

# Gillybean Childminding Service

## Child Minding

Bathgate

**Type of inspection:**  
Unannounced

**Completed on:**  
15 July 2025

**Service provided by:**  
Gillian Crossan

**Service provider number:**  
SP2013984903

**Service no:**  
CS2013317405

## About the service

Gillybean childminding service is provided by Gillian Crossan from her home in Bathgate. The service operates from her two storey house. Children have access to the lounge and kitchen on the ground floor and the toilet and landing on the first floor.

The service had the following conditions of registration;

### **Number(s) and Age(s) of person(s) to whom service may be provided:**

1. To provide a care service to a maximum of five children at any one time under the age of 16, with a maximum of four under 12 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.

### **Any other conditions unique to the service:**

2. Minded children cannot be cared for by persons other than those named on the certificate.
3. Overnight service will not be provided.

"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.

Staff deployment of the physical environment, indoors and outdoors.

Safety 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."

## About the inspection

This was an unannounced inspection which took place on Tuesday 15 July 2025 between 10:15 and 12:15. 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 two children using the service.
- spoke with the childminder
- observed practice and how children were supported with their routines, play and learning.
- reviewed documents.

## Key messages

- The childminder knew children well and understood their individual personalities and met their needs, rights and choices.
- Children benefitted from the positive relationships they had with the childminder.
- Self evaluation approaches should be developed to support continuous improvements.
- Professional development and learning opportunities should be increased so the childminder keeps up to date with current practice to improve outcomes for children.

## 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?	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 there are some strengths, these just outweigh weaknesses.

### Quality Indicator 1.1: Nurturing care and support

All interactions with children were caring, nurturing and kind. Positive attachments and trusting relationships with the childminder and each other promoted a respectful care setting. As a result, children were happy, relaxed and confident in the childminder's care as they felt safe and secure.

Information about children's likes, preferences, needs and wishes were included in personal plans. Daily contact with parents allowed a information sharing between home and the service, which helped promote continuity for children. Through discussion the childminder demonstrated a good knowledge of children's individual needs, personalities and interests. However, plans had not been updated or reviewed to contain this information. To fully support children, personal plans should reflect their current needs and outline how they will be met. This will support children's overall wellbeing as their care can be planned for. It will support continuity, note their progress and enable next steps to be identified. We made an area for improvement at the last inspection which has not been met, so we will restate it here. **(See area for improvement 1).**

Parent's provided packed lunches for children while the childminder provided some snacks. Children could choose what they wanted to eat which the childminder prepared. They had access to drinks which kept them hydrated. Snack times were a relaxed, unhurried and sociable time for children. There could be opportunities for children to help prepare snack, which would help them develop life skills.

At the time of the inspection no children required medication. We were therefore unable to assess if best guidance was followed which supports the safe storing and administration of medication. We made an area for improvement about this at the last inspection but were unable to assess if it had been met. We will update it to reflect current guidance and restate it. **(See area for improvement 2).**

### Quality Indicator 1.3: Play and learning

We evaluated this quality indicator as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

Children benefitted from a child centred approach. Activities and experiences were available that supported their interests, development and well-being. Daily experiences were planned to promote children's achievement and learning through play. For example, baking activities supported them to develop life skills. We saw that children had fun as they played together in their chosen games. To demonstrate what children gain from activities, the childminder should improve the information maintained about their experiences. For example, clearly recording how they plan to help children develop, identify 'next steps' and record their achievements. They should develop the use of observation as a way to assess how children are making progress. This will support improved monitoring and enable a responsive approach to children's individual development through play and learning. **(See area for improvement 3).**

Children had access to a fully enclosed garden as well as local parks for outdoor play. They could explore the natural environment as they had freedom to run around or play on large equipment, all of which supported their health and well-being. Photographs of children engaging in various fun activities, were shared with parents regularly, to keep them updated and to provide a talking point with their children. Professional documents that would further enhance these opportunities include 'Our Creative Journey', 'My World Outdoors', 'Loose Parts Play' and 'Growing My Potential'. These documents can be found within the 'HUB' section of our website and will support increased risky play, creative and challenging experiences.

### Areas for improvement

1. To contribute to children's care and support needs being met all of the time, the childminder should ensure their individual personal planning processes are consistently used. The childminder should ensure at a minimum that personal plans are reviewed and updated with parents at least every six months or every term for medication needs.

This would ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My personal plan (sometimes referred to as a careplan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To ensure children's medication and health needs are consistently met, the childminder should use 'Management of medication in daycare of children and childminding services' (Care Inspectorate 2024) best practice document for effective storage and recording guidance.

This would ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

3. To support positive outcomes for children's learning and development, the childminder should develop the use of observations and records of activities provided. They could be used to assess their progress and identify 'next steps' for their continued learning and development.

This is to ensure I experience high quality care and support that is right for me and is consistent with the Health and Social Care Standards which state that 'I am supported to achieve my potential in education and employment if this is right for me.' (HSCS 1.27)

### 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 were cared for in a warm, homely and comfortable environment. Risk assessments for trips and use of community resources were in place. These helped minimise risk and supported safe play for children. We asked the childminder to develop risk assessments for the indoor environment. This would show how the home was well maintained, organised and safe for children.

The range of toys, games and books suited all children's needs and interests. Supported by the childminder, children had positive play experiences as she encouraged their choices. This promoted children's independence as they chose where they wanted to play. For example, they developed 'playing schools' as they wanted. During play they said 'I'll go up and get ready and you bring your child up'.

Importance was placed on being outdoors. The garden was fully enclosed and safe for children. Community resources were also used and provided opportunities for children to play on large equipment and explore the natural environment. They built dens and learned to take risk in their play. As a result, children had developed confidence in their physical abilities.

We were satisfied that the spread of infection was minimised as infection prevention and control measures were in place. As a result, we saw that all areas were clean and hygienic.

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where there are some strengths, these just outweigh weaknesses.

#### Quality Indicator 3.1: Quality assurance and improvement are led well.

The childminder's values were evident in the warm, sensitive interactions observed throughout the inspection. This enabled children to share their views and feel listened to. We saw they were supported by the childminder with the activities they chose.

Verbal and written communication supported information sharing. Families felt involved as they could share their views which informed the care provided. This enabled a flexible approach which met their needs. Parents were kept up to date every day about their children and progress they were making.

The childminder had informally reflected on some aspects of the service and shared ways they had made changes. We discussed evaluation systems with the childminder and advised they become familiar with the best practice document 'A quality improvement framework for the early learning and childcare sectors: childminding'. This document is aimed at helping services evaluate their work. It will help identify what is going well and areas for development. In addition, using guidance such as Realising the Ambition would support this work. The bitesize information on the Care Inspectorate hub about quality assurance may also be useful. This will help improve outcomes for children. We made an area for improvement at the last inspection. It has not been met, so we will restate it. **(See area for improvement 1.)**

#### Areas for improvement

1. To support improvement and positive outcomes for children, the childminder should formalise evaluation and improvement methods. This should include effective use of professional guidance and the development of action plans to support the monitoring and assessment of identified improvements.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states: '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 there are some strengths, these just outweigh weaknesses.

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

Children benefitted from a kind, caring and respectful approach which helped them feel secure. The childminder had a good understanding of children's personalities, which enabled responsive care. The childminder regularly checked with children that they were feeling okay. As a result, children knew they mattered, were supported in their play and felt values which led to positive experiences.

The childminder was able to reflect on their practice and described how they had responded to changes which supported children's wellbeing. At the previous inspection, they had identified areas they could improve on, but had not found ways to make this manageable. For example, children being more involved in making their own snack. Moving forward the childminder should continue to reflect on their practice and identify small changes that could lead to improvements. This should support the development of the service and enhance outcomes for children.

Children and families were benefiting from the childminder's commitment. However, the provision could be enhanced through keeping up to date with developments in early learning and childcare. The childminder had not attended training or engaged in professional learning over the past few years. This meant that the service was not developing and improving in accordance with current best practice in early learning and childcare. We referred the childminder to the Care Inspectorate's website 'The Hub' where a range of information can be found to inspire and guide. These resources should support their learning and help them provide quality care and positive outcomes for children. We discussed keeping a record of learning and evidencing its impact on children's experiences. **(See area for improvement 1).**

## Areas for improvement

1. To support children's wellbeing, learning and development the childminder should identify training and professional reading to develop their skills and knowledge. This could include, but not be limited to,

- quality assurance and self evaluation
- personal plans
- planning and recording observations to support children's learning.

The childminder should record learning and demonstrate how it has improved experiences and outcomes for children.

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

## 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

To contribute to children's care and support needs being met all of the time, the childminder should ensure their individual personal planning processes are consistently used. The childminder should ensure at a minimum that personal plans are reviewed and updated with parents at least every six months or every term for medication needs.

This would ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My personal plan (sometimes referred to as a careplan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 11 January 2023.**

#### Action taken since then

The childminder advised they had not developed the personal plans for children. Basic information was recorded about children including their likes, dislikes and contact information. Children had been involved in sharing information they wanted. Not all plans had been reviewed in line with the six monthly timescale stated in the regulations.

We will continue this area for improvement.

#### Previous area for improvement 2

To ensure children's medication and health needs are consistently met, the childminder should use 'Management of medication in daycare of children and childminding services' (Care Inspectorate 2014) best practice document for effective storage and recording guidance.

This would ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 11 January 2023.**

#### Action taken since then

The childminder did not have any medication at the time of inspection so we could not assess how it would be managed. We will continue this area for improvement.

#### Previous area for improvement 3

To ensure children consistently receive high quality outcomes, the childminder should use self-evaluation, training and current best practice to continually improve the service.

This would ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 experience high quality care and support based on relevant evidence, guidance and best practice` (HSCS 4.11).

**This area for improvement was made on 11 January 2023.**

#### Action taken since then

The childminder talked about changes she had made to the service and how they had responded to events, however, there was no evidence in place to support the actions taken. We talked to the childminder about keeping evidence to show changes made that improve outcomes for children.

We will continue this area for improvement.

## 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?	3 - Adequate
4.1 Staff skills, knowledge and values	3 - Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

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