

# McKirday Childminding Child Minding

Arbroath

**Type of inspection:**  
Unannounced

**Completed on:**  
13 March 2025

**Service provided by:**  
Kirsty McBay

**Service provider number:**  
SP2010980484

**Service no:**  
CS2010274933

## About the service

McKirday childminding provides a childminding service from their property in a quiet residential area of Arbroath. The childminder is registered to provide a care service to a maximum of six children at any one time up to 16 years of age, of whom no more than three are not yet attending primary school and of whom no more than one is under 12 months. Numbers include the children of the childminder's family/household. Overnight care will not be provided.

The service is close to local amenities, such as, shops, parks, nurseries and schools. The children have access to the living room, kitchen and downstairs toilet. There is an enclosed garden to the rear of the property that children have access to.

## About the inspection

This was an unannounced inspection, carried out by one early learning and childcare inspector, which took place on Thursday 13 March 2025 between 09:00 and 12:30. To prepare for the inspection we reviewed information about the 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
- spoke with children using the service
- reviewed documents
- spoke with the childminder
- reviewed feedback questionnaires from families.

## Key messages

- Children experienced warm, kind, and nurturing care supporting them to feel comfortable and secure.
- The childminder communicated and engaged well with families and children.
- Children were confident and comfortable to lead their own play and explore the childminders home.
- The childminder had developed good quality assurance processes that helped them with the smooth running of the service.
- Children's learning opportunities were appropriate for their developmental stage. Activities adapted to ensure all children could take part.

## 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?	5 - Very 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 experienced kind and caring support from the childminder. The childminder knew children and their families well. A parent told us, "Kirsty is not just my childminder, she is now my friend". As a result, trusting relationships had been developed with families.

All children had individual personal plans and 'My World' documents in place. These forms gathered important information, for example children's routines, medical and dietary requirements. These were reviewed regularly with parents and changes were documented. We discussed with the childminder to ensure that parent signatures and dates were consistently documented when parents passed information over. This would ensure information received from families was accurately recorded when changes took place.

Children experienced a relaxed and sociable snack time with their peers. Children were sat comfortably and safely at the table while they ate. These opportunities helped children to build their social skills through real life experiences. The childminder provided children with their snacks. They had a choice of fruit and drank from their water bottles. We discussed ways the childminder could work with parents to ensure that children consistently received healthy and nutritious meal options for their lunch.

Nappy changing took place out with the downstairs toilet due to space. The childminder talked through the nappy changing process, where hand washing was identified before and after the process. Children were encouraged to wash their hands after the changing process. We discussed ways this could be improved to ensure infection prevention control measures were consistently met and children's dignity was respected.

There was no medication stored or administered on the day of inspection. We reviewed medication forms and the policy. We signposted the childminder to 'Management of medication in daycare of children and childminding service' on the hub for support when reviewing documentation. This would ensure appropriate information is gathered prior to administering medication and ensure children were safe and protected.

Children were kept safe by a childminder who undertakes annual child protection training. The childminder undertook professional reading and engaged in professional discussions with other childminders relating to safeguarding of children. They were confident in identifying concerns and had an appropriate policy in place with contact numbers available. This supported the childminder to follow appropriate procedures if they needed to.

### Quality indicator 1.3 Play and learning

The childminder demonstrated warmth and care in their interactions with children, fostering a family-orientated environment. Children had areas to keep their belongings and their art work displayed in the front porch. Some of the children and their families had attended the service for many years. They were free to explore the home and knew other members of the childminders family. As a result, children had a sense of belonging.

Children were reassured and supported with their play and learning. For example, children were encouraged to access resources and knew where to find them. A child shared, "we can pick what we want to play with, the boxes are in the porch". This meant that children had choice over their play and learning ideas.

Planning approaches were child centred and reflected their interests. For example, children were interested in people who help them. The childminder had provided a careful balance of adult initiated activities to develop children's learning and interests further. For example, the children and childminder played a board game to help them identify different roles within the community and how they help people. This resulted in children who were beginning to become confident about the roles and responsibilities other people and professionals had.

Children had opportunities to develop their literacy and numeracy skills. Resources supported children to develop these skills, for example books, games and discussions with the childminder. The childminder carefully adapted how they spoke to different children, taking their developmental stage into consideration. This helped children to communicate in a way that was right for them.

Children's learning, development and achievements were tracked through a developmental rainbow chart. This helped the childminder assess where additional support may be required for children and to share children's achievements with their parents. This ensured the childminder knew the children's individual learning journey and provided appropriate challenges.

## 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 able to play and rest in a homely and welcoming environment. A parent shared with us, "We always feel welcome". The living area provided space for children to play games and move freely. Comfortable sofas and rugs provided areas for children to rest and relax. Children had access to the kitchen-diner space, where they had their meals and took part in craft activities. This provided children with areas to develop their interests in different ways.

The environment was well furnished and provided plenty of natural light and ventilation. Weekly cleaning procedures were in place. We discussed ways to ensure floorings, such as chips and gaps were monitored when cleaning. This would further support infection prevention control measures were effective in reducing the spread of infections. The childminder and children washed their hands at appropriate times of the day, for example, before eating and after using the toilet. Discussions took place between the childminder and children on the correct procedures of using the bathroom. This supported individual next steps for some children. This helped children to begin to understand how to keep themselves safe from infections.

Children were able to play in a safe and secure environment. Risks were assessed and regularly reviewed at least annually or sooner if changes occurred. Assessments were undertaken throughout the home and supported by appropriate policies, for example pets within the home. Children were supported to understand how to keep themselves safe through different topics, for example road safety. As a result, children could explore their play experiences in safe environments.

Children were supported to take part in risky play and learning opportunities. For example, children were encouraged to cut up their own fruit for their snack. The childminder and children had a discussion before carrying out the task about how to use the knives safely. Children were confident to cut their fruit and their achievements were celebrated by the childminder. This meant that children were building real life skills in a safe way.

A system was in place for reporting accidents and incidents. The childminder was aware of reporting procedures in the event of an accident or incident requiring medical treatment. Parents were informed of the accident or incident and forms were signed and dated. As a result, parents were kept up to date and provide appropriate care to their children if they needed to.

## 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 improvement are led well

The childminder had a positive outlook on improvement and engaged well with the inspection process. During our visit, it was clear the childminder valued children and families. They asked the children what they would like to do and routines changed to follow children's interests and needs. As a result, this service had a positive, supportive ethos.

A shared vision, values and aims had been developed. Parents and children's views had been gathered. The vision, values and aims in place reflected the service provided by the childminder. This meant families and children received care from a childminder that met their needs.

Children and families felt included and respected by the childminder. A parent told us, "I can't thank her enough for always going above and beyond to help and care for my children". This resulted in children and families who felt valued by the childminder.

The childminder had developed a range of policies and procedures that underpinned the service. These were reviewed regularly. They were readily available to parents and shared in welcome packs. This helped them to know what to expect from the service.

A meaningful improvement plan had been developed with clear priorities in place. These priorities were achievable and meaningful to children and families using their service. For example, involving parents with all updated guidelines and news. Self-evaluation took place using best practice documents to support with the process. For example, the childminder monitored the improvement journey using challenging questions from 'A quality framework for day care of children, childminding and school aged childcare'. This meant they could identify what was working well and could be improved.

A quality assurance calendar was in place. Tasks required to be completed were broken down into monthly timeframes. The childminder shared this helps to keep track of what needs to be completed. This helped the service run smoothly and important actions were carried out.

**How good is our staff team?****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 4.1 staff skills**

Children and their families benefitted from a childminder who was committed to providing quality care. They were experienced and professional. They had a very good understanding of the children's developmental needs and their individual personalities. They were committed to ensuring positive outcomes and experiences were provided for children in their care.

Children's experiences were improved by a childminder who undertook regular training and professional reading. Training reflected the needs within the service. The childminder spoke of adding in areas for them to reflect on the training they had completed. We encouraged the childminder to continue with their plan. This would help the childminder to identify how training had improved their practice and experiences for children.

Children were supervised well by the childminder. They shared ways that they helped children to manage and understand their own risk. For example, introducing topics such as road safety and SIMOA (Think, Act, Look campaign from the Care Inspectorate). Children could confidently share how they crossed the road safely and how the lolly pop person helped them to do that. We discussed using the bitesize videos on The Hub section of the Care Inspectorate website to help develop children's understanding further.

The childminder regularly attended organised groups for childminders and the children they were minding. These groups provided opportunities for the childminder to share practice and professional development. The childminder shared that these groups were valuable to improving their practice. This meant that children were cared for by a childminder who ensured their experiences were improved.

**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**

Quality assurance systems should be developed to establish an effective culture of continuous improvement that ensures positive outcomes for children.

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).

**This area for improvement was made on 14 February 2024.**

### Action taken since then

A quality assurance calendar had been developed and supported the childminder with identifying and implementing improvements to the service. Tasks were broken down into monthly timescales. A meaningful Improvement plan was in place with priorities set. These priorities supported the childminder to improve children and their families families experiences and outcomes. **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](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?	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?	5 - Very Good
4.1 Staff skills, knowledge and values	5 - Very Good

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