

Eilidhs Childminding Child Minding

Fortrose

Type of inspection:

Unannounced

Completed on:

25 October 2024

Service provided by:

Eilidh MacEachran

Service provider number:

SP2023000084

Service no:

CS2023000126



Inspection report

About the service

Eilidh's Childminding is a childminding service situated in the hamlet of Raddery near to the village of Rosemarkie.

The service is registered to provide a care service for a maximum of six children aged up to 16 years of age.

The service is situated in a rural area a short drive from the village of Rosemarkie near shops, a beach and other amenities. The local school, with a nursery, is a short drive away in the village of Avoch. The children are cared for in a kitchen diner, living room, playroom and hallway. They have access to a downstairs room to sleep and a fully enclosed garden.

About the inspection

This was an unannounced inspection which took place on Thursday 24 October 2024, between 13:30 and 16:45. 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:

- spoke with one family member of people using the service
- reviewed four responses to our MS Forms survey of family members of people using the service
- · spoke with the childminder
- · observed practice and daily experiences
- · reviewed documents.

Key messages

- Children experienced nurturing care and interactions from an attentive and responsive childminder.
- Parents were actively welcomed into the service allowing informal chats about children's care, routines and achievements to take place and positively influence children's care.
- Children's care and support should now be supported by regular reviews of personal planning information.
- Children's health and wellbeing was supported by regular outdoor play and opportunities to explore their wider community.
- · Children were actively engaged in play and able to follow their interests and curiosity.
- The childminder should now further develop policies and procedures for riskier play, including risk assessment for the use of large play equipment.
- The childminder was reflective about their practice and children's experiences. They should now develop clear quality assurance systems to identify and support improvement priorities.
- We suggested the childminder continues to develop professional knowledge and skills with regular engagement with best practice documents and guidance.
- Children's emotional wellbeing benefitted from the homely, welcoming, nurturing ethos the childminder had created in her 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?	3 - Adequate
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/people and clearly outweighed areas for improvement.

1.1 Nurturing Support and Care

Children attending the service were happy, settled and relaxed in the care of the childminder. Their needs were met through nurturing and responsive interactions from a calm, patient childminder which helped children feel loved, safe and secure. For example, younger children who required support with personal care were given this in a warm, caring reassuring manner. This nurtured children's security and confidence.

Children were generally supported in having their needs met well by a childminder who knew and understood them as individuals. Information recorded in personal plans gave a level of detail about children's routines which meant their needs were met well. For example, the childminder had encouraged parents to provide detailed information about children's eating, sleep and personal care routines. This made clear their individual needs and how to meet these. This information was supplemented by regular informal contact with parents. A parent told us, "she listens to what's happening in my child's life that could impact them while they are with her to ensure that she can support them as much as possible." Recorded information was not yet reviewed regularly. This meant there was the potential for any changes not to be recognised in a way that was best to meet current needs as individual needs changed. The childminder should now put systems in place to support recorded information to be consistently reviewed and updated to enhance children's outcomes (see Section How good is our leadership?, area for improvement 2).

Snack time was relaxed and homely, ensuring it was a caring and nurturing experience. Children were served some snack items provided by their families with a selection of fruit. The childminder's preparation of fruits for the children demonstrated her awareness of minimising the possibility of choking. We were advised by the childminder that she usually sat with the children as they ate. During our inspection she was trying to give the younger children a quick snack before their sleep whilst preparing snack for older children. We acknowledged the timing of our inspection had distracted younger children from their usual sleep routine. Children were offered milk, water or juice to drink. We discussed current best practice guidance in relation to offering a choice of milk or water to drink. We signposted the childminder to the Scottish Government nutritional guidance document, Setting the Table. The childminder agreed to review practice in relation to the drinks offered to children during service hours.

The childminder recognised the importance of rest and sleep for children's overall development and wellbeing. Arrangements were in place to provide sleep experiences which reflected children and families' wishes. This contributed to children's emotional security. The childminder advised that she was working through one young child's sleep routine in partnership with their parents. At the time of inspection, this included often sleeping in a buggy. Through discussions and sharing of information, the childminder agreed to continue to develop practice with regards to where children sleep to promote high quality sleep outcomes. This would ensure that children sleep in areas that are comfortable, support their privacy and dignity, are not restrained and are effectively monitored.

At the time of inspection, no children were being administered medication. The childminder had a policy and procedures in place to support the management and administration of medication, should the need arise.

1.3 Play and Learning

Children had opportunities to lead their play and have fun in the childminder's home. The three minded children in the service were happy and settled. The childminder provided a balance of activities to suit the wide age range of minded children as well as her own children. The childminder enhanced children's play with some interactions which extended their language. For example, the childminder gave the younger children vocabulary for their experiences and interests. This supported children to develop their understanding and thinking.

Children's choice was supported by being able access resources from child height storage. For example, children could access creative resources from a low kitchen cupboard. Older children selected materials for themselves while the youngest were supported to access age appropriate resources. Other resources included, construction materials, books, puzzles and small world toys, such as a train track. The childminder used a teddy bear sorting game to talk about colours with the youngest children.

Children benefitted from regular opportunities which connected them to their local community. The childminder advised that they regularly visited local play parks, the beach and attended toddler groups. The childminder evaluated whether such activities were meeting individual interests and needs. For example, she stated that she was not currently attending local Bookbug sessions. She had noted that a minded child was no longer enjoying or gaining learning from this experience.

There were limited approaches in place to evaluate children's progress and achievements. The childminder shared children's experiences and progress verbally with families at pick up and drop off times. This enabled parents and families to be involved in their child's experiences. We spoke with the childminder about reviewing the approach for planning play and learning to support children's progress and provide opportunities for children to reflect on, revisit and consolidate their learning.

Tracking children's progress and achievements was at an early stage of development. The childminder shared children's experiences and progress verbally with families at pick up and drop off times and via a social media app. This enabled parents and families to be involved in their child's experiences. We discussed simple ways to develop quality observations and systems for tracking children's progress over time. The childminder agreed to use best practice guidance, such as Realising the Ambition, to support her professional understanding and the development of quality observations.

How good is our setting?

3 - Adequate

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

Children experienced a setting that was clean and comfortable with plenty of natural light and ventilation. A welcoming, homely environment had been created which contributed to children being secure and settled. Spaces that children accessed had been thoughtfully organised. For example, a large hallway was used for construction toys and floor play. Resources were accessible in child-height storage in the hallway and also in a playroom. Children had selected puzzles and games to play with in the living room.

Children were able to access resources which took account of their stages of development and learning. These included jigsaws, puzzles, drawing and craft materials, vehicles and books. This provided children with some stimulating experiences which engaged them in play. Children's creativity, curiosity and problem solving skills were being to be supported by the introduction of some large loose parts in the garden. For example, older children were enjoying rolling tyres along garden paths. We signposted the childminder to information which could support further develop this aspect of play and learning.

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Children were encouraged and supported to access the garden for outdoor play, supporting them to be healthy and active. A fully enclosed garden, in addition to the attentive supervision of the childminder, allowed children to explore, follow their curiosity and lead their play. A range of resources supported the age range of children attending the service. These included football goals, a sand pit, play house, swing and slide playset and mud kitchen. However, we found that the trampoline was not being used in line with best practice guidance. We discussed this with the childminder and signposted her to relevant safety information. We made an area for improvement to ensure children are supported to use large play equipment appropriately and safely (see area for improvement 1).

Effective infection prevention and control measures were in place. Children were encouraged to wash their hands at key times and effective nappy changing and cleaning procedures meant that the spread of infection was kept to a minimum. This contributed to a safe environment for children.

Areas for improvement

1. To support children's safety and wellbeing the childminder should ensure that play equipment is used in accordance with manufacturer's instructions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or at risk of harm." (HSCS 3.21).

How good is our leadership?

3 - Adequate

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

Aims and objectives, and policies were shared with families when they began attending the service. We found that some information within these policies did not reflect the current service offered. We encouraged the childminder to revisit these to ensure information was current, informed by best practice guidance and provided clear expectations to parents about the service. All families who responded to our survey reported positive communication with the service and that they were kept well informed.

The childminder provided a warm and welcoming service, helping children feel loved, safe and secure. They engaged with families and children, and actively sought feedback about the service through informal chats at drop off and pick up times. Parents told us that they always felt welcomed into the childminder's home. They said the childminder was "...always happy to discuss what they (children) have been up to in the day and quick to respond to any questions." However, there was not yet a robust system in place for regular reviews of personal plans with parents (see area for improvement 2). This would enable the childminder to reflect on the needs of the children effectively and ensure that changes were made to support them.

There were limited systems in place to evaluate the quality of the service and identify areas for improvement. As a result, experiences for children were not always being developed. For example, juice was offered as an option at snack time which did not reflect current guidance on best practice. We discussed the benefits of using quality audit tools, such as: 'A quality framework for daycare of children, childminding and school-aged childcare' and 'My Childminding Journey', as a starting point in reflecting on what was working well, and where improvements could be made.

The childminder engaged positively with our suggestions for further developing processes for continuous improvement. She acknowledged that she was still in the process of establishing her service. Following inspection the childminder submitted a notification we advised was required. The childminder was open with parents in seeking feedback to develop and improve the service. Links with other childminders and membership of a childminding association were supporting her to source training and development support. This supported the childminder to identify improvement priorities.

The childminder had begun to develop her reflective practice to improve children's experiences and outcomes. For example, the childminder had identified professional reading from best practice guidance to support the development of children's eating experiences. Formal quality assurance processes were not yet in place to ensure important areas of the service were monitored.

Areas for improvement

1. To support positive outcomes for children the provider should ensure that robust quality assurance processes are in place.

This should include but is not limited to a system to review personal plans at least every six months to ensure information recorded is current and relevant to meeting children's needs effectively.

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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

The childminder had created a warm, relaxed, homely ethos. It was clear that children had formed strong attachments with the childminder. This meant that they approached the childminder with confidence to seek support and interactions. An older child who was being minded was as happy and engaged in play as the two toddlers present. The childminder achieved a balance of responding to the different needs of children across a range of ages. This supported children's needs to be met well and influenced positive outcomes.

Overall, the childminder understood what children needed to help them grow and develop, and responded to their needs in a caring manner. We discussed some conflicts between professional expectations and some families' wishes for some aspects of their child's care. We suggested the childminder worked with families, using best practice guidance to support conversations to influence better outcomes for children.

The childminder recognised the importance of maintaining their skills and knowledge through further training and professional reading. They had identified some first aid training to further develop their core training in this area. The childminder recognised the importance of building links with other local childminders. This provided reassurance as a newly registered service as well as supporting ongoing professional development. The childminder demonstrated awareness of keeping up to date with current quidance and best practice to positively influence outcomes for children.

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We suggested the childminder considered how they might want to record changes made to their practice or service as a result of training or professional reading. Using clear systems for self-evaluation and quality assurance, should demonstrate where changes have had a positive impact on children's outcomes.

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?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate

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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