

# Sweet Home Child Minding

Friockheim

**Type of inspection:**  
Unannounced

**Completed on:**  
28 November 2024

**Service provided by:**  
Rita Bizna

**Service provider number:**  
SP2015987427

**Service no:**  
CS2015341625

## About the service

Rita Bizna provides a childminding service from their home in Friockheim. The service operates under the name of Sweet Home. Where the childminder is working together with an assistant, they may care for a maximum of nine children up to 16 years of age: of whom no more than 9 are under 12 years; of whom no more than 6 are not yet attending primary school and; of whom no more than 2 are under 12 months. Where the childminder or assistant is working alone, they may care for a maximum of 6 children up to 16 years of age: of whom no more than 6 are under 12 years; of whom no more than 3 are not yet attending primary school and; of whom no more than 1 is under 12 months. Numbers include the children of the childminder's family or household. Minded children cannot be cared for by persons other than those stated on the registration certificate. Overnight care will not be provided. Inesa Harlamova is employed as an assistant.

The service is based in a rural area of Friockheim and is close to local parks, schools and woods.

## About the inspection

This was an unannounced inspection which took place on 28 November 2024 between 09:30 and 12:45. 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 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
- shared MS Forms to gather family feedback, none were returned, when this report was published.

## Key messages

- Children were mostly happy, relaxed and confident within the childminder's home.
- The childminder knew children well and was mostly responsive to their needs.
- To ensure children benefit from individualised care and support, the childminder should update personal plans regularly with families.
- Children had opportunities to lead their play and have fun in the childminder's home.
- To maintain children's wellbeing and safety there should be a robust approach to cleaning the playroom to improve infection control measures.
- The childminder should continue to develop their approach to self-evaluation, to embed a meaningful cycle of continuous improvement.

## 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?	3 - Adequate
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

Positive relationships had been established with the children in the childminder's care. They knew children well and considered children's preferences and personalities. The childminder, and children shared lots of laughter and fun together. This helped to develop positive attachments and supported children to feel safe.

Children's individual needs were carefully considered with routines and care provided adapted. Strategies and support in place were developed with families. This ensured continuity for children and helped them to thrive. Not all personal plans were reviewed or updated regularly. This meant that there was the potential for key information to be missed to support children's care. To ensure children benefit from individualised care and support, the childminder should ensure personal plans are reviewed and updated regularly (**see area for improvement 1**).

Children's choices were mostly respected as the childminder consulted with them before new activities were introduced. At times, children were not always consulted or their choices respected. For example, children should be asked before having their nappy changed to enable them to prepare for this transition. This would support children to remain happy in the service.

The lunch experience was calm and relaxed once children had been served their food. Homecooked meals were provided, which enabled children to try a range of healthy foods. Children were supported to eat independently and enjoyed being social, chatting and sharing stories. We observed children progressing with their identified next steps as they used cutlery when eating. As a result, children were developing their life skills.

Recent training in child protection had developed the childminder's confidence. They had a good awareness of potential safeguarding concerns and could confidently discuss procedures in reporting and recording. This would allow the childminder to respond to any potential concerns in a timely manner.

### Quality Indicator 1.3: Play and Learning

The childminder was down at children's level in play. They encouraged them to make choices and share, which helped children to build friendships. They were responsive to children's changing interests and provided alternative suggestions to activities they might like. For example, children spent time using playdough and cutters to make shapes. Literacy and numeracy were embedded as the childminder spoke about the shapes the children were making and commented on their play. This meant children were having fun and learning through play.

Children were empowered to manage their own risks and played at different levels of height within the childminder's home. For example, children accessed a step to play with the kitchen toys on a shelved unit. Children used their imaginations to pretend to make food, count numbers on the scales and become new characters in play. The childminder had a good overview of children's safety during this play. This demonstrated that children were leaders in their play.

A good understanding of child development supported the childminder to recognise children's achievements and next steps. Training had been accessed to develop the childminder's observation skills. Observations recorded children's learning through a mix of experiences and next steps and these were tracked and monitored. Conversations with families were meaningful in enabling the childminder to develop strategies to support individuals. For example, providing specific activities, such as focussed story time, to develop children's emerging vocabulary skills. This supported appropriate challenge and helped children to progress.

Good use of the local community provided opportunities for children to have access to fresh air and exercise. The childminder told us about visits to local parks, playgrounds and soft play centres. These experiences developed children's social skills in a variety of spaces.

### Areas for improvement

1. To ensure that children's needs, wishes and choices are met, the childminder should further develop personal plans and review these, in line with legislation, with children and parents.

This should include, but is not limited to,

- review and update children's information with families
- ensure updates are signed and dated by the childminder and families
- ensure information reflects children's current wellbeing, needs, likes and dislikes.

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

### 3 - Adequate

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

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

Children had access to a range of resources that were mostly stored at child height. Toys and resources were age and stage appropriate and provided some challenge for children. Children's creations were valued as their artwork was displayed on the playroom walls. There was ample space for children to move between the dedicated playroom, living room, kitchen, bathroom and garden. This enabled children to make choices in play.

Some areas of the playroom needed to be reviewed. We highlighted the need to reorganise and declutter the playroom. For example, piled up boxes, toys and books on a unit within the playroom, meant that there was the potential for children's safety to be at risk. This should be reviewed to maintain children's safety (see area for improvement 1).

Some aspects of poor infection control meant that there was the potential for children's health and wellbeing to be at risk. We identified areas within the playroom that needed a thorough clean to minimise any hazards to children's wellbeing. Some resources were observed to be of poor quality, for example, a seesaw was ripped and stuffing was falling out. The childminder should review cleaning procedures to ensure they are effective to provide a well-maintained space for children to be cared in **(see area for improvement 1)**.

Risk assessments were detailed and used effectively. For example, on the day of inspection, the childminder highlighted to children that the garden was very slippery due to frost and ice. They recognised the children's need to be physically active and provided activities indoors to support this. As a result, risk assessments impacted on children's experiences.

The childminder spoke positively about recent SIMOA (safe, inspect, monitor, observe, act) training to keep children safe. We highlighted the need for the childminder to keep effective registers of children's attendance and departure within the service. This would ensure that there were the right number of adults to children to meet the conditions of the childminder's registration **(see area for improvement 2)**.

Children's information was mostly stored effectively. Confidentiality was maintained however, we suggested that the childminder review their systems to ensure all information is easily accessible and accurate. This would further support the childminder store information safely.

## Areas for improvement

1. To ensure that children are cared for in a safe environment, infection control measures should be improved.

This should include, but is not limited to;

- a robust clean of the playroom and home
- organising spaces to ensure they are well-maintained
- maintaining resources to a high standard.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

2. To meet the conditions of their registration and ensure that there are the right number of adults to children, the childminder should create and maintain effective registers.

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

'My needs are met by the right number of people' (HSCS 3.15).

**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 was experienced and enthusiastic about their role. They were committed to improving their service and this impacted on outcomes for children and families. Quality assurance systems were in the early stages of development with an action plan introduced. The childminder reflected on actions and marked these off as they were achieved. Moving forward, the childminder could consider how they evaluate identified actions, to ensure they continue to progress and improve their service. This would further support the continuous cycle of improvement and promote quality outcomes for children and families.

A quality assurance calendar highlighted specific priorities within the service. We suggested adding further priorities, including updating personal plans, monitoring registers and completing notifications to the Care Inspectorate, such as the annual return. This would ensure these are reviewed in line with legislation and best practice is followed. This would support the childminder to lead and manage their service.

Recent questionnaires demonstrated that family's views were listened to and acted upon. For example, support when using a fork during mealtimes had been requested. From observations and practice, we could see that the childminder had used this information to support their planning for the child. This demonstrated meaningful relationships had been established between the childminder and families to support children's progress.

Policies were relevant to the effective running of the service. We suggested that the childminder add in links to best practice guidance within their policies. This would ensure the service continued to reflect the most up to date practice and guidance.

**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 4.3: Staff deployment**

Interactions with children were nurturing and supportive. The childminder knew children well and had established positive relationships with families. Fun and laughter was a shared experience. For example, when playing with balloons, children enjoyed watching balloons fly away once blown up and the air was released. As a result, children were happy and confident.

The childminding assistant was not present during the inspection. The childminder was able to speak about their assistant's role in supporting the service. This suggested that they worked well together to promote positive outcomes for children.

The childminder demonstrated a good understanding of how children learn and this had been impacted by recent training. They commented on their improved knowledge and skills when recording children's learning through observations and next steps. This meant that children were able to progress and achieve.

The childminder and assistant were committed to their ongoing professional development. They had completed core training and additional training to enhance their own learning. The impact of training courses had been recorded and the childminder spoke positively about these. For example, the positive effects of working with families to identify children's next steps. They were able to link this learning to best practice documentation, including 'Realising the ambition: being me'. This demonstrated that children were at the heart of the childminder's improvement of the service.

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

### Requirements

#### Requirement 1

By 14 August 2023, the provider must ensure that all children have a personal plan in place which sets out how their individual needs will be met, as well as their wishes and choices.

To do this the childminder must, at a minimum;

- ensure that personal plans are written and then reviewed every six months with all children and families
- ensure updates are signed and dated by the childminder and families
- ensure information reflects the child's current wellbeing, needs, likes and dislikes.

This is to comply with Regulation 5(1)(2)(b)(c) (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 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 requirement was made on 12 July 2023.**

#### Action taken on previous requirement

Personal plans had been developed for all children in the childminders care. Some updates were in line with legislation, however this was not consistent. Personal plans should be reviewed and amended as children's care needs change. These should be signed and dated with families and the childminder.

This requirement has been met in part and moving forward will be an area for improvement.

**Met - outwith timescales**



## Requirement 2

By 1 September 2023, to ensure that all children are safeguarded from harm and abuse, the provider must ensure that both they and the assistant have completed training in child protection and the assistant has completed relevant first aid training.

To do this, the provider must, at a minimum, ensure that:

- both the childminder and assistant complete child protection training and this is updated annually
- the assistant completes robust first aid training to maintain the safety of children in their care.

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:

'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 requirement was made on 12 July 2023.**

### Action taken on previous requirement

Both the childminder and assistant had completed mandatory core and additional training. A training plan was in place for future learning.

This requirement has been 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

To ensure that children receive care in a safe environment, infection control measures should be improved.

This should include, but is not limited to;

- ensuring that highchairs used to feed children are clean, free from food and well maintained
- following best practice nappy changing procedures to ensure effective infection control.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected. (HSCS 1.34) and; 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected. (HSCS 1.4)

**This area for improvement was made on 12 July 2023.**

### Action taken since then

Highchairs used to feed children were clean. Nappy changing procedures were followed.

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?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
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
4.3 Staff deployment	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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