

Cochrane, Dawn Elizabeth Wilson

Child Minding

Tranent

Type of inspection:
Unannounced

Completed on:
3 September 2025

Service provided by:
Cochrane, Mrs Dawn Elizabeth Wilson
Cochrane, Mrs Dawn Elizabeth Wilson

Service provider number:
SP2003906914

Service no:
CS2003013195

About the service

Dawn Cochrane provides a childminding service from their family home in the Tranent area of East Lothian.

The childminder has an assistant to assist in the delivery of the service. This may include occasional sole charge of minded children with written permission from parents/carers. The childminder is registered to provide a care service for a maximum of six children up to 16 years of age.

The service is close to the local primary school and nursery, shops and parks. Children have access to the downstairs living room, kitchen, toilet and there is a secure garden to the rear of the property.

About the inspection

This was an unannounced inspection which took place on 29 August 2025 between 9:45 and 13:30. One Inspector carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included, registration information, information submitted by the service and intelligence gathered since registration.

In making our evaluations of the service we:

- spoke with children using the service
- considered feedback from two families through an online questionnaire
- spoke with the childminder and their assistant
- observed practice and daily life
- reviewed documents relating to the care of children and the management of the service.

Key messages

- Children were cared for in an environment that was homely and welcoming.
- Children had social mealtimes which were relaxed, safe and met their nutritional needs.
- Personal plans were developing however further work was required to ensure they were meaningful, working documents that support children's care and included strategies of support.
- Children had fun as they played together in the secure outdoor space developing physical skills and wellbeing.
- The childminder should continue to consider ways they plan for and respond to children's interests and developmental needs within their everyday play.
- Although risk assessments were reviewed regularly, we found there was not always risk assessments in place for all areas of practice to safeguard children.
- While the childminder and assistant worked well together, we found that the approach to quality assurance and self-evaluation was informal.

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, where strengths only just outweighed weaknesses.

Quality Indicator 1.1: Nurturing care and support

Children experienced warm, caring and nurturing approaches from the childminder. The childminder and their assistant had developed good relationships with minded children and knew them well. The childminder spoke about what was important to each child in their care and was attuned to the children's needs. We observed the childminder warmly welcome children into the service, they read their cues, providing cuddles to support emotional wellbeing. As a result, children felt safe and secure.

Families told us they strongly agreed that they have a good relationship with the childminder and one family commented they were "always kept in the loop". The childminder shared that they welcome families on occasions into their home at the end of the day. However, one family told us, "it is doorstep collections". Best practice guidance such as Care Inspectorate (2025) 'Me, my family and my childcare setting' highlight the importance of families being physically present in their child's setting as part of their daily experiences. We discussed this with the childminder and the childminder was receptive to continuing to build on opportunities to welcome families into the service.

Mealtimes were sociable experiences that were relaxed. Families provided packed lunches for meals and snacks. The childminder had developed their mealtime policy and practice which reflected a safer and more sociable mealtime for children. Children were seated together for lunch round the dining table with younger children included and seated safely in highchairs at the table. This created opportunities for socialising and conversations during mealtimes. Younger children were given the opportunity to develop their independence skills through self-feeding supported by the childminder. The childminder at times sat at the table, supervising children to ensure their safety. We reminded the childminder it was best practice to remain at the table to continue to observe and ensure children's safety. As a result of the changes made to the mealtimes, children were having social mealtimes which were relaxed, safe and met their nutritional needs. **(see requirement two 'What the service has done to meet any requirements we made at or since the last inspection').**

We sampled personal plans and saw that a new format had been implemented. Personal plans were mostly created with families to capture children's interests and preferences. These included information gathered from families when they started in the service and the childminding contract. However, we found that not all children had a personal plan in place and although there was paperwork in place to support the recording of reviews of the personal plans, these had not been carried out. Personal Plans must be reviewed with families every 6 months or sooner if required. To support children's individual needs, the childminder must develop children's personal plans to ensure they are a current reflection of the child. This must include, but not limited to, clear records of how their current wellbeing and development needs are supported. This would ensure personal plans are meaningful, working documents that support children's care and include strategies of support and progress made. Whilst good progress had been made in developing personal plans, a requirement made during the previous full inspection has been extended **(see requirement one in 'What the service has done to meet any requirements we made at or since the last inspection').**

There had been no medication administered to any children attending the service. However, we saw that the childminder had the templates for logging children's medication if needed. These were in line with the Care

Inspectorate guidance, 'Management of medication in day care of children and childminding services'.

Children's individual sleep routines were supported by the childminder. To support children to be safe, the childminder had reviewed their sleep policy and how children sleep in the service to reflect safer sleeping guidance. Travel cots were available for younger children to sleep. The childminder should ensure that they adhere to their policy when families have requested that children sleep in buggies and ensure that there was written permission in place. The childminder shared that they carry out regular checks on sleeping children to ensure their safety. We asked the childminder to develop the frequency and their ways of recording checks to ensure these take place often enough to ensure children's safety. A requirement made during the previous inspection has been extended **(see requirement two in 'What the service has done to meet any requirements we made at or since the last inspection')**.

Quality Indicator: 1.3 Play and Learning.

There was several play experiences available on the day in the service. Indoors there were trucks, dinosaurs, mega blocks and dinosaur space hoppers. Outdoors there was bikes, scooters, ride on cars, slides, rocking horse, balls, hula hoops, golf, and skip it ropes. Families told us their child can always be involved in a range of opportunities and fun experiences to meet their individual needs and support their development.

Children were engaged in play experiences in the outdoors. The garden space had been cleared to create a more open space for physical play. One family commented that the most positive aspect for children in the service was, "learning and playing with other children". Children had fun as they played together at golf and hula hooping, encouraging each other to practice and developing a range of physical skills. Children played on scooters and threw balls to each other and invited the childminder into their play. We asked the childminder to consider utilising their space outdoors to include an area that babies could also access resources and outdoor play safely. Developing resources outdoors to be inclusive of babies age and stage of development would ensure all children had the opportunity to play and learn in the outdoor environment. The childminder should continue to ensure children access outdoor play in all seasons to support children's wellbeing and development. There was an area for improvement from the previous inspection on accessing outdoor play and activities in the wider community. This area for improvement has been met **(see area for improvement one 'What the service has done to meet any areas for improvement we made at or since the last inspection')**.

Children enjoyed spending time in the local community. The childminder and their assistant accessed local parks, green spaces and shops. Older Children played outdoors in the local green space beside the home. They had recently been on a trip to the airport to watch the planes landing. This enabled children to learn key skills and have fun within the wider community.

Overall, we found planning for individual children's experiences informal. Observations were sent to families which reflected what children had enjoyed doing in the service. One family commented, "They always comes home happy, the childminder taught them how to tie their shoelaces and they are always learning new things". The childminder told us about how they had accessed some dinosaur resources for a child as they love dinosaurs. The service should continue to consider ways that they plan for and respond to children's interests and developmental needs within their everyday play. The childminder should continue to consider the resources on offer to reflect the ages, stages and interests of children using the service. Supporting children's developing skills based on their interests in the service would further develop play and learning experiences **(see area for improvement one)**.

The childminder had developed a policy on screen time in the service. This ensured older children using their own screens and devices after school were safe and monitored. We discussed with the childminder that the

policy must include the length of time children had access to the television within the service. The childminder was receptive to this and amended their policy the following day. The childminder now needed to ensure their practice reflects the policy they have in place. The television remained on indoors throughout the morning and limiting the television would promote conversation and increase literacy opportunities for children. There was an existing area for improvement on developing a screen time policy which has now been met. However, there will be a new area for improvement to ensure this policy is implemented in practice to reduce screen time to promote play and learning within the service (**see are for improvement two**).

Areas for improvement

1. To ensure play experiences sufficiently challenge children and meet their interests and development needs the childminder should develop their processes for planning for, observing and recording children's progress and learning through play. The childminder should use their observations of children to reflect on and plan new learning opportunities, demonstrating how children's views and interests have been considered.

This is to ensure that care and support is consistent with the health and Social care standards (HSCS) which state that: 'As a child, my social and physical skills, confidence and self esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31).

2. The childminder should implement their screen time policy in consultation with families. The childminder should ensure the time the television is on is restricted in line with their policy and best practice guidance. This would ensure opportunities to promote communication, language, play and learning within the service are developed.

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, where strengths only just outweighed weaknesses.

Quality Indicator: 2.2 children experience high quality facilities.

Children were cared for in an environment that was homely and welcoming. A variety of play spaces supported active physical play as well as quieter rest, promoting both wellbeing and development. The childminder recently had work carried out on the fence of their property. We discussed with the childminder the outdoor sheltered area appeared cluttered and could pose a risk for accidents, for example chairs stored near toys and in front of seating. When we returned for feedback, the childminder had adapted this space to be safer for children to play. Indoors children were able to make choices from the resources available, as the living room had been organised to promote independence with toys in boxes on the floor. As a result, children were familiar and relaxed in the home from home environment.

Risk Assessments for indoors and outdoors ensured toys and resources were checked for damage and replaced where appropriate. Although risk assessments were reviewed regularly, we found there was not always risk assessments in place for all areas of practice to safeguard children. To support children's safety we asked the childminder to develop policies, risk assessments and permissions in relation to older children

walking from school and playing out of the home unsupervised. Whilst we recognised verbal permission from families was in place there needed to be clearer policies, procedures, permissions and risk assessments in place to ensure safety and supervision of children. This should include a shared understanding between families and the childminder of responsibilities, clear boundaries detailed and understood by children, and clear permissions and plans if a child did not appear back at the childminders home. The childminder was receptive to this and began to develop policies. To keep children safe, further risk assessments, clear procedures and boundaries should be recorded within the policies. **(see area for improvement one)**.

The childminder was caring for young children during the day and provided school aged childcare after school. Children were transported to and from the school in the childminder's car. The childminder had the correct insurance in place and demonstrated that she transported children safely with the use of appropriate car seats.

Children had their personal care needs tended to within the service. The childminder had reviewed the policy on changing children, and this now reflected best practice guidance. Children were changed on a changing mat in the living room of the home. We asked the childminder to consider ways in which they could protect children's privacy and dignity by using areas such as the toilet or bathroom to tend to children's personal care needs. We found that the childminders practice did not always reflect the best practice for infection, prevention and control outlined within their policy for nappy changing. A requirement made during the previous full inspection has been extended **(see requirement two in 'What the service has done to meet any requirements we made at or since the last inspection')**.

The childminder had reviewed their policy on infection, prevention and control. However, we found that they did not always follow their policy or best practice. There was gloves available for changing children to prevent the spread of infection but these were not used by the childminder. Changing mats were not cleaned after use and children did not always carry out regular handwashing at key points in the day. To ensure better infection, prevention and control the childminder should refer to best practice guidance and their policy and ensure they follow this in their practice. This would prevent the spread of infection and keep children safe. **(see area for improvement two)**.

The approach to recording and reporting accidents was informal. Accidents and incidents were sometimes sent to families through a messaging app or parents were notified through verbal communication at the door. The childminder should review their approach to recording accidents and incidents to ensure they are always recorded and shared with families. The childminder must keep a record of any adverse events detrimental to the health and wellbeing of a child using the service. This includes accidents, incidents and injuries to those receiving support from the service. The Care Inspectorates guidance (2025) 'Early learning and childcare services: Guidance on records you must keep and the notifications you must make' available on our website would support the childminder to develop this **(see area for improvement three)**.

Areas for improvement

1. The childminder should further develop policies, procedures, permissions and risk assessments to include but not limited to; when children walk from school unsupervised or play out with the childminders home unsupervised. These should include written permissions, boundaries and contingency plans if a child does not appear at the childminders home to ensure their ongoing safety.

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 because people have the necessary information and

resources' (HSCS 4.27) and 'If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me' (HSCS 3.23).

2. To ensure children are kept safe from the spread of infection, the childminder should ensure children carry out handwashing at regular intervals throughout the day. This includes before and after eating or after any personal care or visiting the toilet. When undertaking personal care of young children, the childminder should ensure the appropriate use of personal protective equipment such as gloves and ensure changing mats are cleaned after each use.

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).

3. To ensure children's health, safety and wellbeing, the childminder should record information about accidents, incidents and ensure these records are shared with families. The childminder should update their knowledge and understanding on the records they must keep and the notifications they must make by referring to guidance such as care inspectorate (2025) 'Early Learning and Childcare Services: Guidance on records you must keep and the notifications you must make'.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ' My care and support is consistent and stable because people work together well' (HSCS 3.19).

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 well led.

The childminder had been operating their childminding service for many years and was experienced in minding children. The childminder confirmed that key information about the service was shared with families, including aims and objectives, policies, and procedures. This helped families to understand the childminder's vision and ensured they were informed about the service provided.

The childminder had a range of policies and procedures in place which had been reviewed this year. Recently the childminder had read best practice guidance on safer sleep and personal planning and updated their policies on these which were beginning to make improvements within the service. However, we found some areas of policies still required updating such as child protection policy, infection control policy and developing policies for children playing out with the home and walking from school unsupervised. The childminder was receptive to this and had already begun developing these. We discussed with the childminder that they needed to ensure their practice reflected the best practice set out within their policies. This would ensure they are following best practice guidance that supports better outcomes for children. The childminder had a requirement from the previous inspection in relation to developing policies in line with best practice guidance for mealtimes, nappy changing and sleep. The childminder had improved their policies and practice in relation to mealtimes and as a result children were experiencing safe and sociable mealtimes. Further work was required in practice to develop procedures for infection prevention and control for nappy changing and carrying out more regular checks for safe sleeping to ensure procedures were reflective of the policies that had been reviewed. A requirement made during the previous inspection and has been extended (**see Requirement two in 'What the service has done to meet any requirements we made at or since the last inspection'**).

While the childminder and assistant worked well together, we found that the approach to quality assurance and self-evaluation was informal. The childminder was not regularly reflecting on the service they provided and considering how they could make improvements. The childminder should continue to increase their knowledge of best practice guidance and use this to inform developments in their service. Self-evaluation could be used to develop the service, and we would encourage the childminder to explore 'Quality Improvement Framework for the early learning and childcare sectors - Childminding services.' Engaging in more reflective practices, such as regularly reviewing the Care Inspectorate updates, accessing the Care Inspectorate Hub and using their membership of organisations such as 'Scottish Childminding Association'(SCMA) would offer the childminder support, guidance, and resources to develop regular self-evaluation which results in improving outcomes for children. This would support childminder and their assistant to evaluate their service and identify areas for improvement based on best practice guidance (**see area for improvement one**).

There were clear systems in place to support the recording of children's attendance. This ensured children were safely cared for in numbers that reflected the childminder's conditions of registration. The childminder should display an up-to-date registration certificate as detailed at previous inspection. The childminder should continue to clearly record the daily attendance of children. The area for improvement made at last inspection has been met (**see area for improvement three 'What the service has done to meet any areas for improvement we made at or since the last inspection'**).

Areas for improvement

1. To improve outcomes for children and support ongoing improvement, the childminder should develop self-evaluation and quality assurance processes. These should identify what is working well in the service and what needs developed. The childminder should become familiar with best practice guidance and use this to support them to reflect and plan for 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, where strengths only just outweighed weaknesses.

Quality Indicator: 4.3 Staff Deployment

The childminder and their assistant had built a strong and effective working partnership over the years. The assistant played a valuable role, particularly during school drop-offs and pick-ups, ensuring these transitions were smooth for children. It was evident that children had formed a genuine bond with the assistant, greeting them with excitement and warmth upon their arrival at the service. The childminder and their assistant always worked together, children benefitted from this as there were always enough people to meet their needs. As a result, children were well supported during transitions such as lunchtime and school pick-ups.

The childminder had ensured their assistant had also read best practice guidance on safer sleep and personal plans. This ensured they were working together to develop practice to improve these areas. However, the childminder and their assistant had not accessed any further training and their current first aid

certificate was soon due to expire. We discussed that they should update their training on first aid as soon as possible to ensure they have the necessary skills to treat any accidents or incidents that may occur in line with best practice. Accessing training opportunities through Scottish Childminders Association (SCMA) would help support practice. We discussed refreshing their knowledge on child protection to support updating their policy. The assistant shared their interest to attend this training and it would be good practice to reflect on the impact of any training on the service. The childminder and their assistant need to ensure they continue to develop their skills, knowledge and values required to deliver a high-quality service. The existing area for improvement had not been met and will be carried forward (**see area for improvement one**).

Areas for improvement

1. To support an approach that ensures children receive consistent, high-quality care and learning opportunities, the childminder should support the assistant to develop the skills, knowledge, and values required to deliver a high-quality service.

This is to ensure 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 requirements we made at or since the last inspection

Requirements

Requirement 1

By 30th April 2025 the provider must ensure that all children have a personal plan which sets out how their individual needs will be met, as well as their wishes and choices. To do this, the provider must, at a minimum:

- a) ensure that they understand the purpose of personal plans and are familiar with Care Inspectorate guidance 'Guide for Providers on Personal Planning, Early Learning and Childcare;'
- b) ensure that personal plans are written and regularly reviewed with children and families, at least every six months, and when necessary, to ensure that information is up to date to reflect children's current needs, wishes and choices;
- c) ensure consistent, effective recording of important information in all personal plans, including emergency contact details;
- d) ensure that all personal plans are meaningful, working documents that support children's care and include strategies of support and progress made.

This is to comply with Regulation 5(2)(b)(c) (Personal Plans) 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).

This requirement was made on 9 December 2024.

Action taken on previous requirement

We recognised the improvement work that was taking place to develop the personal plans. The childminder and their assistant had read the Care Inspectorate guidance 'Guide for Providers on Personal Planning, Early Learning and Childcare'. The childminder had sourced a new template to record personal plans with families. Information gathered from families when they started in the service included contact details, emergency contacts, medical information, food and drink preferences and likes and dislikes. However, we found that not all children had a personal plan in place and although there was paperwork in place to support the recording of reviews of personal plans, these had not been carried out. We discussed with the childminder the need to develop chronologies to include strategies of support as part of their personal plans to ensure that plans were meaningful, working documents that support children's care and include strategies of support and progress made.

This requirement had not been met and we have agreed an extension until 31 December 2025.

Not met

Requirement 2

By April 30th, the childminder must review their policies, procedures and risk assessments to ensure they reflect best practice guidance and prioritise children's safety. Priority must be given, but not limited to, the following:

- a) Nappy changing: Infection prevention and control
- b) Safer sleep practices
- c) Mealtime experiences, particularly for younger children

This is to comply with Regulation 4(1)(a) and 4(1)(d) 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 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This requirement was made on 9 December 2024.

Action taken on previous requirement

The childminder had developed policies for nappy changing, safer sleep and mealtimes. The policy for mealtimes was having an impact on practice. We observed Younger children seated in high chairs with older children around the table. This ensured safety and developed opportunities for conversation at mealtimes.

The childminder and their assistant had read best practice guidance around safer sleeping. This supported them to develop a policy which was shared with families. They had ensured there was access to two travel cots to promote safer sleeping within the service. Families were asked to sign permission where they requested their child to sleep in a buggy and advised this was not best practice under the safer sleeping guidance. However, we found permissions to sleep in buggies was not always in place. The childminder shared that they carry out regular checks on sleeping children however we discussed the frequency of checks to ensure the safety of children. The childminder now needed to ensure they follow safe sleep guidance and carry out more regular checks on sleeping children. We discussed that by recording the safe sleep checks would support the childminder to ensure they were carried out regularly to ensure children's safety.

Nappy changing policies had been developed and mostly reflected best practice guidance. Children were changed on a changing mat in the lounge area of the home. We asked the childminder to consider the children's privacy and dignity when changing children. The childminder's practice did not always reflect their policy and best practice. For example, not using available personal protective equipment such as gloves and not cleaning the changing mat after use to prevent the spread of infection.

This requirement had not been met and we have agreed an extension until 31 December 2025.

Not met

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

To improve experiences and wellbeing for children, the childminder should increase the opportunities for them to participate in outdoor play and learning throughout the year. This should include opportunities to engage in activities within the wider community. Children should be appropriately dressed for all weather types to maximise their outdoor experiences and to keep them comfortable.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25) and 'as a child, I play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

This area for improvement was made on 9 December 2024.

Action taken since then

The childminder had been developing their outdoor garden space. We observed children access this space and engage in play that supported their physical development and wellbeing. The childminder should continue to ensure children access outdoor play in all seasons to support children's wellbeing and development.

Children enjoyed spending time in the local community. The childminder and their assistant accessed local parks, green spaces and shops. Older Children played outdoors in the local green space beside the home. They had recently been on a trip to the airport to watch the planes landing. This enabled children to learn key skills and have fun within the wider community.

This area for improvement has been met.

Previous area for improvement 2

To ensure children are supervised and there is clear procedures on screen time within the service the childminder should develop a policy in consultation with families for the use of screens and the supervision of internet within their service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and 'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

This area for improvement was made on 9 December 2024.

Action taken since then

The childminder had developed a policy on screen time in the service. This ensured older children using their own screens and devices after school were safe and monitored. We discussed with the childminder that the policy must include the length of time children had access to the television within the service. The childminder was receptive to this and amended their policy the following day.

The television remained on indoors throughout the inspection and limiting the television would promote conversation and increase literacy opportunities for children. There will be a new area for improvement to ensure this policy is implemented in practice to reduce screen time to promote play and learning within the service.

This area for improvement has been met.

Previous area for improvement 3

To ensure children are cared for in a group size that is right for them and to adhere to conditions of registration, the childminder should ensure they take a more formal approach to recording attendance in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: 'If I experience care and support in a group, the overall size and composition of that group is right for me' (HSCS 1.8) and '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 9 December 2024.

Action taken since then

There were clear systems in place to support the recording of children's attendance. This ensured children were safely cared for in numbers that reflect the childminder's conditions of registration.

This area for improvement has been met.

Previous area for improvement 4

To support an approach that ensures children receive consistent, high-quality care and learning opportunities, the childminder should support the assistant to develop the skills, knowledge, and values required to deliver a high-quality service.

This is to ensure 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 9 December 2024.

Action taken since then

The childminder and their assistant had read safer sleep guidance and personal planning guidance which was beginning to inform improvements within the service. However, the childminder and their assistant had made limited progress in accessing any further training or best practice guidance. We discussed that they should update their training on First aid and child protection as soon as possible to ensure they have the necessary skills in line with best practice. The assistant shared their interest to attend training to support practice and it would be best practice to reflect on the impact of any training on the service. Accessing training opportunities through Scottish childminders association (SCMA), Care Inspectorate HUB or reading best practice guidance would help support practice. The childminder and their assistant need to ensure they continue to develop their skills, knowledge and values required to deliver a high-quality service.

This area for improvement had not 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?	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
4.3 Staff deployment	3 - Adequate

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