

Duncan, Gail Child Minding

Leven

Type of inspection:
Unannounced

Completed on:
19 November 2024

Service provided by:
Gail Duncan

Service provider number:
SP2016988008

Service no:
CS2016347122

About the service

Gail Duncan provides a childminding service from the family home in the village of Colinsburgh. The service is close to local amenities including woodlands, play parks, 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 lounge, kitchen and upstairs bathroom. Children also have access to an enclosed rear garden, although this was currently out of bounds by the childminder.

The service was registered to provide a care service to a maximum of 6 children at any one time under the age of 16, of whom no more than 3 are not yet attending primary school and no more than 1 is under 12 months. Numbers are inclusive of children of the childminder's family.

About the inspection

This was an unannounced inspection, which took place on between 09:45 and 12:15 hours on 19 November 2024. The inspection was carried out by two inspectors 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we;

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

Key messages

- Children enjoy compassionate and responsive care through positive relationships with the childminder.
- Parents are very happy and value the service.
- Children's love of nature and physical wellbeing is supported through frequent use of outdoor space in the local community.
- Further review and management of resource is needed to improve children's play experiences.
- Quality assurance needs to be developed to support continuous improvement.
- The childminder should develop their skills and knowledge through further learning and development opportunities which includes use of best practice documents.

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?	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.

The childminder spoke confidently about the minded children and clearly knew them well as individuals. Regular communication with parents about individual needs ensured that children received care that was tailored to their individual needs. One parent told us they had a "very good relationship and good communication about my child and her view and Gail was very approachable if anything needed".

Children were happy and relaxed and had developed affectionate relationships with the childminder who responded to them sensitively and respectfully. This meant that children felt safe and cared for in the setting. One parent told us, "my daughter is happy to go and looks forward to seeing Gail and the other children".

The childminder's interactions with children were gentle, nurturing and caring. When children became distressed, she gave them cuddles or offered reassurance. A dispute over a toy was quickly and calmly supported to help them join each other in their play. This meant that children felt safe, were valued and respected.

Records were in place to support the administration of medication should it be required. At the time of inspection, no children required medication. Accident forms were held which recorded all relevant information for sharing with families. As a result, children's individual needs were fully considered, and their health needs met.

The childminder demonstrated a good understanding of child protection procedures and described appropriate action they would take in response to any signs of abuse. As a result, children were effectively safeguarded from harm.

Children currently slept on a large bean bag or in a buggy whilst out and about. We discussed the importance of a flat sleeping surface and encouraged the childminder to proceed with plans to replace this with a travel cot. This would ensure that children are always comfortable, able to stretch and move freely during sleep in line with best practice guidance.

Children remained hydrated as the childminder ensured they had access to fresh water throughout the day. Snacks were provided by the childminder which were nutritious, promoting healthy eating choices. Lunch time was a social occasion at the dining table, however, children were able to move around whilst eating snack. We highlighted the potential choking and infection control risk of this and asked the childminder to review this. Although packed lunches were provided, we encouraged the childminder to support provision of healthy items to reduce lunch box envy and further improve children's relationship with food (see area for improvement 1).

Quality indicator 1.3; Play and learning.

The childminder actively supported outdoor play to promote children's wellbeing. Children enjoyed daily visits to the local park and woodland along with walks to the local school. Additional community use included regular toddler group sessions. A parent told us "They go on lots of walks and even have a lot of fun at the parks". These experiences enabled children to be physically active, explore the natural environment and feel connected to their community. A child told us, "I like when she takes me out to the park".

Personal plans were in place which were kept under regular review. These had now been developed to record children's time and progress in the setting. Photographs were linked to SHANARRI wellbeing indicators and next steps were written. These helped to evidence children's achievements and supported planning to meet needs. We asked the childminder to ensure that next steps were consistently completed for all children. Some written observations of learning could now be added to supplement photographs of children's experiences.

Children's early communication and language development was supported through reading stories, singing, rhymes and repetition of words and phrases when chatting. We reminded the childminder to be mindful of constant background noise when children are developing language skills. Children's numeracy skills were promoted through daily experiences. For example, playing puzzles, building construction toys, counting and identifying colours and shapes during play and in the community. This enabled children to have fun whilst learning.

Planning was mainly child led as children were able to choose what they wanted to do. The childminder shared an example of using the bus to go into town when one child demonstrated an interest in vehicles. We shared ways in which to develop basic planning to extend children's play and learning. For example, by gathering and recording children's ideas and requests. This would support them to feel respected and included.

Areas for improvement

1. To ensure children's continued health and safety during mealtimes, the childminder should review the routine for snack times. This is to reduce children's risk of choking or cross infection.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible" (HSCS 1.35).

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.

The childminder's home was fresh, clean and well maintained. Appropriate infection control measures were in place to reduce children's risk of cross infection. Protective equipment was used for nappy changing and hand washing promoted. The childminder followed recommended exclusion periods for childhood ailments. This supported a safe and healthy environment for children in her service.

Risks within the home were reduced, contributing to children's safety. The childminder held written risk assessments which identified most risks and actions to reduce these. We asked the childminder to now develop these further to ensure all potential risks are recorded, such as the garden. Children were encouraged to do a tidy up, promoting their responsibility within the home. They could now be encouraged to tidy away items as they play, to reduce tripping hazards due to limited space. Emergency evacuation procedures were held, ensuring children's continued safety in dangerous situations and fire drills were regularly completed with children. These measures supported children's wellbeing and reduced their risk of harm.

Procedures were in place to ensure that children's information was securely stored. Digital technology was used to share photographs and children's progress individually 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.

Most toys and games were at children's level supporting independence. The childminder was responsive to children's requests when they pointed out other toys outwith their reach. This meant that children could spend time doing what they enjoyed.

Children had access to a large variety of toys, games, books and other resources. These were suitable for the age and stage of the minded children. Parents told us there were "Age appropriate toys, quiet time and sensory and art and craft play". The volume of toys and games remained excessive and had a negative impact on children's play by reducing engagement and concentration. The childminder agreed and discussed their plans for further reduction and rotation of toys. This would further increase available floor space for children to enjoy meaningful play. One parent told us "The play area in the living room is a little busy as a small area". The addition of some loose parts play materials would promote children's curiosity, encourage creativity and challenge their thinking. The area for improvement made at the previous inspection has been made again (see area for improvement 1).

Areas for improvement

1. To support children's play and improved access to resources, the childminder should review the amount of resources accessible to children at any given time. These should be rotated to meet the observed needs and interests of children present. This would improve children's engagement in their play.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that "As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials" (HSCS1.31).

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 and led well.

As a result of the previous inspection the childminder had mentally reflected on her service and was able to describe the service strengths and outstanding aspects for improvement. She had been proactive in making changes and had addressed most of the identified areas of improvement from the last inspection. This contributed to improved outcomes for children.

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.

The childminder had briefly accessed guidance to support them in developing self-evaluation. However, they were not yet 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 the childminder to evaluate their work and identify what is going well and what could be improved. The childminder confirmed they preferred working with a paper copy of guidance and one was provided. We however highlighted that these are meant to be used as online tools. We also highlighted bitesize sessions on the 'HUB' section of our website. The childminder should use these tools to develop formal quality assurance approaches which promote continuous evaluation and improvement. The area for improvement made at the last inspection has been made again (see area of improvement 1).

Children and families' views about the quality of the service continued to be sought informally through observations and daily discussions. One parent told us "I can always talk to Gail about anything". A questionnaire for parents had been developed and we encouraged the childminder to issue this and collate formal feedback. This would enable families to feel involved and their views valued. We 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. The area for improvement made at the last inspection has been made again (see area for improvement 2).

The childminder had notified us of adults over the age of 16 living in the house and completed a disclosure check on them. However, this had been completed incorrectly and we were not identified as the notifiable body. As a result, the childminder should submit a new enhanced disclosure check through ourselves to allow us to be satisfied about the suitability of all adults in contact with minded children (see area for improvement 3).

An attendance register was held, however, there had been a recent lapse in recording children present. We reminded the childminder to re-start this in order to meet the terms of her registration.

This is to ensure all children would be accounted for in the event of an emergency.

Areas for improvement

1. To enable children to benefit from a service that is focussed on improvement and committed to providing high quality care, the childminder should put in place formal quality assurance systems and create an improvement plan for the year. This should be regularly reviewed and used to inform planning and development of the service. To further improve outcomes for children, the childminder should also ensure they use relevant best practice documents and tools to inform and improve their practice. Using these 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 use a service and organisation that are well led and managed" (HSCS 4.23) and "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 could include questionnaires. Information 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 state 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).

3. To ensure that persons living in the premises are fit to be within the proximity of children, the provider should ensure that they notify the Care Inspectorate of all adults living in the household and ensure completion of the required enhanced Police Act Disclosure checks.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states "I use a service and organisation that are well led and managed" (HSCS 4.23).

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 benefitted from the childminder's kindness and compassion, and they enjoyed spending time together. The childminder demonstrated their love of the children as they chatted, laughed and had fun with them. The nurturing approach and strong attachments supported children to feel respected, loved and secure.

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 and maintained a log of completed learning and development. We asked the childminder to now develop this log to be more reflective on how learning had impacted on practice.

The childminder had accessed some relevant training and learning such as 'book bug' training which promoted children's literacy. They read some updates from the Care Inspectorate and the Scottish Childminding Association to remain abreast of developments in childcare. They were not, however, using any best practice guidance or practice notes and were not aware of learning materials available on the Care Inspectorate's 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 relevant 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 care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 requirements we made at or since the last inspection

Requirements

Requirement 1

In order to ensure that persons living in the premises are fit to be within the proximity of children, the provider must ensure that they notify the Care Inspectorate of all adults living in the household and ensure completion of required Police Act Disclosure checks by 6 October 2023.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states "I use a service and organisation that are well led and managed" (HSCS 4.23).

It is also necessary to comply with Regulation 12 (1)(2)(a) (Child minding) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 13 December 2023.

Action taken on previous requirement

Notification of adults living in the house had been made and a disclosure check completed and seen to be clear. However, the disclosure had been completed incorrectly, which meant we were not the notifiable body. As a result, the childminder has been asked to carry out a new enhanced disclosure check. We have therefore identified this requirement as met, with an area for improvement made in relation to re-submitting another disclosure check.

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 support children's continued health and wellbeing, the childminder should ensure that the policy and practice for the administration of medication is followed in line with the document 'The Management of Medication in Day Care and Childminding Services'. This includes putting in place medication forms which gather all relevant information on receipt of medication. This is to ensure that all medicines given are recorded and accurate information shared with parents following administration. This is to promote children's safety and wellbeing.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This area for improvement was made on 13 December 2023.

Action taken since then

Medication policy and practice were improved and now reflected best practice. This area for improvement is now met.

Previous area for improvement 2

To ensure up to date information is held, the childminder should review all personal plan information held on children, along with parents. These should be dated to ensure regular review. This should be carried out at least once every six months or sooner if there is any change in a child's health, welfare or safety needs.

This is to ensure 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 area for improvement was made on 13 December 2023.

Action taken since then

Personal plan information had been updated at least once every six months, ensuring that information held was up to date. This area for improvement is now met.

Previous area for improvement 3

To support sharing of progress and planning to meet needs, the childminder should now begin recording children's development and experiences along with next steps. They should share this information with parents and use it to plan for and meet children's needs and support them to achieve.

This is to ensure 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 area for improvement was made on 13 December 2023.

Action taken since then

Basic records on children's development and time in the setting were now being completed on a regular basis, demonstrating and sharing their achievements. This area for improvement is now met.

Previous area for improvement 4

To support children's play and improved access to resources, the childminder should review the amount of resources accessible to children at any given time. These should be rotated to meet the observed needs and interests of children present. This would improve children's engagement in their play.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that "As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials" (HSCS1.31).

This area for improvement was made on 13 December 2023.

Action taken since then

Although we saw improvement in this area with a number of resources reduced, some space had been taken up with other larger resources, which meant floor space remained limited. This area for improvement was not met and has been made again.

Previous area for improvement 5

To support provision of a safe environment for children, the childminder should further develop written risk assessments on the home, garden and outings. These should demonstrate all potential hazards and the control measures and be reviewed annually or sooner if there is any new risk identified or any changes to the environment.

This is to ensure 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 13 December 2023.

Action taken since then

Written risk assessments were held which identified risks and minimising actions to support provision of a safe environment. This area for improvement is now met.

Previous area for improvement 6

To improve practice and outcomes for children, the childminder should develop ways to include parents and children in the development of the service. This could include questionnaires. Information 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 state 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).

This area for improvement was made on 13 December 2023.

Action taken since then

Although some effort had been made to develop questionnaires for issuing to families, these had not yet been issued and feedback continued to be informal. This area for improvement is not met and has been made again.

Previous area for improvement 7

To enable children to benefit from a service that is focussed on improvement and committed to providing high quality care, the childminder should put in place formal quality assurance systems and create an improvement plan for the year. This should be regularly reviewed and used to inform planning and development of the service. To further improve outcomes for children, the childminder should also ensure they use relevant best practice documents and tools to inform and improve their practice. Using these 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 use a service and organisation that are well led and managed" (HSCS 4.23) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This area for improvement was made on 13 December 2023.

Action taken since then

The childminder continued to benchmark the quality of provision against their observations of children's play and informal conversations with families. They had not yet become familiar with any quality assurance best practice and remained unsure how to progress this aspect of provision. This area for improvement is not met and has been made again.

Previous area for improvement 8

To ensure the childminder provides a service in line with best practice and keeps children safe, protected and healthy, the childminder should review and update their policies and procedures to support them in their role and to reflect current best practice. This could include the use of a quality assurance calendar to support regular review.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This area for improvement was made on 13 December 2023.

Action taken since then

Policies and procedures had been reviewed and revised, ensuring they reflected current best practice and legislation. This area for improvement is now met.

Previous area for improvement 9

To support positive outcomes for children, the childminder should identify and access training and professional learning to develop their skills and knowledge. They should record learning and demonstrate ways in which it has improved experiences and outcomes for children.

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

This area for improvement was made on 13 December 2023.

Action taken since then

The childminder had sourced and completed some relevant learning and development and recorded this, which supported them to improve outcomes for children. They should now continue to build on this. This area for improvement is now met.

Previous area for improvement 10

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 care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This area for improvement was made on 13 December 2023.

Action taken since then

The childminder had not yet familiarised themselves with best practice documents or used them to support development of the service. This area for improvement is not met and has been made again.

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?	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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