

Nikki's Childminding Services Child Minding

Irvine

Type of inspection:

Unannounced

Completed on:

7 August 2025

Service provided by:

Nichola Todman

Service provider number:

SP2016988133

Service no: CS2016348063



About the service

Nichola Todman is registered to provide a care service to a maximum of six children at any one time under the age of 16, of whom no more than three children 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. Overnight care will not be provided. Minded children cannot be cared for by persons other than those named on the certificate.

From 19 August 2024 to 19 August 2025 (or before if a child leaves the service) the childminder may care for a maximum of 6 children at any one time up to 16 years of age on a Monday (as identified in the variation requested 9 May 2024):

- of whom no more than 6 are under 12 years;
- of whom no more than 4 are not yet attending primary school and;
- of whom no more than 1 are under 12 months. Numbers include the children of the childminder's family/household.

At the time of inspection, four children were registered with the service. During the inspection visit two children aged three to five and one child aged two to three attended.

The service is located in a residential area in Irvine, North Ayrshire. The children have access to a comfortable lounge, downstairs toilet, kitchen and an enclosed garden.

About the inspection

This was an unannounced inspection which took place on Thursday 7 August 2025 between 12:00 and 15:30. 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, 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 one parent using the service
- received three completed Microsoft Forms questionnaires
- spoke with the childminder
- · observed practice and daily life
- · reviewed documents.

Key messages

- Warm, respectful relationships supported children's wellbeing.
- Healthy eating practices supported children's health and wellbeing.
- Care planning supported responsive care, with improvements needed in medication procedures.
- Child-led outdoor play supported physical development and emotional wellbeing.
- Indoor play encouraged creativity and social skills, with opportunities to extend learning.
- Recording children's learning could be strengthened to show progress more clearly.
- Hygiene practices promoted children's health and independence.
- Risk assessments supported safety but would benefit from regular review.
- Varied play experiences supported children's development and sense of belonging; increasing range and challenge could further strengthen outcomes.
- Policies and procedures should be reviewed regularly to support safe and professional practice.
- Self-evaluation and improvement planning demonstrated a commitment to quality and should be refined to support measurable outcomes.
- Partnerships with families promoted trust and reassurance.
- Commitment to professional development was evident, with scope for deeper learning.

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? | 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 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

The childminder demonstrated a warm, caring, and nurturing approach, offering cuddles and reassurance to children during play. One parent shared, "My child is well looked after. The childminder knows them so well, they can go to the childminder whenever they need comfort or a rest." Another commented, "The childminder goes above and beyond for all their kids. They all have such an amazing relationship. I will be sad to see my child leave for primary one this year." These positive relationships supported children's emotional wellbeing, contributing to a safe and supportive environment where children felt secure and valued.

The childminder communicated with families at the entrance during drop-off and pick-up times and through WhatsApp messages during the day. This kept families well-informed about their child's experiences and supported strong relationships. One parent said, "We communicate most days, I can ask them about anything. We have a great trusting relationship which is key when trusting someone to look after your child." Another commented, "The childminder keeps me up to date with everything my child is doing. They send daily updates so I can see what my child has done that day, then me and my child will talk about their day before bed." These positive relationships and regular updates supported children's emotional wellbeing and continuity of care. The childminder was encouraged to offer families the option to come into the setting daily during drop-off and pick-up. This would further enhance information sharing, promote two-way feedback, and strengthen emotional security for children.

We directed the childminder to the guidance, 'Me, My Family, and My Childcare Setting,' available here: https://hub.careinspectorate.com/how-we-support-improvement/quality-improvement-programmes-and-topics/me-my-family-and-my-childcare-setting/.

The childminder was registered as a food business with the local authority, and healthy eating practices followed best practice guidance, including Setting the Table. The lunch menu included meals, snacks, and drinks that met nutritional needs and supported good health. During lunch, children sat at the breakfast bar, with the younger child in a highchair nearby. This setup allowed the childminder to prepare food while supervising the children. During snack time, children sat at a low table in the living room. Mealtimes were well-organised, encouraged social interaction, and supported children's health and wellbeing in a safe and caring environment. The planning and delivery of care supported children's daily experiences in a positive way.

Children's allergies and medical conditions were recorded in their care plans, which supported safe and responsive care. However, we observed medication being administered in ways that did not follow safe procedures, as outlined in the Care Inspectorate's Management of Medication in Daycare and Childminding Services guidance. This posed a potential risk to children's health and wellbeing. While the service demonstrated some strengths in care planning, improvements were needed in medication practice to ensure consistency with best practice guidance. (See area for improvement 1).

Quality indicator 1.3: Play and learning

Children played both outdoors and indoors during the inspection, with play mostly child-led. Outdoor activities included football, a water tray, push bikes, and two slides suited to different ages and abilities. One child shared that they enjoyed coming to the childminder's, liked playing outside, and would miss the childminder when they started school. These experiences supported children's physical development, social skills, and emotional wellbeing, contributing to a positive and engaging environment where children felt valued.

Indoors, all children drew on a large drawing pad while the childminder sat beside them. Although this activity briefly captured their interest, there was limited use of open-ended questions to extend learning and encourage deeper thinking. Other indoor activities included small world toys and dressing-up costumes. During these, children played well together and used different voices to act out various scenarios. These experiences supported children's creativity, imagination, and social skills. Using more open-ended questions could help children think more deeply and build on their learning in a meaningful way.

There were no clear literacy or numeracy activities seen during the inspection. One child looked at storybooks, but these weren't read aloud or used to support learning. Resources that could help with literacy and numeracy were stored in cupboards in the living room, and children had to ask to use them. However, personal learning plans showed that children had previously taken part in writing activities, including using worksheets to support early learning. The childminder also said they were a trained Bookbug facilitator, which parents confirmed. Personal learning plans showed that children had learned about rhyming words during a Bookbug session. This showed the childminder had made efforts to support early literacy and numeracy. Making resources easier for children to access and using structured activities like Bookbug more often could help improve children's learning and engagement.

The childminder had documented some examples of children's play and learning in a floorbook. While this helped capture aspects of children's experiences, the records lacked dates and children's comments, which limited their usefulness in tracking progress over time. Personalising these entries would have given a clearer picture of what children were learning and how their development was progressing. Making these changes could strengthen how children's learning is recorded and shared, helping to show development more clearly and support planning for future activities.

Children's personal learning plans reflected their interests and what they wanted to learn. However, most recorded observations focused on adult-led activities, with limited flexibility to support creativity and exploration, which are important aspects of early learning. While the childminder had made links to the Curriculum for Excellence's four capacities, these could have been strengthened by connecting more clearly to specific learning outcomes. Improving curriculum links and including more child-led experiences would help the childminder plan more intentionally, track progress more clearly, and support next steps that are more meaningful for each child's development.

Areas for improvement

1. The childminder should ensure that all medication to be administered is provided in its original container and accompanied by written parental consent. Following these procedures would have ensured children's health and safety, and supported compliance with current guidance.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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

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, helping them feel valued and included. One parent shared, "The childminder has a lovely home and the children have their own table and chairs. They are catered for in every way." Another commented, "The childminder's house is always spotless and my children always feel safe and secure with them." These features contributed to a safe, inclusive, and nurturing environment that supported children's emotional wellbeing and helped them feel secure in the childminder's care.

Toys and resources supported child-led play and children's stages of development and learning, including footballs and goals, a water trough, drawing materials, small world toys and costumes. This enabled children to share resources, develop friendships and use their imagination. Children also had opportunities to explore their community through visits to soft play, parks and a toddler group. Parents spoke positively about these experiences, with one commenting, "My children go on many nature walks and to the play parks and also play in the childminder's garden with all the toys," and another saying, "They're always out on adventures when the weather is good. Rainy days they like to be cosy in the childminder's house." This approach contributed to positive outcomes for children by supporting their social development, creativity and sense of belonging.

The childminder demonstrated good practice in providing a varied and nurturing environment that reflected children's interests and developmental needs. To further strengthen outcomes, additional opportunities could be offered to increase the range and level of challenge in children's experiences.

Children had access to handwashing facilities in the downstairs toilet, including individual hand towels and liquid soap. This supported good hygiene practices and helped children develop independence in personal care. We discussed the benefits of using soap and water after meals rather than wipes to further promote best practice. Nappy-changing routines were carried out sensitively, respecting children's privacy and dignity. The use of personal protective equipment (PPE) helped reduce the risk of infection and contributed to a safe and hygienic environment.

Risk assessments had been completed for the setting and outings, but hadn't been reviewed in some time. The childminder was advised to review these regularly and involve children where appropriate. This would help children learn to manage risks, make safe choices, and support their understanding of safety and wellbeing.

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 were recorded and shared with parents, keeping them informed of any first aid or care administered. This approach supported children's health and wellbeing, contributed to a safe and supportive environment, and helped build trusting relationships with children and their families.

How good is our leadership?

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 3.1: Quality assurance and improvement are led well

The childminder created an aims statement for the service, which was shared with families before their children enrolled. This helped families choose a service that aligned with their needs and supported the childminder's objectives, which focused on providing a safe and nurturing environment that promotes children's social, physical, creative, and intellectual development. As a result, families were well-informed and able to make confident decisions about their child's care, contributing to positive relationships and shared expectations.

The childminder understood the importance of effective communication with children and families. This included daily conversations to share information about play, learning, health, and wellbeing. Updates were also provided throughout the day through WhatsApp messaging, and social media platforms, helping to keep families informed and involved. In addition, the childminder issued twice-yearly newsletters that shared experiences and events taking place in the setting. One parent shared, "The childminder will ask what I think about certain things they are thinking about doing, and will ask me and my child what we think." Another commented, "We are always asked if there is anything more they could do or add to their service but for us their service is perfect and suits our needs greatly." As a result, families felt well-informed and engaged in their child's care and learning, which helped to build strong relationships.

The childminder had developed a combined self-evaluation and improvement plan, identifying areas such as care plans, observation and assessment, legislation updates, policy reviews, and feedback from children and parents. To improve effectiveness, we suggested simplifying the plan, adding clear actions and timeframes, and recording the impact of changes. A more focused and manageable approach would support regular reflection, continuous improvement, and responsiveness to children's needs. As a result, the childminder demonstrated a commitment to improvement, and with further refinement, the planning process has the potential to drive positive outcomes for children and enhance the overall quality of the service.

We reminded the childminder to begin familiarising themselves with the new Shared Framework, which will be launched soon and is available here:

https://education.gov.scot/inspection-and-review/inspection-frameworks/quality-improvement-framework-for-the-early-learning-and-childcare-sectors/

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. Strengthening policies around medication and the safe use of social media platforms would further support children's safety and wellbeing. While the childminder demonstrated a commitment to maintaining a safe and professional service, further policy development would support improved outcomes

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for children and strengthen the overall quality of care, promote safety, uphold children's rights, and ensure consistent, high-quality practice. (See area for Improvement 1).

The childminder held valid insurance for their service. This protected children in the event of unforeseen circumstances and demonstrated a commitment to professional standards and accountability, thereby supporting their overall safety and wellbeing.

Areas for improvement

1. Policies and procedures should be reviewed and updated regularly to ensure they reflect current best practice guidance, including the Health and Social Care Standards (HSCS), and any changes in service delivery. Strengthening policies related to medication and the safe use of social media platforms would further support children's safety, wellbeing, and rights.

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

'I use a service and organisation that are well led and managed' (HSCS 1.24).

How good is our staff team?

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 4.1: Staff skills, knowledge and values

The childminder was supportive, compassionate, respectful, and responsive in their interactions with children. They engaged warmly and attentively, helping to build secure attachments and positively support children's wellbeing. Relationships with parents and carers were professional and respectful, fostering trust and strong connections with families.

The childminder demonstrated a clear understanding of children's individual needs and responded to them in a caring and nurturing manner, contributing to a safe and emotionally supportive environment. One parent shared, "My child is thriving, smart and a confident little soul and is so happy to go to the childminders every morning. I feel relaxed and happy with everything the childminder does for us both." Another said, "Having confidence in the childminder and being able to trust them is the best feeling for a mum." As a result, children experienced warm, trusting relationships that supported their emotional wellbeing and development, and families felt reassured and confident in the quality of care provided.

The childminder had completed training in first aid and child protection, and gained an HNC in Childhood Practice (Level 7) in 2023. They had also completed a range of online training, though much of it was done on the same day, which may have limited the depth of learning. We discussed the benefits of attending inperson training offered by the local authority to support understanding of local priorities and good practice.

Although the childminder had taken steps to maintain their professional development, reflecting on how training influenced their practice and outcomes for children would have strengthened this further. Children experienced a safe and caring environment, and targeted learning could have helped build confidence and improved the quality of experiences.

The childminder had strong links with other local childminders, which supported professional dialogue and reflective practice. They showed a commitment to learning and improvement. Continued engagement with guidance and professional networks would have helped build knowledge and improved outcomes for children.

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

The childminder should update their format for children's written personal plans and implement a plan for review within six months, or before if necessary, involving parents or, where appropriate, children.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

'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 17 April 2018.

Action taken since then

The childminder had gathered relevant information to support children's health, preferences, and interests. For some children, this included details about how their individual needs would be met, which supported responsive care and contributed positively to their wellbeing. However, not all personal plans clearly identified individual needs or included enough detail to guide care effectively. To ensure consistency and accuracy, the childminder should make sure each child's personal plan is fully completed and reviewed at least every six months, or sooner if there are any significant changes.

This area for improvement has been met.

Previous area for improvement 2

The childminder should familiarise themself with national guidance to support them in reflecting on what is working well and what could be improved on.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as:

'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 17 April 2018.

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Action taken since then

The childminder had made a good attempt to familiarise themselves with the Care Inspectorate Quality Framework. This supported the development of a combined self-evaluation and improvement plan. The childminder demonstrated a clear commitment to improvement. With further refinement, the planning process has the potential to drive positive outcomes for children and enhance the overall quality of the service.

This area for improvement has been met.

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? | 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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