

# Mahon, Georgina Child Minding

Inverness

**Type of inspection:**  
Unannounced

**Completed on:**  
17 March 2025

**Service provided by:**  
Georgina Mahon

**Service provider number:**  
SP2003907838

**Service no:**  
CS2003008134

## About the service

Georgina Mahon provides a care service for a maximum of 6 children at any one time up to 16 years of age, of whom no more than 3 are not yet of an age to attend primary school, and of whom no more than 1 is under 12 months.

The service is provided from a semi detached property situated within a residential street in the town Inverness. Children have access to a large garden to the rear of the property, which is close to local amenities such as parks, canal walks, schools and shops.

## About the inspection

This was an unannounced inspection which took place on 12 March 2025, between 09:30 and 11:00. The inspection was carried out by one inspector from the Care Inspectorate. Feedback was carried out on Monday 17 March 2025 via telephone.

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:

- spoke with one child using the service;
- reviewed feedback received from one parent;
- spoke with the childminder;
- observed practice and daily life; and
- reviewed documents.

## Key messages

- The minded child experienced warmth and nurture from the childminder which supported them to feel secure.
- The minded child experienced a welcoming, home from home environment that supported them to feel safe and comfortable.
- There were limited approaches in place to evaluate children's progress and achievements.
- Systems in place to evaluate the quality of the service and identify areas for improvement were in the very early stages of development.
- The pace of change to improve the quality of care and support and overall outcomes for children and their families was slow.

## 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?	2 - Weak
How good is our setting?	4 - Good
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How good is our care, play and learning?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

### 1.1 Nurturing care and support

The childminder was caring and kind to the minded child. The child was nurtured and supported throughout their daily experience. Strong relationships had been formed between the child and the childminder. This resulted in the child feeling safe, secure and comfortable in the setting.

The childminder appeared to know the child well, which supported them to meet their care needs. Very basic information was recorded in personal plans. However, these had not been regularly reviewed and updated with parents. Effective systems were not in place to ensure the childminder was kept up to date with children's changing needs. As a result, we were not confident the childminder had accurate and up to date information for all children. We signposted the childminder to 'Guide for Providers on Personal Planning: Early Learning and Childcare'. The childminder should also ensure that personal plans are reviewed every six months or sooner with parents and carers. **(See area for improvement 1).**

The childminder had established strong and trusting relationships with her family. This allowed for open communication and sharing of information. The childminder stated that she shared information with the parents informally on a daily basis, at drop off and collection times. She provided a flexible and accommodating service for the family she works with. One parent commented ' Georgina is a very warm, friendly and inviting person. She's very easy to talk to and I feel comfortable to speak to her'. This helped to ensure parents were included in their child's care and offered the opportunity to comment and make suggestions for improvement.

We spoke to the childminder about the sleeping arrangements for the minded child. During the inspection there was a five year old child having a nap on the top of the childminder's bed in the master bedroom. We reminded the childminder that all children should be able to sleep on a comfortable, clean flat surface. We discussed with the childminder about sleep routines to meet the needs and preferences of the child. **(See area for improvement 2).**

Safeguarding policies and procedures had been developed. However, they had not been well understood by the childminder. For example, the childminder was not clear in their roles and responsibilities in relation to safeguarding. This had potential to compromise children's safety and impact negatively on the quality of outcomes for children and their families. **(See area for improvement 3).**

### 1.3 Play and learning

The minded child could access some toys independently supporting them to make choices in their play experiences.

The child was observed to be happy and enjoying their time with the childminder. The childminder was cheerful, smiley and promoted a fun ethos. Although the childminder played alongside the child they needed to interact more skilfully to ensure children were widening their skills and consolidating their learning through play. Some interactions were not always consistent in engaging or supporting children's play through skilled, open-ended questioning. This reduced opportunities to support early language

development.

Children had some opportunities to be creative and explore natural materials. One area of the garden had been decorated with stones painted by the children. One child was excited to show this area to the inspector. The childminder agreed to continue expanding the number of loose parts and open ended resources available. This will support children to be more creative, promote imagination and curiosity.

We looked at the play and learning experiences and found that a previous recommendation had not been met. There were limited approaches in place to evaluate children's progress and achievements. The childminder captured children's experiences using photographs and shared these with parents. This enabled parents and families to be involved in their child's experiences. However, the childminder did not have information that supported her to evaluate children's progress and achievements. We discussed ways in which the childminder could develop this to effectively support and challenge children's play and learning.

**(See area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection?')**

Children were supported to have strong connections to their local community. The childminder regularly took children to local parks and on walks. These opportunities enhanced children's play and learning experiences, and supported their health and wellbeing.

## Areas for improvement

1. To support children's health and wellbeing, the childminder should ensure all children have a personal plan that details their individual needs, choices and progress. This information should be used by the childminder to care for and support children effectively. Plans should be reviewed by parents to reflect children's current needs.

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 my 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).

2. To support children's wellbeing, the childminder should ensure that children are able to rest and sleep in an area that is safe, comfortable, clean and promotes each child's privacy and dignity.

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14).

3. To ensure children are safeguarded and protected from harm, the provider should, at a minimum:

a) Ensure the childminder has the required skills and knowledge in relation to recognising and responding to child protection concerns.

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

'I am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

## How good is our setting?

### 4 - Good

We evaluated this quality indicator as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

#### 2.2 Children experience high quality facilities

Children were able to play and rest in the childminder's home. The open plan kitchen/living area provided ample space for children to relax, play games and eat. The dining table provided opportunities for children to develop their creativity through art and craft activities. There were sofas for the children to rest and relax on. This contributed to children feeling safe and secure in the service.

The childminder had developed and reviewed risk assessments to support children to access these activities safely. We discussed with the childminder ways in which children could get involved with risk assessments and getting children to understand. This will further contribute to children experiencing safe and positive outcomes.

Good infection control measures were in place to ensure children had access to an environment that was safe and clean. The home was clean and well kept. Children's safety and wellbeing was promoted through effective infection control practices, for example, effective hand washing routines. This meant that children were protected from potential spread of infection.

Children's personal information was stored confidentially in a safe location. Information was well organised which contributed to keeping children's personal information safe and secure.

## How good is our leadership?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

#### 3.1 Quality assurance and improvement are led well

The childminder highlighted to us that paperwork and training was not one of their strengths. To support them with continuous improvement we signposted a range of resources available on the Care Inspectorate Hub, for example, personal planning, my world outdoors and a guide to self-evaluation. Expectations in relation to children's care and support in early learning and childcare are set out in the Care Inspectorate's: A quality framework for daycare of children, childminding and school-aged childcare. These provide robust frameworks to support reflection and continuous improvement for childminder settings. We suggested the childminder consider these documents and the areas of improvement identified within this report to improve outcomes for children and their families.

We looked at the childminder's quality assurance processes and found that a previous recommendation had not been fully met. There were no systems in place to evaluate the quality of the service and identify areas for improvement. The childminder should continue to capture evaluation in a more meaningful way. We

discussed the value of self-evaluation when developing and improving the service offered to children and families. Parents and carers should be offered more opportunities to provide feedback to the service, for example, by using questionnaires. We suggested that the childminder gave questionnaires to parents/carers and children to identify what's working well, to support improvement in the service and the outcomes for children.

The childminder was not operating within their conditions of registration. This compromised children's safety, and it may have invalidated their insurance. On the day of the inspection the childminder was not operating within their terms of registration by using the master bedroom for a child to sleep in. The childminder must now ensure that they work within and always maintain their conditions of registration to ensure children are kept safe. **(See requirement 1).**

Overall, the pace of change was too slow. At the last inspection we made three recommendations, where all three have not been met. As a result, children are not experiencing high quality care. In order to support the childminder to focus on the areas that will make the biggest difference to improving outcomes for children, we have streamlined these into five areas for improvement at this inspection. The childminder also failed to submit an action plan detailing how they planned to address these improvements.

## Requirements

1. By 9 May 2025, the provider must comply with their conditions of registration detailed on their certificate to ensure the master bedroom is not being used and children are kept safe by sleeping on a flat, safe surface.

This is in order to comply with section 64(1)(b) and (3)(a) of the Public Services Reform (Scotland) Act 2010.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'. (HSCS 3.20).

## How good is our staff team?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

#### 4.1 Skills knowledge and values

The childminder was kind, warm and responsive in their approach, which enabled the children to feel valued and secure. Their respectful interactions supported children's wellbeing and helped build secure attachments with the children.

The childminder had attended training on First Aid, Child Protection and also completed her Food Hygiene certificate. This meant that children were supported in all aspects of their care and development. However, they had not accessed any additional training or professional reading to support and develop their knowledge, understanding or practice. This has resulted in gaps in the childminder's knowledge and skills. This meant that children did not experience high quality care and support based on relevant evidence, guidance and best practice.

During our last visit we directed the childminder to a variety of best practice guidance documents to support her practice and improve outcomes for children. The childminder had not yet explored any of these and was not able to make reference to any best practice guidance. They had accessed resources shared by the Care Inspectorate and the Scottish Childminding Association, however, there was no evidence of these having shaped her practice. This was identified at the last inspection and the area for improvement made in relation to this will be continued.

**(See area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection?')**

## 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 contribute to children's care, support and learning needs being met, the childminder should plan experiences to support children's developing skills.

This includes, but is not limited to ensuring:

a) children are supported to reach their full potential through observation and capturing children's progress and learning.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that:

'My care and support meets my needs and is right for me'. (HSCS 1.19).

**This area for improvement was made on 15 September 2023.**

#### Action taken since then

There were limited approaches in place to evaluate children's progress and achievements. The childminder captured children's experiences using photographs and shared these with parents. This enabled parents and families to be involved in their child's experiences. However, the childminder did not have information that supported her to evaluate children's progress and achievements. We discussed ways in which the childminder could develop this to effectively support and challenge children's play and learning.

This area for improvement has not been met.

#### Previous area for improvement 2

To identify areas for improvement to enhance outcomes for children, the childminder should develop effective quality assurance processes.

This should include but is not limited to:

a) consult and record parents', and children's views regularly as part of the service self evaluation process;



b) self evaluate the service provided using best practice guidance

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

'I benefit from a culture of continuous improvement, with the organisation having a robust and transparent quality assurance processes'. (HSCS 4.19).

**This area for improvement was made on 15 September 2023.**

#### Action taken since then

We looked at the childminder's quality assurance processes and found that a previous recommendation had not been fully met. There were no systems in place to evaluate the quality of the service and identify areas for improvement. The childminder should continue to capture evaluation in a more meaningful way. We discussed the value of self-evaluation when developing and improving the service offered to children and families. Parents and carers should be offered more opportunities to provide feedback to the service, for example, by using questionnaires. We suggested that the childminder gave questionnaires to parents/ carers and children to identify what's working well, to support improvement in the service and the outcomes for children.

This area for improvement has not been met.

#### Previous area for improvement 3

To support children's wellbeing, learning and development, the childminder should further develop her knowledge and skills, and use these to improve the quality of experiences for children.

This should include, but is not limited to, accessing best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) 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 13 September 2022.**

#### Action taken since then

During our last visit we directed the childminder to a variety of best practice guidance documents to support her practice and improve outcomes for children. The childminder had not yet explored any of these and was not able to make reference to any best practice guidance. They had accessed resources shared by the Care Inspectorate and the Scottish Childminding Association, however, there was no evidence of these having shaped her practice. This was identified at the last inspection and the area for improvement made in relation to this will be continued.

This area for improvement has not 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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.1 Staff skills, knowledge and values	2 - Weak

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