

Looby Lou's Childminding Service Child Minding

Dunfermline

Type of inspection:

Unannounced

Completed on:

26 May 2025

Service provided by:

Louisa Campbell

Service provider number:

SP2017989340

Service no: CS2017359964



Inspection report

About the service

Looby Lou's Childminding operates from their family home in Rosyth, Fife. They are registered to provide a childminding service to a maximum of six children at any one time. Of whom, no more than six are under 12 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 childminders household.

Children have access to a living room, hall, bathroom facilities and secure garden to the rear of the house. The service is close to schools and nurseries, local amenities and can be reached by public transport links.

About the inspection

This was an unannounced inspection which took place on Wednesday 21 May 2025 between 14:00 and 16:45. Feedback was given on Monday 26 May 2025. 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:

- spoke with three children using the service and two families. We received feedback from two families via an electronic link
- · spoke with the childminder
- observed practice and daily life
- reviewed documents.

Key messages

- Children were happy, settled and having fun.
- Positive, trusting relationships had been formed between children, families and the childminder.
- Children experienced a home from home routine that supported them to relax and feel safe and secure.
- Personal plans were in place and reviewed with families. Children's voice was recorded in their all about me folders.
- Mealtime could promote more opportunities to be independent.
- · Medication should be reviewed in line with guidance.
- Self-evaluation should be developed through the use of best practice guidance.

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 experienced warm, caring and nurturing interactions. We could see positive relationships had been formed between children, the childminder and families. Families strongly agreed they had a good relationship with the childminder and said they "were like family." As a result, positive, trusting relationships had been formed that supported positive outcomes for children.

Mealtimes were at children's pace, they were offered foods that the childminder knew they enjoyed. Children sat at the table, enjoying the social experience with peers. We encouraged the childminder to promote more opportunities for children to develop independence skills.

Children were able to rest after school in the childminders home. They used the sofa and cushions and felt relaxed in the space. Families described it as feeling like it is a home for their child. As a result, children's emotional security was supported.

Personal plans were in place for children and had been reviewed with families. New all about me folders had been created and were at the early stages of gathering what was important to children and how the service would support their next steps. Families strongly agreed they were involved in reviewing personal plans. Children had ownership of their folders. As a result, children's individual needs were being met.

The childminder had an understanding of children's needs and when required, had healthcare plans in place. Medication was recorded and reviewed each time families requested medication be administered. We encouraged the childminder to review medication at least every three months and record this in line with guidance (see area for improvement 1.)

Families were welcomed into the service, they spend time talking with the childminder about their child's day. They told us communication was good, they also received updates online, emails and calls. This promoted positive partnership working between the childminder and families.

Quality indicator 1.3: Play and learning

Children made choices about what they would like to play with when they entered the service. Resources were stored in a large unit in the living room and were easily accessible. Children told us they liked to build with Lego, play outside, role play with the animals and dinosaurs and take part in arts and craft activities. They had recently planted sunflower seeds and had been learning about caring for them. Children described the childminder as "fun." As a result, they were happy and enjoyed spending time with the childminder.

Planning for experiences was informal due to the times children attended. They were asked what they would like to do and the childminder respected their choices. During holiday periods they took part in day trips to the zoo and safari park. Children told us about their favourite parts of the trips and what they had learned about some animals.

The childminder promoted connections with the community. Children walked to and from school, learning skills in road safety. Families told us they liked that children had opportunities to spend time outdoors, visiting the park regularly. As a result, children were learning about keeping themselves safe in and around their local community.

Children experienced interactions with the childminder that were respectful, calm and engaging. There was lots of conversations about their day, recalling favourite activities and events they had attended. The childminder knew what was important to each child, spoke in a calm and reassuring manner with them. One family commented "she makes my child feel included and important." As a result, children benefitted from skilled interactions that engaged them.

Areas for improvement

1. To ensure children's healthcare needs have been carefully considered. The service should ensure medication is reviewed with families in line with best practice guidance.

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).

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 had access to the living room, secure back garden and toilet facilities on the ground floor. Spaces were comfortable and we could see children felt relaxed and settled. Families were welcomed into the home and shared they spend time talking with the childminder.

Spaces were developmentally appropriate. Children told us they liked to spend time outdoors. They had access to a wide selection of resources that included a large enclosed trampoline, basketball hoop, balls, wheeled toys and a large trunk of other outdoor resources. This supported them to engage in large physical activities.

Children's safety had been carefully considered. The childminder had a sound understanding of children's stages of development and their need to be offered more independence. The walk back from the school gave children some opportunity to walk to designated areas independently whilst being supervised by the childminder. Children followed this routine, we could see this was a part of their everyday experience. This meant children were learning how to keep themselves safe.

Daily checks of spaces children accessed minimised potential risks. Children's safety had been considered when accessing wider experiences through risk assessments. The childminder reviewed these regularly and changes were made to these documents to ensure they reflected the experience and promoted children's safety and wellbeing.

The childminder promoted infection, prevention and control practice through daily routines. Children removed their shoes when entering the service and washed their hands.

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This minimised potential of infection and promoted children's health and wellbeing. Children and families information was securely stored. The childminder was registered with the Information Commissioner Office (ICO) and understood their role in keeping information secure.

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 improvements are led well

The childminder promoted their aims and vision for children to be at the heart of the service through developing confidence and accessing a range of activities. They had a caring manner, worked closely with families and were respectful in their interactions. As a result, children and families were happy with the service and praised the childminder.

Children and families were regularly asked for their views to develop the service. Questionnaires were used to gather feedback. Families told us they were very happy with the care, play and learning offered. We encouraged the childminder to use the feedback to create their development plan.

Developing self-evaluation to support quality assurance processes would ensure the childminder continued to reflect and evidence what was going well and support them to identify what they would like to improve. We signposted them to the Care Inspectorate best practice guidance 'A quality framework for day care of children, childminding and school aged child care.' (Care Inspectorate, 2022). This area for improvement has been re-stated. See What the service has done to meet any areas for improvement we made at or since the last inspection.

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 & values

Children experienced strong relationships with the childminder who demonstrated a warm, kind and compassionate approach. They had an enabling attitude that supported children to achieve their potential through positive interactions and experiences.

Children were relaxed and benefitted from a home from home experience. Families told us "my child is well looked after and loves going to Louisa's" and "she is an incredible person who genuinely cares about the child and families in her care." This meant that families had trust and confidence in the childminder and children felt valued and safe in the service.

The childminder had an understanding of how children develop and learn. They knew each child's individual needs and wishes and were clear about their role in promoting positive outcomes.

Children and families benefitted from the childminder's commitment to develop their practice.

They completed courses in child protection and safeguarding, food hygiene, first aid and fire safety and accessed training offered. The childminder spent time with other professionals in the area, reflecting on practice and sharing ideas to promote positive outcomes for children.

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

It is recommended that the childminder find ways to evaluate her service to support her to improve it. Consideration could be given to evaluating the service against current best practice guidance documents.

This is to ensure responsive care and support is consistent with the Health and Social Care Standards (4.19) which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

This area for improvement was made on 8 March 2020.

Action taken since then

The childminder had made some progress in evaluating the service with the use of questionnaires. Evaluating the service should be further developed using best practice guidance. We signposted the childminder to the Care Inspectorate 'A quality framework for day care of children, childminding and school aged child care' (Care Inspectorate, 2022). This area for improvement has not been met and has been restated in 'Key question 3. How good is our leadership?

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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