

# Campbell, Annie

## Child Minding

Motherwell

**Type of inspection:**  
Unannounced

**Completed on:**  
25 June 2025

**Service provided by:**  
Annie Campbell

**Service provider number:**  
SP2005952194

**Service no:**  
CS2005106022

## About the service

Annie Campbell operates her childminding service from her family home in the New Stevenson area of Motherwell, North Lanarkshire. The childminder provides a care service to a maximum of six children at any one time under the age of 16-years; of whom a maximum of six will be under 12-years; of whom no more than three are not yet attending primary school; and of whom no more than one is under 12-months. Numbers are inclusive of children of the childminder's family.

The service is situated nearby local amenities, schools, and nurseries. The children have the use of the accommodation on the ground floor, including toilet facilities. At the time of the inspection, the enclosed back garden was not in use, children were using local outdoor spaces to play outside.

At the time of the inspection, seven children were registered to use the service, of which two minded children were present during our visit.

## About the inspection

This was an unannounced inspection which took place on 25 June 2025 between 13:30 and 15:20. 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:

- spoke with the minded children present
- we gathered feedback from four families of children using the service
- we spoke with the childminder
- observed the children's experiences
- reviewed documents.

## Key messages

- The childminder's interactions were kind and caring.
- The childminder had formed positive bonds with the children and families during the settling in visits and daily communications.
- The records they must hold within the service to help them plan children's care needed to be further developed.
- The children had good access to the outdoors and fresh air, when they visited local parks.
- A review of the premises risk assessment was needed to ensure appropriate safety measures were in place.
- The childminder would benefit from some development time to refresh their knowledge on current good practice and thinking.

## 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?	3 - Adequate
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?

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

The children present were happy and comfortable in the childminder's care, and they were keen to talk to us about the care they received. They shared stories about their experiences, learning, and that they felt safe and had lots of fun. The childminder knew the children well and ensured they provided the right care to meet their needs and interests. The children told us they were happy to be there.

Daily communication verbally and online ensured parents were well informed about their child's needs and experiences. Parents told us they were happy and were regularly involved in planning their child's care. One parent told us, "We often discuss how their day has been and anything new in their development." Another shared, "Anne's communication is superb." The childminder had strong relationships with the families using the service, resulting in them feeling confident to ask advice if needed.

The service had a medication procedure in place. However, as identified at the last inspection, some improvements were needed. For example, ensuring medication consent forms contained all the necessary information to enable the childminder to administer medication safely. As a result, the area for improvement around medication, made at the last inspection, will remain to ensure the childminder's procedures follow good practice guidance. More information about the management of medication can be found from the Care Inspectorate online.

The childminder had gathered appropriate information to get to know the children's needs and had a good understanding of child development. They did this during the children's induction and during daily communications. This enabled them to plan the appropriate care and support to meet children's needs. However, not all information was recorded and kept up to date. The childminder needs to ensure personal plans contain all the necessary information for them to plan and provide the highest quality care and support. As a result, the area for improvement around personal plans, made at the last inspection, will remain. More information about the personal plans can be found from the Care Inspectorate online.

Children had a daily snack or meal, depending on their pattern of attendance. Parents told us the foods provided were healthy and that the children get fruit daily. We did not see a meal time during our visit, but saw photographs of children having lunch in a local cafe, which they told us they enjoyed. The childminder ensured they provided foods that met children's needs and personal preferences.

### Quality indicator 1.3: Play and learning

The daily routine was planned around children's attendance and needs. The majority of children were school aged children. As a result, most afternoons, in consultation with the children, were spent out in the local community, as children liked to play outside. For the younger children, their routines also included outdoor play and visiting local toddler groups. Parents confirmed children had regular access to the outdoors and they liked that the children had the opportunity to socialise with other children. The children had good access to fresh air and exercise.

The children told us they liked that they were given time to participate in activities they enjoyed. We observed children having fun playing together, problem solving, and self selecting from the materials provided in the childminder's home. The materials available met their interests and provided appropriate challenges. Children were given praise and recognition for their achievements. The materials and play experiences were planned to support children's interests and support their development needs. The childminder had a good understanding of child development and organised play and learning to support children's interests.

The childminder shared children's experiences using an online communication app, and daily discussions with families. This kept parents well informed about the children's play, learning, and their achievements. To further support the recording and planning of children development, the childminder should consider including more detail about their learning into their personal plans, this could be on paper or online. This would help them to identify and track children's progress enabling them to ensure plans truly support children's all round development.

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

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

On arrival, we were welcomed into the childminder's home. The facilities were secure and children were playing in the living room, having fun. The children played in the living room where the childminder had set up materials for them to self select from. The children were confident and keen to talk to the inspector, and they felt safe and secure in the childminder's home. All parents told us they found the house to be safe, secure and well maintained.

We discussed infection prevention and control measures in place to keep children safe. The childminder knew they had to wear protection equipment, such as single use gloves and aprons, when changing children's nappies. However, they did not always wear an apron. We found children shared a hand towel when drying their hands, we advised the childminder to review the most recent hand hygiene guidance, as changes had been made. They now promote single-use towels. Children brushed their teeth at the childminders. During our discussion, we identified the children did not have a named toothpaste each, which is outlined in the child smile guidelines for childminders. As a result, we have made an area for improvement around infection prevention and control. **(See Area for Improvement 1)**

The childminder's back garden was not in use at the time of the inspection. The garden was not secure and had various items stored. The childminder ensured children had access to outdoors and fresh air daily, visiting local outdoor spaces. However, children would benefit from having access to an outdoor space on the premises, to enable them to freely choose to play inside or outside. As a result, we have made an area for improvement that children have access to an outdoor play area on the service premises and that the childminder ensures the outdoor space is made safe and secure. **(See Area for Improvement 2)**

The childminder's home was clean. However, whilst having a tour of the minded areas, we found an excessive amount of cleaning products around the home, that were accessible to children. This included cleaning items stored beside the cistern in the toilet accessed by children, and in the utility room and kitchen that children had to walk through to access the toilet. We discussed the need to ensure all possible hazards were stored out of reach of the children. **(See Area for Improvement 3)**

The childminder used technology to communicate with families. They spoke with confidence about if there were to be any possible data protection breaches and the actions they would take. They were confident that the information was stored securely and followed their data protection guidelines.

## Areas for improvement

1. To support children's wellbeing and safety, the childminder should ensure they are well informed of good practice infection prevention and control measures and implement these at all times.

This should include, but not be limited to, good hand hygiene, nappy changing procedures, and toothbrushing guidelines.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states, as a child:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To support children's health, wellbeing and learning, children should have access to a safe and secure outdoor space when attending the service.

This should include, but not be limited to, an outdoor space which children can choose to play in whilst in the childminder's home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states, as a child:

'I play outdoors every day and regularly explore a natural world' (HSCS 1.32).

3. To ensure children's safety and wellbeing, appropriate safety measures need to be put in place to remove possible hazards that may cause harm to children.

This should include, but not be limited to, hazardous cleaning products being stored out of reach of children.

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

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

**How good is our leadership?****3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

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

The childminder has been minding for many years and has cared for lots of families. During this time, they had reflected and made changes to the service. The preferred method of self-evaluation had been informal. Almost all consultation and changes to practice had been to support children's personal care needs. To support the service in future developments, they should consider a more formal route. This is to ensure the service continues to meet legislation and good practice guidance. The childminder can access more information from the Care Inspectorate online.

The childminder needs to ensure they consider how they source and keep up to date with current thinking and practice guidelines. We have identified several areas for improvement in relation to this during the inspection, which we have recorded throughout the report. The childminder needs to have a more robust and effective system to ensure they are well informed about current thinking and practice.

To ensure the service is well led, the childminder needs to develop a more effective system for recording and retaining information they must hold. They should consider incorporating meaningful quality assurance processes into their routines, this would enable them to be confident they are providing high quality care and support, following good practice guidance.

**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**

The childminder was welcoming, friendly, and very caring towards the children and families. They responded to the needs of the children with affection and kindness. When discussing children and their families, they did so with respect.

The childminder had formed strong bonds with the children and provided personalised care to meet the children and families' needs. They demonstrated a good understanding of child development. To further support their knowledge, the childminder should consider attending some training and development sessions, for example, around personal plans, quality assurance, and health and safety. They may want to consider some development focused around caring for school aged children, as most children attending came after school. The childminder agreed it would be useful to attend further training to enhance their knowledge in some areas.

We discussed child protection and first aid. The childminder has maintained their training and development in these areas. Along with other childminders, they regularly met up to participate in core training events. The childminder gave a confident account of the action to be taken if any child, for example, had an accident or they suspected a child had been harmed.

The childminder should keep a record of their training and development, including what they had learned, this would enable them to reflect on their practice, new learning, and measure the impact of positive changes. They should consider accessing the wide range of training available online and in-person. We suggested they accessed some of the more recent webinars organised by the Care Inspectorate and other professional agencies. More information on these can be found online.

All parents told us they were very happy with the service their child received. Their comments included:

"Anne is very professional. My child loves going to their childminder which is a great indicator as a parent. Anne spends lots of time outside with the kids which helps their physical and mental wellbeing."

"My child minder cares for my child and all her children like family. I feel so confident that when my child is with her they are safe, happy and constantly learning. My childminder helps my child feel comfortable and confident to be themselves. I couldn't ask for a better minder."

## 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 improve and implement an effective medication management system.

This should include, ensuring procedures and recording systems capture:

- a) reason for medication being given;
- b) clear times; and
- c) ensuring it is clear medication will be time limited, unless required for longer term conditions which should be reviewed in the child's personal plan.

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

'I experience high quality care and support based on relevant guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 25 April 2014.**

#### Action taken since then

Similar to previous years, the childminder had given medication, resulting in it being difficult to assess outcome. However, we did find one child had to be administered a teething gel, and the form used could have been completed with more accurate information to ensure the childminder followed parent's instructions.



We discussed other medication consent forms they held, but these had not been used. We agreed these would be better to use going forward. The childminder should ensure they access the Care Inspectorate most current management of medication guidance which can be found online. This will help them to reflect on current practice and ensure changes made meet current guidelines.

**As a result, this area for improvement has not been met and will remain in place.**

#### Previous area for improvement 2

The childminder should further develop children's written plans.

This should include:

- a) ensuring children and parents/carers are involved in setting and reviewing plans;
- b) where children have specific health conditions, ensuring relevant information to support their care is recorded; and
- c) ensuring written consents are in place for children to play outdoors unsupervised, and arrangements are agreed with children and parents/carers.

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

'My personal 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 6 August 2018.**

#### Action taken since then

Each child had a personal plan in place. However, these were not reviewed every six months and information was found not to be up to date or to reflect children's current needs.

The childminder had started to use an online app to record children's experiences. However, after reviewing all information held, we found it did not fully meet the personal plans legislation. The childminder needs to consider how and where they will include a written personal plan that sets out children's needs and how these can be supported.

**As a result, this area for improvement has not been met and will remain in place.**

## 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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
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?	4 - Good
4.1 Staff skills, knowledge and values	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.