

# Alison Nicoll Childminding Child Minding

Kirriemuir

**Type of inspection:**  
Unannounced

**Completed on:**  
12 June 2025

**Service provided by:**  
Alison Nicoll

**Service provider number:**  
SP2017989332

**Service no:**  
CS2017359850

## About the service

Alison Nicoll Childminding is a registered childminding service provided by Alison Nicoll and is delivered from the childminder's home within Kirriemuir, Angus. The service is close to farms, greenspaces and a playpark.

The children are cared for within a dedicated playroom. They also have access to a kitchen/diner area, ground floor bathroom and have direct access to an enclosed rear garden.

The service is registered to provide a care service to a maximum of 6 children at any one time under the age of 16 years, of whom no more than 3 are of an age not yet attending primary school and of whom no more than 1 is less than 12 months. Numbers are inclusive of children of the childminder's family.

## About the inspection

This was an unannounced inspection which took place on Thursday 12 June 2025 between 10:15 and 12:45. One inspector carried out the inspection and a service manager was also present as part of our quality assurance processes from the Care Inspectorate.

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 two children using the service;
- spoke with the childminder;
- received feedback from 10 families;
- observed practice and children's experiences; and
- reviewed documents.

## Key messages

- The childminder was kind and caring, they provided children with reassurance to help them feel secure and happy.
- Children were able to lead their play independently and were confident moving around the childminder's home.
- The childminder should improve how they check for risks to make sure the home and garden are safe through developing their risk assessments.
- Personal plans should be enhanced to capture children's experiences and identify next steps, plans also need to be kept under regular review.
- The childminder should develop effective self-evaluation and quality assurance processes.
- Further training and development opportunities will help the childminder to provide high quality care, play and learning for children, in line with best practice.

## 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

### Quality indicator 1.1: Nurturing care and support

We made an evaluation of adequate for this quality indicator, where strengths only just outweighed weaknesses.

Children were engaged and settled during our visit. The childminder was kind and nurturing towards children and positive, trusting relationships had been formed between children and the childminder. Two parents told us "Alison is approachable and welcoming" and "I get a warm feeling from Alison, which reassures me that my child will be comforted when needed".

The childminder knew the children in her care well. This had been supported through general discussions and information gathered from families. Children's progress was mainly captured and shared with parents through the use of photographs which were forwarded digitally.

Personal plans needed to be improved to better support children's individual needs and development. We found that some plans were missing important details and had not been reviewed. Plans could be strengthened by including photographs, capturing children's experiences, and clearly identifying next steps using the SHANARRI wellbeing indicators. We highlighted how plans should include up-to-date information about children's care routines and any strategies used to support them. A recommendation was made at the previous inspection and is no longer in place (see what the service has done to meet any areas for improvement we made at, or since the last inspection).

Personal plans must be reviewed with parents at least every six months, or sooner if there are any changes in a child's care or wellbeing. By improving the approach to personal plans, the childminder will be better equipped to meet each child's needs and help them achieve their full potential. We signposted the childminder to Care Inspectorate guidance: 'Guide for Providers on Personal Planning: Early Learning and Childcare' (Care Inspectorate, 2021) (see area for improvement 1).

Snack time was a calm experience that supported children's wellbeing and social development. The atmosphere was relaxed and unhurried, giving children time to enjoy their food. Children were closely supervised to make sure they were safe while eating. The space allowed children to sit together at a table in secure seating. Infection control measures were also in place to keep the environment clean and safe. As a result, children were comfortable, included, and supported during snack time. This helped build social skills and confidence.

At the time of inspection, no children required medication. We found the childminder could use forms to gain consent from parents should they need to administer medication.

Safe sleep practices needed to be strengthened to better support children's wellbeing. During our visit, no children required sleep, but a cot, sheets, and a quiet space in another room was available. The childminder explained their approach to sleep routines. For example, children were checked during rest periods. However, checks were not recorded, and there was no monitor in place. We discussed best practice for safe sleep, including the importance of recording sleep routines, using monitoring tools, and reviewing current guidance. The childminder was open to these suggestions and had the capacity to take them forward. By

improving sleep procedures, children will be better protected and supported during rest times, helping to ensure their safety and comfort.

Children were safe and protected from harm. The childminder understood the role they played in safeguarding. Training had been completed to support knowledge and understanding in child protection. There was a child protection policy in place and we asked this to be updated. For example, to reflect current best practice guidance. We suggested the childminder should record significant events and incidents in children's lives through the use of chronologies.

### Quality indicator 1.3: Play and learning

Children experienced a play environment that encouraged choice, creativity, and learning. They were able to select from a variety of toys and resources that matched their interests. During our visit, children were happily engaged in activities like drawing with felt pens, playing with dolls and prams, and taking part in arts and crafts, which included card making.

The childminder supported children's play by using open-ended questions to extend their thinking and learning. Conversations included topics like what materials they needed, letters of the alphabet, and colours. This helped build language and understanding. As a result, children were confident, engaged, and supported to explore their ideas in a fun and meaningful way.

The childminder mostly followed an informal spontaneous planning approach that reflected the interests of children. The childminder had observed children's interests and informally planned experiences and outings based on that. Recent activities included arts and crafts, visits to farms, toddler group sessions and parks. These regular outings increased children's learning, develop social interactions and connections with their community.

Language, literacy and numeracy were supported through natural interactions, such as singing, reading and counting out toys and resources. The childminder engaged children in appropriate conversations and role modelling. Parents told us "My child likes doing arts and crafts and playing with all the toys" and "my child enjoys playing with the other children and the toys".

### Areas for improvement

1. To ensure children's safety, health and wellbeing, the childminder should ensure that children's personal plan information is available, up to date and contains necessary information. Personal plan information must reflect children's needs and record specific strategies to support their wellbeing. Personal plans must be reviewed with families at least once in every six months.

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).

## How good is our setting?

## 4 - Good

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

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

Children were cared for in a warm, welcoming, and secure environment that supported their comfort and wellbeing. The home was set up to create spaces where children could relax and feel at ease. During our visit, we observed children to be comfortable with the childminder. For example, a child sat on the childminder's knee, showing strong, trusting relationships whilst they had a story read in a relaxed space. As a result, children felt safe, nurtured, and emotionally secure in the environment. Parents told us "my child is well looked after and safe" and "Alison is on the ball and manages to care for my child extremely well".

Children had access to bright and ventilated spaces that supported their play and wellbeing. The spaces created helped meet different needs, with areas where children could play alone, with friends, or move freely between indoors and outdoors. A wide range of age and stage appropriate toys and resources supported children's play and learning. Two parent told us "The childminder has a great play room and involves the children in many crafts". And "Alison has a variety of ages and she makes sure that any arts or crafts she does, each child can feel involved".

The back door led directly to the garden, allowing children to access outdoor play if they chose. Some toys and resources were available outside to support their interests. The childminder highlighted how work on the garden and resources were ongoing. For example, plans were shared around painting the playroom and developing the outside area. We encouraged the childminder to involve children and families in such developments.

Some safety measures were in place, but further improvements were needed to ensure a fully safe environment for children. The childminder had considered safety by installing a new stair gate and using checklists to monitor risks. However, we observed areas that could pose hazards. For example, the garden had overgrown nettles and mechanical items, including stacked tyres, which were easily accessible to children. We discussed the importance of reviewing and addressing these risks to create a safer environment.

Risk assessments were in place but needed to be improved to fully support children's safety. The current records included limited information about hazards and control measures within the home, and they had not been reviewed or updated for some time. We discussed the importance of regularly reviewing and developing these assessments to clearly identify potential risks and record actions taken to reduce them. Strengthening risk assessments will support children safety and promote their wellbeing (see area for improvement 1 under section 'How good is our leadership?').

Children were transported to and from school in the childminder's car. The childminder had the correct insurance in place and transported children safely with the use of appropriate car seats. There had been no accidents or incidents records in the service. The childminder had appropriate forms in place to record any accidents and incidents. The childminder had valid public liability insurances in place for their service which

supported a safe environment for the children.

Information about children and their families was kept in a safe and secure manner in line with general data protection regulations (GDPR).

## How good is our leadership?

## 3 - Adequate

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

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

The childminder had created a happy and welcoming ethos in the service, which promoted a positive atmosphere for children to play and learn. They engaged well with the inspection process and were responsive to our suggestions for further development. Families told us "Alison is very easy to communicate with and very understanding". And "Alison is a friendly, welcoming person who always makes time to chat and discuss my child's learning and development".

The service had values and aims which included to provide a 'home from home' environment where children learn through play. These had not been reviewed for some time. By involving families in shaping vision, values and aims ensures the aims reflect the shared values and expectations of all.

The childminder had a range of policies and procedures in place, supporting them to provide a reliable service. We advised some of these policies and procedures should be updated and expanded to reflect current legislation and best practice guidance. For example, we identified gaps within the child protection policy, medication procedures and complaints policy. Updating policies and revisiting current best practice would support service delivery and positive outcomes for all children.

Some areas of the service needed to be updated to make sure current best practice and guidance were followed. This included improvements to personal planning, nappy changing procedures, and risk assessments. The childminder recognised these areas and was open to making the necessary changes. By updating practice, the childminder will be better able to provide a safe, consistent, and high-quality experience that supports children's care, wellbeing, and development. We have signposted the childminder to the Care Inspectorate website and the HUB (see area for improvement 1).

The service was in the very early stages of developing their approach to quality assurance and self-evaluation. When we visited there were no formal systems in place to gather and record the views of children and families or to meaningfully evaluate the service and identify areas for improvement. We discussed the benefits of using quality audit tools, such as 'A quality framework for day-care of children, childminding and school-aged childcare' (Care Inspectorate 2022), to support self-evaluation (see area for improvement 2).

At the time of inspection the childminder was meeting the conditions of their registration, helping to ensure a safe and well-managed service. We sampled attendance records which showed children's attendance was being tracked. We discussed the importance of always following the registered number of children allowed at one time.

## Areas for improvement

1. To ensure children experience consistently high quality play and learning spaces and experiences, the childminder should update their practice and procedures to ensure it is in line with best practice guidance. For example, and not limited to; personal planning, nappy changing procedures, policies and risk assessments across the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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  
'I use a service and organisation that are well led and managed.' (HSCS 4.23).

2. To continue to improve outcomes for children, the childminder should become familiar with best practice guidance and use this to support her approaches to self-evaluation and continuous improvement.

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?

4 – Good

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

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

The childminder was professional in their role in caring for children. They interacted well with the children and had developed positive relationships with children and families. Families told us "Alison is encouraging, responsive and very supportive", "I can speak very freely to Alison and know I will always be listened to" and "Alison is a very good child centred practitioner".

The childminder had participated in training such as, child protection and first aid which allowed the childminder to keep children safe and healthy. We discussed the importance of updating and recording post training evaluations to include a detailed reflection of learning. Reflections of learning would enable the childminder to revisit and reflect on how learning opportunities developed their practice and support future practice. A recommendation was made at the previous inspection and is no longer in place. It has been incorporated into a new area for improvement under this key question (see what the service has done to meet any areas for improvement we made at, or since the last inspection).

To ensure children experience a service that is based on current best practice, the childminder should develop their skills and knowledge through training, self-directed reading and developing awareness of good practice documents (see area for improvement 1).



The childminder was a member of the Scottish Childminding Association (SCMA) and had built relationships with other local childminders. This provided opportunities to help reflect on best practice and build on information sharing.

### Areas for improvement

1. To continue to improve the service and outcomes for children, the childminder should access training to develop her knowledge and skills in order to ensure that children receive high quality care.

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).

## 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 continue to develop her skills and knowledge through broad training. She should also extend her awareness of current early years frameworks and good practice guidance to further enhance outcomes for children.

This is to ensure 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).

**This area for improvement was made on 26 October 2018.**

#### Action taken since then

The childminder had attended some webinars however, the impact of this was not put into practice and limited formal training had been accessed.

A new area for improvement has been made to replace this one.

#### Previous area for improvement 2

The childminder should extend her recording for individual children to help her to meet their individual care needs and more actively support their next steps in learning.

This is to ensure care and support is consistent with Health and Social Care Standards 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 26 October 2018.**

#### Action taken since then

Personal plans were not fully complete for all children and some had not been updated within the last six months.

A new area for improvement has been made to replace this one.

## 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	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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