

Gordon, Anne Child Minding

Edinburgh

Type of inspection:
Unannounced

Completed on:
23 July 2025

Service provided by:
Anne Gordon

Service provider number:
SP2003906317

Service no:
CS2003012595

About the service

Anne Gordon is registered to provide a care service to a maximum of 8 children under 16 years, of whom a maximum of 6 are under 12 years, of whom no more than 3 are not yet attending primary school and of whom no more than 1 is under 12 months. Numbers are inclusive of the childminder's family.

The service is located within a residential area of Edinburgh, close to the city centre. Local shops, parks, schools and nurseries are nearby.

About the inspection

This was an unannounced inspection which took place on Tuesday 22 July 2025 between 10:00 and 11:30, and Wednesday 23 July between 15:00 and 16:00. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service
- spoke to the childminder
- received one completed questionnaire from parents
- observed practice and daily life
- reviewed documents.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning.

This included reviewing the following aspects:

- Staff deployment.
- Safety of the physical environment, indoors and outdoors.
- The quality of personal plans and how well children's needs are being met.
- Children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Children were happy, settled and confident in the childminder's care.
- Positive and warm relationships had been developed with children and their families.
- Personal plans should be enhanced to capture children's experiences and identify next steps, plans also need to be kept under regular review.
- The childminder should develop effective self-evaluation and quality assurance processes.
- Further training and development should be carried out to help the childminder provide high quality care, play and learning for children, in line with best practice.

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?	3 - Adequate
How good is our setting?	3 - Adequate
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?

3 - Adequate

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

Quality indicator 1.1: Nurturing care and support

Children were happy, relaxed and confident. They benefitted from the childminder's warm, caring and nurturing approach and it was clear that there were loving relationships between children and the childminder. One parent shared, "Anne is just fabulous. I trust her with my most precious child. It is like sending my (child) to an extra aunty".

The childminder knew the children well and demonstrated how they supported children's needs. However, these were not reflected in children's personal plans as they only held basic details. They did not have sufficient information about how children's needs, interests and ideas would be met. This was a previous area for improvement which has been rewritten to reflect current guidance (**see area for improvement 1**).

No children required medication at the service. The childminder had the necessary paperwork to support the safe administration of medication when needed. We directed them to the current best practice guidance, 'Management of Medication in Daycare and Childminding Services', to support them in updating their policy.

The childminder was aware of their responsibility to safeguard children in their care. A child protection policy was in place; however, the childminder had not completed any relevant training in protection and safeguarding. We discussed the importance of accessing training to ensure the childminder understood their role and responsibility in keeping children safe and protected.

Parents provided meals for children and the childminder provided additional snacks if required. Children made choices for snack from their lunch boxes and were offered a drink to keep them hydrated. The childminder spoke to the children throughout snack time and supported them when required. Several children went to the living room to eat their snack on the sofa. We discussed with the childminder all children should sit at the table to ensure they are safely supervised while eating. The guidance, "Setting the Table," emphasizes the importance of mealtimes being a positive social experience and requires that meals are eaten in a designated area, such as a dining room or table.

Quality Indicator 1.3: Play and learning

Children were free to follow their individual interests and had access to a range of resources. For example, Lego, dolls and transport toys. Children told us they had lots to play with, and favourites were "Lego and games".

The childminder responded positively to children's requests for further items to extend their play. A small room off the living room was accessible for children and had a range of books and games. However, there were limited opportunities for sensory and creative play. We suggested adding more loose parts, natural materials, and sensory resources to encourage problem solving and opportunities for children to use their imagination.

Children's language development was supported through conversations with the childminder. A variety of books and mark-making materials gave children opportunities to explore early language and numeracy through their play and everyday experiences.

Families were kept up to date about their child's experiences and achievements through daily verbal feedback as well as sharing of information by text. However, the childminder did not record the children's play experiences or agree on the next steps with the children and their families, to support them in making progress. As a result, there were some missed opportunities to support and extend children's learning and development (**see area for improvement 2**).

Areas for improvement

1. To promote children's care needs and emotional wellbeing, the childminder should ensure children's personal plans contain clear and detailed current information and parents are fully involved in this process of review. These should be updated at least every six months and when a change occurs to a child's needs or circumstances.

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

2. To ensure that future play experiences remain sufficiently challenging for children, the childminder should develop their skills in planning, observing, and recording children's development and learning through play.

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

'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

How good is our setting?

3 - Adequate

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

Quality indicator 2.2: Children experience high quality facilities

Children were cared for in a warm, welcoming and homely environment which helped to support their overall wellbeing. The childminder's home was clean and well-ventilated. Children had access to spaces where they could play and relax, contributing to a calm and nurturing atmosphere. One parent told us, "Anne is such a brilliant childminder and her home is welcoming and warm".

Children could choose from a range of age-appropriate resources, and the childminder told us that they consulted with children regarding what resources they wanted. This enabled children to self-select safe

resources to explore what were of interest to them. Infection prevention and control practices contributed to a safe environment for children. However, this was not followed during nappy changing, for example, the childminder did not always wear appropriate protective equipment, such as gloves and an apron. This heightened the potential spread of any germs. Good practice in relation to nappy changing should be followed in order to limit the spread of germs and maintain a safe environment (**see area for improvement 1**).

The childminder had a shared rear garden, although this had not been used for some time due to an overall lack of maintenance. Most children only spent short periods of the day with the childminder, however, we discussed ways to encourage outdoor play using local parks. The childminder should continue to build on experiences that support outdoor play and provide daily opportunities for children. This would support them in maintaining a healthy and active lifestyle.

Areas for improvement

1. To minimise the potential spread of infection, the childminder should follow best practice in relation to nappy changing. This includes the use of disposable gloves and disposable apron.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

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.

Quality Indicator 3.1: Quality assurance and improvement are led well

The childminder was welcoming and engaged well in the inspection process, responding positively to our suggestions which should support their capacity to improve and provide positive outcomes for children.

The childminder had a range of policies and procedures in place, supporting them to provide a reliable service. We advised these policies should be reviewed regularly to ensure they remain current with best practice guidance, and adhere to relevant legislation.

Parents were able to share their views on the service through discussions when they collected their children from the service. Discussions with children meant the childminder had some influence on their play and learning. The childminder should build regular and formal opportunities for children and families to give their views and influence improvement.

To provide meaningful continuous improvement, the childminder should create an improvement plan that highlights focussed areas for development. The process should include views from children and their families to promote sustainable and continuous improvement of the service. This would help influence and

lead positive changes for children (**see area for improvement 1**).

Areas for improvement

1. Children should experience high quality care, play and learning. The childminder should ensure formal quality assurance processes, including self-evaluation and improvement plans, are in place and lead to continuous improvement.

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. While the strengths had a positive impact, key areas need to improve.

Quality indicator 4.1: Staff skills, knowledge and values

The childminder had established positive relationships with children and their families. Their warm interactions and approachability supported children and their families to feel secure. The childminder was respectful and had a responsive approach to meeting children's wellbeing needs. This provided a positive and relaxed ethos where children were confident and felt secure and happy.

The childminder had not engaged in any professional learning. This meant there were some gaps in knowledge that could impact the quality of care provided. For example, the childminder had not yet completed training in key areas such as child protection or first aid. This was a previous area for improvement which has been rewritten to reflect current guidance (**see area for improvement 1**).

The childminder is a member of the Scottish Childminding Association (SCMA), which offers invaluable support in all aspects of childminding, as well as a range of professional services and support. This, along with the Care Inspectorate provider updates, should support them in being kept updated with developments in the early years sector.

To ensure children experience consistently high-quality play and learning spaces and experiences, the childminder should update their practice and procedures to ensure it is in line with best practice guidance. The childminder needed to familiarise themselves with current best practice and legislation to ensure that they are up to date with how her service should be operating (**see area of improvement 2**).

Areas for improvement

1. The childminder should identify and access training and professional learning to develop their skills and knowledge. They should record learning and demonstrate ways in which it has improved experiences

and outcomes for children. This is to support positive outcomes for children. This should include but is not limited to child protection training.

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, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

2. To support the childminder's practice in delivery of a quality service and good outcomes for children, the childminder should familiarise herself with current best practice and legislation. She should then review and update her policies and procedures accordingly to make them consistent with current best practice guidance.

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

It is recommended that the childminder keeps a formal record of children's development and progress. This should include how she provides challenge and variety in the activities provided.

National Care Standards (NCS) Standard 12 Confidence in staff. The childminder should look for opportunities to take part in training updates in the following areas, child protection, first aid, food hygiene.

This area for improvement was made on 4 January 2017.

Action taken since then

This recommendation has not been met. It has been rewritten to reflect current guidance as an area of Improvement within this report.

Previous area for improvement 2

The childminder should look for opportunities to take part in training updates in the following areas, child protection, first aid, food hygiene.

NCS Standard 12 Confidence in staff.

This area for improvement was made on 4 January 2017.

Action taken since then

This recommendation has not been met. It has been rewritten to reflect current guidance as an area of Improvement within this report.

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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
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?	3 - Adequate
4.1 Staff skills, knowledge and values	3 - Adequate

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