

Anderson, Judith Child Minding

Peterhead

Type of inspection:
Unannounced

Completed on:
25 June 2025

Service provided by:
Judith Anderson

Service provider number:
SP2009974677

Service no:
CS2009229645

About the service

Judith Anderson is registered to provide a service to a maximum of six children at any one time up to 16 years of age, of whom no more than three are not yet attending primary school and of whom no more than one is under 12 months. Numbers include the children of the childminder's family/household.

The service is situated in a quiet residential area in the village of Mintlaw, Aberdeenshire. The children are cared for in the living/dining room and playroom and have access to a downstairs bathroom. The childminder's home is close to local schools, shops, parks, and other amenities.

About the inspection

This was an unannounced inspection which took place on 24 June 2025 between 08:30 and 11:15 and 25 June 2025 between 15:45 and 17:15. 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:

- interacted with three children using the service
- spoke with one parent/carer
- received one completed questionnaire
- spoke with the childminder
- observed practice and daily experiences
- reviewed documents.

Key messages

- Children experienced warm and caring interactions with the childminder.
- Children did not experience quality play and learning experiences.
- Children regularly visited local parks and children's groups.
- Improvements should be made to make the play areas more inviting, warm, and welcoming for children.
- The childminder's self evaluation and quality assurance systems did not support the improvement and development of the service.
- The childminder should continue their professional development to support their practice and promote good 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?	2 - Weak
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
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?

2 - Weak

We evaluated different parts of this key question as good and weak, with an overall grade of weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

1.1 Nurturing care and support

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

Children and their families were welcomed by the childminder. Parents were able to have informal conversations on arrival and collection and felt the childminder was friendly and approachable. Messages and photographs were regularly shared to keep parents informed about their child's day. This supported good communication and working together to meet children's individual needs.

Children experienced warm and caring interactions. A child who was feeling unwell was cuddled and comforted with kind words. This helped them to feel better whilst they waited to be picked up. Parents told us their children enjoyed going to the childminder and spending time in their care.

Children were well supported in their personal care. The childminder was kind in their interactions and children's dignity and privacy was respected. Handwashing was embedded in practice to help keep children safe and well.

Children's personal plans contained information to support their basic care needs. Parents were involved in this process, contributing to the childminder knowing the children and their families well. The childminder was aware of changes to the children's daily routines and care needs. However, for a few children these changes were not reflected in their personal plan. We asked the childminder to update children's personal plans to fully reflect their age and stage of development and they agreed to action this.

Children enjoyed snacks and meals which were mainly supplied by parents. Children's packed lunches were served on plates to provide a more homely experience and children were supervised to help ensure they were safe whilst eating. However, the childminder did not always sit with children to promote positive social interactions and communication. We signposted the childminder to 'Food Matters' and 'Health and Social Care Standards' on the Care Inspectorate Hub to support this.

The childminder recognised the importance of children being able to rest and sleep, and home routines and preferences were followed. Children were able to sleep on a comfortable mat on the floor and were provided with cosy blankets to keep warm.

1.3 Play and learning

We made an evaluation of weak for this quality indicator. Whilst we identified some strengths, these were compromised by significant weaknesses.

Children were content. They were independent in their play and were able to choose toys and move freely between the living room and playroom. For a short period, children watched television. However, this limited their opportunities to explore, play, and learn without distraction. The childminder advised television was limited to certain times of the day, such as first thing to help children settle.

The childminder had limited interactions with the children to support play and learning. The childminder did not offer to read stories or play interactively with the children. When children were engaged in playdough and colouring activities, adult interaction to encourage and promote imagination would have enhanced the experience and made it more enjoyable for children (see requirement 1).

Observations of children were not used to plan next steps in their development or used to plan experiences around their interests. This led to children who were not sufficiently challenged or engaged in their play. This was a previous area for improvement which has not been met (see area for improvement 1 under the section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Children were supported to have strong connections to their local and wider communities. Parents told us this was a strength of the service. The childminder regularly took children to local groups, parks, and other amenities. They also met up with other local childminders, providing children further opportunities to socialise and make friends.

Requirements

1. By 6 October 2025, the childminder must ensure children are provided with high quality play experiences which support their learning and development.

To do this, the childminder must, at a minimum:

- a) Support children with quality interactions.
- b) Provide learning opportunities that reflect children's individual needs and interests.
- c) Use observation of children's learning to inform next steps in their development.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I have fun as I develop my skills in understanding, thinking, investigation, and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

How good is our setting?

3 - Adequate

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

Children were cared for in a spacious and clean environment. Ample space encouraged floor play activities and a large dining table offered space for mark making and mealtimes. However, play spaces looked uninviting to children. For example, items on the dining table unrelated to children's activities limited their play opportunities (see area for improvement 1).

The playroom was not set up to provide a warm and inviting space for children. Books were on display and toys were stored in boxes which could be accessed by the children. This supported independent play and choice. However, the playroom lacked a variety of play resources. For example, there were limited resources in the play kitchen and very few accessories for children playing with a doll (see area for improvement 1).

Children played mainly in the living room and playroom. Daily checks of these areas helped ensure they were safe. Risk assessments for taking children on outdoor activities were out of date. Some restricted children's opportunities to be involved in risky play experiences. We suggested training on the benefits of risky play to support the childminder's understanding. We discussed this on the first day of inspection and the childminder completed online training overnight. As a result, the childminder advised their risk assessment procedures would be updated.

Children's health and wellbeing was supported by infection prevention and control measures. Regular cleaning, handwashing, and the use of gloves when supporting children in their personal care reduced the risk of spread of infection. We advised using a disposable apron to limit the potential risk of cross-contamination and the childminder agreed to action this.

Areas for improvement

1. To promote children to have fun and enjoyment, the childminder should ensure children play in an inviting and welcoming environment. This should include, but not be limited to, good quality and interesting resources.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I have fun as I develop my skills in understanding, thinking, investigation, and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The childminder had aims and objectives for the service. These were shared with families when registering. Sharing the aims and objectives supported parents to know what to expect from the service and supported a continuity of care.

Policies and procedures were in place. However, some of these policies were out of date and did not relate to the childminder's service. These included promoting positive behaviour and child protection which were not consistent with current best practice. We raised this at the last inspection, however no improvement had been made. On the second day of inspection, the childminder had reflected and started to make some improvements. We provided the childminder with contact details for the local representative for the Scottish Childminding Association (SCMA) for supports.

An outdated condition remained on the childminder's certificate of registration. We asked the childminder to submit a variation to remove this and they agreed.

Children and families had informal opportunities to give feedback and influence change. Discussion and messaging were used to ask suggestions and gain ideas for future activities and playroom resources. Parents confirmed they were happy with the service overall. Children were able to choose where they wanted to play, however play experiences were not planned in response to their interests. The childminder should continue to collate feedback from children and parents and use any suggestions to inform continuous improvement.

The childminder's self evaluation and quality assurance processes had not resulted in sustained improvements. Areas identified for improvement at the last inspection had not been actioned. This led to policies, procedures, and risk assessments which were not up to date and to poor quality play and learning experiences. During discussion, the childminder showed a willingness to make improvements and develop their service. We suggested ways to do this and signposted guidance, such as 'A quality framework for day care of children, childminding, and school-aged childcare' and self evaluation guidance on the Care Inspectorate Hub. This was a previous area for improvement and has been escalated to a requirement (see requirement 1) to ensure children are provided with high quality play and learning experiences (see area for improvement 2 under the section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Requirements

1. By 6 October 2025, the childminder must ensure quality assurance and self evaluation processes are in place and lead to improved outcomes for children and families.

To do this, the childminder must, at a minimum:

- a) Ensure clear policies and procedures are in place to support best practice.
- b) Use best practice guidance to help identify areas where improvements are needed.
- c) Record and evaluate the impact of any improvements made.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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?

3 - Adequate

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

The childminder had built trusting relationships with families and a flexible approach supported their needs. Children's wellbeing was supported through respectful and compassionate interactions. The childminder had a good relationship with the children and talked to them in a kind and friendly manner. This approach supported children to feel happy in the childminder's care.

Since the previous inspection, the childminder had completed some core training to help develop their knowledge and skills. They had completed child protection and first aid training and were confident when discussing their processes to protect children and keep them safe from harm. During the inspection process, they completed training in risk assessment and advised they would update their risk assessments.

The childminder was friendly with other childminders and together they shared ideas to support their practice. They were a member of the Scottish Childminding Association (SCMA) and used SCMA forms within their practice, including personal planning to support children's care needs. However, they had not made effective use of their guidance and training to support themselves professionally. The childminder did not

demonstrate the knowledge and skills to develop and challenge children's play, learning, and development. This meant children were not fully supported to reach their potential (see area for improvement 1). This previous area for improvement has not been met (see area for improvement 3 under the section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Areas for improvement

1. To ensure children receive high quality care and support, the childminder should engage in continued professional development. This should include, but not be limited to, research and reading and relevant training courses.

Guidance to support the childminder in their continued professional development can be found on the Care Inspectorate Hub.

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).

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 support children achieve their full potential, the childminder should ensure children's interests and preferences are used to plan activities and resources suitable for their age and stage of development. Observations of children should be used to record and plan their progress and achievements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I have fun as I develop my skills in understanding, thinking, investigation, and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

This area for improvement was made on 27 August 2024.

Action taken since then

Observations of children were not used to plan next steps in their development or used to plan experiences around their interests. This led to children who were not sufficiently challenged or engaged in sustained play.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question one ('How good is our care, play and learning?').

Previous area for improvement 2

To ensure children and families experience a service that is continuously developing and improving, the childminder should actively seek, record, and respond to their views. These should be used, alongside the childminder's reflections, to develop the approach to self evaluation and improvement planning of the service.

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).

This area for improvement was made on 6 November 2023.

Action taken since then

The childminder's self evaluation and quality assurance processes had not resulted in sustained improvements. Areas identified for improvement at the last inspection had not been actioned. This led to policies and procedures and risk assessments which were not up to date and poor quality play and learning experiences.

There were a few opportunities for families to give feedback and influence change of the service, including opportunities for informal discussion and messaging. However, this had not led to sustained improvements.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question three ('How good is our leadership?').

Previous area for improvement 3

To ensure children receive high quality care and support, the childminder should:

- a) Attend/refresh appropriate training to include first aid, food hygiene, 'Getting it Right for Every Child' (GIRFEC), and child protection.
- b) Become familiar with best practice guidance. Guidance available at: <https://hub.careinspectorate.com/resources/children-and-young-people/childminding/>.

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 27 August 2024.

Action taken since then

The childminder had completed training in first aid and child protection. This led to an improved confidence in protecting and keeping children safe. However, they had not completed training in 'Getting it Right for Every Child' (GIRFEC) or food hygiene.

They had not made effective use of their guidance and training to support themselves professionally. They had not accessed best practice guidance on the hub or used this to develop their practice.

This area for improvement has not been met and has been re-written under key question four ('How good is our staff team?').

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?	2 - Weak
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	2 - Weak

How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate

How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak

How good is our staff team?	3 - Adequate
4.1 Staff skills, knowledge and values	3 - Adequate

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