

# Natasha's Cheeky Monkeys Child Minding

Grangemouth

**Type of inspection:**  
Unannounced

**Completed on:**  
20 May 2025

**Service provided by:**  
Natasha White

**Service provider number:**  
SP2020991094

**Service no:**  
CS2020379040

## About the service

Natasha's Cheeky Monkeys is provided by Natasha White who is referred to as 'the childminder' in this report. The service is provided from an end terraced house within a residential area of Grangemouth. The service is close to local amenities including schools, shops and parks. The service is registered to provide a care service to a maximum of six children at any one time up to 16 years of age, of whom no more than three are not yet of an age to attend primary school, and of whom no more than one is under 12 months. Numbers are inclusive of children of the childminder's family. Minded children cannot be cared for by persons other than those named on the certificate. Overnight service will not be provided.

The designated areas used for childminding included the living room, hallway, kitchen/diner and downstairs bathroom, along with a large rear garden area.

## About the inspection

This was an unannounced inspection which took place on 19 May 2025 between 15:30 and 18:30 hours. Final feedback was provided on 20 May 2025. One inspector carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- Spoke with four children using the service.
- Requested and reviewed feedback from one parent/carer.
- Spoke with the childminder.
- Observed practice.
- Checked the environment.
- Reviewed relevant documents.

## Key messages

- Children benefit from warm, nurturing interactions that help them to feel safe, secure and have fun.
- Children's health and wellbeing continues to be supported through consistent opportunities for outdoor play and physical activity.
- The service remains homely, welcoming and adaptable, helping children to feel comfortable and at ease and meeting the needs of families.
- Improvements are needed to mealtimes and sleep to improve children's outcomes and reduce their risk of harm.
- Some progress had been made in reviewing and developing children's personal plans.
- The childminder should now develop their professional knowledge and understanding through relevant learning and development and use this to measure and develop the service.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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 this key question as adequate, where strengths only just outweighed weaknesses.

### Quality indicator 1.1: Nurturing care and support

Children were settled and secure as the childminder provided a relaxed and warm environment through nurturing and fun interactions. All relevant information such as 'All About Me' forms and key family information had been gathered about minded children and kept under review every six months. The childminder knew each child as an individual and was able to confidently discuss their preferences and needs. This all contributed to children's care, wellbeing and happiness. Positive relationships with parents contributed to sharing of information. One parent told us, "Natasha always makes me feel welcome and is helpful if I have any queries."

Children interacted positively with each other and had developed friendships. They spoke about how much they enjoyed seeing and interacting with the babies in the setting. Any behaviour issues were addressed effectively by the childminder in an enabling and inclusive manner, which enabled children to learn how to manage their emotions.

Children's physical wellbeing was promoted through daily active play which included play in the garden and local parks and walking the dogs. One child told us, "I like it here because (name) is my b.f.f and I like to see the dogs and walk them when we picked up from school." This contributed to children developing their gross motor skills and physical coordination.

Children's health and wellbeing was supported as the childminder ensured systems were in place to manage the recording and administration of medication and reporting of accidents. This meant information was quickly shared with families ensuring continuity of care.

The childminder actively reminded children to remain hydrated throughout their play in the garden. Children enjoyed a snack from their own lunch boxes during the inspection. Children were able to access these freely and some ate whilst playing in the garden. This increased their risk of choking and of accessing foods which were not meant for them. We asked the childminder to familiarise themselves with the updated 'Setting the table' guidance on nutrition. They should ensure access to food is supervised. All snacks and meals should be eaten safely and mealtimes supported as a social occasion. This would ensure food was managed safely and promote healthy eating (**see area for improvement 1**).

### Quality indicator 1.3: Play and learning

Children were able to bring their own toys, books and games to the setting to use. This increased their enjoyment and enhanced their play opportunities.

Children continued to enjoy regular outings within the local community. For example, soft play, swimming pool, woodland and parks. In addition, there had been some limited opportunities to access other places of local historical interest such as the lime kilns at Ravenscraig. These opportunities built their physical wellbeing and muscle strength. There was scope to build on this and access other spaces to promote learning such as libraries, museums and other places of local or national history. Alongside this, there

remained scope to improve opportunity for forest play to enable children to connect with nature and to take, manage and understand risk in a safe way.

Verbal choices were given to children about their play, food and outings. They freely made choices about where to play, choosing to spend the majority of their time in the garden. This provided children with some sense of inclusion and ownership of their time. Opportunities for children to give their views and be consulted should now be enhanced to empower and include them further. We again discussed how to create simple planning to ensure children's needs and interests were consistently met through a mix of planned and unplanned provision. This would increase children's influence over how they spend their time.

Children's journals were now demonstrating their time in the service and development. Some links were made to the SHANARRI wellbeing indicators (come from the GIRFEC approach and say that children should be safe, healthy, achieving, nurtured, active, respected, responsible and included) and some next steps were identified. This helped to highlight children's successes and supported planning to meet their needs. However, these were not consistently updated for all children and some next steps recorded were not always specific or meaningful. These should continue to be developed to ensure all children have a record of their development which is regularly updated. This is to help plan play experiences and support children to achieve.

Children were seen to be having fun as they played in the garden. They laughed and smiled and spoke about other play opportunities. They told us, "We can play with cars and we play with the baby toys when the babies come" and, "We play tig inside. We mostly play with the cars." There was scope to improve planned play and learning experiences to support children's language, literacy and numeracy. Play experiences were not fully supportive of creativity and curiosity. Resources could be enhanced to support more open-ended play through the use of natural and loose parts play materials. Children should have varied and challenging interactions and experiences to enrich their play and learning (**see area for improvement 2**).

## Areas for improvement

1. The childminder should review mealtime routines to ensure children are having a positive eating experience. This should include opportunity to sit and eat together to improve social interaction and reduce the risk of choking and work with parents to promote healthy packed lunches. In addition, storage of lunch boxes should be reviewed to support supervised access. Reference should be made to the documents 'Food Matters' and 'Setting the Table', available at <https://hub.careinspectorate.com>.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

2. The childminder should improve play and learning experiences for children through planning provision of a wide variety of experiences and resources which provide appropriate challenge and includes opportunities for creative play. These should support children's interests and stage of development.

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

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31).

## How good is our setting?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality indicator 2.2: Children experience high quality facilities

Children's confidentiality was maintained as all personal and sensitive information was stored securely and out of reach. The childminder also confirmed how they maintained confidentiality when interacting with other local childminders. This ensured that each child's personal information was kept private. We noted that the childminder had a video doorbell and advised that policy would need to be developed and shared with families on the management and use of video recordings.

The garden space was mostly secure and children enjoyed playing with a range of physical play equipment. We saw that some garden items could still provide potential footholds for fence climbing, however, the childminder told us they supervised outdoor play at all times. Children also told us what the rules were if the ball went into a neighbouring garden. We looked at risk assessments and acknowledged improvements made in relation to risk management of the garden. However, there was scope to make some further amendments to ensure robust management of outdoor play. A risk assessment for children walking to the service themselves should also be developed.

Children's risk from cross infection was increased as they were not effectively encouraged and supported to wash their hands at appropriate times with soap and water. Children went from outdoor play to eating without being reminded to wash their hands. We again asked the childminder to implement their own policies and procedures as displayed on the kitchen wall. This would contribute to children learning about the importance of hand hygiene and reduce the possible spread of infection and keep children healthy.

Children's sleep was restricted as they currently slept in buggies instead of the available travel cot. These arrangements were agreed with parents. Further review of sleeping arrangements should be considered with parents to ensure compliance with safe sleeping guidance. This is to ensure children's safety and comfort ensuring they are able to stretch and move freely during periods of rest. Reference should be made to the Scottish Government document 'Safer sleep for babies; a guide for professionals' (**see area for improvement 1**).

The environment was well ventilated, clean and tidy contributing to children's comfort. They were able to move freely between the home and garden to access the bathroom and were closely supervised most of the time. On checking the living room we found a tub of medicated cream in reach of children. To ensure children's safety at all times, all medication should be stored safely and out of reach of children (**see area for improvement 2**).

### Areas for improvement

1. The childminder should ensure that children experience safe sleeping to reduce their risk of harm by promoting use of the travel cot and restrict use of the buggy within the house for young children's sleep. They should work with families to develop a plan for a transition from the buggy to the travel cot. This would ensure they routinely enjoy restful sleep on a flat surface with the ability to move naturally. Reference should be made to the Scottish Government document 'Safer sleep for babies; a guide for professionals' available online.

This is to ensure that care and support is consistent with the Health and Social Care Standards (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); and  
 'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishing to relax' (HSCS 5.6).

2. The childminder should ensure that all hazardous items including medication are stored appropriately and kept out of the reach of children at all times. This is to ensure children's continued safety and wellbeing.

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

'My environment is secure and safe' (HSCS 5.19).

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

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

Policies and procedures were held and had been reviewed. Most were supportive of positive practice, however some required slight review to ensure they remain in line with current best practice and legislation. These should be kept under regular review to support smooth operation of the service and quality provision.

The childminder continued to measure her service informally through general discussions with parents and observations of children's level of happiness. They had engaged in some reflection and identified a need to improve the paperwork side of the business. However, this was not yet having a positive impact on the quality of the service.

Parents were able to give their views on the service through discussions upon drop off and collection of children. Although the childminder advised that a questionnaire had previously been issued, they were unable to share this during inspection. Discussions with children meant they could share some views which enabled them to have some influence in their play and learning. The childminder should build regular and formal opportunities for children and families to give their views and influence improvement. The area for improvement made at the last inspection has been made again (**see area for improvement 1**).

No progress had been made in developing quality assurance systems since the last inspection. The childminder had still not familiarised themselves with best practice documents which would support them to evaluate their service and make improvements. We reminded them to begin familiarising themselves with the new 'shared framework' which would be launched soon. They should use this to evaluate the service and identify strengths and areas for improvement. We again signposted to relevant guidance available on the 'Hub' section of our website. We also encouraged the childminder to ensure completion of their action plan to us to address areas of improvement identified during inspection. This would also act as a starting point in developing their own annual action plan for improvement. The area for improvement made at the last three inspections has been made again (**see area for improvement 2**).

During the inspection a friend of the childminder's own child was present who interacted with the minded children. The childminder should complete a risk assessment for any regular visitors and record their visits, including times in and out.

## Areas for improvement

1. The childminder should provide regular and formal opportunities for children and families to provide their views across all aspects of provision. These should be captured and used to identify and address areas for improvement. Children and families should be kept informed about improvements made, to enable them to feel included and that their opinions are valued.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6); and

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

2. The childminder should develop their awareness of best practice in early learning and childcare through engaging with relevant documents and use these to develop their service and carry out quality assurance. This will allow them to develop as a professional and make changes to meet the needs of the children in their care.

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).

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality indicator 4.1: Staff skills, knowledge and values

Children were cared for as the childminder demonstrated compassionate care and love for them. Children were given physical comfort and reassurance and enjoyed positive relationships with the childminder. As a result, children were relaxed, comfortable and having fun in the childminder's care. One child told us, "Usually we just do jokes and have fun!" This approach reflected the childminder's expressed aims for the service. One parent told us, "My child enjoys attending Natasha's child minding service."

The childminder spoke about accessing relevant reading of best practice guidance. However, this had not yet had an impact on practice. The childminder discussed how she planned to identify future training opportunities on the Scottish Childminding Association website which would support children's wellbeing and individual needs. This should now be taken forward to support improved outcomes for children and improvements in the service. The area for improvement made at the previous inspection has been made again (**see area for improvement 1**).

The childminder had accessed and refreshed their training in first aid and child protection. This contributed to children's continued health and wellbeing. The childminder demonstrated an understanding of procedures to ensure children remained safe from harm. They were confident in discussing actions they would take in response to different types of abuse. Efforts to access additional training and development opportunities had been limited. The childminder was not yet working with the current quality framework and was not aware of the impending replacement to this. Access to online webinars and other key best



practice documents had not been carried out. Familiarisation with these documents and accessing relevant training would support the childminder to provide high quality experiences within an engaging environment. The childminder should now be proactive in undertaking relevant training and development opportunities to increase positive outcomes for children. We again advised of keeping a reflective record of any self directed learning and training undertaken. This is to further support the childminder to make improvements based on current best practice and self evaluation. The area for improvement made at the last inspection has been made again (**see area for improvement 1**).

### Areas for improvement

1. The childminder should identify and access training and professional learning to develop their skills and knowledge. They should record learning and demonstrate ways in which it has improved experiences and outcomes for children. This is to support positive outcomes for children. This should include but is not limited to child protection training.

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

'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).

## 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 should put in place personal plans which capture developmental information held for children who attend. The childminder should record children's progress in the service and their next steps identified. This is to support them in planning to meet their needs and support sharing of this information. We discussed how the childminder could capture this information using the SHANARRI wellbeing indicators. All personal care plan information should be reviewed by parents at least once every six months. Where children have identified allergies or specific identified needs, further information to meet these needs should be recorded within the personal plan.

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 a 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).

**This area for improvement was made on 30 April 2024.**

#### Action taken since then

'All About Me' forms were in place and regularly updated along with six monthly reviews by parents of all information held. Personal plans were now developed to include records of children's time and development

within the service with some links made to the wellbeing indicators. Some inconsistencies across journals were identified which should continue to be monitored and developed.

**This area of improvement is therefore now met.**

## Previous area for improvement 2

To support children's safety and wellbeing, the childminder should ensure that appropriate measures are in place to prevent children leaving the childminder's garden unnoticed.

This should include, but is not limited to:

- A review of the placement of garden furniture and other resources.
- Discussing rules with children.
- Written permission held for unsupervised periods such as walking from school.
- A detailed written risk assessment to identify steps taken to minimise risks in regard to play in the garden and individual children.

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

'My environment is secure and safe' (HSCS 5.19).

**This area for improvement was made on 30 April 2024.**

### Action taken since then

Most of the furniture had been re-positioned away from walls and fences and the childminder confirmed supervision at all times during play in the garden. Children had been spoken with about rules and were able to discuss these with us during the inspection. Written permission had been accessed for the child who walked back to the service unsupervised. However, a risk assessment for this was not yet completed and we reminded the childminder to complete this.

**This area for improvement has therefore been met with some further advice to enhance the written risk assessment for the garden.**

## Previous area for improvement 3

The childminder should develop their awareness of best practice in early learning and childcare through engaging with relevant documents and use these to develop their service and carry out quality assurance. This will allow them to develop as a professional and make changes to meet the needs of the children in their care.

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 30 April 2024.**

### Action taken since then

The childminder was transparent and confirmed they had taken no further action in relation to developing and carrying out quality assurance.

This area for improvement has therefore not been met and has been restated for the third time (see 'How good is our leadership?').

#### Previous area for improvement 4

The childminder should provide regular and formal opportunities for children and families to provide their views across all aspects of provision. These should be captured and used to identify and address areas for improvement. Children and families should be kept informed about improvements made, to enable them to feel included and that their opinions are valued.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6); and

'I am actively encouraged to involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

**This area for improvement was made on 30 April 2024.**

#### Action taken since then

The childminder confirmed that any consultation continued to be verbal and informal.

**This area for improvement has not been met and has been restated again (see 'How good is our leadership?').**

#### Previous area for improvement 5

The childminder should identify and access training and professional learning to develop their skills and knowledge. They should record learning and demonstrate ways in which it has improved experiences and outcomes for children. This is to support positive outcomes for children. This should include but is not limited to child protection training.

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

'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 30 April 2024.**

#### Action taken since then

The childminder had updated some core learning in first aid and child protection but had not been proactive in accessing any further development opportunities.

**This area for improvement is therefore not met and has been restated again (see 'How good is our staff team?').**

## 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?	3 - Adequate
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	3 - Adequate

How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate

How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	3 - Adequate
4.1 Staff skills, knowledge and values	3 - Adequate

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