

McGuire, Lynn Child Minding

Glasgow

Type of inspection:
Unannounced

Completed on:
1 August 2025

Service provided by:
Lynn McGuire

Service provider number:
SP2003903603

Service no:
CS2003006122

About the service

The childminder operates a childminding service from her home in Croftfoot, Glasgow. The service is delivered from the family home and children have access to the lounge, kitchen, hall, playroom and bathroom. Children also have access to a partially enclosed rear garden.

The childminder is registered to provide a care service to a maximum of six children at any one time. The childminder employs an assistant. At the time of our inspection, the childminder was caring for five children.

About the inspection

This was an unannounced inspection which took place on 30th July 2025. The inspection was carried out by two inspectors 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 children using the service
- spoke with the childminder
- spoke with the childminder's assistant
- reviewed three completed questionnaires
- observed practice and daily life
- reviewed documents.

Key messages

The childminder was caring and nurturing.

The childminder had positive relationships with children and their families.

Employment of an assistant contributed to safe transitions for children between school, nursery and the home.

Consultation with families was taking place on an ongoing basis.

There was concerns about the safety of the environment.

Approaches to self evaluation could be developed further to improve children's experiences.

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 and clearly outweighed areas for improvement.

Quality Indicator: 1.1 Nurturing care and support

The childminder was caring and nurturing with the children. They were relaxed and settled throughout the visit. There was lovely chat about an outing the children had had with parents the previous day. The children were excited to share what they had for lunch and how they travelled. The childminder responded with interest and light-hearted comments, which engaged the children and encouraged laughter. This supported the children to feel loved and cared for.

The childminder had built positive relationships with the families, with many using the service for all siblings. One parent commented "[the childminder] is very nurturing, caring and always welcomes my child each morning with a big hug and a smile, it's very reassuring to know my child is cared and well looked after." Other parents told us they shared information about their child's needs on an ongoing basis through daily discussions.

This information was recorded by the childminder in the children's personal plan. These plans contained details that supported the childminder to meet children's health and wellbeing needs. They were updated regularly ensuring they were reflective of children's changing needs. One parent said "I can speak to [childminder] if I have any concerns about my child, I can call or text anytime if I need any updates etc. [The childminder] also offers great support and advice if I need it, and I feel comfortable speaking to her about anything." This demonstrated positive relationships with families and ensured children received the right care at the right time. To support children to develop, we suggested the childminder identified children's significant needs and recorded how these would be met. Recording information in this way supports everyone working with the child to meet their needs.

Children's health and wellbeing was promoted through meal planning. Menus were planned collaboratively with children on a weekly basis and shared with parents, enabling families to contribute to the planning of nutritious meals. Cultural dietary requirements were respected, and an allergen chart was used effectively to support parental preferences and safeguard children's health.

During the inspection children were offered a variety of healthy snacks and meals. For example, wholemeal toast and fresh fruit were provided, with additional fruit available for those who requested it. On other days, snack options included cereal, while lunch menus featured items such as fajitas and baked potatoes. Children had access to water, milk, or herbal tea upon request, supporting hydration. During the school holidays they had theme days. One popular theme was America, where children helped prepare American inspired foods. A child commented, "The lunches are good." A parent also shared, "My child is offered lunch and a variety of different healthy snacks." This showed children were engaged in planning and enjoying healthy meals and snacks.

There were mats and blankets available for children to sleep comfortably and safely. However, some children preferred to sleep on the sofa. We asked the childminder to work with children to avoid using the sofa for sleeping. This is due to the soft nature of the base not being as safe as the other mats available and being more difficult to clean. The childminder agreed to address this.

Young children's nappies were changed on the couch in the living room. This meant that other children see this intimate experience taking place. We suggested using the back of the living room as an alternative space to promote children's privacy and dignity.

Quality Indicator: 1.3 Play and Learning

The children were free to choose what they liked to play with. They were all engaged in different types of play. The younger children were dressing up and wearing princess dresses and the older children looked at sticker albums, made road tracks and played with cars. There were play areas to relax, a tunnel and a reading nook with a selection of books for different ages. This meant children were able to lead their own play. Children told us "I like to play with the toys and doing fun activities" and "I can't choose what's best, there is too much to look forward to." Parents agreed, one told us "There is always a variety of toys, musical instruments and activities for my child to do throughout her time at [childminder], she also loves going to her tots class on a Tuesday where she loves to sing and dance."

The pace of the morning supported extended periods of play. The childminder was patient and kind. They interacted positively with children. For example, by helping them select toys and supporting them to understand the rules of a game. This helped children extend their thinking and learning within a supportive environment.

The childminder modelled good communication, manners and kindness. This created an sense of trust and respect. We saw children co-operating with each other during play and being kind and gentle with younger children. This encouraged children to feel valued and be confident.

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 the childminder's home that was well ventilated with plenty of natural light. Children had access to a range of experiences and resources including, cars, tracks, dressing up clothes and building bricks. Resources were interesting to the children and provided appropriate challenge across age groups. For example, a variety of jigsaws, board games, and stories ranging from simple to complex, supported children's problem-solving, decision-making, and literacy skills. The children could move freely between the areas. Children told us how they changed the toys over and sometimes the childminder brought out painting and gluing. This supported children to lead their play and learning.

We were concerned about hazards within the home that posed a potential risk to children. The childminder had risk assessments in place, however, these had not been put into practice. There was medication on the table and the kitchen worktop and bottles of alcohol on the living room floor. There were also knives within children's reach in the kitchen. We were reassured and satisfied that the childminder took action to address some of these concerns before the end of the inspection. However, further storage arrangements were needed to ensure children's safety. For example, we suggested restricting children's access to the kitchen, and storing medication out of reach. We have therefore made a requirement in relation to this (**see requirement 1**).

The front door was unlocked. Carers attending to a relative of the childminder and parents used this door regularly to access the house. This meant that the childminder was reliant on them securing the door to ensure children's safety. We acknowledge that this agreement was in place to minimise disruption to children's care and play, but we suggested this was reviewed to ensure children's safety. Locking the door would minimise the risk of children leaving or an unauthorised person entering the home. The childminder agreed to review this.

The garden area contained some hazards that compromised children's safety. This included a broken washing line and objects lying on the access stairs. Whilst we are satisfied that children did not access this space during the inspection, hazards should be addressed to enable children to play safely whilst promoting their wellbeing. We have signposted the improvement needed under requirement 1.

We found infection prevention and control practices needed to be improved to support children's health and wellbeing. Generally the house was clean and tidy. However we asked the childminder to ensure that all children washed their hands before eating. While the childminder changed children's nappies using aprons and gloves, children were changed on the sofa. This material was difficult to clean which risked the potential spread of infection. We advised the childminder to use a mat that could be wiped and stored away from the areas children play. This is an infection control issue. Children's toothbrushes were stored in a container with empty toothpaste tubes and dried toothpaste encrusted at the bottom. This made it easier for potential germs to spread. We recommended storing toothbrushes in a clean container allowing sufficient distance between toothbrushes avoiding cross-contamination. This would help minimise the potential spread of infection. To support children's health and wellbeing we have made an area for improvement in relation to infection control (**see area for improvement 1**).

Requirements

1. By the 14 October 2025 the provider must ensure children are protected from harm through receiving care in a safe environment. To do this, the childminder must, at a minimum:

- a) Ensure secure entry procedures to the premises are in place and maintained.
- b) Ensure hazardous materials are stored safely, and out of reach of children.
- c) Ensure the garden is safe and free of hazards.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) - Regulation 10(2)(a) - Fitness of premises.

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).

Areas for improvement

1. To ensure children are protected from the potential spread of infection, the childminder should make sure infection control practices promote a safe environment for children.

This should include, but is not limited to, embedding thorough handwashing, providing a wipeable changing mat and storing toothbrushes safely.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24).

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

Approaches to self-evaluation were informal and primarily based on ongoing conversations with families and children. The childminder had consulted with families regularly through daily discussions. They had spoken with families about the places they would like their children to visit and the types of activities they enjoyed. This informed the childminder's planning. All parents, who provided feedback, strongly agreed that they were fully involved in their child's care, including the development and review of personal plans. This collaborative approach supported positive outcomes for children by ensuring that the care provided was relevant to children's needs and interests.

There was some evidence of child involvement in reflection. One child described how they had discussed the idea of creating a reading space. They had planned how to design it with the childminder, who had responded positively and sourced cushions and a matching wall display. This helped create a calm and comfortable area where children could relax, supporting their emotional wellbeing.

We discussed with the childminder how placing a greater focus on professional learning, could support reflection on the service that leads to improvements for children. Although the childminder had participated in some training since the last inspection, a greater understanding of best practice would support identification of strengths and areas for development.

We talked to the childminder about ways self evaluation could be used to develop the service. We suggested that the childminder make use of the Care Inspectorate's HUB. This would support a thorough understanding of best practice and use what has been learned to evaluate what is needed next to continually improve outcomes for children and families. To support continued improvements for children and families, we have made an area of improvement in relation to self evaluation (**see area for improvement 1**).

The childminder was in the process of consulting with families regarding the installation of CCTV. This approach ensured that families were informed and understood how the system would support the safety and security of children using the service, without compromising their rights.

Areas for improvement

1. To improve outcomes for children, the childminder should develop approaches to self-evaluation.

This should include but is not limited to, developing a deeper understanding of good practice and using what has been learned to make improvements to the service.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states 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 4.3 Staff Deployment

Children experienced warm, secure relationships that supported their emotional wellbeing and development. The childminder had many years of experience in providing care, and some children and families had known them for several years. This continuity of care helped foster strong, trusting relationships, resulting in children feeling happy, and emotionally secure in the childminders care.

To support transitions to and from school and nursery, the childminder had employed an assistant. Children were familiar with the assistant, which contributed to smooth and reassuring transitions between settings. This consistency helped children feel supported and confident during changes in their daily routine.

The childminder and assistant had discussed their individual strengths and used these to plan and deliver activities for the children. As a result, one led baking activities while the other focused on arts and crafts, particularly during celebrations throughout the year. This collaborative approach ensured children benefited from a wide range of engaging and meaningful experiences.

The childminder and assistant had communicated regularly with each other, sharing observations about children's needs interests and ideas. This supported continuity of care for children.

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?	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
4.3 Staff deployment	4 - Good

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