

McIndoe, Geraldine Child Minding

Kilmarnock

Type of inspection:
Unannounced

Completed on:
17 February 2025

Service provided by:
Geraldine Mcindoe

Service provider number:
SP2019990894

Service no:
CS2019377711

About the service

Geraldine McIndoe provides a childminding service from their home in Kilmarnock. The service is registered to provide a care service to a maximum of six children at any one time under the age of 16, of whom a maximum of six will be under 12, of whom no more than three are not yet attending primary school and of whom no more than one is under 12 months. Numbers are inclusive of the childminder's own family. There are nine children registered with the service. At the time of the inspection there were two minded children present.

The service is based in a residential area of Kilmarnock and is close to local parks, schools and shops. Children are cared for in downstairs area of the home with access to an upstairs toilet. Children also have access to an enclosed rear garden.

About the inspection

This was an unannounced inspection which took place on 12 February 2025 between 15:30 and 17:30. 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:

- gained feedback from five parent/carers through MS Forms questionnaires
- spoke with the childminder
- observed practice and daily life
- reviewed documents.

Key messages

- The childminder had built strong relationships with families and as a result children were happy and content.
- Children benefitted from a childminder who was warm, kind and nurturing which supported their wellbeing.
- Children were kept safe while accessing the childminder's home.
- Further developing personal plans would support more positive outcomes for children.
- Implementing a more focused approach to feedback from families would support meaningful engagement and improvements.
- The childminder had made some improvements and was committed to providing the best possible outcomes for children.

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?	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

Children benefitted from a childminder who was warm, kind and caring. The childminder responded to children's needs using nurturing approaches, such as offering cuddles and reassurance when needed. This supported children to feel safe and secure. Parents told us: "(The childminder) is a very caring person and always puts my child's care first."

The childminder took time to listen to children and respected their choices and preferences. They asked questions such as, "Would you like to" and "Can I help you" which supported children to make informed choices and feel valued and respected.

The childminder had positive relationships with children and families. Children were enthusiastic about sharing their experiences with the childminder and they engaged in meaningful discussions. As a result, children were happy and content. Parents commented: "I have built up a strong relationship with (the childminder) and they are very approachable and happy to answer any questions we have about our child."

The childminder supported children's routines from home for example, they supported children in toilet training. They worked with parents and children to support them to develop their confidence and shared information with parents through 'What's App' which kept them updated regarding how their child was throughout the day. Parents commented: "(The childminder) provides us with information relating to our child and keeps us updated and fully informed."

Parents were invited into the childminder's home at drop off and pick up times. This supported effective communication and provided opportunities to pass on important information, enabling parents to feel informed and included. Parents commented, "When collecting our child or dropping off we are always welcomed into (the childminder's) home and they are happy to answer any questions we have and tells us how our child has been" and "We are welcomed in at every drop off and pick up to a warm welcoming home."

Children could eat in a relaxed, unhurried environment. We saw children playing and revisiting their snacks and drinks when they wanted to which supported them to eat at a time that was right for them.

The childminder recorded information and used it to support children's health, welfare, and safety. Although children's development, progress, and changes to routines were shared verbally and positive partnerships with parents enabled the childminder to respond quickly and sensitively to any changes in a child's life. We discussed with the childminder reviewing children's plans at least every six months or sooner if required with children and families. This would ensure that the childminder had relevant, up-to-date information to support children's current needs. We signposted the childminder to the Care Inspectorate's document titled 'Guide for providers on personal planning, Early Learning and Childcare' to support this (see area for improvement 1).

Although appropriate medication forms were in place to record the safe administration of medication some children's nappy creams had not been recorded as part of this process. We asked that the childminder record all medications, including nappy creams through their administration of medication procedures. This would ensure the regular review and monitoring of all medications, ensuring children were kept safe.

Quality indicator 1.3: Play and Learning

Children were actively encouraged to make informed choices in their play and learning. They could access a variety of toys and materials of interest to them. The childminder respected children and took time to listen to them, asking the children what they would like to do or where they would like to play. For example, children enjoyed playing with writing boards and they had the opportunity to keep their drawings and creations. They were then able to revisit what they had drawn. This enabled children to take ownership and as a result, children were engaged in play. Parents commented: "Our child has a variety of options to choose from when playing at (the childminder's)."

The childminder supported children to have fun and develop their imagination through play experiences. For example, children were pretending to be cats and they moved their bodies in different ways to represent their interpretations of a cat. They laughed with each other as they shared their ideas and expressed themselves through play.

Children were provided with opportunities to develop their confidence and independence. The childminder offered appropriate praise, encouragement, and reassurance throughout play experiences and shared photographs of children engaged in experiences with parents. This supported children's achievements to be celebrated as they developed their confidence and independence.

The childminder used effective questioning to develop children's imaginations and challenge their learning. They provided opportunities for children to discuss their ideas and interpretations of what they saw. For example, they looked at maps together and the childminder used language such as "How many people do you think live there?" and "What do you think that could be?" This supported children's engagement and enabled them to develop their imaginations.

There were some opportunities for children to develop their literacy and numeracy skills in play. For example, through extended discussions and talking about numbers during play experiences. This included considering children's ideas and comments and learning from their experiences.

The childminder used opportunities to develop children's knowledge relating to their interests as they played. For example, children discussed their interest in 'Minecraft' and they engaged in conversations about the meaning of 'fact' and 'fiction'. This supported children to develop an understanding of this concept relating to their individual interests. Parents commented: "Our child has developed and grown so much since starting (the childminder's)."

Areas for improvement

1. To ensure children's individual health and wellbeing needs are met, the childminder should further develop children's personal plans. This should include, but not be limited to, using recorded information that identifies how they will meet a child's needs and ensuring personal plans are reviewed at least every six months and when required.

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

which state that: 'My personal 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 welcomed into a warm, homely environment with ample space to play and rest. In the childminder's home, photos of children who attended were displayed. This supported children to become familiar with each other, build relationships and provided children with a sense of belonging giving a strong message to children that they mattered.

Children had access to resources that considered their individual needs and interests. These were rotated regularly following consultations with children to support their differing interests. Toys and materials such as books, games, and arts and crafts materials supported children's choices and interests.

Some infection prevention and control procedures supported children's wellbeing and helped reduce the spread of infection. For example, children were encouraged to wash their hands at important times such as before eating, and they used disposable towels to dry their hands.

The childminder's home was safe and secure for children and the childminder had put mitigations in place to keep children safe. For example, they kept a log of children attending the service which ensured they were accounted for at all times. A high up lock on the front door prevented children from exiting the childminder's home unsupervised. They had also identified their outdoor steps were a hazard to children after some children had fallen, they had since made these wider. This supported families to safely access their home.

The childminder had good links within the local and wider community and the children and the childminder took part in regular outings. They visited the local toddler groups, music classes and local parks. This supported children to become familiar with their local and wider environment. Parents commented: "(The childminder) takes them to classes or outdoors where they have the opportunity to explore the surroundings and engage in various activities."

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 improvements are led well

The childminder had made some improvements since the last inspection to support positive outcomes for children. For example, they had improved their infection prevention control procedures which supported children's wellbeing and helped reduce the spread of infection.

Policies and procedures supported the childminder in their practice. Policies including updates were shared with parents when they started at the service and when required. This supported effective communication

and enabled parents to be aware of the childminder's aims and objectives. The childminder received provider updates and had used this to support them to keep families attending the service updated. For example, they had recently shared a Quick Response (QR) code with parents to support them regarding their complaint's procedure.

The childminder consulted with children and parents informally through daily discussions. For example, they sent pictures of children engaging in experiences to parents, which they could comment on and discuss further with their children. This provided opportunities for parents to review and comment on their child's care, play and learning and enabled the childminder to plan experiences suited to the needs of families. This allowed children's individual needs to be met and supported positive outcomes for children. Parents commented: "We are provided with photos and videos of our child while they have been in (the childminder's) care, and we love to see this."

The childminder had begun to familiarise themselves with Care Inspectorate document titled, 'Self-evaluation for improvement - your guide.' Some questionnaires had been issued to parents and the childminder had started to focus these to support areas for improvement they had highlighted. Continuing to embed this would support the childminder to plan improvements within the service. We discussed with the childminder implementing a more formal approach and having a specific focus for consultations with parents and children. This would support the childminder in making more informed decisions about particular areas of the service, enabling them to provide the best outcomes for children.

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

The childminder supported children's wellbeing through compassionate and responsive care. They had built strong relationships with children and families, and their interactions supported children's confidence. As a result, they positively influenced children's lives as they developed and learned. Parents commented: "A great relationship with myself and kids. Always happy to help and always there if we need them."

The childminder was committed to their continuous professional development and had completed training relevant to their role. They made good use of professional development opportunities that linked directly to enhanced outcomes for children. They were a member of the Scottish Childminding Association (SCMA) and were aware of the Care Inspectorate's Hub to access learning documents. As a result, children benefitted from a childminder who was well-trained, competent, and skilled. The childminder should continue to keep a log of training completed and record what impact this will have on their practice. This would support them to highlight areas for improvement and enhance experiences and outcomes for children.

The childminder had developed positive links with other childminders, which encouraged sharing good practices and ideas. This also provided the childminder with a network of support, which further enhanced high-quality practice and experiences for children.

The childminder interacted with children in a responsive, stimulating way to promote their curiosity, independence and confidence. They recognised the importance of fun in children's play to enable learning to be taken forward and were committed to providing the best possible outcomes for children. Parents commented: "My children love (the childminder) which speaks for itself and the type of person they are."

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 health and wellbeing, the childminder should ensure that infection prevention and control practices are followed. This should include but not be limited to, ensuring appropriate infection prevention control procedures are followed when using potties, storing bedding and, at mealtimes, include appropriate handwashing.

This is to 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 20 November 2023.

Action taken since then

The childminder's home was clean and accessible for children and regular cleaning schedules were in place to support this. Blankets were stored appropriately and the childminder advised they no longer use potties for children. They use toilet support seats which are washed after every use. Children are encouraged to wash their hands at key times, such as before eating and the childminder advised they use soap, running water and have individual cloths to dry their hands which are washed daily. This supported children's wellbeing and helped reduce the spread of infection. Therefore, this area for improvement has 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?	4 - Good
4.1 Staff skills, knowledge and values	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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