

# Gault, Wendy Child Minding

Inverurie

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
10 July 2025

**Service provided by:**  
Wendy Gault

**Service provider number:**  
SP2009972881

**Service no:**  
CS2009193827

## About the service

Wendy Gault provides a childminding service from their property in a residential area of Oldmeldrum. 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 close to a local primary school, shops, parks, and other amenities. The children are cared for in the playroom, kitchen/diner and downstairs toilet. Children also have access to an enclosed front and rear garden.

## About the inspection

This was an announced short notice inspection which took place on 10 July 2025 between 08:00 and 12:15. One inspector from the Care Inspectorate 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.

In making our evaluations of the service we:

- made contact with five parents of children who attended
- spoke with the childminder and children
- observed daily life and children's experiences
- reviewed documents.

## Key messages

- Children experienced nurturing care which supported them to feel valued, loved, and secure.
- Children were cared for by a childminder who knew them well.
- The childminder had developed and maintained strong relationships with families.
- The childminder should now take time to evaluate improvements and document the impact of these.
- The childminder should continue keeping a record of training which would support them to evaluate any learning undertaken and identify future training needs.

## 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?	5 - Very Good
How good is our leadership?	4 - Good
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 different parts of this key question as good and very good, with an overall evaluation of good. Whilst we identified major strengths in supporting positive outcomes for children, however, improvements are required to maximise wellbeing and ensure children consistently have experiences which are as positive as possible.

### Quality Indicator 1.1: Nurturing care and support

The childminder was warm and nurturing in their approach to caring for children. The childminder was consistently attentive to children's needs and responded to children's cues and requests which gave the message that they mattered. The childminder knew the children well and parents told us they had a good relationship with the childminder. One parent said, "I can message or speak to [the childminder] with any problems or concerns I may have. [They] can advise where appropriate, and due to [their] experience I'm more than happy to listen!" Another parent said, "I can let her know any concerns or anything going on with my child." This contributed to secure attachments having been established which supported children to feel safe and loved.

Personal plans were in place for each child. These were created in collaboration with families, identifying children's likes, preferences, health, and care routines which helped to promote continuity and consistency of care. We acknowledged that personal plans had been reviewed six monthly, however, parents' signature would evidence this. We discussed the importance of this to ensure information was current to ensure the children's care and support was right for them.

There were no children in the setting requiring medication at the time of the inspection. We directed the childminder to most recent best practice guidance to ensure their policy was in line with this, stating how they would effectively store and manage the administration of medication. This would contribute to children's health and wellbeing.

Children enjoyed snack time together sitting at the breakfast bar. The childminder provided snack, giving the children choice. Children were encouraged to be independent, serving their fruit, with older children assisting younger children. Older children were supported to develop independence by helping to wash the dishes after snack for example, thus developing important life skills. Parents told us that their children could choose from a range of healthy snacks and meals, that reflected their individual, cultural, and dietary needs.

Children's health and wellbeing was promoted by the availability of homely, comfortable spaces to rest and relax. In accordance with safe sleeping practice, safe sleeping spaces were available when children required a nap, including the availability of a travel cot. Parents told us that their children can rest, sleep or relax when they need to.

### Quality Indicator 1.3: Play and learning

The childminder was very responsive in their approach to planning children's play and learning. A balance of spontaneous and planned experiences took account of children's interests and development needs. The childminder had a very good knowledge of children's interests, provided resources, and planned activities to support these. This meant experiences were meaningful. Children confidently led their own play, exploring their interests and curiosities through a range of resources. These included games outside, such as swing ball, Uno card game, playing with vehicles, and crocheting.

Children had opportunities to develop their skills in language, literacy, and numeracy through their daily experiences. The childminder played alongside children and chatted with them during their play, modelling positive use of language and vocabulary. Children played a game of Uno with the childminder learning about numbers, sorting, and matching. This contributed to the development of the children's literacy and numeracy skills, and the foundations of lifelong learning.

Discussions with the childminder highlighted they had a very good understanding of child development. They used their knowledge to recognise children's achievements and identify where they required support. Overviews of children's development had been captured in their personal plans. We discussed carrying out shorter, significant observations more regularly while referring to the wellbeing indicators or the Curriculum for Excellence to support this. This would give a holistic overview of children's progress.

The local community was used very well to extend children's experiences. They attended local groups and there were opportunities to explore nature through walks to different parks, woods, and the community garden. This encouraged children to develop their social skills and provided very strong connections to their own and wider communities.

### How good is our setting?

**5 - Very Good**

We found significant strengths in aspects of the care provided, and how these supported positive outcomes for children, therefore, we evaluated this key question as very good.

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

The childminder's home was very clean, bright, and well-ventilated with direct access to the outdoors. One parent said, "Happy the house is clean, tidy, safe and welcoming." Another parent said, "My kids wouldn't have been there [for so long] if I didn't feel that [the childminder] kept them safe and happy or if I had any concerns about the environment." This meant the childminder had created a safe home-from-home environment for children.

Resources were very accessible, promoting children's independence, allowing them to choose how they spent their time. The pace of the day was relaxed and unhurried, allowing children time to play and learn.

Children were cared for in a stimulating environment which provided ample space for them to explore. Spaces had been planned well to account for children's interests and needs. During our visit, children played both outdoors and indoors, exploring a variety of resources to support their age and stage of development. An older child enjoyed crocheting and told us the childminder had taught them how to crochet, and now they are able to create various things, including little woollen creatures. Other children played with vehicles, building with Jenga bricks, using them as a garage for the cars. Open ended resources such as these encouraged children's curiosity and problem solving skills.

Children told us that they enjoyed playing and exploring the local community. Parents told us that their children always had the opportunity to play outdoors. One parent said, "Outside of the house playing. Going on walks in the village. Going to the park. Walking to places like the library for activities." This highlighted the childminder valued the importance of children being active which enhanced their health and wellbeing.

The setting was very well maintained, indoors and outdoors. Risk assessments highlighted potential risks and identified measures to support children's safety. We asked that the childminder review these to take account of the risk benefits. We discussed how they might document these and encourage children to be involved in risk assessing their own safety using the Care Inspectorate's SIMOA Campaign. This would further support children's understanding of keeping themselves safe and well.

Infection prevention and control measures were very effective with regard to reducing the risk of infection. Effective cleaning practices and hand washing procedures were in place, encouraging children's understanding of how to keep themselves safe and healthy. This supported good infection control measures.

## How good is our leadership?

4 - Good

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

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

The childminder's aims and objectives clearly reflected the service provided, which included offering a loving, safe environment for children to play, have fun, and reach their potential. This ethos was evident during our inspection as the childminder and children played and had fun together.

Positive relationships had been established with families. Different communication methods supported effective information sharing. The childminder valued the views of families and sought these through regular conversations and the use of What's App. We discussed how the childminder might take more effective use of this to reflect on their practice, and assess if the service was meeting current needs. The feedback we received from parents highlighted they felt they were involved in a meaningful way to help develop the service. This meant parents felt listened to and valued by the childminder.

We acknowledged that the childminder had reflected on their practice and the service provided. They were in the early stages of implementing a more formal approach to self-evaluation using 'A quality framework for day care of children, childminding and school-aged children.' We discussed ways in which this method could help inform an improvement plan to ensure continuous improvement.

The childminder had policies and procedures in place, which were shared with parents, to support the smooth running of the service. Some of these had been updated since the last inspection, however, we directed the childminder to best practice guidance to further support this. This would ensure children have access to a quality service and experience care that is right for them. This was an area for improvement from the previous inspection and had not been met. This area for improvement will be continued. **(See area for Improvement 1)**

### Areas for improvement

1. The childminder should review and update policies and procedures to ensure she is following up-to-date guidance and sharing accurate information with parents.

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

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

### How good is our staff team?

**4 - Good**

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

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

The childminder was kind and caring. Throughout our visit, we observed children's needs and wishes being met in a naturally responsive and nurturing way. It was clear strong attachments had been formed. The childminder's approach contributed to children feeling safe and secure.

Children and their families benefitted from a childminder who was committed to providing quality care. They worked well with families and were given time to discuss their child's needs and to share experiences. The childminder demonstrated they knew children and their families well. Personal preferences and personalities were taken account of, which ensured care was provided on an individual basis and well considered to meet needs.

Parents told us they felt welcomed by the childminder and communication and involvement was good, however, generally did not enter their home. One parent said, "I don't think there is a need. I'm sure I would be very welcomed if it was needed and certainly in the beginning of my sons childminding journey I felt very involved. The verbal handovers and contact we do have means I don't feel the need to enter her home all the time." Another parent said, "Whilst I have only been in the house a hand full of times if I asked I would be welcomed in, however, I've rarely felt the need as photos are sent and having been there so long I am comfortable with the set up." As a result, relationships were positive and parents felt included.

The childminder had the appropriate knowledge and skills to offer high quality care and experiences. They had undertaken training courses and accessed some best practice guidance to support their knowledge and understanding. We discussed keeping a more detailed record of training which would support them to evaluate any learning undertaken and identify future training needs.

## 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

Personal plans should be reviewed every six months or sooner, to ensure they reflect the current needs of individual children.

National Care Standards for Early Education and Childcare up to the age of 16. Standard 6: Support and Development.

**This area for improvement was made on 5 December 2014.**

#### Action taken since then

Personal plans were in place for each child. These were created in collaboration with families and reviewed every six months. Personal plans identified children's likes, preferences, health, and care routines, which helped to promote continuity and consistency of care.

**This area for improvement is met.**

### 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	5 - Very Good

How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very Good

How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good

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

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