

Cooper, Elizabeth Child Minding

Troon

Type of inspection:
Announced

Completed on:
28 August 2025

Service provided by:
Elizabeth Cooper

Service provider number:
SP2003903039

Service no:
CS2003005223

About the service

Elizabeth Cooper provides a childminding service from her property in Troon, South Ayrshire. The childminder is registered to provide a care service for a maximum of six children under the age of 12. Numbers are inclusive of the childminder's family. The service is close to local amenities, school and parks. The children are cared for in the childminder's living room, dining room and have access to the downstairs WC. There is an enclosed back garden which the children have access to.

About the inspection

This was an announced inspection which took place on 14 and 28 August 2025 between 10.00 and 14.00. We gave feedback to the service online on 28 August 2025. 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 since the last inspection.

In making our evaluations of the service we:

- Observed and spoke with four children using the service.
- Sent out a family questionnaire and received eleven responses.
- Spoke with the childminder.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- Children felt safe, happy and respected due to warm, caring relationships and responsive interactions with the childminder.
- Children enjoyed a range of fun and creative activities indoors and outdoors, supporting their learning and development.
- Families valued the service, describing strong communication and trusting relationships with the childminder.
- Personal plans need to be improved to clearly show how each child's needs will be met and to support their health, safety and wellbeing.
- Medication procedures must be strengthened, with clear records and consent in place to ensure children's safety.
- The childminder is beginning to reflect on her practice and access training, but more regular self-evaluation and learning will help improve the quality of care.

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?	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?

3 - Adequate

Quality Indicator 1.1 - Nurturing care and support

We evaluated this key question as adequate, recognising that while there were some strengths that contributed to positive outcomes for children/people, these only just outweighed the weaknesses. There remains a need for improvement to ensure consistently better experiences and outcomes.

Children experienced warm, nurturing care that supported their emotional wellbeing and development. The childminder built strong, trusting relationships with children and families, creating a safe and welcoming environment. Children were observed to be relaxed, happy, and engaged in play, both indoors and outdoors. Interactions were respectful and tailored to each child's age and stage, promoting confidence and a sense of belonging.

Children responded positively to the childminder's caring approach. One child shared, "Liz is fun and takes us out places and always has lots of activities." Parents described the service as flexible, supportive, and central to their child's growth, with one noting, "My child has thrived since being with Liz in every aspect."

Children's dignity and privacy were respected during personal care routines. Although no nappies were changed during the visit, appropriate procedures were in place. Support for toilet training was sensitive and collaborative, involving the child, parents, and childminder.

Children mostly brought their own meals and snacks, and fresh water was available throughout the day. Children told us they enjoyed the food and snacks the childminder provided. The childminder was registered as a food business and demonstrated awareness of safe food handling.

Rest and relaxation were supported through flexible routines. Older children were observed resting comfortably, and parents confirmed the childminder responded well to children's cues for quieter activities.

While the childminder demonstrated a strong understanding of children's routines and preferences, personal plans were not consistently in place or sufficiently reflective of individual needs. Personal plans are a vital tool in ensuring that care is tailored to each child's unique circumstances, supporting their health, safety, and wellbeing. They provide a structured way to document and review children's progress, preferences, and any specific support needs, enabling the childminder to respond proactively and consistently. Developing simple, meaningful plans in collaboration with families will strengthen the childminder's ability to deliver responsive care and meet regulatory requirements (**see requirement 1**).

Medication procedures required improvement to ensure children's safety. A child with an allergy attended the service, yet documentation lacked clarity and completeness. Robust medication records, including clear consent forms, administration logs, and emergency protocols, are essential to safeguarding children's health. The childminder acknowledged this and agreed to implement formal records, which will significantly enhance the reliability and safety of the service (**see requirement 2**).

The childminder demonstrated empathy and awareness of children's emotional wellbeing. Although she had not worked directly with other agencies, she had relevant training and expressed interest in further learning, including Adverse Childhood Experiences (ACEs).

Safeguarding knowledge required updating. The childminder had proactively identified appropriate future training through Scottish Childminding Association (SCMA) to strengthen her understanding and practice, and was due to attend this.

Children and families were involved through questionnaires and informal feedback. Comments were positive and highlighted the childminder's caring nature and engaging activities. Further analysis of feedback will support improvement planning and enhance outcomes for children.

Quality Indicator 1.3 - Play and learning

Children experienced a fun, engaging and nurturing environment where play and learning were central to their daily experiences. The childminder created a joyful atmosphere, actively participating in singing and dancing with children of different ages. This inclusive approach supported emotional wellbeing and strengthened relationships. Children were observed smiling, laughing and interacting positively, demonstrating they felt safe and valued.

Play opportunities were both spontaneous and planned, with children's interests taken into account. Activities such as bracelet-making and dancing to music encouraged creativity and self-expression. Outdoor play was a regular feature, and children benefited from fresh air and physical activity. The childminder was responsive to individual preferences, offering alternative resources and spaces for children who preferred quieter play.

Children were supported in developing language and literacy skills through a language-rich environment. Calm, respectful interactions and age-appropriate communication helped children feel heard and understood. One parent commented, "Her speech has massively improved in the time she has been going. Liz has helped my child greatly."

The childminder demonstrated responsiveness to children's interests. For example, when some children preferred not to play football, she provided picnic blankets and alternative resources, ensuring all children felt included. This flexible approach promoted choice, independence and emotional security.

Children benefited from regular outings in the local community, including visits to parks, beaches and local groups. These experiences enriched learning and supported children's understanding of the world around them.

Interactions were warm and respectful, with the childminder adapting her communication to suit each child's needs. Younger children's language was supported through restatement and compassionate responses. Positive relationships were nurtured, and children were encouraged to resolve conflicts and build friendships.

While the childminder knew the children well and planned engaging activities, observations and planning were informal and not recorded. Embedding a cycle of observation, planning and tracking would enhance the childminder's ability to support individual progress and next steps in learning.

Overall, children experienced play and learning that supported their development, wellbeing and enjoyment. Parents consistently praised the childminder's approach, describing her as warm, caring and committed to providing the best for the children in her care.

Requirements

1. By 1 October 2025, the childminder must ensure that personal plans are in place for all children attending the service. These plans must:

- Be developed in partnership with children and their families.
- Clearly set out how the childminder will meet each child's health, welfare, and safety needs.
- Reflect the child's individual interests, routines, and any identified support needs.
- Be reviewed at least once every six months, or sooner if there are significant changes.

This is to comply with Regulation 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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); and

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

2. By 1 October 2025, the childminder must ensure that safe and effective systems are in place for the administration of medication. This must include:

- Clear written consent from parents or carers for each medication to be administered.
- Accurate records of all medication administered, including the time, dosage, and reason.
- Individual protocols for children with specific medical needs, such as allergies, to ensure staff are fully informed and prepared.
- Regular review of medication records and procedures to ensure they remain current and effective.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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); and

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

How good is our setting?

4 - Good

We evaluated this key question as good, recognising that the strengths identified had a clear and positive impact on outcomes for children/people and significantly outweighed any areas for improvement.

Children experienced a warm, welcoming and well-organised setting that supported their safety, comfort and development. The childminder's home was clean, homely and thoughtfully arranged to meet the needs of children at different ages and stages. A quiet space in the dining room allowed older children to relax or focus, while younger children were encouraged to interact and build respectful relationships with their peers. This inclusive environment promoted a strong sense of belonging and emotional security.

Parents consistently praised the setting, describing it as safe, child-friendly and well-managed. One parent shared, "Liz's house is always clean and set up in a homely, safe and child-friendly way." Another commented, "I never feel like my children are unsafe. I go to work knowing they are in safe hands."

Children had access to a large, fully enclosed garden and indoor spaces including the living room, dining room and downstairs WC. Resources were varied, stimulating and developmentally appropriate. Children were actively involved in choosing activities and materials, which supported their independence, creativity and engagement. Parents highlighted the wide range of enriching experiences, including crafts, beach trips, soft play and nature walks.

The childminder maintained a safe and well-equipped environment. Storage was well-organised, and equipment was clean and in good condition. Written risk assessments were in place, and the childminder told us she carried out dynamic risk assessments during outings, for example identifying broken glass in the park. Children were involved in discussions about safety, helping them to develop awareness and responsibility. To enhance this further, the introduction of a risk matrix would support clearer identification of risk levels and the effectiveness of control measures.

Infection prevention and control measures were well implemented. Children washed their hands appropriately, PPE was available for handling bodily fluids, and cleaning products were stored safely out of reach. These practices contributed to a hygienic and secure environment.

Information was stored securely, with electronic data protected by passwords and paper records kept in dedicated folders. The childminder was encouraged to consider additional measures, such as locked storage, to further strengthen data security.

Overall, children benefited from a safe, nurturing and stimulating setting that supported their wellbeing and development. The childminder voiced a commitment to continuous improvement and was responsive to feedback. This will continue to ensure positive outcomes for children and families.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, recognising that while there were some strengths that contributed to positive outcomes for children/people, these only just outweighed the weaknesses. There remains a need for improvement to ensure consistently better experiences and outcomes.

The childminder demonstrated a caring and committed approach to her service, with a vision to provide a safe and nurturing environment for children aged 0-16 years. This vision noted some rights-based approaches and was evident in the warm, home-from-home atmosphere she created. Children and families felt valued and respected, contributing to positive relationships and a strong sense of trust.

Monitoring and supervision of the service were undertaken informally. The childminder knew her children and families well and responded to their needs with kindness and flexibility. While this supported a personalised approach, formal systems for quality assurance were limited. The childminder would benefit from engaging with training opportunities and online resources from the Care Inspectorate and SCMA to strengthen her understanding of self-evaluation and continuous improvement.

Children and families were included in shaping the service. Feedback was gathered through questionnaires and informal conversations, with positive comments received. One parent shared, "Liz always discusses

what she is doing with the children and looks for my thoughts/opinions when necessary." Another noted, "Liz is very responsive to feedback and ideas." To enhance this further, the childminder was encouraged to evaluate feedback and identify next steps to ensure children's, and their families' voices are meaningfully reflected in service development. The childminder was open to exploring simple and effective ways to gather views and use them to inform planning. This would support a more structured and inclusive approach to improvement.

An initial self-evaluation had been completed, though it lacked depth and evaluative insight. The childminder was encouraged to access Care Inspectorate's Bitesize improvement sessions, particularly those focused on quality assurance, to build confidence and skills in reflective practice (**see area for improvement 1**).

Families expressed high levels of satisfaction and trust in the service, with one parent stating, "I feel very lucky to have someone I can trust as much as my own family to look after my child."

The childminder was aware of her responsibilities regarding notifications and had not received any complaints.

With further development of quality assurance and evaluation processes the childminder will further strengthen the service they provide.

Areas for improvement

1. To support continuous improvement and ensure high-quality outcomes for children, the childminder should develop and implement effective systems for quality assurance and self-evaluation. This should include:

- Regular reflection on practice using recognised frameworks such as 'A Quality Framework for Daycare of Children, Childminding and School-Aged Childcare.'
- Meaningful involvement of children and families in evaluating the service, with feedback used to inform planning and improvements.
- Clear records of self-evaluation activities and any actions taken as a result, demonstrating how changes have led to improved experiences and outcomes for children.

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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, recognising that while there were some strengths that contributed to positive outcomes for children/people, these only just outweighed the weaknesses. There remains a need for improvement to ensure consistently better experiences and outcomes.

The childminder's values were evident in daily practice, with a strong focus on kindness, compassion and respect. Children and families felt secure and supported, contributing to positive relationships. One parent

shared, "She cares for the children as she would her own and I know they are being well cared for when I drop them off to go to work."

The childminder responded sensitively to children's individual needs. For example, she supported a child transitioning to high school and worked closely with parents to help a younger child manage anxiety. These compassionate interactions promoted emotional wellbeing and resilience.

While the childminder had a clear vision to provide a caring and safe service, this would benefit from being developed collaboratively with children and families. Involving them in shaping the service's vision, values and aims would strengthen ownership and ensure the service reflects the needs and aspirations of those who use it.

Recent personal circumstances had limited the childminder's ability to attend training. However, she maintained open communication with families, who responded with understanding and support. She had recently renewed her first aid certificate and was beginning to identify further training opportunities to rebuild her skills and knowledge.

The childminder was aware of her childminding responsibilities and had some local links with other childminders, continued involvement in these would support peer learning and professional connection. Accessing online resources such as the Care Inspectorate Hub, SCMA, and safeguarding training would further enhance her practice and ensure she remains up to date with developments in early learning and childcare (**see area for improvement 1**).

Although an improvement plan was not yet in place, the childminder showed a willingness to develop one. This would support a more focused approach to service development and ensure improvements are planned and monitored effectively.

Overall, children benefited from a warm, caring and responsive service. With further development of reflective practice and training, the childminder is well placed to strengthen outcomes for children and families.

Areas for improvement

1. To enhance the quality of care and support provided, the childminder should further develop reflective practice and engage in ongoing professional learning. This should include:

- Regular reflection on experiences and interactions with children to identify what is working well and where improvements can be made.
- Keeping a record of learning and development, including training attended and how it has influenced practice.
- Using recognised guidance and frameworks to support reflection, such as 'Realising the Ambition' and 'My Childminding Journey.'
- Identifying and accessing relevant training opportunities to strengthen knowledge in key areas, including safeguarding, child development, and emotional wellbeing.

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); and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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	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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