

# Thomson, Catherine

## Child Minding

Mauchline

**Type of inspection:**  
Unannounced

**Completed on:**  
23 July 2025

**Service provided by:**  
Catherine Thomson

**Service provider number:**  
SP2007964715

**Service no:**  
CS2007147871

## About the service

Catherine Thomson is registered to provide a service to a maximum of six children 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 the children in the childminder's family.

At the time of our inspection, 5 children were registered with the service; one pre 5 child and one child aged 2 to 3 attended on the inspection day.

The service is located in Mauchline, East Ayrshire. The children have access to a playroom, comfortable lounge, downstairs toilet and an enclosed garden with a rural aspect.

## About the inspection

This was an unannounced inspection which took place on Wednesday 23 July 2025 between 13:15 and 15:45. 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 two parents and carers using the service
- received four completed Microsoft Forms questionnaires
- spoke to the childminder
- observed practice and daily life
- reviewed documents.

## Key messages

- Children experienced warm and caring interactions that supported their wellbeing.
- Children were happy, settled and secure in the setting.
- Positive relationships were developed between the childminder, children and families.
- Children led their play indoors and outdoors.
- Milestone trackers and observations could be used to document children's learning progress and provide a detailed record of children's interests, skills learned, and areas of development.
- Policies and procedures were in place and should be reviewed regularly to ensure they remain current with best practice guidance.
- The childminder should create a written aims statement to outline the vision and values of their childcare service.
- The childminder should improve their approach to self-evaluation processes and develop a plan for service improvements.
- The childminder should keep up to date with professional development and evaluate how training impacts practice to improve children's outcomes.

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

### Quality indicator 1.1: Nurturing care and support

Children experienced warm and caring interactions that supported their wellbeing. The childminder knew the children well and talked with them about their interests and preferences. Children formed strong attachments with both the childminder and their peers, which contributed to a nurturing environment. As a result, children felt comfortable and happy in the childminder's care.

Personal plans were in place for all children and included the necessary information to meet their wellbeing needs. These were developed and reviewed regularly and shared with children's families. A parent shared, "The childminder does a plan every 6 months which they discuss with me to set targets for my child's development". Another commented, "The childminder always talks about my child's current steps and new targets they work towards with my child". This partnership approach supported consistency in children's care and support, including any emerging or changing needs that might have arisen.

The childminder communicated with parents during daily chats at drop-off and pick-up times and through WhatsApp messaging to share information about their children. This approach ensured parents were kept up to date and supported positive relationships. A parent said, "The childminder always makes me feel welcomed and tells me about my child's day when I pick them up". Another commented, "The childminder always speaks to us at the end of the day about our child's care". This practice enabled valuable and sensitive information to be shared between families and the childminder, fostering a family-centred culture and strengthening connections.

We did not observe a mealtime routine. However, the childminder and families we spoke to shared that parents provided all meals and snacks for the children, which mostly met nutritional requirements. The childminder was aware of best practice guidance, 'Setting the Table', and understood their shared responsibility to support children's healthy eating habits and the benefits of promoting good health.

At the time of the inspection, no children required medication to be administered in the setting. The childminder had medication forms and appropriate systems in place should any child require medication. To further support the childminder in ensuring the health and safety of the children, we directed them to the Care Inspectorate's best practice guidance, Management of Medication in Daycare and Childminding Services, available here: [https://hub.careinspectorate.com/media/6086/Management-of-Medication-in-Daycare-of-Children-and-Childminding-Services\\_Dec-2024.pdf](https://hub.careinspectorate.com/media/6086/Management-of-Medication-in-Daycare-of-Children-and-Childminding-Services_Dec-2024.pdf). This guide should further assist the childminder when updating their medication policy and procedures, and help reassure families that their child's health was being managed responsibly.

The childminder's home was equipped with comfortable sofas where children could relax. During our inspection, children's nap time routines were personalised and catered to their individual needs and the preferences of their families. A parent shared, "The childminder provides a place for my child to have a nap or sit quietly". Another said, "My child has a nap every day at the childminder's house". We signposted the childminder to safe sleep guidance and spoke about the importance of obtaining informed consent from parents to demonstrate compliance with best practice. Information could be found here: <https://lullabytrust.org.uk/resource/safe-sleep-awareness-for-early-years-settings/>.

### Quality indicator 1.3: Play and learning

Children moved freely between indoor and outdoor areas, which supported their right to play. Play and learning experiences were child-led, and children played with pretend food, the dolls' house, cars, jigsaws, and read storybooks indoors. These activities reflected the children's interests, as recorded in their care plans, and supported early literacy development, familiarity with stories, imagination, problem-solving, and the ability to share resources.

Children spent most of their time outdoors, enjoying the swing and the cosy coupe car in the spacious garden area, where they had fun. Outdoor play experiences supported children's choices and contributed to their physical and emotional wellbeing. A parent shared, "The childminder has a great outdoor space and the kids love being outdoors and are always out on good days". Another commented, "My child enjoys playing on the chute, sand pit and climbing frame in the childminder's garden". The play materials available both indoors and outdoors were age-appropriate and accessible, which kept children engaged and promoted their learning and development.

The childminder demonstrated a good understanding of child development and shared children's achievements with parents through informal discussions and updates in care plans. However, developmental milestone trackers were not used. These could have supported monitoring progress in health, wellbeing, literacy, and numeracy, enabling a more focused approach to individual needs and strengths through ongoing observation and assessment, and ensuring measurable outcomes.

The childminder used photo books to share children's experiences. These could have been enhanced by including observations and written descriptions of the skills children were developing and areas for further growth. This would have helped the childminder identify children's learning styles and plan tailored next steps in learning. Information on child development: observation and assessment planning can be found on the Scottish Childminding Association (SCMA) website, available here: <https://www.mylearning.scot/badges/childminders-child-development-observation-assessment-and-planning/>.

## 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

Measures such as well-maintained boundary fencing and gates, along with a register for children's attendance, helped to ensure their safety and provided an overview of the number of children attending the service over time. The registration system ensured that attendance levels reflected the service's registration conditions and supported a safe environment for children.

Children attended a setting that was welcoming, homely, and comfortably furnished. They had access to ample indoor and outdoor space to support their play and learning. The entrance area was used to store children's personal belongings, which helped them feel valued and promoted inclusion. Parents shared positive feedback about the childminder's setting, including "The childminder provides a safe and secure home-from-home environment" and "The childminder is very welcoming and their house is a great environment for the kids". As a result, children felt safe and secure in the childminder's care.

Toys and resources supported child-led play and promoted children's independence. They also supported emotional development and social skills, as children were encouraged to share, build friendships with peers, and form positive attachments with the childminder. One parent shared, "My child loves mixing with other children and learning new things". A child commented, "I like playing with all the toys and going outside playing and spending time with the childminder". The play environment and resources were tailored to children's interests and requests, which enabled them to make relevant and meaningful choices.

Children had access to handwashing facilities in the downstairs toilet. We reminded the childminder of best practice, which included the use of individual hand towels for each child and the appropriate storage of porous items in lidded containers to prevent cross-contamination. Nappy-changing routines respected children's privacy and dignity, and the use of Personal Protective Equipment (PPE) reduced the risk of infection.

Risk assessments had been completed for the setting and for outings. The childminder could have further enhanced children's understanding of safety by involving them in the risk assessment process where appropriate. This would have helped children learn to manage risks and make informed decisions about their own safety.

The childminder understood the importance of notifying the Care Inspectorate promptly in the event of any serious accidents or incidents, with a commitment to doing so within 24 hours. Accidents and incidents had been recorded and shared with parents, which kept them informed of any first aid or care administered. This approach to planning for each child's health and wellbeing contributed to a safe and supportive environment and helped to build trusting relationships with both children and their families.

**How good is our leadership?****3 - Adequate**

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

**Quality indicator 3.1: Quality assurance and improvement are led well**

The childminder was welcoming and engaged positively in the inspection process. They responded to suggestions for development and were open in their conversations, which supported their capacity to improve and deliver better outcomes for children.

The childminder did not have a written statement outlining the vision, values, and aims of their childcare service. A clear aims statement would have helped explain the type of care and environment the childminder had intended to provide. It would also have outlined the values and goals of the service, helping families make more informed choices about their child's care before the children enrolled (see area for Improvement 1).

The childminder informally assessed their service through conversations with parents and carers, and by observing children's level of happiness. They recognised a need for better administrative organisation. The childminder should begin to develop their quality assurance and self-evaluation methods by gathering feedback from children and families. We recommended that the childminder learn about the upcoming shared inspection framework, which includes a self-evaluation tool designed to help assess performance, guide service development, and support the creation of a service improvement plan. This plan should incorporate input from children and parents to gain valuable insights into their experiences and expectations (see area for Improvement 1).

Information on the shared framework is available here: <https://www.careinspectorate.com/index.php/quality-improvement-framework-for-early-learning-and-childcare-sectors> and through the Care Inspectorate provider updates.

Policies and procedures were in place and should be reviewed regularly to ensure they remain current with best practice guidance, including the Health and Social Care Standards (HSCS), and reflect any changes in service delivery.

The childminder had valid insurance for their service, contributing to a safe environment for children.

**Areas for improvement**

1. To improve outcomes for children, the childminder should have strong quality assurance processes in place. This should include, but is not limited to, becoming familiar with best practice guidance to support self-evaluation and ongoing improvement. The childminder should also create an aims and objectives statement that explains the vision and values of their service. This would help guide their practice and support families in making informed decisions about their child's care.

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).

and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

## How good is our staff team?

## 3 - Adequate

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

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

The childminder offered a flexible and accommodating service, which helped build respectful and trusting relationships with families. Parents spoke warmly about the care provided, with one commenting, "The childminder has brought my child on leaps and bounds since they started with them", and another sharing, "The childminder has provided massive support for us during real tough times". These comments reflected the supportive relationships the childminder had developed and the meaningful impact they had on children's lives.

To ensure children's safety, the childminder had completed first aid training and had a child protection policy in place outlining safeguarding procedures. To strengthen their understanding and reinforce their role, the childminder should refresh their child protection training annually (see area for Improvement 1).

The childminder was experienced and shared that they were kept informed about developments in the early years sector through their membership with the Scottish Childminding Association (SCMA) and registration with the Care Inspectorate, where they received regular provider updates. However, sampled training records showed limited recent engagement in further learning or professional reading. We advised the childminder to update their training record and reflect on the impact of their learning. This reflective practice would have helped ensure children received care from a trained, competent, and skilled childminder, improving outcomes for children (see area for Improvement 1).

### Areas for improvement

1. To improve outcomes for children, the childminder should engage in ongoing training and professional development. This should include, but is not limited to, child protection training and professional reading relevant to the early years sector. These efforts would enhance their skills, support their role, and benefit the children in their care.

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).



## 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?	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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