

Taylor, Brenda Child Minding

Alford

Type of inspection:
Unannounced

Completed on:
28 March 2025

Service provided by:
Brenda Taylor

Service provider number:
SP2003910608

Service no:
CS2003036218

About the service

Brenda Taylor provides a childminding service from their home in the village of Alford in Aberdeenshire.

The service is registered to provide a care service to a maximum of eight 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.

Six children were registered with the service at the time of the inspection.

Children are cared for in the ground floor of the property, spending most of their time in the dining kitchen. The living room is available for rest and sleep, and children have access to the bathroom and garden. The service is near a bus route, local shops and facilities.

About the inspection

This was an unannounced inspection which took place on 28 April 2025 between 10:30 and 13:20.

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:

- spent time with three children using the service
- received one response to our request for feedback from parents
- spoke with the childminder
- observed practice and children's experiences
- reviewed documents.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Children experienced positive interactions with a kind, patient childminder.
- The childminder knew children well, adapting their approach to suit children's individual needs.
- Children enjoyed playing with a variety of age-appropriate play resources.
- Children were cared for in comfortable, homely surroundings.
- The childminder had begun to develop self-evaluation to support improvements to their service.
- The childminder had attended core training courses required for their role.

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. We identified several strengths, which impacted positively on outcomes for children and clearly outweighed areas for improvement.

1.1: Nurturing care and support

Children benefitted from kind, nurturing interactions. The childminder was patient and attentive, providing frequent cuddles and comfort. Children were given choices and their views were respected. Settling visits were arranged prior to children starting, and these were flexible to suit children's and families' needs. This resulted in children feeling comfortable and settled in the setting.

Children's care was supported by the childminder's knowledge of their individual needs. The childminder used personal plans to record important information about children's health and wellbeing needs. These were reviewed regularly with parents, however parents were not always asked to sign these reviews, as required to follow current guidance. The childminder agreed to do this. The childminder used their knowledge of children to offer individualised care, where they followed children's likes, dislikes and routines from home. One parent told us "[The childminder] takes into consideration everything you tell her and works to adapt to each kid."

Children experienced relaxed, pleasant mealtimes, sitting in a highchair, or at a child sized table, depending on their developmental stage. The childminder supervised them closely, joining in conversations to promote a sociable experience. Children brought their own food from home, which was presented attractively on plates. These measures resulted in safe, enjoyable mealtime experiences for children.

Children's personal care was sensitively supported. Nappy changes were carried out in the bathroom, where children's privacy and dignity was respected. The childminder asked children's permission and explained what they were doing throughout personal care.

Sleep routines were well managed to meet children's needs. One child slept in a travel cot in the living room during the inspection. The childminder followed the child's preferences to ensure they were comfortable and checked on them regularly. The childminder's practices promoted individualised care for children.

No children attending the service required medication at the time of the inspection. Previous medication records indicated that medication had been stored, recorded and administered in line with guidance to promote children's wellbeing and help keep them safe.

1.3 Play and Learning

Children enjoyed opportunities to choose how they played. Most play was spontaneous, following the children's lead. This included drawing pictures for pre-school aged children, and sorting toys for a younger child. The childminder asked them what they wanted to do and provided options. For example, when children were drawing, they offered a choice of pens, crayons and pencils in different colours. This promoted respect and choice. When asked what they enjoyed about going to their childminder, one child responded, "I like baking, going to the park and spending time with [the childminder]."

Children's learning was promoted through positive interactions.

The childminder was skilled in knowing when to support children, and when to step back. For example, when children drew dot to dot pictures, the childminder supported them to count and follow the numbers. She encouraged one child to write their name, commenting that this was a particular interest for them. When they drew pictures of jungle animals, and spoke about a trip to the zoo, the childminder joined in the conversation, asking questions to support them to extend their thinking. This helped provide children with opportunities to learn and develop as they played.

Children's progress was tracked using simple observations. The childminder had developed written observations of children's learning and development. They then provided activities based around their interests and developmental stages to encourage progression in their learning. Parents were kept up to date with what their children were doing using photos shared by online messaging.

Children regularly explored their local community. They attended a weekly toddler group, met up with other childminders, and the childminder collected children from the local pre-school group. Visits to the library allowed them to access books and attend Bookbug sessions. On the day of the inspection, children were deciding whether they wanted to go to the park later in the day. These opportunities provided children with varied experiences and opportunities to socialise.

How good is our setting?

4 - Good

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

2.2 Children experience high quality facilities

Children were cared for in homely, comfortable surroundings. They spent most of their time in the light, airy dining kitchen. All areas were clean and well presented, providing a safe, secure environment for children.

Children had access to a variety of play resources, which were attractively presented to promote play. The childminder selected different resources throughout the day to reflect the ages and developmental stages of the children attending. These included musical toys, cars and trucks, games, jigsaws and art materials. This helped ensure that all children's interests were provided for. The childminder could develop play resources further to provide more real life items to reflect children's experiences, and natural objects to promote curiosity and imagination.

Children had regular access to outdoor play. The garden was accessed directly from the dining kitchen. This area was well maintained and fully enclosed, providing a safe outdoor play space. Children did not access the garden during the inspection, however one child told us they "like playing there, maybe later." Regular outings to a local park provided further opportunities for children to benefit from active play and fresh air.

Children's safety and wellbeing was promoted through the childminder's practices. Risk assessments included important aspects of children's experiences, such as contact with the family pet dog and safety on outings. This helped the childminder identify any potential hazards and how to minimise them to keep children safe. Infection prevention and control measures such as regular handwashing, wiping tables and the correct storage of food helped reduce any risks of cross contamination to protect children's health.

Children's information was securely stored in organised folders to protect families' right to confidentiality.

How good is our leadership?

4 - Good

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

3.1 Quality assurance and improvement are led well

Children were cared for in a service with clear aims and objectives. These were shared with parents, along with policies and information about the service when children started. This supported families to understand what to expect.

The childminder had begun to quality assure their service. Families had some opportunities to influence the development of the service, which was done mainly through feedback questionnaires for parents and children. The childminder acknowledged that families' views had not been gathered for a while, however they had new questionnaires ready to hand out at the time of inspection.

The childminder was in the early stages of evaluating their own practice. They had planned improvements as a result of their evaluations, including reviewing and updating policies and attending training. We encouraged them to continue to develop quality assurance practices to support ongoing development of the service.

The childminder had updated policies to include current best practice. They were unfamiliar with some updated guidance documents and we encouraged them to access these regularly on the Care Inspectorate Hub to ensure that their practice consistently follows the most up to date advice. This should include the Care Inspectorate's "Quality Framework for daycare of children, childminding and school aged childcare" to support high quality outcomes for children.

How good is our staff team?

4 - Good

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

4.1 Staff skills, knowledge and values

Children were cared for by an experienced childminder. Their nurturing approach demonstrated an understanding of children's developmental and emotional needs. They recognised individual abilities, adapting their interactions to suit the needs of each child. They were flexible in their approach and gave children plenty of time to think and respond, and respected their wishes. This helped children feel valued and understood.

Children were given choices about how they spent their time. The childminder was skilled at gently guiding them, making appropriate suggestions to support their choices. They picked up on children's cues and reacted appropriately. For example, allowing one child plenty of time to explore their lunch before feeding them. This helped build positive relationships to promote support at the correct level for each child's needs.

The childminder had attended all required core training. This included food hygiene, first aid, child protection and infection prevention and control. They were able to discuss how training had supported their knowledge and improvements to their practice. We encouraged the childminder to continue to develop their knowledge by seeking further professional reading and training relevant to their role.

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 improvement to the service and ensure good outcomes for children and families, the childminder should ensure quality assurance systems are in place. This should include, but are not limited to;

- a) involving children and families in reshaping the values, vision and aims for the setting
- b) using best practice documents to support self evaluation and improvement within the service
- c) ensuring policies and procedures in place reflect current guidance and support a quality service for children and families.

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 robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 16 July 2024.

Action taken since then

Families had some opportunities to influence the development of the service. This was done mainly through feedback questionnaires for parents and children. The childminder acknowledged that families' views had not been gathered for a while, however they had new questionnaires ready to hand out at the time of inspection.

The childminder had begun to evaluate their own practice and had planned improvements as a result of their evaluations.

The childminder had updated policies to include current best practice. We encouraged them to access supporting guidance documents regularly to ensure that their practice consistently follows the most up to date advice.

This area for improvement has been met.

Previous area for improvement 2

The childminder should continue to improve the service by:

- a) developing her knowledge and skills through ongoing training and by reading and implementing relevant best practice guidance
- b) identifying how new learning had been put into practice and review the impact on children's care and experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) And 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 16 July 2024.

Action taken since then

The childminder has attended all required core training such as food hygiene, first aid, child protection and infection prevention and control. They were able to discuss how training had supported their knowledge and improvements to their practice.

We encouraged the childminder to continue to develop their knowledge by seeking further professional reading and training relevant to their role.

This area for improvement has been met.

Previous area for improvement 3

To support improvement to the service and ensure good outcomes for children, the childminder should ensure quality assurance systems, including the use of quality audit tools, are fully embedded into practice.

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 organization having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 15 August 2023.

This area for improvement was made on 15 August 2023.

Action taken since then

This area for improvement was made on 15 August 2023 and was superseded by area for improvement 1 on 16 July 2024.

This area for improvement has been met.

Previous area for improvement 4

The childminder should continue to improve the service by:

- a) developing her knowledge and skills through ongoing training and by reading and implementing relevant best practice guidance
- b) identifying how new learning had been put into practice and review the impact on children's care and experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) And 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organizational codes' (HSCS 3.14).

This area for improvement was made on 15 August 2023.

This area for improvement was made on 15 August 2023.

Action taken since then

This area for improvement was made on 15 August 2023 and was superseded by area for improvement 2 on 16 July 2024.

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
4.3 Staff deployment	4 - Good

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