



Inspection Report

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Colwyn Bay



Date Inspection Completed

19/04/2021

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About the service

Type of care provided	Child Minder
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	04/02/2020
Is this a Flying Start service?	No
Does this service provide the Welsh Language active offer?	This setting does not provide an ' <i>Active Offer</i> ' of the Welsh language.

Summary

Children are settled and content. They are cared for by a child minder who is caring, calm, praises their creative efforts and interacts positively with them. Children have some opportunities to learn through their play however, these should be enhanced and developed further. The child minder makes some of the improvements recommended but her understanding of her role and responsibilities is limited and children would benefit significantly from this being developed through training and development. The environment overall is safe however, improvements must be made to identify and eliminate some identified potential hazards and risks to children's safety. Toys are plentiful, in fair condition and keep the children positively occupied. The child minder has developed positive relationships with parents.

Well-being

Most children are listened to and are able to make their own choices. For example, one child asked for a specific toy and the child minder provided it.

Due to an absence of planned activities, children are unable to contribute to the development of topics and themes. However, they have a few opportunities to express what they would like to do and are somewhat able to follow their own interests. For example, one child who enjoyed painting was able to paint several pictures.

Nearly all children experience positive attachments which ensures they feel secure happy and valued. Children smile openly when they interact with the child minder and the overall atmosphere in the setting is calm and quiet. A parent we spoke to told us their child is *'excited to go in'* and another that their child *'seems very content'*.

Most children show they are able to manage their behaviour positively, are co-operative and take turns. We saw a young child playing contentedly alone while the child minder was busy feeding another child. Children helped to tidy up the toys, listened carefully and followed instructions well.

Most children showed contentment in their chosen play. A child painting sustained interest in the activity and expressively showed pride in their achievements. We saw from examples of work that the child had enjoyed painting on a number of occasions. Opportunities for children to be curious or take part in organised play were limited.

Nearly all children experience positive emotional development and as a result are developing in confidence. Most children have some basic opportunities to develop their independence for example, by putting toys away and washing their own hands.

Care and Development

The child minder has taken on board some of the advice and guidance provided during the course of the pandemic. For example, there is hand sanitiser at the front door and children have individual bowls in which to wash their hands. The child minder keeps a record each day of toys she has cleaned. However, other elements of infection prevention and control are not sufficient and need addressing. For example, the infection control practices to prevent cross infection between the family dog and the children remains unaddressed. The child minder is therefore non-compliant with regulations and a priority action notice has been issued.

Overall, the child minder promotes healthy life styles and ensures children have the opportunity each day to spend times outdoors. The children are taken on walks to the local park, woods or beach. They have toys within the outdoor area such as slides and seesaws to encourage them to be active and develop physically.

The child minder is paediatric first aid qualified. The child minder is aware of the dangers of administering none prescribed medication and told us that she had informed parents that she would not be giving liquid paracetamol during the current pandemic to protect from the potential masking of symptoms .

There is consistency in how behaviour is managed. The child minder is clear with her expectations, outlining consequences to the children clearly. She interacts positively with the children and is nurturing towards them. A parent told us they liked *'the way she is with the kids, she enjoys being with them.'* The child minder offered praise and encouragement to a child as they took part in the craft activity.

Observations of the child minder bottle feeding a young baby showed that time and care was given to meeting the child's needs. The child minder is a positive role model. We observed a child picking up a toy baby and pretending to feed the doll a bottle of milk whilst the child minder was busy bottle-feeding a younger child. We found sleeping babies are checked on regularly. However, a monitor to help alert the child minder to the children waking is not always used. Following discussion, an available monitor was switched on. The monitor used is stationary making it difficult to hear from the outdoor play space.

The child minder does not plan for children's play, learning or development in order to meet their individual needs. The children's play areas do not reflect Foundation Phase areas of learning. Examples of children's craftwork shared show a variety of paint and print activities. Records of children's development and progress to share with parents are not maintained. Required records for young babies in relation to their care and routines throughout the day are not kept.

Environment

During this inspection, we considered the child minder's progress towards becoming compliant with Regulations in respect of hazards and safety as this was identified during our previous inspection.

We found that some progress is being made, for example, the dogs toys are now stored separately from the children's and a record of visitors is now being kept. However, insufficient progress has been made to reducing all risks within the timescale provided.

The gate to the front of the property was appropriately secure. However not all risks have been identified. We found the gates at the rear of the children's play area are not secure and children can easily reach the latches. Risk assessments are generic and do not consider potential risks specific to the setting or the family dog and are therefore ineffective. We found that practices contradicted those outlined within the risk assessments.

Infection control practices are currently not acceptable and potentially put children's health and safety at unnecessary risk. We saw that the dog continues to be allowed in the same areas as children. We also saw that the child minder allowed the dog to relieve himself in the outdoor play area. The child minder was prompt to clean the urine off the wall and the artificial grass with a disinfectant spray. However, we remain concerned that the child minder fails to recognise the potential risk of cross infection and the effectiveness of this method of cleaning up after her dog and whether the spray used is safe for use around young children.

Toys and equipment, reasonably maintained, provide some opportunity for the children to take balanced risks. For example, a low slide and ladder are available for the children to climb. The majority of toys are plastic and therefore children do not have the opportunity to experience different natural textures, sounds and smells. The child minder told us that leaves and shells had been used in the play tray however; the children had taken them out, taken them home and put the cars back in. We saw the dog lying in the in play tray alongside the toys and cars.

The child minder provides children with well-maintained low-level tables, chairs, and parasols to provide them with shade. Younger children have prams suitable to their needs however, the range of toys available for the youngest children was limited.

Fire evacuation drills are practiced regularly and the child minder was confident with the process to follow in the event of having to evacuate the premises.

Leadership and Management

We found the child minder did not fully understand the regulatory expectations her role as a child minder required. She was not operating her service in accordance with her statement of purpose and she was not following the risk assessments she had provided to CIW as evidence of compliance with the regulations. Consequently, children are on occasions placed at risk and the child minder's organisation of her service and keeping of records is poor.

The child minder relies heavily on others to identify where improvements can be made and lacks awareness to identify and make improvements independently. For example, the quality of care review from year ending 2019 stated that future developments would be to *'add more educational toys and activities as stated by one parent questionnaire. To do this successfully, I will research various websites for ideas on activities'*. Whilst we saw there was a new blue play tray, we found no evidence that any other improvements to the toys or resources had been made. We discussed the identified developments with the child minder who told us that the parent had now left. The child minder failed to recognise how improvements may benefit other children in the future.

The child minder has ensured that mandatory training has been completed and that all household members have a current enhanced criminal record certificate. During a monitoring call, the child minder told us that she had completed Covid-19 training and had found this beneficial. However, we found no other training or development to improve practice had been completed.

Partnerships with parents are positive. We spoke to parents who told us they received text messages and social media updates from the child minder throughout the day. They were happy to supply the food for their children however, commented that they would like further information from the child minder about their child's day and the activities they have taken part in. The parents would also like to have more activities for the children.

Recommendations to meet with the National Minimum Standards

We have not made any recommendations to meet with the National Minimum Standards because we have issued the child minder with a priority action notice in respect of Regulation 14(1) and the requirement for the child minder to have regard to all of the national minimum standards, which relate to the type of care she provides.

Areas for improvement and action at, or since, the previous inspection. Achieved

Regulation 16 - the child minder has not completed an annual review of the quality of care.

Regulation
16 (1)

Keeping of Records (Regulation 30 (1)(a) schedule 3 point 6: the child minder did not keep a record of other persons who have had regular unsupervised contact with the minded children. The child minder must evidence that she is keeping a record of when she is working with an assistant along with the time the assistant starts and finishes working. The child minder must also evidence that she is keeping a record of people visiting the service during child minding hours. The effectiveness of these documents will be considered at the next inspection.

Regulation
30 (1) (a) Sch3.06

Regulation 14 (1) - and the requirement for the Child Minder to have regard to the national minimum standards and in particular national minimum standard 15.7. The requirement that the child minder when working alone, provides care to no more than three children under 5 years of age at any one time. The child minder must provide evidence that she is not providing care to more than three children under 5 years at any one time.

Regulation

Regulation 30 (1)(a) schedule 3.2 - the child minder must maintain a record of the name, home address, and telephone number of any other person who will regularly be in unsupervised contact with the minded children.

Regulation

Regulation 38(1)(e) - The child minder must ensure that by means of fire drills and practices at suitable intervals, the persons working with children and the children themselves are aware of the procedure to be followed in the event of a fire.

Regulation

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None

Areas where priority action is required

1 - The child minder must provide CIW with a written daily routine which shows the types of activities the children are participating in each day. The daily routine must outline what resources are being made available to support the activities and how they will aid children to develop. 2 - The child minder

Regulation 14 (1)

must provide CIW with a written action plan outlining how and when she will implement the improvements to her service outlined within her Quality of Care report and from feedback provided by CIW within her latest inspection report. To consider whether the quality assurance action plan has been effective, improvements to the service will be assessed at a future inspection.

Regulation 6(2)(a) Part 1 Schedule 1 paragraph 4. The child minder must provide CIW with an action plan detailing the training, learning and development she intends to complete and the anticipated date any such training will be completed. Once the child minder has completed the training outlined in her action plan she must provide CIW with a reflective practice statement outlining how the training has impacted on her practice and improved outcomes for children. The statement should also include a summary of future training and development.

Regulation 6 (2) (a)

We found poor outcomes for people, and / or risk to people’s wellbeing. Therefore, we have issued a priority action notice and expect the provider to take immediate steps to address this and make improvements.

Areas where improvement is required

None

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