

Little Stars Childminding Child Minding

Greenock

Type of inspection:
Unannounced

Completed on:
3 July 2025

Service provided by:
Susan Loossens

Service provider number:
SP2012983905

Service no:
CS2012310745

About the service

Susan Loossens trading as Little Stars Childminding service is registered to care for a maximum of five children 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 the childminder's family. At the time of our inspection there were four children registered with the service.

Little Stars Childminding is provided from a family home in Greenock, Inverclyde. Children have access to a lounge, kitchen and bathroom. At the time of our inspection the childminder's rear garden was not in use or accessible to minded children.

About the inspection

This was an unannounced inspection which took place on Thursday 3 July 2025 between 10:15 and 12:45. 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- issued a digital family questionnaire and received three responses
- spoke with the childminder
- observed practice and daily life for children
- reviewed documents.

Key messages

- The childminder was kind and caring, they provided children with reassurance to help them feel secure and happy.
- Children were able to lead their play independently and were confident moving around the childminder's living room.
- The childminder should develop risk assessments for all areas of their home and community accessed by children to ensure children's safety.
- Personal plans should be enhanced to include child and parental participation as part of the development and review processes.
- The childminder should develop effective self-evaluation and quality assurance processes.
- Further training and development opportunities should be undertaken to support the delivery of high-quality care, play and learning for children, in line with best 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?	4 - Good
How good is our setting?	4 - Good
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?

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 were engaged and settled during our visit. The childminder was kind and caring towards children and positive, trusting relationships had been formed. All families who responded to our questionnaire strongly agreed that they had a good relationship with their childminder. Comments made included; "My child is well cared for and well looked after when they are with our childminder" and "My child is happy to go to their childminder and I am comfortable leaving them with her."

Families were warmly welcomed in to the childminder's home a drop off and collection times which supported effective communication to ensure continuity of care for children. Children's progress was mainly captured and shared with parents through the use of photographs which were forwarded digitally using platform 'Whatsapp'. This enabled families to feel included in their child's care. Parents spoke positively about the communication, comments made included; "We communicate efficiently regarding my child. She cares about them and their well-being" and "we have open and honest relationship."

The childminder knew the children in their care well. Relevant information such as 'All About Me' forms and key family information had been gathered at enrolment. The childminder had recently introduced personal plans. We found that plans could be strengthened by including the SHANARRI wellbeing indicators as this would demonstrate a holistic view of each child. Personal plans should be developed in partnership with children and their parents and must be reviewed at least every six months, or sooner to reflect any changes. By improving the approach to personal plans, the childminder should be better equipped to meet each child's needs. We signposted the childminder to Care Inspectorate (2021) guidance: 'Guide for Providers on Personal Planning: Early Learning and Childcare.'

All meals and snacks were provided from home and the childminder offered these in response to children's individual routines, cues to show hunger or requests for food. Children's water bottles were easily accessible supporting them to keep hydrated. To further enhance mealtimes the childminder would benefit from reviewing Care Inspectorate's guidance on mealtime practices. Adjustments such as improving hand hygiene before and after meals and ensuring all children are seated when eating could help make mealtimes more relaxing, sociable, and supportive of children's independence.

At the time of inspection, no children required medication. We found the childminder had the necessary forms they could use to gain consent from parents should they need to administer medication.

Quality indicator 1.3: Play and learning

Children were happy and having fun as they played. It was clear they had developed friendships. They laughed and smiled as they interacted with each other and the childminder. Any play related behaviours were addressed effectively by the childminder in an inclusive manner. This supported co-operative play and assisted children to learn how to manage their emotions.

The childminder mostly followed an informal spontaneous planning approach where verbal choices were given to children about their play which provided them with a sense of ownership of their time. When children requested play resources that were not available in the childminder's lounge due to space

restrictions, these were offered promptly. Opportunities for children to give their views and be consulted should now be enhanced to empower them further. Children would benefit from a more evenly balanced approach of freely chosen play and planned experiences that extended their interests. This would demonstrate how they were supported to progress and achieve their potential.

Literacy and numeracy development was supported through natural interactions, such as labelling play items and counting out money when children were engaged in imaginative play. The childminder engaged children in developmentally appropriate conversations to support their language development.

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 spent their time playing and exploring resources within the childminder's lounge, where there was some floor space to explore and sofas to relax on. The environment was well ventilated, clean and tidy contributing to children's comfort. All parents strongly agreed that their child was cared for in a safe, secure and well-maintained environment, with one parent commenting; "Susan's home is always clean and tidy."

Children benefitted from regular outings to parks, play group and soft play centres, supporting their social development and connection to the wider community. When we asked parents what they liked about the service comments included; "Susan takes my child to the park and soft play where they can grow confidence. My child is also socialising with other children in Susan's care" and "They spend a lot of time outdoors and at the park when the weather is nice."

Whilst the childminder had considered some safety elements and was using checklists to monitor weekly risks around their home and maintained a log of damaged play items which had been repaired or discarded. These should be strengthened further by the childminder undertaking detailed risk assessments for all areas of their home and community accessed by children. Identifying potential hazards and the control measures to be applied will ensure a consistently safe environment for children (see area for improvement 1 in How good is our leadership?).

Children's risk from cross infection was increased as they were not effectively encouraged or supported to wash their hands at appropriate times with soap and water. For example; before or after meal times and after having their nappy changed. We encouraged the childminder to review and improve their approach as this would contribute to children learning about the importance of hand hygiene and reduce the possible spread of infection, keeping children healthy.

The childminder had completed first aid training to support them care for children safely. Accidents and incidents were well recorded and detailed the first aid treatment administered to children. Written documents were shared with families promptly to ensure children's wellbeing.

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 happy and welcoming ethos in the service, which promoted a positive atmosphere for children to play and learn. They engaged well with the inspection process and were responsive to our suggestions for further development.

The service had values and aims which included to provide a 'safe and stimulating environment where children learn and play'. These had not been reviewed for some time. Further involving families in shaping the vision, values and aims for the service ensures they reflect the shared vision, values and expectations of all.

At the time of our inspection the childminder was meeting the conditions of their registration, helping to ensure a safe and well-managed service. We requested to sample attendance records which should show children's attendance patterns. The childminder confirmed that registers of attendance were not in place. We discussed the importance of always recording children's arrival at and departure from the service as this would ensure children could be accounted for in the event of an emergency, supporting their safety.

The childminder had a range of policies and procedures in place, supporting them to provide a reliable service. Whilst the childminder told us they had recently updated these, we advised some policies and procedures should be expanded to reflect current legislation and best practice guidance. For example, we identified gaps within the child protection and complaints policies. Updating policies and revisiting current best practice would support service delivery and enable positive outcomes for all children. We also suggested that including dates when reviews had taken place as this would demonstrate the childminder's commitment to continuous improvement.

Some areas of service delivery needed to be updated to reflect current best practice guidance. This included improvements to recording children's attendance with the service, personal planning and risk assessments. The childminder recognised these areas could be improved to support children's safety and wellbeing, and was open to making the necessary changes. By updating their practice and improving the accuracy of their documentation, the childminder should be better placed to provide a consistently high-quality service that supports children's wellbeing (area for improvement 1).

The service was in the very early stages of developing their approach to quality assurance and self-evaluation. When we visited there were no formal systems in place to gather and record the views of children and families or to meaningfully evaluate the service and identify areas for improvement. The childminder told us they planned to re-establish a process for issuing questionnaires to families. We discussed the benefits of using quality audit tools, such as Care Inspectorate (2022) 'A quality framework for day-care of children, childminding and school-aged childcare.' This would support self-evaluation processes enabling the childminder to identify what is working well and areas that could be further improved. Effective self-evaluation processes supports a culture of continuous improvement to secure positive outcomes for children (area for improvement 2).

Areas for improvement

1. To ensure children consistently experience a high-quality service that meets their health, welfare and safety needs, the childminder should ensure they implement a process to support effective record keeping that reflects best practice guidance. This should include but is not limited to; improving personal planning, updating policies, procedures and developing risk assessments across the service.

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

2. To support positive outcomes for children and families, the childminder should strengthen how they reflect on the quality of their service. This should include regularly asking children and families for feedback, keeping a record of what is working well and what could be improved, and using this to inform and make positive changes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "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 4.1: Staff skills, knowledge and values

Children were well cared for as the childminder demonstrated compassionate care and love for them. Children were given physical comfort and reassurance and enjoyed positive relationships with the childminder. As a result, children were relaxed, comfortable and having fun in the childminder's care. Children and families told us; "Susan is very kind to me" and "Susan has years of experience working with young children, I trust her and feel she takes good care of my child."

The childminder was a member of the Scottish Childminding Association (SCMA) and had built relationships with other local childminders. This provided opportunities to help reflect on best practice and build on information sharing to support service improvements.

The childminder had accessed and refreshed their training in first aid. This contributed to children's continued health and wellbeing. Efforts to access additional training and development opportunities had been limited and access to online webinars and other key best practice documents had not been carried out. Familiarisation with these documents and accessing relevant training would support the childminder to provide high-quality experiences for children. The childminder discussed how they had planned to undertake child protection training online through the Scottish Childminding Association (SCMA) which would support children's wellbeing. This should now be taken forward. To ensure children experience a service that is based on current best practice, the childminder should develop their skills and knowledge through attending training and undertaking self-directed learning relevant to their role (area for improvement 1).

Areas for improvement

1. To continue to improve and develop their knowledge and understanding of current early learning and childcare practices, the childminder should access training, professional learning or self-directed study. This should include but is not limited to child protection training. The childminder should record any learning and demonstrate ways in which it has improved experiences for children. This should enhance outcomes for children and their families.

This is to ensure that care and support is consistent with the Health and Social Care Standard (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).

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

As a matter of best practice the childminder should consider safe sleep practice to ensure children have a safe place to sleep when not out in their pram.

National Care Standards Early Education and Childcare up to the age of 16: Standard 3 - Health and wellbeing

This area for improvement was made on 20 September 2017.

Action taken since then

Following their previous inspection, the childminder had attended training to support them to improve their safe sleep practices and had reviewed their policy and procedures to support safe sleeping arrangements.

This area for improvement was met.

Previous area for improvement 2

As a matter of best practice the childminder should attend training in child protection and GIRFEC to up date her skills and knowledge.

National Care Standards Early Education and Childcare up to the age of 16: Standard 12 - Confidence in staff.

This area for improvement was made on 20 September 2017.

Action taken since then

The childminder had not undertaken training in GIRFEC or child protection. Therefore, this area for improvement was not met. To ensure this area for improvement is updated to reflect the current Health & Social Care Standards (HSCS) and to ensure clarity for the reader, we have reworded this area for improvement. See How good is our leadership? area for improvement 1.

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?	3 - Adequate
4.1 Staff skills, knowledge and values	3 - Adequate

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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