

Ferguson, Karen Child Minding

Aberdeen

Type of inspection:
Unannounced

Completed on:
3 June 2025

Service provided by:
Karen Ferguson

Service provider number:
SP2003900255

Service no:
CS2003001500

About the service

Karen Ferguson is registered as a childminder to provide care to a maximum of six children at any one time under the age of 16, 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 upper floor of the premises is not to be used for childminding purposes and overnight care will not be provided. There were two children present during the inspection visit.

The service is delivered from the childminder's home in the residential area of Rosehill in Aberdeen. Children have access to the lounge, kitchen, utility room and bathroom. They can also access a large enclosed garden for outdoor play.

About the inspection

This was an unannounced inspection which took place on 3 June 2025 between the times of 09:20 and 13:50. 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 previous inspection findings, registration and complaint information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service
- received one completed questionnaire
- spoke with the childminder
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children benefitted as they were cared for by a childminder who knew them well and supported their wellbeing through kind and nurturing interactions.
- Children were having fun as they enjoyed play experiences which reflected their current interests.
- Children enjoyed being cared for in a homely and welcoming environment.
- The childminder should develop a system of self-evaluation and planned improvements to support a consistent quality of care and experiences for children.
- The childminder should access continuing professional development opportunities to aid them in providing care based on recent research and evidence.

From this inspection we evaluated this service as:

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

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 1.1 - Nurturing care and support

Children's wellbeing was supported through warm and nurturing interactions from the childminder who knew them and their families well. One parent commented that the childminder knew their child well and they strongly agreed that they were happy with the care their child received.

When children needed support during personal care such as toilet visits this was given in ways to promote their privacy and dignity. For example, children's privacy was protected when changing nappies and time was given for children to be independent when visiting the toilet.

Children enjoyed unhurried and sociable mealtimes. These took place in the childminder's kitchen where children accessed booster seats to promote their comfort and safety. Children were consulted on the meals provided, encouraging them to express their preferences. The childminder chatted with the children as they ate, promoting positive relationships and was focused on children promoting their safety. The childminder could further support children's independence by involving them more in the preparation of the food. For example, in cutting fruit or pouring their own water.

Children's health and wellbeing were promoted as the childminder understood the need for rest and sleep for young children. There were planned quiet times during the daily routine when children were able to sleep or engage in quiet activities.

Children's development was supported as the childminder recognised the importance of working with parents and other agencies to promote a consistency of care. This included discussions and use of agreed strategies. This enabled the childminder to reflect parent's wishes and home routines. Opportunities to discuss children's care were in place at handover times. A daily diary was also available as a written record of children's moods and activities. These practices promoted effective information sharing and a continuity of care for the children.

Personal plans were in place for each child and contained information to help the childminder keep children safe and healthy. The information was reviewed with parents annually, we advised the childminder that, to meet legislative requirements, these reviews should take place at least every six months. This will ensure that the information is up to date and relevant to support children's health and wellbeing.

There were no children currently attending the service who required regular medication. The childminder has a policy and paperwork in place to support them in the safe administration of medication. We asked the childminder to develop this further to ensure that there was information on the symptoms and triggers of conditions, as well as what to do if medicine is refused, spat out or ineffective.

Children were kept safe and their wellbeing promoted as the childminder showed a good understanding of their role in recognising and responding to any concerns. They had not updated their child protection training within the last three years, however, should access this as a priority. **(See area for improvement 1 under key question 'How good is our staff team?' - 4.1 Staff knowledge skills and values.)**

Quality Indicator 1.3 - Play and learning

Children were relaxed and having fun in the childminder's care. During our visit they accessed a range of activities including stories, small world play, outdoor play and sensory play. The childminder's interactions encouraged children to play together and to share.

There were some opportunities for children to build their skills in numeracy, literacy and language. For example, children were keen to show us the Father's Day cards they had made where they had used sticky letters to write DAD and written their names. Interactions with the childminder supported children's language and we heard them discussing past experiences and their current interests. There were opportunities of mark making during craft activities and access to board games encouraged children's use of number and counting.

The childminder's interactions supported children's engagement through encouragement and praise. They should now consider how they can support children to explore and wonder. For example, wondering aloud and asking children to predict what may happen.

The childminder supported children's progression by promoting their understanding of changes. For example, talking and reading about going to nursery or the birth of a sibling. Children's achievements were recorded in the diaries and fed back to parents. The childminder planned activities to reflect children's interests. This currently including planting, bees and building. Discussions around these subjects during the children's play supported their understanding and learning of the world around them. They should consider the use of learning goals or next steps and how to use this to further promote and record children's progression.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 2.2 - Children experience high quality facilities

Children benefitted from being cared for in a welcoming and homely environment. There was plenty of natural light and space for them to play. Not all resources were available to children, the childminder rotated these depending on children's interests. Resources therefore reflected current interests and were developmentally appropriate, keeping children safe. We suggested that, as the childminder replaces or adds to resources, they consider more open-ended things that could be used in a variety of ways. This will build on opportunities for children to investigate and use their imagination.

Children were kept safe as resources and areas of the home they accessed were secure and in good repair. The childminder had recorded the risk assessments they had undertaken for areas in the home and outdoors. These identified hazards and how the childminder would reduce the risk of harm. Going forward the childminder should ensure that these are regularly reviewed as children's abilities and needs change. There was some discussion between the childminder and children around the responsible use of resources, supporting children to be aware of and manage risk. This could be further developed, for example, involving children in checking for hazards in the garden.

Children's health was promoted as the childminder's home and resources were clean. The childminder had

a policy in place to support them in infection prevention and control (IPC). Gloves were worn during nappy changing and removed at the appropriate time. Children washed their hands before eating and after visiting the toilet. After eating children used wipes to clean their hands and faces. We reminded the childminder of current guidance which states aprons should also be worn at nappy changing and that hands should be washed using running water where available.

The privacy of the children and their families was promoted through the safe storage of information. This included paper copies being stored away from children and visitors and digital information being password protected.

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

The childminder had created a statement of aims for their service. This was shared with parents to support them in knowing what to expect. We asked the childminder to review this to ensure that it was an accurate reflection of the service. Involving the parents and children in this, will support them to know what is important for the childminder to meet their needs.

There were some opportunities for families to be involved in the development of the service. These included opportunities to share views verbally and through surveys from the childminder. The parent who responded to our request for feedback strongly agreed they were involved in developing the service.

Recent reflections had led the childminder to consider changes in outdoor play and food provided to further promote children's health. Specific questions had been raised with parents to gain their views on this. The childminder should use current guidance documents, such as "A quality framework for daycare of children, childminding and school aged childcare", to support their self-evaluation. This will help them in providing care based on most recent guidance. For example, in ensuring the review of personal plans and IPC processes are in line with guidance. **(See area for improvement 1.)**

The childminder had decided where improvements could be made in their service provision. However, they had not fully considered how to implement or measure the impact of this. Developing a system to plan improvements would support the childminder in implementing change which has a positive impact on children's experiences and outcomes. Further guidance on this can be found on the Care Inspectorate HUB.

Areas for improvement

1. In order to promote consistently high quality care for children, the childminder should establish a system of self-evaluation using the current guidelines and best practice documents. They should also include children and their families' views in this. The self-evaluation should then be used to identify areas where improvements would impact positively on children's experiences and outcomes and where further training is needed.

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); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Supporting guidance is available on the Care Inspectorate HUB and includes: A quality framework for day care of children, childminding and school aged childcare, Self Evaluation for Improvement – Your Guide, Guidance for providers on personal planning – ELC.

How good is our staff team?

4 – Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 4.1 – Skills knowledge and values

The childminder had formed positive attachments with the children in their care. Warm and nurturing interactions supported these attachments and meant that children felt valued and cared for. The childminder knew children, their preferences and interests well and used this knowledge to influence the care provided. This included supporting children's transitions to nursery or school through planned activities and discussions.

Children were benefitting as the childminder was carrying out some reflection of their practice. This had led to some change, such as an increase in outdoor play, which benefitted children's health and wellbeing. The childminder should now increase their awareness and use of best practice documents to support this reflection using current information and research.

Children were cared for by an experienced childminder who showed a knowledge of how to support children's learning and development. Effective information sharing with parents supported a consistent approach to promoting children's development. For example, in how to encourage children to try new foods, their responsible use of resources and to consider each other's feelings. Throughout these interactions the childminder recognised that children needed to be having fun. There were laughs and giggles throughout the children's experiences and interactions.

The childminder had attended training following the last inspection, for example, training in paediatric first aid. They had identified areas where further support or learning was needed but had not yet accessed this. For example, their child protection training had not been updated within the last three years. They should now ensure that they access learning in order to promote care that is consistent with latest guidance and good practice. This could include reading documents such as 'Realising the Ambition', 'A quality framework for day care of children, childminding and school aged childcare' and 'The management of administration of medication'. The childminder should access training in child protection as a priority. **(See area for improvement 1.)**

Areas for improvement

1. In order to promote children's safety, health and wellbeing, the childminder should access training in child protection as a priority.

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).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	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?	4 - Good
4.1 Staff skills, knowledge and values	4 - Good

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