

Lyndsay Loy Childminding Child Minding

Kilmarnock

Type of inspection:
Unannounced

Completed on:
21 August 2025

Service provided by:

Service provider number:
SP2023000135

Service no:
CS2023000211

About the service

Lyndsay Loy runs a childminding service from their family home within the Kilmarnock area of East Ayrshire. The service is close to local shops and parks. Children have access to the ground floor of the childminder's home and a secure garden area.

Current registration allows the childminder to provide a care service to a maximum of four children at any one time under the age of 16, of whom four will be under 12, 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.

At the time of inspection, two children were registered with the service. During the inspection visit two children, one aged two years and one aged 12 years were in attendance.

About the inspection

This was an unannounced inspection which took place on 14 August 2025 between 11:30 and 14:30. 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- Spoke with the childminder.

- Observed practice and daily life.

- Reviewed documents.

- Received feedback from one parents/carers.

Key messages

- The childminder provided a warm, nurturing environment where children felt safe, secure, and emotionally supported.
- The childminder provided play and learning experiences that were generally responsive to children's interests and developmental needs. Further development of planning would help ensure learning is purposeful and lead to improved outcomes for children.
- Children benefited from a welcoming and comfortable home environment that supported their emotional wellbeing and independence.
- Self-evaluation and policy development lacked depth and consistency. These areas should be strengthened. This will support a more reflective and well-led service,
- Further development of skills and knowledge through relevant training is needed to ensure practice is consistently informed by current guidance and leads to improved outcomes for children.

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 different parts of this key question as good and adequate, with an overall grade of adequate. While the strengths had a positive impact, key areas needed to improve.

Quality Indicator 1.1 - Nurturing care and support

The childminder demonstrated a kind, nurturing, and caring approach throughout the inspection. A strong emotional bond had clearly developed between the childminder and the minded children. This was evidenced by children actively seeking the childminder out for comfort and cuddles. This showed that they felt safe, secure, and emotionally supported. One parent told us: "My child is always happy to go and spend the day with Lyndsay, its clear they feel very safe and secure with her".

Personal plans were in place and included relevant targets to support children's health and wellbeing needs. Parents had been involved in discussions around setting targets for children development and received regular updates on children's progress. As a result, personal plans were responsive to children's needs and promoted consistency between home and the setting.

Mealtimes were observed to be relaxed and sociable, contributing positively to children's wellbeing. However, we asked that further consideration was given to handwashing routines and food choices for children to ensure they are in line with current best practice guidance, for example 'Food matters' and 'Setting the table'. Addressing this area will help ensure children's health and safety is consistently promoted.

Children's individual personal care routines were respected, with the childminder adapting their approach to meet the children's individual needs. Consultation with parents during the settling process supported the childminder in ensuring routines were consistent and promoted continuity of care.

The childminder demonstrated a good understanding of their role and responsibilities in keeping children safe. For example, a medication policy and administration forms were in place and completely correctly. The childminder was aware of relevant child protection procedures and reporting guidelines. This contributed to children's overall safety and wellbeing.

Quality Indicator 1.3 - Play and learning

The childminder demonstrated an awareness of children's current interests and had made some effort to provide resources that reflected these. Most experiences were age-appropriate and responsive to children's needs. However, opportunities for sensory play were limited. Expanding the range of sensory experiences would help support children's cognitive development, fine motor skills, and emotional regulation.

There was some evidence that children's learning and development was being supported through planned experiences. One parent told us: " My child has came on so much since they have been with Lyndsay, their speech has massively improved and they are turning into a very confident and secure child." The childminder told us children's individual learning targets were based on observations, and they described how activities were used to help children work towards these. However, at times these lacked relevant evaluation and details of skills and progress.

We discussed with the childminder how strengthening the use of observations would support more detailed evaluations and allow better tracking of children's progress over time.

Children accessed regular outings in the local community, such as visits to the park, soft play, and toddler groups. One parent told us: "Lyndsay has plenty of outdoor activities for my child and they are always going on wee adventures and days out". These experiences provided opportunities for social interaction and physical activity, and helped children begin to build connections beyond the setting.

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 benefited from being cared for in a home environment that was bright, clean, and well ventilated. Comfortable furnishings, including two large sofas and blankets, provided cosy spaces for rest and relaxation, supporting children's emotional wellbeing. The layout of the space allowed children to move freely and make choices about their play, which promoted independence and confidence.

On the day of the inspection, one of children present was of a younger age. Resources were easily accessible, and the childminder provided a range of materials available to support engagement. Most resources were appropriate for the children's age and stage of development, and reflected their interests. However, opportunities for sensory play were limited. We discussed how increasing access to sensory experiences would further support children's exploration, creativity, and development of fine motor skills.

Infection prevention and control procedures should be improvement to reduce the risk of cross-contamination and promote children's health. For example, hand hygiene practices. We previously made an area for improvement in relation to personal care practices and effective hand hygiene practices at the previous inspection. Whilst some progress had been made around personal care routines, hand hygiene practices should continue to be reviewed and developed. Therefore this area for improvement has not been fully met and will be repeated and reworded (See Area for Improvement 1).

The childminder reported that informal risk assessments were carried out regularly to ensure children's safety. While this demonstrated a proactive approach, there was no written record of these assessments. We advised that risk assessments should be documented and include identified hazards, control measures, and how risks are being managed. This would support a more reflective and accountable approach to maintaining a safe environment. We previously made an area for improvement in relation to risk assessments at the previous inspection. This area for improvement has not been fully met and will be repeated (See Area for Improvement 1 under the 'Outstanding Area's for Improvement' Section).

Children's personal information was stored securely, and the childminder was able to access required documentation promptly during the inspection. This supported effective care and safeguarding.

Areas for improvement

1. To ensure children are safe, the childminder should promote good hygiene practices at key times. This should include, but not be limited to: before and after meals. To ensure hand washing is effective the childminder should encourage the use of soap and running water.

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)

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

Parents received a handbook when joining the service, which provided an overview of key information, including some policies and procedures. This supported initial communication and helped families understand the service's approach. Daily updates were shared informally at drop-off and collection times, and through a closed Facebook page. These methods helped parents feel included in their child's day and supported ongoing relationships. However, there was limited evidence that feedback from families was actively sought or used to inform service improvement.

The childminder described attending a local toddler group and valued the opportunity to connect with other childminders. This informal networking supported professional dialogue and offered opportunities to share ideas and practice. Continued engagement with peers has the potential to strengthen reflective practice and contribute to ongoing improvement.

There was no formal system in place for self-evaluation or monitoring of the service. The childminder was unfamiliar with key documents such as the Quality Framework for daycare of children, childminding and school-aged children. As a result, opportunities to reflect on practice and identify areas for improvement were limited. We previously made an area for improvement in relation to self evaluation at the previous inspection. This area for improvement has not been fully met and will be repeated. (See Area for Improvement 2 under the 'Outstanding Area's for Improvement' Section). We signposted the childminder to relevant guidance to support the development of meaningful self-evaluation processes. Embedding these approaches would help ensure children and families are involved in shaping the service and that improvements are targeted and outcome-focused.

While some policies and procedures were in place, they were generic and lacked detail specific to the service. This limited their effectiveness in guiding practice and ensuring a safe, well-led environment. We advised the childminder to review and update all policies to reflect current best practice and their service. This will support consistency and improved outcomes for children. We previously made an area for improvement in relation to policies at the previous inspection. This area for improvement has not been fully met and will be repeated (See Area for Improvement 3 under the 'Outstanding Area's for Improvement' Section).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

Quality Indicator 4.1 - Staff skills, knowledge and values

The childminder engaged positively throughout the inspection process and showed a genuine interest in developing their service. They responded openly to feedback and welcomed suggestions aimed at improving outcomes for children.

For example, they found it helpful to be signposted to relevant best practice guidance and resources, including the Care Inspectorate HUB. This demonstrated a readiness to learn and improve, although there was limited evidence of how this had yet influenced practice.

Warm and nurturing relationships had been established with children and families. The childminder was approachable and supportive, contributing to a caring and inclusive environment. One parent commented: "My child is very happy around Lyndsay and is happy to go Lyndsay for comfort and cuddles when needed." These relationships supported children's emotional wellbeing and helped them feel safe and secure in the setting.

The childminder had completed first aid training and was awaiting a refresher in child protection. However, no other recent training had been undertaken. The childminder explained that limited availability had impacted their ability to access relevant learning. We advised that sourcing training linked to child development and early learning should be prioritised. This would strengthen the childminder's understanding of the theory underpinning their practice and support more intentional approaches to planning and supporting children's learning.

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 keep children safe the childminder should review infection control processes in line with Health Protection Scotland's 'Infection prevention and control in childcare settings (daycare and childminding settings)'. This should include, but is not limited to:

- a) Children practice effective handwashing procedures.
- b) Appropriate nappy changing facilities that are suitable for children.

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 5.22).

This area for improvement was made on 1 October 2024.

Action taken since then

The childminder had made some progress within this area for improvement. For example, appropriate facilities were available to ensure a safe experience for children during personal care. However, hand washing routines were not effective. A new area for improvement has been made around supporting effective hand hygiene practices under Quality Indicator 2.2.

Previous area for improvement 2

To ensure the wellbeing and safety of children, the childminder should ensure written copies of risk assessments are in place. This will support the childminder to ensure all possible hazards are identified and the measures are in place to minimise risk.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is secure and safe' (HSCS 5.19).

This area for improvement was made on 1 October 2024.

Action taken since then

This area for improvement has not been met and remains in place as part of this inspection.

Previous area for improvement 3

To ensure a high-quality service for children and families, the childminder should review their self evaluation processes and how they gather feedback from parents and children. This will help to drive and sustain improvement. This should include, but is not limited to:

- 1) Seeking and recording participation and involvement of children and their families.
- 2) Produce a development plan linked to their own self evaluation of the service, in relation to what is working well and what can be improved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 1 October 2024.

Action taken since then

This area for improvement has not been met and remains in place as part of this inspection.

Previous area for improvement 4

To support the childminder in providing a service that is well led they should review and develop their policies to ensure they contain accurate details to keep children and families safe.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 1 October 2024.

Action taken since then

This area for improvement has not been met and remains in place as part of this inspection.

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	4 - Good
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
4.1 Staff skills, knowledge and values	3 - Adequate

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