

Meechan, Tracey Child Minding

Livingston

Type of inspection:
Unannounced

Completed on:
12 May 2025

Service provided by:
Tracey Meechan

Service provider number:
SP2007965434

Service no:
CS2007153798

About the service

Tracey Meechan provides a childminding service from their terraced property in a residential area of Livingston, West Lothian. The childminder is registered to care for a maximum of six children up to the age of 16 years of age. Numbers include the children of the childminder's family / household. Children are cared for on the ground level of the property and access the living room / dining area, kitchen, garden and downstairs toilet.

About the inspection

This was an unannounced inspection which took place on Thursday, 8 May 2025 from 10:15 until 12:15 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 and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with the childminder and children present
- reviewed documents in the service
- observed practice and daily life
- reviewed documents feedback from our online surveys.

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 warm and caring interactions.
- Parents provided us with positive feedback regarding their child's care, play and learning.
- Children benefitted from the variety of activities available, including attending the toddler group, visits in the local community, and in the service.
- Personal plans could be strengthened further to reflect children's changing needs.
- The management of medication was discussed and actioned during the inspection, to ensure children's health and safety.
- Approaches to quality assurance and professional development could be developed further to improve children's experiences.

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?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
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?

3 - Adequate

We evaluated different parts of this key question as adequate and good, with an overall grade of adequate, where strengths only just outweighed weaknesses.

Quality indicator 1.1: Nurturing care and support

Children experienced warm and friendly interactions with the childminder. They received affection in the form of cuddles, and appeared relaxed and comfortable in the childminder's care. As a result, children felt safe and secure. Comments from parents included, "Always welcomed with a smile," and "Tracey treats the children like her own."

Personal plans were in place and contained information from home that enabled the childminder to meet children's needs. For example, information from home shared that their child enjoys being outdoors; this was built into his daily routine when at the service. Personal plans were reviewed with parents regularly; this ensured information was up to date. Children were consulted with informally as part of the review of personal plans; for example, being asked what they like and dislike. This could be strengthened through recording children's comments. For example, having an 'all about me' section that can be updated with children, capturing their changing needs over time (see area for improvement 1).

The management of medication needed to be strengthened to ensure that children who require medication have this in the service. The childminder was aware of the health needs of a child and that they had medication; however, this was not held within the service and other arrangements were in place. This meant that there would be a delay in the child receiving the medication when required. The childminder was responsive to this and requested for parents to bring medication into the service (see area for improvement 2).

Children benefitted from having mealtimes together at the dining table, providing opportunities for social interactions between the childminder and children. Lunches for children were provided from home. A variety of snacks were provided by the childminder, including sandwiches, filled wraps, yoghurts, and fruit. Children were able to choose from a selection of options and were seen asking for additional snacks during the day when they wanted them. The childminder was aware of children's different eating habits and was flexible in response to children's preferences.

Quality indicator 1.3: Play and learning

Play experiences were responsive to children's interests and there was an informal approach to planning for play and learning. Children were asked what they would like to do and were able to direct their own play by selecting resources and toys to play with. Children attending after school had similar experiences and at parents' requests, children were supported with homework.

Children benefitted from exploring their local and wider environments. Trips to locations further away were planned for, including adventure parks, farms, and zoos. Parents received regular updates on their child's experience through photographs and descriptions shared on the private social media.

Children benefitted from attending a local toddler group several times a week that was facilitated by a group of childminders. Children had the opportunity of additional play experiences, including messy play,

socialising with other children, and to be part of celebrations such as parties and seasonal events. Children were able to speak about their friends from the group during the inspection.

Development trackers had been introduced to identify children's development and were shared with parents. This provided an opportunity to discuss children's achievements. The childminder explained how the trackers had been shared with parents to discuss child development further. The frequency of the trackers being updated was responsive to children's needs, meaning that not all children had a tracker. To minimise gaps in supporting children, the childminder should consider having a planned approach to managing the frequency of updates.

Areas for improvement

1. To ensure that children's learning and wellbeing is supported, personal plans should be developed further to include children's preferences and interests. This will help to ensure that children's changing needs are reflected within their personal plans, and that personal plans adhere to current practice guidance.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

2. To protect children's health and wellbeing the management of medication should follow best practice guidance on safe storage and administration of medication.

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

The environment supported children to freely explore and use their own initiative. Children could choose where to spend their time as they had access to the ground floor of the property, including garden, lounge, kitchen, and toilet. This meant that they could choose to be in a quieter area or with other children.

Indoors and outdoors, children could either select themselves or ask for additional resources to play with. Children appeared confident in doing this and moved freely around the environment. The childminder explained that resources were moved around depending on the weather and what the children were interested in. Outdoors, children had a cover on the ground to sit on with toys and books. This meant that they could play with quieter activities and remain outdoors in the fresh air. An art easel allowed for painting and chalking, and children enjoyed playing on the slide and tunnel. This meant that children had enough resources available to them to engage them in play.

Children benefitted from an environment that was clean and organised. This allowed them to develop independence skills, including collecting their own water bottles and, where appropriate, carrying out personal care such as using the toilets on their own. Children were familiar with handwashing and were reminded regularly to wash their hands. As a result, infection preventions and control measures minimised the spread of infection.

Risk assessments were in place and reviewed regularly for areas within the service and to frequently visited places. This meant that children were safe when out in the local community.

How good is our leadership?

3 - Adequate

We evaluated this key questions as adequate, where strengths only just outweigh weaknesses.

Quality indicator 3.1: Quality assurance and management are led well

The childminder had created a happy and welcoming ethos to the service, which meant that children and their families felt welcomed and included. A parent commented, "There is a warm welcome and my child loves going to the childminder's, she's always so excited."

Approaches to quality assurance was informal. As a result, it was difficult to know what impact this had on children's experiences. We discussed approaches to self-evaluation and ensuring quality assurance. This included documenting how the views of parents and children were gathered. We suggested creating a calendar to manage the tasks required to ensure quality, and signposted the childminder to the Care Inspectorate hub, Early years framework and Realising the Ambition (see area for improvement 1).

Areas for improvement

1. To improve outcomes for children, quality assurance processes, including self-evaluation and improvement planning, should be further developed. This should include, but not limited to:
 - gathering the views of parents and children to inform the development of the service
 - using current guidance to develop self-evaluation and improvement planning approaches
 - develop a system to record and reflect on continuous professional development.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23); and

'I benefit from a culture of continuous improvement, within 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

Mandatory training had been completed, including child protection and first aid. This meant that children's health and wellbeing were supported well. The childminder had access to the Scottish Childminding Association (SCMA) for professional learning and used the templates provided for record keeping. The childminder was part of a small network of local childminders who facilitated the toddler groups, and this provided an opportunity to share ideas and have professional conversation about childminding and experiences for children. As a result, children had opportunities to access different play experiences at the toddler group.

Children experienced respectful interactions in the conversations they shared with the childminder. The childminder role modelled respect towards the resources and to children's belongings. As a result, children were aware of how to look after resources in their environment and they followed positive role modelling.

The childminder had many years of experience in caring for children as a childminder. Some children and their families had known them for several years and, as a result, established relationships had been formed. Parents responded that they strongly agreed with the statement to our online survey asking 'Overall, I am happy with the care and support my child receives in the service'.

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 the childminder familiarise herself with Building the Ambition, GIRFEC and the children's named person for information sharing across agencies. Relevant adults in children's lives should be contacted when the childminder realises there is a need for further support. She should use the well-being indicators (Safe, Healthy, Active, Nurtured, Achieving, Responsible, Respected and Included) to help her assess individual children.

This will ensure the childminder adheres to new legislation surrounding the Children and Young People (Scotland) Act (2014) available at URL: <http://www.legislation.gov.uk/asp/2014/8/contents/enacted> National Care Standards for Early Education and Childcare up to the age of 16. Standard: 3 - Health and wellbeing.

This area for improvement was made on 20 March 2017.

Action taken since then

The childminder had attended child protection training and was aware of the named person and GIRFEC. The childminder was aware of Realising the Ambition document, and acknowledged that they would benefit from reviewing key documents regularly to ensure knowledge is up to date.

This area for improvement was 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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	4 - Good
4.1 Staff skills, knowledge and values	4 - Good

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