried forward and has been rewritten to reflect current guidance and frameworks. We discussed different ways to access training and signposted the childminder to the Care Inspectorate HUB, to begin to access relevant training and best practice documentation. This would further support their knowledge and understanding of best practice and improve children's experiences (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

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

Requirements

Requirement 1

By 1 August 2023, to ensure children's safety, health, and wellbeing, the provider must ensure that children's personal plan information is individual, up-to-date and contains the necessary information. Personal plan

information must reflect children's needs and wellbeing. Personal plans must be reviewed with families at least once in every six months.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) 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).

This requirement was made on 8 June 2023.

Action taken on previous requirement

Individual personal plans were in place for children. These plans gathered important information about the children's lives and reflected their needs. Informal reviews were completed with parents.

An area for improvement has been made in this report for formal reviews to take place in line with current guidance.

Met - within timescales

Requirement 2

By 1 August 2023, to ensure children's health and wellbeing, the provider must ensure that a medication policy and procedures are developed and in place. This is to ensure the safe administration of medication and should detail the actions the childminder will take prior to accepting responsibility for the administration of medication.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 8 June 2023.

Action taken on previous requirement

A medication policy and procedure had been put in place. Procedures outlined in the policy will support the childminder to follow best practice in the event medication is required and administered.

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

To ensure the 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 and improvement processes
- seeking families' views
- creating an accident and incident policy
- reviewing and updating policies to ensure they reflect and follow best practice and 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 8 June 2023.

Action taken since then

The childminder had created an accident and incident policy and reviewed most of the policies to ensure there were in line with best practice.

No formal self evaluation and improvements had been developed. The childminder could share what areas had been developed and why.

This area for improvement has been rewritten to reflect areas that still require improving.

This area for improvement has not been fully met.

Previous area for improvement 2

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 not limited to:

- child protection training
- first aid training
- reviewing best practice documentation, including the Care Inspectorate document 'A quality framework for daycare of children, childminding and school-aged childcare'
- accessing the bitesize videos on the Care Inspectorate HUB
- evaluating and recording 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 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 organisational codes' (HSCS 3.14).

This area for improvement was made on 8 June 2023.

Action taken since then

No action has been taken towards this area for improvement. Therefore, it is carried forward.

This area for improvement has not 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?	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?	3 - Adequate
4.1 Staff skills, knowledge and values	3 - Adequate

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