

# Hastie, Fiona Child Minding

Kirkcaldy

**Type of inspection:**  
Unannounced

**Completed on:**  
10 December 2024

**Service provided by:**  
Fiona Hastie

**Service provider number:**  
SP2017988906

**Service no:**  
CS2017355044

## About the service

Fiona Hastie provides a childminding service from the family home in a residential area to the west side of Kirkcaldy. The service is close to local amenities including green spaces, the local nursery and school and local shops. The service is delivered from the ground floor of the family home and children have access to the open plan lounge, kitchen/diner downstairs bathroom. An enclosed rear garden is available but is not used.

The service was registered as follows: to provide a care service to a maximum of 8 children at any one time under the age of 16, of whom no more than 6 are under the age of 12, no more than 3 are not yet attending Primary School and no more than one is under 12 months. Numbers are inclusive of children of the childminder's family. Overnight care may not be provided and minded children cannot be cared for by persons other than those named on the certificate.

## About the inspection

This was an unannounced inspection, which took place on 11 December 2024 between 15:40 and 19:30 hours. 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:

- spoke with four children using the service;
- spoke with the childminder;
- requested feedback from parents/carers;
- observed practice and daily life; and
- reviewed documents.

## Key messages

- Children were relaxed and at the home in the setting and had developed positive friendships.
- The childminder's interactions supported children's learning.
- Children benefit from a warm, inviting, comfortable and spacious home with a large range of play resources.
- The childminder should now formalise quality assurance for the 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?	5 - Very Good
How good is our leadership?	3 - Adequate
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 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.

Minded children were confident and comfortable with the childminder. They easily approached her to involve her in their games and enjoyed lots of laughter throughout their play. The childminder knew the children very well and spoke fondly of their individual personalities. These positive relationships contributed to children's level of comfort in the service.

Children's emotional wellbeing was supported effectively as the childminder was warm and nurturing in her approach. They regularly checked in on how children were feeling and spoke with parents where needed. During the inspection they sensitively challenged and addressed any inappropriate language or behaviour from children. The childminder actively encouraged good manners which encouraged the children to respect and care for each other and the home.

Children were developing positive relationships with food as the childminder mostly provided healthy options which included a range of fruit. Allergies were carefully planned supporting children's wellbeing, with appropriate health plans held. Children were also encouraged to drink water routinely. This contributed to them remaining healthy and hydrated. We signposted the childminder to the revised 'Setting the Table' guidance document and recorded webinar session to support menu planning moving forward.

Although medication forms had been reviewed since the previous inspection the use of these did not yet meet current guidance. We advised the childminder to address this to ensure all relevant information was recorded prior to administration of medicine. This includes recording the child's full name and adding a statement to confirm the parent has given the first dose. This was to ensure the continued safety and wellbeing of children. The recommendation made at the previous inspection has been made again (see area for improvement 1).

### Quality indicator 1.3: Play and learning.

Children were active and developing healthy attitudes towards exercise as they enjoyed daily outdoor play at the local park. This allowed them to enjoy fresh air and be physically active. Children told us they enjoyed going to the park and playing football.

The childminder was responsive to children's requests which allowed them to direct their own play ensuring their needs and interests were met. This included choices for snacks such as several types of fruit and requesting her involvement in playing specific games. This empowered children and enhanced their enjoyment in the setting.

The childminder was fully involved in children's play, supporting and extending with appropriate language and questioning which challenged their thinking. This positive engagement enabled children to reach their full potential. The childminder promoted literacy and numeracy through their interactions and provision of games, toys and books to specifically promote this. For example, word search books and strategy boards games which were age and stage appropriate. This supported children to be more involved in their play and enabled their learning.

Children's needs were met through effective information sharing with families. An online digital application was used by the childminder to share photographs and updates. This allowed parents to remain abreast of their child's time in the service and enhanced children's continuity of care.

Information gathered on the minded child enabled the childminder to get to know their personal preferences and specific needs. Registration forms and 'all about me' information was held but had not been kept under review. This meant there was potential for contact details to be incorrect which could delay treatment in an emergency. All information held on children must be reviewed and updated with families at least once every six months. Scrap books were also held which formed part of children's personal plan, which children had ownership of. These should now be developed to evidence progress, identify next steps and support achievements. The area for improvement made at the last inspection has been made again (see area for improvement 2).

### Areas for improvement

1. To support the safe administration of medications, the childminder should revise and update medication forms to ensure they gather all relevant details prior to giving any medicines.

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

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

2. To ensure up to date information is held to meet children's needs, the childminder should carry out regular reviews of children's care plans. This should be carried out at least once every six months or sooner if there are any changes. This should include but not limited to children's registration details and all about me information. Additionally, children's scrap books should be developed by adding dates, next steps and comments about ongoing learning to evidence children's progress.

This is to ensure 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?

## 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.

The childminder's home was safe, secure, clean, warm and inviting. Children were relaxed and at ease as they were familiar with the home and enjoyed a sense of belonging.

Children's risk of cross infection was significantly reduced as the childminder followed her own robust procedures which ensured children experienced a clean and hygienic environment. This included following guidance on exclusion periods for common illnesses, promoting children's health and wellbeing.

Restrictions around access to the internet and time limitations for use of 'screens' e.g. tablets and television were in place to keep children safe. Where this was allowed, parental permission was held. This ensured children enjoyed a balanced provision of activities.

Systems were in place to reduce potential harm to children including close supervision, keeping the front door locked and talking to children about their safety. Written risk assessments were held covering the home and outings to the park. These could be developed further to identify risks within the kitchen and minimising action. For example, ensuring the fire blanket is attached to the wall. This would ensure that all risks were identified along with appropriate action to minimise the risk. These should then be kept under review annually or sooner if there are any identified changes.

The very good range of resources available to children supported different types of play, ensuring they had fun whilst also learning. These were in good order and easily accessible to children to promote their independent choice. We highlighted how the addition of natural loose parts play materials would further increase creative play opportunities.

Procedures were in place to ensure that children's information was securely stored. Digital technology was used to share photographs with families, helping them to feel included in their child's experiences. We highlighted that the childminder may need to register with the information commissioner's office in relation to data protection. We also asked them to ensure a policy was in place and shared with families about the proportionate use of CCTV.

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality indicator 3.1: Quality assurance and improvement are led well.

The childminder was very enthusiastic about her role and drew on experiences and learning from their volunteer work with families. Their level of commitment contributed to the positive ethos and experiences seen for children during this inspection.

Policies and procedures to support children's care, play and learning had been reviewed and updated to reflect current best practice and guidance. We pointed out some additional small changes to be made to further improve some of these. These should be kept under regular review to ensure they remain relevant.

The childminder was reflective on their practice and how they could make improvements to meet the needs of individual children. They were also able to identify and describe the strengths of the service. They were aware of but had not yet accessed guidance to support them in developing self-evaluation. We suggested they become familiar with the best practice document 'A quality framework for daycare of children, childminding and school-aged childcare'. This document along with the 'self-evaluation toolkit for childminders' would support them to formalise quality assurance through evaluating current provision and identifying what could be improved. We highlighted that these documents are meant to be used as online tools to enable access to additional materials. We also highlighted bitesize on the 'HUB' section of our website to support them to develop this. The childminder should begin using these tools to develop formal quality assurance approaches which promote continuous evaluation and improvement (see area for improvement 1).

Children and families' views had been gathered informally through observations, discussions and formally through use of a questionnaire. Feedback from parents was less frequent and we discussed other options to gather this. We encouraged the childminder to build in opportunities to allow parents to spend time in the setting. This would enable them to view provision which would support them to give feedback. This would enable families to feel involved and their views valued. We also discussed ways in which children could be further involved in assessing the quality of the service. For example, pictorial tools and mind mapping. This would further demonstrate to children that their views are valued and respected (see area for improvement 2).

## Areas for improvement

1. To support continuous improvement and positive outcomes for children, the childminder should formalise quality assurance. This should include making use of the 'quality framework for daycare of children, childminding and school-aged childcare' and the self evaluation toolkit for childminders. Development of action planning for the year to identify areas of strength and improvement should also be considered.

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

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

2. To improve practice and outcomes for children, the childminder should develop ways to include parents and children in the development of the service. This should include building opportunities for parents to view provision on a regular basis. Feedback received should be recorded and used to make positive changes.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8).

## How good is our staff team?

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 4.1: Staff skills, knowledge and values.

Children experienced compassionate and responsive care as the childminder was consistently kind, caring and loving in their interactions. This enabled children to feel valued, secure and have fun.

Children's wellbeing was promoted as the childminder had accessed core training in child protection and first aid. The childminder had identified training and learning priorities for the future such as registering for the webinar on infection prevention and control. They also maintained a log of completed learning and development. We asked the childminder to now develop their learning record to be more reflective on how learning had impacted on practice. This would feed into quality assurance and improvement.

The childminder had accessed some relevant training and learning such as reading information to enhance their knowledge about individual children's health needs. Other training had been accessed through their role as a volunteer which contributed to provision of a childminding service. The childminder was a member of the Scottish Childminding Association and remained abreast of developments through reading updates from them and ourselves. They had accessed some online learning and continued to read widely. They were not however, using any best practice guidance or practice notes and were not aware of learning materials available on our YouTube channel. We encouraged them to access our YouTube channel, the 'Hub' section of our website and other sites. They should continue to identify and access wider training to support their practice and positive outcomes for children (see area for improvement 1).

### Areas for improvement

1. To further improve outcomes for children, the childminder should ensure they use relevant best practice documents and tools to inform and improve their practice. These should be used to build current knowledge; consider what the service does well and what could be better. Useful documents and websites can be found at <http://hub.careinspectorate.com/>.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).



## 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

The childminder should carry out regular review of children's care plans to support up to date information to meet their needs. This should be carried out at least once every six months or sooner if there are any changes.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 8 May 2018.**

#### Action taken since then

Children's care plan were not yet being reviewed at least once every six months. Therefore this area for improvement is not met and has been made again.

#### Previous area for improvement 2

The childminder should submit a variation to request the addition of her husband as an assistant if she plans to involve him in the direct care and supervision of minded children.

This is to remain to within conditions of registration and ensure care and support is consistent with the Health and Social Care Standards 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 area for improvement was made on 8 May 2018.**

#### Action taken since then

The childminder no longer needs support from her husband in collecting or caring for the children. This area for improvement is therefore now 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?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very 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?	4 - Good
4.1 Staff skills, knowledge and values	4 - Good

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