

Thompson, Michelle

Child Minding

Bathgate

Type of inspection:
Unannounced

Completed on:
11 July 2025

Service provided by:
Michelle Thompson

Service provider number:
SP2007964350

Service no:
CS2007145435

About the service

Michelle Thompson provides a childminding service from their terraced house, in Bathgate, West Lothian. The childminder is registered to provide a care service to a maximum of six children at any one time under the age of 16. Numbers are inclusive of children of the childminders family.

The service is close to local amenities, school and parks. Children are cared for downstairs and have access to the kitchen, living room and can use the toilet upstairs. Children also have access to an enclosed garden to the rear of the property.

About the inspection

This was an unannounced inspection which took place on 8 July 2025 between 12:00 and 13:30. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- observed six minded children present
- received feedback from three families
- spoke with the childminder
- observed practice and daily life
- reviewed documents.

Key messages

- Children had developed strong, trusting relationships with the childminder and appeared happy and relaxed.
- The childminder's playful and responsive approach encouraged children to lead their own play, promoting creativity, independence, and confidence.
- The childminder created a warm, nurturing environment where children felt safe, valued, and respected.
- The childminder was not operating within the conditions of registration.
- The pace of change to improve was slow. Areas for improvement identified at the previous inspection had not yet been fully addressed.

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?	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?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

1.1 Nurturing care and support

Children received consistently kind, caring, and nurturing interactions from the childminder. Strong, secure attachments were evident with children, demonstrating trust and comfort in her presence. On the day of the inspection, six minded children were observed to be happy, settled, and relaxed in the care of the childminder. Their warm and attentive approach created a reassuring environment where children felt loved, valued, and safe.

Children were cared for by a childminder who knew them and their families well. Positive, trusting relationships supported the childminder to meet children's individual needs. A variety of communication methods, including daily discussions and WhatsApp updates, ensured parents were well-informed and involved in their child's care. This promoted continuity between home and the setting. Parents spoke positively about the communication from the childminder, and appreciated the regular updates about their children.

Although the childminder knew children well, effective systems were not yet in place to ensure relevant information was consistently recorded and reviewed. For example, some personal plans had not been updated for a significant period. Regularly reviewing personal plans with families would help ensure children's rights are upheld and their changing needs are met. This was identified at the previous inspection and the area for improvement made in relation to this will be continued. **(See Area for improvement one under 'What the service has done to meet any areas for improvement we made at or since the last inspection?')**

Children brought their own snacks and meals from home. Mealtimes were calm and sociable, with children sitting together. The childminder supported children's independence by encouraging them to open packaging and try new foods. Warm, responsive interactions during mealtimes, created a relaxed and unhurried atmosphere. This contributed to children feeling secure and confident.

The childminder had a clear understanding of her role in safeguarding children and knew what action to take if she had concerns about a child's health, safety, or wellbeing. This contributed to children being safe and protected.

No children currently required medication. The childminder had paperwork in place to support the administration of medication when needed. However, this was not aligned with best practice guidance. We signposted her to the most recent best practice guidance, *'Management of Medication in Daycare and Childminding Services'*, to support the review and update of her policy. This will further strengthen the safe management of children's health and wellbeing **(See area for improvement one)**.

1.3. Play and learning

Children were observed to be happy, relaxed, and enjoying their time with the childminder. They were provided with a variety of experiences that were tailored to meet their developmental needs, interests, and natural curiosities. These experiences promoted active learning through exploration, creativity, and problem-solving.

The childminder demonstrated a responsive and meaningful approach to supporting children's interests. She used effective questioning to extend their thinking and encourage exploration, which in turn supported the development of critical problem-solving skills.

Interactions between the childminder and the children were warm, playful, and filled with lively conversation. She attentively listened to the children, responded to their non-verbal cues, and used open-ended questions to nurture their curiosity and creativity. Her enabling and supportive attitude empowered children to take the lead in shaping their play experiences. Children's voices were clearly valued and respected, contributing to a strong sense of belonging and emotional security.

Language and numeracy development was supported through everyday conversations and play. To further enhance opportunities for inquiry and imaginative thinking, there is potential to introduce a wider range of open-ended natural materials and real-life resources. These additions would enrich the learning environment and inspire even more creative and innovative play.

The childminder supported the children to build links in their community through going for walks, visiting the local park and attending local toddler groups. This enhanced opportunities for play and learning through strong connections to the children's own and wider communities.

Areas for improvement

1. The childminder should review and update the service's medication policy and procedures to ensure they are fully aligned with current best practice guidance. This should include clear, accurate documentation and safe processes for administration, and recording of medication.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24), and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

2.2 Children experience high quality facilities

Children benefited from a service that was warm, welcoming, and homely. The childminder's home was clean, tidy, and well-furnished, offering ample space for children to play, rest, and explore. This nurturing environment helped children feel valued and respected.

Children were able to direct their own play and activities, accessing age-appropriate resources to support their learning. There was a good selection of resources which supported their play and learning experiences. The spaces accessible to children were organised, allowing them to move around freely and confidently. Their choices and interests were supported through safe and easy access to a variety of materials, including books, and toys. This encouraged a range of engaging and play experiences.

Good infection control measures were in place, ensuring a safe and hygienic environment that contributed to children feeling secure. Children were encouraged to wash their hands before meals; however, handwashing was not consistently practiced at other key times, such as after nappy changes. To support improvement in this area, we signposted the childminder to current guidance on infection prevention and control: *Health Protection in Children and Young People Settings, Including Education*. **This was a previous area for improvement and remains unmet. (See Area for improvement two under 'What the service has done to meet any areas for improvement we made at or since the last inspection?')**

The childminder demonstrated an understanding of the importance of protecting children's personal information. However, records were not well organised, which could compromise the effectiveness of information management. Strengthening record-keeping practices will support the safe, efficient handling of sensitive information and contribute to improved outcomes for children.

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.

3.1 Quality assurance and improvement are led well

The childminder demonstrated genuine enjoyment in caring for children and had established positive, trusting relationships with children and families. These relationships supported the childminder in meeting children's individual needs daily. As a result, children experienced responsive care that promoted their wellbeing.

Daily conversations and the use of digital communication tools enabled the childminder to build strong connections with families and exchange important information. This helped the childminder to understand children's routines, preferences, and developmental needs, allowing them to provide tailored support.

The childminder engaged positively with the inspection process. She was welcoming, open, and willing to answer questions that supported the evaluation of her service. However, limited progress had been made in developing self-evaluation processes since the previous inspection. The childminder had not yet familiarised herself with relevant best practice guidance that would support self-evaluation and continuous improvement. We signposted her to the new Shared Inspection Framework, '*A quality improvement framework for the early learning and childcare sectors: childminding*'. To support improvement, the childminder should begin using the self-evaluation tool to reflect on her practice, identify strengths, and plan for areas of development. This was identified at the previous inspection and the area for improvement made in relation to this will be continued. **(See Area for improvement three under 'What the service has done to meet any areas for improvement we made at or since the last inspection?')**

The childminder should now submit an action plan to the Care Inspectorate, detailing how they will address the areas for improvements identified within this inspection report. The Care Inspectorate will assess the quality of the action plan and follow this up at the next inspection.

How good is our staff team?

3 - Adequate

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

4.1 Staff skills, knowledge and values

The childminder had established a warm and welcoming ethos within the service. Parents spoke positively about the childminder's supportive and approachable manner, which encouraged daily communication and feedback. This collaborative approach enabled the childminder to provide responsive care that reflected the changing needs of children and their families. Parents comments included, 'She is great person, always happy and gives it 100% at all times', and 'Michelle is a nurturing person who takes time to builds bonds with the children, she is approachable and supportive'.

During our visit, we observed the childminder providing nurturing and attentive care to the minded children. The childminder responded promptly to children's needs and engaged in frequent positive interactions, including conversation, praise, and encouragement. As a result, children appeared happy, confident, and secure in the childminder's care.

The childminder accessed emails and updates from the Scottish Childminding Association (SCMA), and the Care Inspectorate. Additionally, they had formed positive working relationships with local childminders and talked positively of their support. This was helpful for sharing ideas and participating in professional discussion.

The childminder was not operating within the conditions of their registration. This compromised children's safety and may invalidate the childminder's insurance. The childminder must now ensure that they work within and always maintain their conditions of registration. In addition, the childminder did not hold attendance records which meant it was unclear how many children they were caring at any given time (**see requirement one**).

Children and families benefited from the childminder's commitment to providing a caring service. However, the pace of improvement was slow. At the previous inspection, three areas for improvement were identified, and these have not yet been addressed.

Requirements

1. By 8 August 2025 the provider must comply with their conditions of registration detailed on their certificate to ensure children are kept safe by maintaining their registered numbers and keep accurate records of children's attendance.

This is in order to comply with section 64(1)(b) and (3)(a) of the Public Services Reform (Scotland) Act 2010.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

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 ensure children are supported to reach their full potential, the childminder should develop personal planning which captures children's developmental progress and identify next steps in learning. This is to ensure that children's needs are planned and met. To achieve this, plans should include, but not limited to:

- set out how children's needs will be met
- record how children have progressed
- be put in place within 28 days of a child starting at the service
- be reviewed every six months or more often if the child's needs change
- be shared and updated with children, parents and carers.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'As child, 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 19 April 2024.

Action taken since then

Personal plans were in place and detailed children's needs. However, some personal plans had not been updated for a significant period of time.

This area for improvement has not been met and remains in place.

Previous area for improvement 2

To support children's health and wellbeing, the childminder should ensure that effective infection prevention and control practices are in place. This should include but not limited to ensuring effective hand washing routines are implemented and established for all children

This is to ensure that infection prevention and control practices are consistent with the Public Health Scotland document: Health protection in children and young people settings, including education (2024).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 19 April 2024.

Action taken since then

Effective infection, prevention and control practices were not yet in place. Effective hand washing routines were not embedded into everyday practice.

This area for improvement has not been met and remains in place.

Previous area for improvement 3

To improve outcomes for children, self-evaluation should be developed. The childminder should become familiar with best practice guidance and use this to support her to reflect and plan for continuous improvement.

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 19 April 2024.

Action taken since then

There were no systems in place to evaluate the quality of the service and identify areas for development. As a result, progress to continually improve was limited.

This area for improvement has not been met and remains 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.

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?	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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