

Fenton, Valerie Child Minding

Cupar

Type of inspection:
Announced (short notice)

Completed on:
24 March 2025

Service provided by:
Valerie Fenton

Service provider number:
SP2003904318

Service no:
CS2003007336

About the service

Valerie Fenton provides a childminding service from the family home in the village of Letham. The service is close to local amenities including green spaces, the local nursery and school. The service is delivered from the family home where children have access to the lounge, kitchen/diner and bathroom. Children also have access to a fully enclosed large rear garden.

The service was registered to provide a care service to a maximum of 7 children at any one time under the age of 16, of whom a maximum of 6 may be under 12, of whom no more than 3 are not yet attending primary school and of whom no more than 1 is under 12 months. Numbers are inclusive of children of the childminder's family. Overnight care will not be provided.

About the inspection

This was a short notice announced inspection, which took place on 24 March 2025 between 15:45 and 18:15 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
- 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 one parent/carer
- observed practice and daily life
- reviewed document.

Key messages

- Supportive and informative interactions from the childminder which extend children's knowledge and understanding.
- Happy, active and engaged children who are relaxed and comfortable in the setting.
- Frequent outdoor play enabled children's physical strength, coordination and creativity.
- The childminder should now re-establish and further develop previous work on quality assurance and use this to support their development planning for the year ahead.

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 were very relaxed in the childminder's care. They had built secure, strong relationships with the childminder which was evident in their interactions and level of comfort. The childminder knew children very well as individuals and was responsive to their requests, contributing to children's level of happiness.

Children told us they always had access to water, which was promoted by the childminder, keeping children hydrated. The childminder explained how they took water and snacks to the school when collecting children, so that they could enjoy this on the route back whilst playing in the park. We reminded the childminder of the changes to the 'setting the table' guidance around snacks and meals. We asked them to review snacks provided by promoting more fruit and vegetables as healthier options. Children told us "I like strawberries".

Although children were older and did not need to sleep during the day, the provision of blankets on the couch allowed them to rest when needed. For example, occasionally one child like to rest upon arrival in the early morning. This met children's individual's needs and contributed to their positive wellbeing.

Children's wellbeing was enhanced as the childminder was knowledgeable and confident in regard to safeguarding children. They held an appropriate child protection policy and were able to discuss the actions they would take in the event of a child protection concern.

Children's wellbeing was supported by systems for the recording and reporting of accidents and medications administered. We noted that the medication forms held from the Scottish Childminding Association did not confirm that parents had administered the first dose. We asked the childminder to request updated forms from the organisation.

Basic care plan information was held which meant that families could be contacted in the event of any emergencies. This information was now kept under continuous review on a six monthly basis inline with current legislation. However personal information about children's individual needs, interests and preferences could now be developed further. We discussed enhancing 'all about me' information and supporting children present to identify their own next steps for the time they are in the service. This would enable planning play experiences to meet children's needs and demonstrate their time and progression in the setting. The recommendation made at the last inspection has been re-worded to reflect the current format and made again (see area for improvement 1).

Quality indicator 1.3; Play and learning.

Children's physical wellbeing was promoted as they benefitted from daily opportunities to be active and enjoyed positive and fun experiences for exercise. This included making use of community resources such as daily stops at the park to use large physical play apparatus and enjoy risky play such as climbing trees. The childminder supported children to make informed judgements about their own capabilities during these activities. This enabled them to develop an understanding of risk management.

Children also thoroughly enjoyed daily play in the large garden, where they had access to wide range of play resources. Rules were in place for use of the trampolines, which supported children's safety during this play.

The childminder had high expectations of what children could do and provided appropriate levels of challenge through conversations. Children's knowledge and understanding were extended through the childminder's positive interactions and effective communication in a natural way. The childminder naturally drew children's attention to things in nature around them and encouraged the children to share their knowledge. For example, the children explained why the farmer would be annoyed to see the geese land in his field at this time of the year. This approach supported children to problem solve and be curious, whilst enhancing their learning.

Children had control over their day as they chose where to play and were able to make choices and decisions about activities and toys. This enabled them to feel empowered. Influence over provision could now be further enhanced by techniques such as 'mind mapping' to further empower children. The childminder should now explore opportunities for consultation and participation by children across all aspects of their day to support their inclusion. Reference should be made to the United Nations Convention on the Rights of the Child.

Areas for improvement

1. To ensure that up to date information is held to meet children's needs and support their progress, the childminder should develop individualised, meaningful personal plans for each child in her service. This should include:

- information on likes and dislikes
- details of any allergies or medical requirements
- parental involvement and discussions
- information on children's progress and next steps
- information on how the childminder will meet any identified needs, where needed.

This is to ensure that 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)

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 enjoyed lots of choice and independence in their play as they chose whether to play indoors or outside. Easy access to a range of developmentally appropriate toys and games in the living room supported children's engagement and choice. Children freely accessed items outdoors from the shed. The large range of outdoor play resources supported children's physical strength and coordination. Loose parts play materials were also available within the garden which were supporting children to be creative in their play and supported their understanding of risk. Children told us "I like the slide and the sand pit".

Children were encouraged to take responsibility for the environment as they tidied up after their play without prompting. This built their respect for the childminder's home and the resources.

The childminder maintained very close supervision of children at all times, especially when in the garden. Attention to safety and security was identified, with additional catches added to the garden gate to ensure children did not leave unnoticed. There were a number of risk assessments completed to support provision of a safe environment, reducing children's risk of harm. The requested risk assessment at the previous inspection was no longer needed as the quarry area was no longer used. We suggested that risk assessments could be further developed to ensure all use the same format and gather all relevant information. We provided examples to support them with this. We also asked them to ensure that the approach taken to using the trampoline is recorded within the garden risk assessment.

Spaces within the home used by children were clean and tidy supporting children to remain healthy. Toys were all clean and in good condition and children were encouraged to wash their hands prior to leaving the school and before eating. A policy was in place for the management of any childhood ailments, which helped to reduce the risk of cross infection. These actions contributed to children's continued wellbeing.

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.

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.

Families received good information about the service and any changes or developments, along with information about their child's day. Parents spoke positively about their relationship with the childminder. This meant families knew what to expect from the service and gave them an opportunity to express their views through informal conversation. The childminder also gathered their views more formally, for example by sharing her reports and requesting written feedback. Annual questionnaires should now be re-established.

Children's views were sought through questionnaires, and comments from these allowed the childminder to reflect on their preferences such 'not wanting cuddles when upset.' This allowed her to provide the right level of care and support for individual 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, such as the behaviour policy.

The childminder had reflected on the service and was able to describe the service strengths and outstanding aspects for improvement. They accessed other inspection reports to support them in measuring their provision and used discussions with other professionals to make changes. For example, hearing about the need to register with the Information Commissioner's office. They had been proactive in making changes as a result of the identified areas for improvement made at the last inspection. This contributed to improved outcomes for children.

The childminder had previously begun to use the self evaluation toolkit for childminders, which they should now continue to use to identify and plan for continuous improvement. We shared how an improvement plan could be developed to identify actions and achieve targets (see area for improvement 1).

The childminder had made links with other local childminders and early years professionals, which supported their shared discussions and reflection on practice. Accessing best practice documents along with updates from the SCMA (Scottish Childminding Association) contributed to the childminder's ongoing reflection on practice. For example, they were aware of and had begun to look at some best practice documents. This supported provision to improve children's outcomes.

A daily register was now held which ensured there was a record of which children were present in the premises at all times. This meant that records were available to track children's attendance and ensure all children would be accounted for in the event of an emergency.

Areas for improvement

1. To support continuous improvement and positive outcomes for children, the childminder should formalise quality assurance to support planning for improvement. This should include making use of the 'quality framework for daycare of children, childminding and school-aged childcare'. They should also begin to familiarise themselves with the new 'shared framework' document. Development of action planning for the year ahead to identify areas of strength and improvement should also be considered.

This is to ensure care and support is consistent with the Health and Social Care Standards 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.

Quality indicator 4.1; Staff skills, knowledge and values.

Children continued to enjoy compassionate and responsive care through the positive relationships in place. The childminder drew upon their years of experience in the role and as a parent. They provided positive interactions which extended children's learning, enjoyment and wellbeing. This enabled children to feel loved and cared for.

Core training in child protection and first aid had been completed and planned to be refreshed soon. The childminder demonstrated a good understanding of their responsibility in keeping this core knowledge up to date. This contributed to the safeguarding and the health of children in their care.

Professional learning and development undertaken included core training, remaining abreast of developments through information provided by the Scottish Childminding Association and carrying out online reading. Relationships with other early years professionals also provided opportunities for professional discussions, alongside some use of key best practice documents. The childminder should now source and access other professional development opportunities to help them remain abreast of changes such as the change in healthy eating guidance.

We signposted the childminder to the 'hub' section of our website and supported them in how to access learning resources in different ways, such as accessing webinars and recordings on our Youtube channel.

The childminder kept a record of some completed training undertaken. We asked them to ensure they also record other learning such as reading relevant documents and develop this further by recording some reflection on completed training. This would also contribute to ongoing self-evaluation.

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

We recommend that the childminder review and update her policies and procedures in line with recent best practice guidance and legislation. All policies should be developed to be in line with the wellbeing indicators.

In particular, we recommend that the service develop an effective system to record when medication has been given in line with current best practice guidance. This should include:

- the name and date of birth of the child
- the name and dosage of medication to be given
- the time the medication is to be given and the time the last dosage was given
- the reason for the medication to be given
- if appropriate, the length of time the medication is to be given
- confirmation the parent or carer has given the first ever dose and signed to confirm there were no adverse reactions
- a parent or carer's signature giving permission for the service to give the medication
- the signature of the person who gave the medication
- a parent or carer's signature to evidence they have been told the medication has been given
- the child's name should be clearly written on the medication/or a pharmacist's label should be on it
- there should be a daily audit of medication, i.e. records of medication brought in from home, medication administered and medication sent home. This should be recorded
- all medication should be provided by the parents and carers and not supplied by the service.

More information can be found under the publications section of our website in the document named The management of medication in daycare and childminding services, Publication code: HCR-0514-087.

National Care Standards Early Education and Childcare up to the age of 16: Standard 3 - Health and Wellbeing.

This area for improvement was made on 23 February 2017.

Action taken since then

Policies and procedures has been reviewed and updated every year. There were some further slight amendments needed to some policies such as 'promotion of positive behaviour' which we asked the childminder to review. The childminder was now using the medication forms as supplied by the Scottish Childminding Association which gathered appropriate information. We noted that the older format was held which did not contain the statement about the first ever dosage of any new medication and asked the childminder to source and begin using the updated forms. This area for improvement (previously referred to as a recommendation) has therefore been met.

Previous area for improvement 2

We recommend that the childminder keep an accurate register of children's attendance, including arrival and departure times. This will ensure she is recording how she complies with her conditions of registration and also serve as a fire and evacuation register for the service.

This will ensure children are kept safe in the service.

National Care Standards Early Education and Childcare up to the age of 16: Standard 14 - Well Managed Service.

This area for improvement was made on 23 February 2017.

Action taken since then

Children's attendance was recorded within a sheet on the computer which recorded times when children arrived and left. This area for improvement is therefore now met.

Previous area for improvement 3

We recommend that the childminder develop individualised, meaningful personal plans for each child in her service. This should include:

- information on likes and dislikes
- details of any allergies or medical requirements
- parental involvement and discussions
- at least six monthly updates or sooner where required
- information on children's progress
- information on how the childminder will meet any identified needs.

This will ensure children are kept safe, healthy and achieving in the service.

National Care Standards Early Education and Childcare up to the age of 16: Standard 4 - Engaging with Children.

This area for improvement was made on 23 February 2017.

Action taken since then

We recognised some progress on this recommendation as personal plan information was regularly reviewed with parents every six months. However, there was still scope to develop these with children to capture some of their experiences and development, along with next steps and any other personal information through the use of 'all about me' forms. This recommendation has therefore not been met and has been made again and reworded as an area for improvement under key question 1.

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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