

Adventure begins...

Child Minding

Duns

Type of inspection:
Unannounced

Completed on:
11 June 2025

Service provided by:
Paula Preston

Service provider number:
SP2004919526

Service no:
CS2004064313

About the service

Paula Preston, provides a childminding service from their home in Duns. The setting is close to local shops and amenities.

The childminder is registered to provide a care service for a maximum of 6 children under 16 years at any one time, of whom no more than 3 are not yet attending primary school and of whom no more than one is under 12 months

When one assistant is present care may be provided to a maximum of 8 children under 16 years at any one time, of whom no more than 6 are not yet attending primary school and of whom no more than 1 is under 12 months.

When two assistants are present care may be provided to a maximum of 14 children under 16 years at any one time, of whom no more than 10 are not yet attending primary school, of whom no more than 1 is under 12 months.

When four assistants are present, in addition to Paula Preston, care may be provided to a maximum of 18 children under 16 years of whom no more than 16 are not yet attending primary school and of whom no more than 1 is under 12 months. Numbers are inclusive of children of the childminder's family.

Minded children can only be cared for by persons named on the certificate:

The areas of the house used for childminding include two designated playrooms, one used as a sleep room, the other with kitchen facilities, toilets, nappy changing, and garden to the rear of the house.

About the inspection

This was an unannounced inspection which took place on Wednesday, 4 June 2025 from 9:15 until 17:30 hours. 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 the childminder and their assistants
- spoke with children present
- reviewed documents in the service
- spoke with a parent during our visit
- observed practice and daily life.

Key messages

- Children experienced warm and caring interactions.
- Personal plans could be strengthened further to reflect children's changing needs.
- A varied range of appropriate resources, activities and play experiences should be available for children to provide choice and to support their development needs and interests.
- Children should be actively involved in leading their play and learning experiences.
- Children benefitted from the variety of adventures and visits in the local community.
- Deployment and mentoring of assistants should be improved to support better outcomes for children.
- Approaches to quality assurance should be developed further to improve children's experiences.

From this inspection we evaluated this service as:

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

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

3 - Adequate

We evaluated different parts of this key question as good and adequate, with an overall grade of adequate, where strengths only just outweighed weaknesses.

Quality indicator 1.1: Nurturing care and support

We evaluated this area as good.

Children experienced sensitive, warm and nurturing support from kind and caring adults. Some clearly knew children in their care well and the support needed to help them to settle into their environment. One parent commented, "We feel fortunate as a family that our child has had such a secure and happy start to their independent education journey."

The management of medication was mostly well documented and stored appropriately, with boxes clearly labelled. The childminder and her assistants told us that reviews of medication were undertaken every six months. However, in line with Care Inspectorate guidance, "Management of medication in daycare of children and childminding services," reviews of medication should be carried out every three months. These reviews should be undertaken, signed and dated by families. The service should also check and record the expiry dates of medication, and these could be added to their medication audit.

Personal plans were in place and gathered information from home to promote children's routines, needs and interests. These could be strengthened by recording children's own comments. For example, helping children complete and update their 'all about me' section would capture their changing needs over time. The childminder used chronologies to support children's wellbeing. While these chronologies were updated following any changes, some had gaps in information and should be reviewed to reflect clear support strategies for children (see area for improvement 1).

Menus for mealtimes were planned for in consultation with families. This supported children to know what was on the menu for the day. Alternatives were provided to children who did not eat what was on offer. During our visit, there was a delay getting lunches out to children which resulted in a long wait. Further delays were due to younger children being taken to an area one by one to self-serve their own food. However, this opportunity was removed as adults took over the role. Children were unsettled during this time. The childminder and their assistants were task focused on serving food and this resulted in children engaging in impulsive behaviours whilst waiting. For example, calling each others names and poking others. Once lunches were served, they were a relaxed and unhurried experience. Moving forward lunches should be reviewed to ensure children are not waiting for lengthy periods to be served and to encourage younger children's independence to self-serve. The childminder and her assistants should sit alongside children to encourage and provide support when needed.

Children were given opportunities to rest or sleep in a safe space with clean linen. Calming lights were used, and the room was darkened when children were sleeping in this room. This created a quieter and relaxing space for children to sleep. Mats were available for children to sleep outdoors. The childminder and assistants had completed some training on safer sleep and sleeping children were supervised at all times. As a result, children's wellbeing needs were being met. They were carrying out regular checks on sleeping

children to ensure their safety. We reminded the childminder of best practice and the need to formally record the checks carried out on sleeping children. This would help identify any changes to sleep patterns and allow this information to be shared with families.

Quality indicator 1.3: Play and learning

We evaluated this area as adequate.

Children were confident in their environment and were engaged in organised adult led activities. They enjoyed the activities with some positive interactions from assistants. Activities included, Lego, dominos, chalks, imaginative shop play and bubble play. Further development is needed to support child led learning.

The childminder and her assistants had worked together with Scottish Borders Council to develop a child led learning environment, which intended to promote children's independence and support self-selection. For example, using resource baskets indoors and to provide accessible sand and water play and a selection of open-ended resources outdoors. Nevertheless, these child led play opportunities were not observed during our visit, as these resources were not available. Children had too few opportunities to have fun and be actively involved in leading their play and learning. Planning approaches were adult directed. Children were not able to have purposeful choice, within their environment which prevented them from taking ownership of their play experiences. There were missed opportunities to support children creativity and choices through the lack of play experiences and the resources on offer. The activities available were not always age and developmental stage appropriate (see area for improvement 2).

An online system, daily chats and information boards were used to update parents on their child's development and experiences. The service shared children's achievements on their 'Wow' wall board. We observed the childminder recognising and celebrating a child's achievement of cycling their bike at home. These 'Wow' moments developed children's confidence and self-esteem.

The childminder and her assistants were on a journey to improving their planning and observation cycle. They had been working with the support from Scottish Borders Council to develop their approach to observations and responsive planning. Observations recorded on the online app were developing. Comments from families showed appreciation for the insights into their child's experiences. The service were using learning trackers to monitor children's progress and identify their learning needs. Planning should be further developed to evaluate children's learning and offer a responsive approach. (refer to area for improvement 2).

Children enjoyed visits to 'St Mary's Glaze', viewpoints, woods and the park. They had grab scavenger bags which included things like bug viewers, binoculars and compass to extend children's learning and curiosity when out in the community. These adventures helped children develop a sense of community and learn about the world around them. During our visit, they experienced a lovely walk to the lake, where they freely explored mini beasts and the natural environment. This learning experience for children was extended through open ended questions from the assistants. Families told us, "The outdoor area is open most days. Children visit the local woods and engage with their community", "This is a huge positive, we love that our child is outdoors and so do they. The gardens are great and they go on adventures and walks outside of the nursery all the time".

Areas for improvement

1. Personal planning approaches should be reviewed and further developed to better consider information provided by families. This will ensure support strategies in children's plans and chronologies meet each child's health, welfare and safety needs. To further support learning and wellbeing, personal plans should also include children's preferences and interest. This will help to ensure children's changing needs are met and that personal plans adhere to current best practice guidance.

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)

2.

The childminder should provide more opportunities for children to have fun and be actively involved in leading their play and learning. Planning approaches should be responsive to the learning needs and interests of children. Children should have purposeful choice, within an environment that allows them to take ownership of their play and experiences. The childminder should provide opportunities to support children's choice, creativity and problem solving through their play experiences and the resources on offer.

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, 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)

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 were cared for in an environment that was warm, homely and welcoming. The home was furnished to a high standard and was clean, well organised and maintained, providing a comfortable and hygienic environment. Parents told us, "The childminder maintains a spotlessly clean environment and the teams consistent and kind approach maintains a calm and safe environment" and "The environment is spotless and well organised".

There were two areas available indoors: the main playroom and another room, which was also used as a sleep room. Moving forward, the childminder should review the purpose and structure of these rooms to provide more available space, taking into account children's stages of learning and development, and creating a rich, enabling environment. To benefit the children and create a more calming and comfortable environment, the childminder could also review the storage in front of windows to allow more natural light into the setting.

The home was hygienic, surfaces were regularly cleaned and children were encouraged and supported to wash their hands. This contributed to limiting the spread of infection.

Children's wellbeing was supported as they were encouraged to be physically active while playing in the secure garden to the rear of the property. The childminder had carried out formal assessments covering the home, activities and outings. Children were supported to understand how to keep themselves safe through discussion during play. For example, learning about road safety during outings. Due to the steep drop from where children climbed up onto the bench and fence, and the potential for a child to fall over the fence into the lower area of the garden, we asked the service to review this area and their approaches to keeping children safe. The childminder should also review the positioning of the slabs at the fire pit as these could also be a potential trip hazard.

How good is our leadership?

3 - Adequate

We evaluated this key questions as adequate, where strengths only just outweigh weaknesses.

Quality indicator 3.1: Quality assurance and management are led well

The childminder and her assistants engaged well with the inspection process and were open to ideas for how they could develop their practice. This showed a willingness to make further improvements. They spoke positively about the support they had received recently from Scottish Borders Council.

The service had developed an information leaflet and shared this with families to support their understanding of the service provided for their children. The parent we spoke with during the inspection spoke highly of the service, the staff team and the ongoing care provided to their child.

There were some approaches to quality assurance in place, and these were at an early stage. Quality assurance calendars were developed to schedule auditing activities and track progress. Areas which were being monitored were, personal plans, chronologies and medication. The childminder should further develop their auditing and paperwork reviews, to make sure these are carried out timely, signed and paperwork is dated for exactness. For example, make sure medication is reviewed every three months, personal plans every six months and ensure chronology have clear strategies for children. Audits would support the childminder to reflect on the learning environment and play spaces. The childminder should implement formal systems to involve children and families in identifying what works well in the service and what needs to improve (see are for improvement 1).

The service had started using the guidance 'A quality framework for daycare of children, childminding and school-aged childcare' (Care Inspectorate 2022) to reflect on its provision. Further development of this approach would lead to more positive outcomes for children and allow the service to continue improving. The setting should also consider using the Care Inspectorate practice document 'Growing My Potential (Promoting safe, responsive, nurturing care and learning experiences and environments for babies and young children aged 1-2 years)'. This practical note would support them in reflecting on their practice with babies and young children, and help guide them in assessing the environment and staff roles and responsibilities.

There had been recent changes to the childminder's assistants. The new team should continue to develop relationships and ensure they encourage an open and honest culture that is focussed on working together to help drive improvement. The childminder should ensure that new and unqualified assistants were being

consistently supported by experienced and qualified mentors, for example during children's mealtimes. Mentoring should include regular opportunities for in-the-moment guidance, reflection and modelling of high-quality practice. This could help build the new assistant's confidence and improve outcomes for children. Although not specifically aimed at childminders, the national induction resource would offer some helpful guidance to the childminder in the recruitment, induction and mentoring new assistants. Monthly meetings and daily 'catch ups' could further support new inexperienced assistants into the service (see area for improvement 2).

Areas for improvement

1.

To support ongoing improvement and positive outcomes for children the setting should continue to develop self-evaluation and quality assurance processes to successfully monitor and audit the service. These should include but not be limited to;

Medication being reviewed every three months, personal plans every six months and ensure chronologies have clear strategies for children. These should be carried out timely, signed by families and all paperwork should be dated for exactness. Audits should support the childminder to reflect on the learning environment and play spaces. The childminder should implement formal systems to involve children and families in identifying what works well in the service and what needs to improve.

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)

2. To improve outcomes for children, the childminder should make sure their approach to recruitment, induction and mentoring of assistants to support the large childminding service is outcome focused. They should make sure new and unqualified assistants are consistently supported by experienced and qualified mentors. Mentoring should include regular opportunities for in-the-moment guidance, reflection and modelling of high-quality practice. This would help build the new assistants' confidence and improve outcomes for children. The national induction resource should be used along with monthly meetings and daily 'catch ups' to provide ongoing support for new staff into the service.

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)

'I use a service and organisation that are well led and managed.' (HSCS 4.23)

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 4.3: Staff deployment

The childminder and their assistants were warm and kind towards the children. This created an environment where children felt safe and secure. The childminder held a professional qualification and had years of experience working with children. She had developed positive relationships with the children and families. Parents described the childminder as, "positive and interested."

The childminder had experienced changes in the team. New assistants had recently been employed and were needing ongoing support and mentoring to gain confidence in their practice.

The childminder and four assistants were in attendance to maintain child-to-adult ratios. However, on occasions assistants were not deployed effectively. For example, at lunch time two inexperienced assistants were supporting the youngest children on their own. To support children's experiences across the entire day and make sure these are positive, the childminder's approach to staffing within the service should always be outcome focused. For instance, more experienced staff buddying and mentoring less experienced staff. (refer to area for improvement 2 under Quality Indicator 3.1: Quality assurance and improvement are led well).

Assistants recognised they needed to continue to develop professionally to support children's needs in their care. We encouraged the childminder to access our website and further training. This would support them to enhance outcomes for children and extend their knowledge.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	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
4.3 Staff deployment	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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