

# Davidson, Irene Child Minding

Kilwinning

**Type of inspection:**  
Unannounced

**Completed on:**  
4 July 2025

**Service provided by:**  
Irene Davidson

**Service provider number:**  
SP2010979543

**Service no:**  
CS2010271815

## About the service

The service is provided from the childminder's home in the town of Kilwinning. The home is situated in a residential housing area close to public transport links, parks and other local amenities. The service is provided from the lounge, kitchen and bathroom. Children also have access to a rear garden.

The service is registered to provide a care service to a maximum of six children at any one time under the age of 16, of whom a maximum of six will be 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.

There were seven children registered with the service at the time of inspection.

## About the inspection

This was an unannounced inspection which took place on 2 July 2025 between 12:00 and 14:00. 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 three children using the service
- Spoke with the childminder
- Observed practice and daily life
- Reviewed documents.

## Key messages

- Children experienced warm and kind care. They were happy throughout our visit and confident in the childminders home.
- Children were having fun and engaged in play experiences.
- Children did not have access to the back garden during our inspection. They had daily opportunities to play outdoors in the community.
- The childminder was in the early stages of self evaluation for improvement.
- The childminder had formed strong attachments with children and positive relationships with their families.

## 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/people and clearly outweighed areas for improvement.

### 1.1 Nurturing care and support

Children experienced warm and kind care. They were happy throughout our visit and confident in the childminder's home. It was clear that they felt safe and secure. The childminder's interactions were positive. Children told us they were part of the childminder's team and felt like family. This ensured children knew they mattered and promoted a sense of belonging.

Children benefitted from a relaxed and unhurried mealtime. They sat together in the kitchen and enjoyed a packed lunch from home. The childminder engaged in meaningful conversations, providing support when required. This ensured children were safe whilst eating and had a sociable experience. We asked the childminder to ensure that all children washed their hands before eating. This would help minimise the potential spread of infection.

The childminder knew children and their families very well. Whilst all children had a personal plan in place, we found some gaps of the recording of children's information. It was also not clear if these had been completed or reviewed with families. The childminder should develop their personal plans to clearly record all children's health and welfare needs. These should be signed and reviewed by their parents or carers within the required timescales (see area for improvement 1). Families with young children were provided with written updates of their children's day, this helped them to feel included.

There were no children receiving any medication at the time of the inspection. The childminder had paperwork available to complete if required.

### 1.3 Play and learning

Children were having fun and engaged in play experiences. We observed children confidently accessing resources and talking about their favourite things to do. This meant that children were able to lead their own play. The childminder was responsive to children's preferences. For example, the childminder provided them with a pack of cards when they expressed they enjoyed card games.

Children benefitted from opportunities to develop their literacy and numeracy skills. They had fun identifying colours and numbers when playing cards, using magnetic letters and identifying double numbers on car licence plates on their walk to the park. This helped children to learn new skills and knowledge through play. We asked the childminder to consider ways to support children to set next steps and monitor their progress, particularly school-aged children. This would support all children to reach their full potential.

Children experienced regular opportunities to play in the community. The childminder told us they regularly visit the library and local parks. On the day of our visit children had just returned from a walk into the town, they then visited a local park in the afternoon. We observed the childminder encouraging children to develop their independence and responsibility at the park. These opportunities helped children to develop meaningful links with their community and supported their health and wellbeing.

## Areas for improvement

1. To ensure children's individual health and wellbeing needs are met, the childminder should further develop children's personal plans. This should include but not be limited to:

a) documenting amongst other things, clear and full information as to every child's health and medical needs, including any allergies and/or dietary requirements,

b) completing and reviewing these plans within the required timescales in consultation with parents or carers.

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

## How good is our setting?

## 3 - Adequate

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

### 2.2 Children experience high quality facilities.

Children were cared for in an environment that was warm and well ventilated with plenty of natural light. There was space for children to play together and large sofas for them to rest and relax. As a result, children were comfortable and happy. The childminder told us if children required a sleep, they would sleep in the buggy when out for a walk. The childminder did not have any sleep arrangements for young children in their home. We asked the childminder to provide a safe place for children to sleep indoors should they need to (see area for improvement 1).

Resources were easily available and we observed children confidently accessing these independently. This supported children to lead their own play. We suggested adding more natural resources and loose parts, these are materials with no specific purpose. This would increase opportunities for children to develop their imagination and creativity.

Children did not have access to the back garden during our inspection. This was due to the garden not being fully enclosed as the fence was broken. The childminder told us they planned to fix the fence. They ensured children had daily access to outdoors in the local community in the meantime.

Written risk assessments were in place and the childminder was responsive to risks in the community. Children were encouraged to hold hands crossing roads, walk together and were closely supervised when playing in the park. This helped to keep them safe when outdoors. We asked the childminder to ensure actions identified in risk assessments were consistently followed in their home. Whilst safety caps were on cleaning spray bottles, these had been left within children's reach in the bathroom. The childminder should ensure that cleaning products are always stored out of children's reach (see area for improvement 2). This would ensure children are protected from harm.

## Areas for improvement

1. To ensure children's safety and well-being, the childminder should provide a safe and comfortable place for children to sleep in their home.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that I experience high quality care and support based on relevant evidence guidance and best practice (HSCS 4.11), and 'my environment is safe and secure.' (HSCS 5.19).

2. To ensure children's safety, the childminder should consistently implement actions identified in their risk assessments. This includes but is not limited to, ensuring cleaning products are stored out of children's reach at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My environment is secure and safe' (HSCS 5.17).

## How good is our leadership?

## 3 - Adequate

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

3.1 Quality assurance and improvements are led well.

The childminder engaged well with the inspection process and was keen to provide a good quality service for children and families. They told us they had recently found it difficult to keep up-to-date with quality assurance processes. The childminder was open to our suggestions and advice. This demonstrated a positive outlook on change and improvement.

The childminder was in the early stages of identifying strengths in their service using headings from the evaluative guidance document, 'A quality framework for daycare of children, childminding and school-aged childcare.' We discussed using best practice guidance to guide their reflections. This would help them to consider how they know, and identify areas for service development. The childminder should also seek feedback from children and families. This would help to develop robust quality assurance processes that ensure outcomes for children and families are at the heart of improvement planning (see area for improvement 1).

We signposted the childminder to the Care Inspectorate hub and bitesize videos for further guidance on self-evaluation and best practice documents for support. We also discussed the importance of submitting their annual return each year and keeping required written records such as personal plans up-to-date. The childminder agreed that improvements were needed and welcomed our guidance. This would enhance positive outcomes for children and families.

## Areas for improvement

1. To enhance positive outcomes for children and families, the childminder should develop robust processes for evaluating the quality of their service. This should involve children and families, best practice guidance and lead to improvements.

This ensures management and leadership is consistent with the Health and Social Care Standards, which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and 'I can be meaningfully involved in how the organisations that support and care for me work and develop.' (HSCS 4.6)

**How good is our staff team?****4 - Good**

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

**4.1 Staff skills, knowledge and values.**

Children experienced kind and caring interactions from the childminder. It was clear to us that children were happy and felt at ease in the childminders care. The childminder had formed strong attachments with children and positive relationships with their families. As a result, children felt safe and secure.

The childminder had previously sourced specific training relevant to the needs of children in their care to ensure they had the appropriate knowledge and skills required to support them. The childminder had also used online training providers to access webinars and training courses in schematic play, sensory play and learning through play since their last inspection. The childminder was able to confidently discuss how they supported children's learning and development during play experiences.

The childminder was reflective and told us they had not had time to engage in any professional development opportunities for the past year. We discussed current online training options and signposted the childminder to the Care Inspectorate hub and Scottish Childminding Association. We also suggested signing up to the provider emails to keep up-to-date with changes to best practice guidance. We advised the childminder to keep a training record to help them consider the impact of training courses and professional reading on their practice. This would support the childminder to evaluate their skills and knowledge and identify further training opportunities that could benefit their professional development.

**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



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