

# Margaret Watson Childminding Child Minding

Penicuik

**Type of inspection:**  
Unannounced

**Completed on:**  
12 August 2025

**Service provided by:**  
Margaret Watson

**Service provider number:**  
SP2016988200

**Service no:**  
CS2016348464

## About the service

The childminder is registered to provide a care service to a maximum of four children at any one time under the age of 16, 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.

The childminding service is provided from the childminder's family home, in the town of Penicuik, Midlothian. The residential area is near shops, the local primary school, park and other amenities. Minded children had access to an open plan living room, kitchen and dining area, toilet and a fully enclosed secure garden.

## About the inspection

This was an unannounced inspection which took place on Tuesday 12 August 2025 between the hours of 09:30 and 12:00. 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, registration information, information submitted by the service and intelligence gathered.

In making our evaluations of the service we:

- spoke with children using the service
- observed practice and daily life
- reviewed two online questionnaires from parents
- reviewed documents.

## Key messages

- Children experienced warm, nurturing care which helped them feel safe and loved.
- Effective communication with families provided continuity of care for the children.
- Effective infection prevention and control measures were in place to minimise the spread of infection.
- The childminder should develop self-evaluation and quality assurance processes to support the continued development of the service.

## 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

Children were happy, confident and clearly felt secure in the childminder's care. Warm, responsive interactions and an understanding of each child's needs fostered strong relationships. The childminder knew children well and was confident in describing how she supported their individual needs. Children who attended the service were of an age where they were comfortable requesting support when needed. Parents who responded to our questionnaire strongly agreed they had a good relationship with the childminder. One parent told us, "[The Childminder] is so reliable and I fully trust them with every aspect of our children's care". The nurturing environment provided by the childminder helped children feel valued, supported and safe.

Children and their families had developed trusting relationships over several years with the childminder. This supported effective information sharing and continuity of care. Personal plans had not been reviewed in line with best practice. However, established relationships, strong communication and the limited time children spent in the childminder's care, two days per week, ensured that the quality of care was not compromised. The childminder responded promptly following our discussion. They updated the plans for the two children in their care and parents were involved in the review process. This demonstrated both responsiveness and a commitment to ensuring they meet the best practice. One parent told us, "[The Childminder] will always check and ask necessary questions relating to our children's care". Moving forward Personal plans should continue to be reviewed at least every six months or sooner if needed. This will ensure best practice guidance is followed and any changes to children's wellbeing are accurately documented. **(See Area for improvement 1)**

Children experienced calm and sociable mealtimes. During snack time, they were encouraged to choose healthier options from food provided from home. They sat together in the open-plan dining/living area, promoting social interaction. The childminder told us, "When children occasionally stayed for lunch, food would be provided by the parents and children would all sit together at the table, encouraging social connections." Children had their own water bottles provided by the childminder and could access the kitchen to refill these if needed. The childminder reminded children to have extra to drink, as it was a hot sunny day. This ensured children remained hydrated and comfortable.

Although no medication was currently being administered, the childminder had a clear and effective system in place for safe storage and administration if required. Evidence reviewed supported the robustness of this process, ensuring children's health care needs would be met safely and effectively when necessary.

Children were protected from harm as the childminder demonstrated a good understanding of their role in safeguarding and keeping children safe. While no concerns had arisen, the childminder should update their safeguarding policy to reflect the most current guidance and ensure contact details for protection services or up to date. We signposted the childminder to the 'National Guidance for Child Protection in Scotland 2021, updated 2023', (Scottish Government). This will ensure procedures remain clear and effective should a concern arise. (See 'How good is our leadership?', Area for improvement 1)

### Quality Indicator 1.3: Play and learning

Children confidently explored a range of play opportunities indoors and outdoors, demonstrating enjoyment and engagement. Activities such as, watering plants, using wheeled toys and playing in the mud kitchen supported their physical development and curiosity. These experiences reflected a positive, child-centred environment that promoted choice, independence and meaningful social interaction.

Children lead their own play and learning, demonstrating independence and self-regulation. One child chose to rest indoors and engage with digital games, showing awareness of personal needs. While another played with the cars and garage, developing their imagination. These choices highlighted the effectiveness of a child led approach in supporting individual development. One child told us, "I like coming, I sometimes make things with the Lego".

The childminder could review how they captured children's ideas and document their progress. They shared children's progress and experiences informally with families during drop-off and collection times. Although progress had previously been documented, this practice was no longer in place. A discussion was held with the childminder about developing a system to gather children's ideas, record their voice and document their development. This would support both the children and the childminder in reflecting on experiences and planning future learning, promoting a more intentional and responsive approach.

Children benefitted from the use of spaces within the local community. One child told us, "We sometimes stay and play in the school playground for a while after school has finished. On the way back from school we can choose to play football at the Astro turf too". This contributed to children's confidence, physical development and their overall health and wellbeing.

### Areas for improvement

1. To enable children to benefit from care and support that is right for them, the childminder should review children's personal plans. These should be meaningful, working documents that support children's wellbeing and document progress. Personal plans should be regularly reviewed with children and families to ensure information is up to date to reflect children's current needs, wishes and choices. This will contribute to ensuring each child receives appropriate care and support and their wellbeing needs are met.

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).

### 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

The childminder's home was comfortable, well-furnished and provided a homely environment that supported children's wellbeing. One parent told us, "Our children see it as their second home as they are so comfortable with our childminder and their home environment". The open plan layout allowed children to move freely between the lounge, dining area and garden, encouraging choice and independence. This flexible space enabled children to choose whether to engage socially or relax in a quieter area, supporting their emotional needs and personal preferences. One child told us, "I have football on the days I come to [the childminder]. After school I like to just 'chill' on the sofa before going home for tea then football".

The indoor and outdoor environment was developmentally appropriate. The childminder had a selection of resources available for the children to play with or freely choose from. For example, arts and crafts, cars and a garage, small world, role play resources, Lego and a variety of games. These resources were appropriate for the age and stage of the children present and supported children's current interests and curiosities. The garden provided a variety of resources that supported children's play, exploration and social development.

The childminder's home and garden were clean, safe and well maintained. A secure perimeter fence and safety catch on the gate ensured children's safety while playing in the garden. Risk assessments had been developed to support a safe environment. We asked the childminder to review and update these to ensure these were reflective of the current service they provided. One parent told us, "My two children have been going for years and have always been kept safe. Any incidents are logged and reported to us".

The childminder promoted effective infection, prevention and control measures to ensure children's health and wellbeing. The kitchen and toilet areas were clean and well maintained, with soap available for handwashing. Children were reminded to wash their hands before eating and after using the toilet. These practices helped minimise the spread of infection and maintained a hygienic environment.

## 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 had created a happy and welcoming family ethos in the service, which promoted a positive atmosphere for children to play and learn. One parent told us, "We enjoy seeing [the childminder] and their family. They are kind, calm and fun". Another told us, "Our children will miss [the childminder] when the time comes, and for me that says it all".

Children and families' views were sought. This contributed to the development and improvement of the service. Parents strongly agreed they are meaningfully involved to help develop the service. One parent commented, "We are asked our opinions and views". Children confidently expressed their needs and preferences throughout daily experiences and the childminder responded sensitively. Informal consultation with families supported a collaborative approach, ensuring the service was responsive to individual needs. This partnership fostered an inclusive environment where children and their families feedback was valued and helped shape their experiences.

The childminder had reflected on their practice and the service provided. Although an improvement plan had previously been in place, it was no longer relevant. The childminder should implement a more formal approach to improvement planning and self-evaluation. This would support continuous development and help demonstrate the impact of changes made. We signposted the childminder to 'Quality improvement framework for the early learning and childcare sectors' to support the process. Continued use of self-evaluation guidance will help inform planned developments and ensure that positive outcomes for children remain central to all improvements. **(See Area for improvement 1)**

The childminder had a range of policies and procedures in place, supporting them to provide a reliable service. However, some policies, particularly those related to child protection and complaints required updating to align with current legislation and best practice. Addressing these gaps will strengthen the service and promote positive outcomes for children. **(See Area for improvement 1)**

### Areas for improvement

1. To support children's wellbeing and promote the continued development and improvement of the service, the childminder should ensure self-evaluation and quality assurance is taking place. This should be well documented, reviewed and monitored over time.

This should include but not be limited to:

- a) ensure risk assessment are reviewed and updated
- b) ensure policies and procedures are kept up to date.

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?

**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, skills and values

The childminder provided warmth, kindness and compassion in a home from home environment. This enabled children to feel valued, loved and cared for. One parent commented, "Our Childminder a retired teacher, has a great rapport with my children and knows them very well. They provide a calm atmosphere. My children feel safe there as they don't have a huge client list (their choice) that is a real positive for us". Another parent told us, "We are delighted with the care our childminder provides".

The childminder had a clear understanding of how children develop and learn. They had attended a variety of training, including essential courses such as, First Aid. Additional training included observing young children and developing learning profiles. This contributed positively to the quality of care provided. We asked the childminder to update their child protection training, as it was due for renewal. Moving forward, the childminder should continue accessing resources from the Care Inspectorate Hub and the Scottish Childminding Association (SCMA), to stay up to date with best practice guidance.

The childminder would benefit from keeping a record of training and reflecting on its impact on their practice. This would help support and improve children's experiences. They should continue to update their skills and knowledge to provide high-quality play and learning experiences.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

The childminder must also ensure that the infection prevention and control procedures are correctly implemented and this includes, wearing fresh disposable gloves and a disposable apron for each child's nappy change and that nappy changing takes place in the bathroom next to running water for handwashing.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4(1)(a)&(d) Welfare of users.

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 requirement was made on 7 September 2017.**

#### Action taken on previous requirement

The childminder had effective infection prevention and control procedures in place. Although no children were currently in nappies, disposable gloves and aprons were readily available for use if needed, demonstrating preparedness. Children used the sink in the toilet area to wash their hands, supporting independence and reinforcing good hygiene practices.

**This requirement has been met.**

**Met - outwith timescales**



**Requirement 2**

The childminder must ensure that all attendances are appropriately recorded.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4(1)(a) Welfare of users and The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 SSI 2002/114 Regulation 19(3)(d) Records.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

**This requirement was made on 7 September 2017.**

**Action taken on previous requirement**

The childminder maintained accurate records of children's absence and attendance.

**This requirement has been met.**

**Met - outwith timescales**

## 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 has appropriate procedures in place to ensure that they and the children wash hands prior to preparing and serving food.

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 7 September 2017.**

**Action taken since then**

Effective handwashing was observed prior to meal preparation and food service by the childminder. Children were regularly reminded to wash their hands before and after eating snacks, as well as after using the toilet. These routines were well established and supported children's understanding of personal hygiene, contributing to a safe and healthy environment.

**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](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?	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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