

Smart, Margaret Child Minding

Montrose

Type of inspection:
Unannounced

Completed on:
19 August 2025

Service provided by:
Margaret Smart

Service provider number:
SP2003901386

Service no:
CS2009229899

About the service

Margaret Smart provides a childminding service from her home in Montrose. The service is registered to provide care to a maximum of six children at any one time under the age of 16, of whom a maximum of six will be under 12, 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 children had access to the living room, a playroom, and downstairs bathroom. The service is located within a residential area of Montrose and is close to local schools, parks, and shops.

About the inspection

This was an unannounced inspection which took place on 19 August 2025 between 09:15 and 12:00. Feedback was shared during this visit. 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 two children using the service;
- spoke to one parent during the inspection, no completed questionnaires were returned by families;
- spoke to the childminder;
- observed practice and daily life;
- reviewed documents.

Key messages

- Personal plans need to be developed to fully meet children's needs.
- The childminder appeared to know the children well.
- Risk assessments need to be developed and put in place to provide safe environments for children.
- Infection control measures need to be developed to minimise the risk of spread of infection.
- Environments need to be de-cluttered to provide safe and inviting spaces for children to play and learn.
- Policies and procedures need to be developed to ensure safe practice.
- The childminder should undertake relevant training to support her knowledge, skills and practice.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses

Quality Indicator 1.1 Nurturing care and support

The childminder appeared to know the children in her care and she interacted with them during their play. Interactions could have been further developed if the childminder was consistently at child level during play. It would have been beneficial for the childminder to have more information recorded about children's preferences, routines and interests. This would have supported positive relationships and responsive care to ensure children's needs were fully met.

Personal plans needed to be developed to include all required information to fully meet children's needs. Plans must include all information relating to health needs, support required, routines and all about me information. A parent commented, 'verbal discussions take place, no paperwork completed.' This information must be reviewed with parents at least every six months to ensure all information recorded is accurate and up to date. This would ensure that children's health and wellbeing needs were met and support was appropriately put in place when required to meet children's needs. **See requirement one.**

Snack time was a sociable experience for children. The childminder's daughter interacted with children at times during this experience. The childminder should be mindful of children being fully supervised during mealtimes to keep them safe. Children were provided with their own water bottles to keep them hydrated. A choice of healthy and nutritious options should be available for children to choose from during snack time. It would be beneficial for the childminder to consider this when developing the mealtime experience. The childminder should be mindful of infection control measures and should provide the opportunity for children to wash hands prior to mealtimes. This would minimise any potential risk of spread of infection. The mealtime experience should be further developed to provide choice and develop independence and life skills.

Children were supported and encouraged to independently access the toilet and wash their hands. The childminder discussed with us that they change nappies on a changing mat in the living room. The childminder should consider the privacy and dignity of children during personal care. Infection prevention and control procedures should be in place and followed during personal care to minimise any risk of spread of infection. This will be included in a requirement within key question 2, how good is our setting?

The childminder had a very limited knowledge of child protection and had not completed any form of training for a considerable period of time. This will be included in an area for improvement within key question 4, how good is our staff team?

QI 1.3 Play and learning

Children chose to play in the living room or playroom. They had access to a limited range of resources to support their play and learning. One child accessed flashcards to support their communication. Another child accessed small world resources and books which supported the development of language and communication and their imagination. Resources were not easily accessible which impacted on children having choice or the opportunity to extend their play and learning. Children would benefit from the childminder reviewing their current resources to ensure what was available to them was age and stage appropriate. This would support appropriate play and learning opportunities for children. **See area for improvement one.**

Children had limited opportunities for outdoor play experiences due to the childminder's garden currently being unavailable for them to access. Children rarely spent time within their local community and would benefit from daily access to fresh air. This would support children to become aware of their local community while taking part in a variety of play and learning experiences.

The childminder shared photographs of children's play and learning with parents via WhatsApp. This included parents in their child's daily activities and also provided the opportunity for children to share and talk about their learning with their families.

Requirements

1. By 26 September 2025, the childminder must ensure that each child's needs are fully met.

To do this, the childminder must, at a minimum:

- a) ensure each child has a detailed personal plan in place which includes an all about me section and accurate information relating to current health and wellbeing needs;
- b) ensure that each section of the personal plan is signed and dated by parents;
- c) ensure that all personal plans are reviewed at least every six months by parents.

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

Areas for improvement

1. To support children to reach their full potential through quality play and learning experiences, the childminder should review the resources available for children to access. This should include, but is not limited to ensuring resources are age and stage appropriate, support children's interests and are easily accessible to children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses

Quality Indicator 2.2 Children experience high quality facilities

Children had access to the main living area within the childminder's home, as well as a dedicated playroom. Resources within the playroom were piled high, which resulted in children being unable to access them. This restricted their choice making and opportunities to develop their play. Due to the volume of resources, there was very limited floor space for children to take part in quality play experiences, as their play was restricted to a very small area.

Opportunities for children to develop their play and learning experiences could be developed if the playroom environment was de-cluttered. See area for improvement within key question 1, how good is our care, play and learning?

Safety gates were in place over the playroom and living room doors to prevent children moving into the hallway and accessing the stairs. The childminder had a very limited awareness of potential risks within her home which could impact on keeping children safe. There were no risk assessments in place to support the childminder to identify or assess potential risks and how these could be managed. Risk assessments must be developed to ensure a safe environment is provided for children. **See requirement one.**

Children did not always wash hands at appropriate times, for example, before mealtimes. The service did not have a policy or procedures in place to support the management of infection control. We were denied access to the childminder's kitchen to observe the preparation of snack. The childminder must develop infection prevention and control measures to ensure they provide a clean and tidy environment and minimise any potential risk of spread of infection. **See requirement two.**

Requirements

1. By 31 October 2025, the childminder must ensure that they assess and review possible risks within all environments of their home.

To do this, the childminder must, at a minimum, ensure that:

- a) risk assessments are developed for all rooms and outdoor areas within their home that children access;
- b) the front door is locked and secure while caring for children;
- c) children are kept safe from pets while in the care of the childminder.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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 environment is secure and safe' (HSCS 5.19).

2. By 17 October 2025, the childminder must ensure that appropriate and effective infection prevention and control measures are put in place.

To do this, the childminder must, at a minimum, ensure that:

- a) the environments that the children have access to are de-cluttered to allow appropriate cleaning to be carried out and surfaces to be wiped down;
- b) the kitchen area is cleaned and de-cluttered to support the safe preparation of children's snacks;
- c) infection control measures are followed during personal care, which includes nappy changing;
- d) handwashing takes place at appropriate times by children and the childminder.

This is to comply with Regulation 4(1)(a) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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: '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?**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses

Quality Indicator 3.1 Quality assurance and improvement are led well

The childminder communicated with parents daily during pick up and drop off times to share information. Daily communication books which included basic information were completed and shared with parents. A parent shared, 'booklet in child's bag that is completed every day.' This could be developed further to ensure specific needs of children were considered and shared with families. For example, if children had an accident or incident while at the service or highlighting children's changing needs to parents. This would support working in partnership with parents to ensure children were kept safe and had opportunities to grow and thrive at a pace that is right for them.

To keep children safe and improve outcomes and experiences for children, the childminder must develop her approach to quality assurance. Families could be involved in the improvement of the service through the sharing of feedback. There was currently no formal approach in place for recording or sharing information with families relating to accidents and incidents. As a result, children's health and wellbeing needs were not being fully considered. There were currently no children who required medication to be administered. However, the childminder must develop appropriate documentation in line with current guidance to ensure the safe management and administration of medication to ensure health needs are fully met. The childminder must develop policies to ensure safe practice, to keep children safe and to ensure health and wellbeing needs are fully met. **See requirement one.**

Requirements

1. By 14 November 2025, the childminder must ensure that children's health and wellbeing needs are fully met and children are kept safe.

To do this, the childminder must, at a minimum, ensure that:

- a) policies are developed in line with current guidance and best practice;
- b) appropriate forms are developed to record accidents and incidents that will be shared with parents;
- c) paperwork is developed to support the safe management of medication;
- d) children and parents are included in the self-evaluation of the service to support improvement.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 4.1 Staff skills, knowledge, and values

The childminder had developed positive relationships with children and their families. A parent shared, 'the childminder is flexible and my child enjoys attending the service.' The childminder discussed some ways that she supported individual children in her care, for example, providing resources to support communication. This could have been further developed to ensure the childminder had all information required. For example, strategies in place to support play and learning and information from other agencies involved in children's development. This would support the childminder to fully meet children's needs.

Children should be supported to progress and reach their full potential through quality practice and play experiences. The childminder could improve her practice, knowledge and skills through becoming familiar with current guidance and best practice documents. They shared that they try to read the Care Inspectorate updates when possible. The childminder would benefit from viewing the bitesize videos on the Care Inspectorate website and visiting the Care Inspectorate Hub to support and develop their practice. This would improve outcomes and experiences for children.

The childminder had not taken part in any form of recent training to develop their knowledge and skills. They would benefit from completing training which should include first aid, child protection and food hygiene. This would assist the childminder to support wellbeing needs and keep children safe from harm. **See area for improvement one.**

Areas for improvement

1. To keep children safe from harm and improve outcomes for children, the childminder should complete training to develop their skills, knowledge, and practice. This training should include, but is not limited to first aid, child protection and food hygiene.

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).

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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.1 Staff skills, knowledge and values	2 - Weak

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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