

Allan, Brenda Child Minding

Largs

Type of inspection:
Unannounced

Completed on:
8 April 2025

Service provided by:
Brenda Allan

Service provider number:
SP2008969826

Service no:
CS2008175928

About the service

Brenda Allan provides a childminding service from their family home in Fairlie, North Ayrshire. The childminder is registered to provide a care service for a maximum of six children up to 16 years of age. The service is close to the local primary school, village shop, park and woodland. The childminder's house has direct access through a secure gate to the beach. Children have access to the large, open plan family area with a downstairs toilet.

About the inspection

This was an unannounced inspection which took place on 8 April 2025 between 11:00 and 14:30. We gave feedback to the service virtually on 8 April 2025. 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 the previous inspection report, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- observed and spoke with three children using the service
- sent out a family questionnaire and received no responses
- spoke with three families by telephone call
- spoke with the childminder
- observed practice and daily life
- reviewed documents.

Key messages

- Children were at the heart of the service and were cared for by a childminder who knew them and their families well.
- Children's health and wellbeing needs were being met.
- Children were encouraged and supported to be part of the wider local village community.
- The childminder enabled children to lead their own play based on their interests.
- The service would benefit from revisiting infection prevention and control guidelines, to ensure appropriate handwashing takes places.
- Quality assurance and self evaluation processes should continue to be developed further.

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?	5 - Very 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?

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 1.1: Nurturing care and support

Children attending the service were happy and relaxed in the care of the childminder. Their needs were met through warm and nurturing interactions. The childminder responded to children sensitively, providing reassurance and cuddles when they needed them. This meant children felt loved, safe and secure.

The childminder knew children well, including their needs and preferences. She provided gentle encouragement and praised their successes. This provided reassurance and ensured children were supported in the service. One child told us: "I like going to Brenda's because she has a scooter that I like playing on, Brenda always makes sure that we are happy and safe."

Personal plans included information to support children's health and wellbeing and interests. These were recorded electronically on the childminder's secure laptop. One parent told us that they were not good at remembering to return paperwork due to their busy, hectic lives but liked how Brenda sent them electronically so they could be returned. The childminder worked with parents to support children's routines. The childminder kept an informative daily diary of planned and unplanned experiences as they happened. This formed a good record of identifying children's needs. To continue to meet children's needs the childminder should include information, some of which was in her diary, to show that their ongoing development is being supported, for example when toilet training or supporting very young children's behaviour.

Mealtimes were calm and relaxed. The childminder recognised the importance of supervising snack and mealtimes. She sat with children and spoke to them as they ate. The childminder was not registered with the local authority to provide the children's meals therefore she only served meals and snacks that the parents had provided. The childminder should continue to remind children to wash their hands prior to eating food. This would enhance children's health and wellbeing.

The childminder had a friendly and open approach with children and families which supported the development of trusting relationships. As a result, effective communication kept parents informed. Conversations when children were dropped off or collected meant there were opportunities for informal chats about each child's day. This meant families were included in children's experiences and care. One parent told us, "We have a brilliant relationship with Brenda, she is very open and friendly and always takes a lot of time to keep us updated on what the children have been doing."

Quality indicator 1.3: Play and learning

Children benefited from being involved in leading their play. Younger children had fun as they played together making potions from plants, leaves and flowers in the garden. The childminder allowed the children to free flow between the garden and the family room. As a result, children were happy, content and learning from their play experiences.

Children were encouraged to share their thoughts and interests, and the childminder supported these well. For example, one child's family member had recently had an accident, and she discussed this with the child. Developing an understanding of what was happening in that young child's life, stimulated other children to be interested, and as a result, all children in the service learned about being kind to injured people.

Children were able to explore a range of toys and activities which encouraged their play. Children could choose from a selection of resources which supported their interests. The childminder should continue to extend the range of open-ended resources. These would encourage children to be curious and creative and would provide challenge.

The childminder demonstrated a good understanding of child development. She supported the child's interests as she played with them. Because she knew each child well, she was responsive to them, including to their nonverbal communication. This meant children were developing and making progress.

Children's play experiences were enhanced from opportunities within their community. They enjoyed going to the beach, local loose parts play parks, other play areas and local amenities. The childminder had good relationships established with other providers in the area, they met other children whilst on trips and adventures. As a result, children were developing skills, forming new relationships and developing confidence.

How good is our setting?

4 - Good

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

Quality indicator 2.2: Children experience high quality facilities

Children were cared for in an environment that was homely and welcoming. Children had comfortable places to play, relax and sleep and the home was bright and well-ventilated. Areas used for childminding were spacious and provided enough space for children to play. As a result, children were settled and were given the message that they mattered. One parent told us: "Brenda always invites us into the house and makes time to chat."

Children benefited from free flow access between the indoor and outdoor environments. Children played with the resources available to them. The childminder should continue to extend her open ended resources to develop curiosity and challenge children's thinking in her indoor and outdoor environment. We highlighted best practice guidance to support this such as the Play Scotland Loose Parts Play toolkit. However, the childminder was aware of the benefits of open ended play resources, as a result of accessing a local loose parts play park frequently.

Experiences outdoors supported children to be healthy, active and to develop confidence. They had daily opportunities to play on the directly accessed beach adjacent to the childminder's garden. They also accessed local parks and woodlands. For example, den building in the local woods. One parent told us: "Brenda has the children outdoors doing fun activities every day, come hail, rain or shine." As a result, children were active, and their physical development was being well-supported.

Information about children was kept securely. Sensitive information was only shared with those who needed it to meet children's needs. As a result, children's information was protected, and storage complied with relevant best practice.

Infection prevention and control procedures should be improved to reduce the risk of any potential spread of infection for children and the childminder's family. For example, good hand hygiene practices should be promoted and different clothes should be used for different needs (see area for improvement 1).

Written records of risk assessments were well kept and included possible risks, control measures and how risks were currently being managed. The childminder also undertook dynamic risk assessments to ensure the environments they entered were safe, for example, awareness of potential dog dirt or broken glass in the play areas and also car seat awareness relating to each child's height and weight. This supported the childminder to ensure all aspects of their environment, and those of the wider community they used, were safe and actions taken if needed.

Areas for improvement

1. To keep children safe, the childminder should review infection control processes in line with Health Protection Scotland's - Health protection in children and young people settings, including education. This should include but is not limited to:

- a) Children's effective handwashing procedures
- b) Use of disposable cleaning equipment, or if reusable, a process for disinfection after each use

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.24).

How good is our leadership?

4 - Good

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

Quality indicator 3.1: Quality assurance and improvement are led well

The childminder engaged well in the inspection process and was open to any suggestions and feedback we gave. The childminder had actioned areas for improvement from their last inspection. These changes contributed to the childminder providing a good quality service for children and their families

A handbook/leaflet was available for parents which contained relevant information, policies and the childminder's vision, values and aims for the service. This meant that parents had a clear expectation of the service upon starting. This should continue to be updated and emailed to parents annually. Positive relationships with parents supported the childminder to meet children's needs. One parent told us: "We could not be happier with Brenda, she is always communicating information to me, and I feel comfortable communicating with her." As a result, parents felt valued and supported to communicate their child's needs and wishes with the childminder.

Quality assurance and self-evaluation processes were informal. However, consideration had been given, and evidence of development was obvious. We could see where quality assurance had a positive impact for children, for example regular review of risk assessment supported the childminder to be responsive to children's safety and welfare. We discussed with the childminder how accessing the Care Inspectorate Hub's bitesize training sessions would further support them in self-evaluating and identifying any further improvements within their service. This would lead to a cycle of continuous development and continue to promote positive outcomes for children and families.

How good is our staff team?

4 - 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, knowledge and values

The childminder had created a warm, nurturing space where children felt respected, secure and safe. Parents told us they valued the childminder's support and flexibility. One parent commented: "Brenda makes our lives easier, I would recommend her to anybody."

The childminder was aware of the importance of ensuring they undertook professional development relevant to their role and was proactive in seeking out these opportunities. Since their last inspection, the childminder had completed an HNC in Childcare and had additionally accessed training relating to safeguarding of children. As a result, children experienced good quality care and learning experiences.

The childminder was a member of the Scottish Childminding Association (SCMA) and discussed how they knew how to visit the Care Inspectorate Hub to keep up-to-date with any relevant changes or new documentation. The childminder had an informal network of support from colleagues who had also attended the HNC college course. These supported the childminder in delivering quality outcomes for children and their families.

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

The childminder must review her policy for safe administration of medication to include details of when the childminder would administer 'when required' medication, including use of an EpiPen.

The childminder must review her permissions and recording format for administration of medication to ensure this reflects the best practice guidance, Management of medication in daycare of children and childminding services, available on the Care Inspectorate Hub <http://hub.careinspectorate.com>

This area for improvement was made on 10 April 2019.

Action taken since then

Paperwork is now in place. No medication is currently being administered. The childminder showed awareness of her responsibilities with regards to medication administration if required in future.

This area for improvement is 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?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very 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	5 - Very Good
4.2 Staff recruitment	4 - Good
4.3 Staff deployment	4 - Good

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