

# Busy Bees @ East Kilbride Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
30 May 2024

**Service provided by:**  
Busy Bees Nurseries (Scotland)  
Limited

**Service provider number:**  
SP2003002870

**Service no:**  
CS2003006707

## About the service

Busy Bees @ East Kilbride is a day care of children service in a suburban area in Lanarkshire. The early learning and childcare service is in partnership with South Lanarkshire Council to provide commissioned places for children aged between three and five years and eligible two year olds.

The service can accommodate a maximum of 90 children not yet attending primary school at any one time. This includes no more than 27 children aged under two years, no more than 20 children aged two years to under three years and no more than 43 children aged three years to those not yet attending primary school full time.

The accommodation consists of four playrooms, a sensory and a story room. Outdoor play spaces are accessible from playrooms and children have access to a nearby forest for physical play and outdoor learning. There is changing and toilet facilities for children and office, catering, staff facilities and a family room. The service is close to schools, transport routes, shops and community services.

## About the inspection

This was an unannounced inspection which took place on 29 and 30 May 2024. 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 children using the service
- reviewed feedback from 14 parents and carers whose children attend the service
- reviewed feedback from 21 staff members employed in the service
- spoke with senior management, management and staff
- observed practice and staff interactions with children
- reviewed documents.

## Key messages

- Children were cared for by staff who displayed warm and nurturing approaches, which made children feel welcome and contributed to positive relationships.
- The recording of information within personal plans should be improved to reflect information shared from external professionals.
- Children attending had fun and were happy. Experiences provided were child led and responsive to children's interests.
- Older children were maximising opportunities for free flow access to outdoor environments.
- Improvements had been made to the mealtime experience for children, enabling them to be independent and responsible and reducing waiting times.
- Improvements had been made to infection prevention and control procedures and practice to support children's health and wellbeing.
- Quality assurance processes should be further developed to improve outcomes for children.
- Improvements had been made to the deployment of staff and the supervision of babies during mealtime experiences, supporting their safety and wellbeing.

## 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?	4 - Good
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 as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

### Quality indicator 1.1: Nurturing care and support

Children's care and learning routines were delivered with kindness and compassion from staff who were warm, nurturing and caring towards children. This helped children feel secure and contributed to the positive relationships they had with staff. The interactions between staff and children were responsive and engaging. One parent who provided feedback shared with us, their children are "happy and settled and made a lot of friends. The relationships they have with key people in their room. I have witnessed the children receiving nurturing/hugs from staff when needed."

Children were happy, confident in their environment and were familiar with nursery routines. Children had developed friendships which enhanced their wellbeing. Respectful interactions took place from staff at the children's level. We observed staff gently approaching children and having discussions about personal care prior to this taking place. Staff interacted with children during personal care tasks. This helped children to feel respected and valued.

We observed improvements had been made to welcoming parents and carers into the service who were now invited into the playrooms when bringing their child to nursery. This supported developing relationships and involvement and belonging in the service.

We observed improvements to children's mealtime experience. Three to five year olds were serving their meals from the tables they were sitting at for lunch. This had reduced the waiting time for children to have their lunch and provided opportunities for children to talk about food together. Children were heard saying, "I've not had mash for ages," "That's yummy this" and a child asked a staff member, "Is turnip healthy for you?" which led onto a discussion about healthy foods. Two to three year old children were now encouraged to be independent and responsible in serving, pouring and clearing mealtime items with support from staff, when needed. Mealtimes was a relaxed, unhurried and a sociable experience for children.

Staff knew the children well and confidently described children's individual needs and how they were supported. Personal plans were created and reviewed in partnership with parents and carers providing opportunities for parents and carers to contribute to the plans. All parents who provided feedback shared with us they were fully involved in their child's care, including developing and reviewing their personal plan. The service had chronologies in place for children. These were not always being updated with changes and progress that was taking place. Staff collaborated with external professionals who provided strategies and next steps to meet children's individual needs. We discussed with management and staff the importance of taking this information forward within children's personal plans.

We reviewed procedures for the storage and administration of medication. Improvements were needed to medication. The service was storing long term medication for a child, which was not in line with best practice. The medication was not appropriately labelled and there was no permission form available should the child require the medication. For another child on long term medication there was no prescription label to inform of the dosage of medication to be given (see area for improvement 1). This was followed up by the

manager with the parents during the inspection.

### Quality indicator 1.3: Play and learning

Children were having fun and engaged in a variety of play experiences. Older children spent a lot of their time in their outdoor play spaces. Some of the equipment available enabled them to take positive risks and be challenged in their play. Children were using climbing apparatus confidently and riding bikes up and down the small hill. Children were joining in imaginative play of going to the 'car wash' on their bikes and other children were using containers to pour water onto these to clean them. We saw children having fun jumping in puddles. The service had made improvements to opportunities for babies to be outdoors in the morning. The babies accessed fresh air when they were taken out in buggies for a walk in the surrounding area. This contributes to children's health and wellbeing.

Children were confident in their play and learning. They had good opportunities to lead their own play and learning which impacted positively on their development and wellbeing. Play experiences provided opportunities for children to develop their skills in language, literacy and numeracy. Older children were drawing pictures and some children writing their names on their picture. Children were using blocks to build towers and discussing how tall it would be. Children were confident to tell us what they were doing and told us, "I drew this for my friend", "We're building towers, it's going to be bigger." Younger children were participating in loose parts play, singing number and action songs and playing a matching game of dominoes with staff. One parent who provided feedback shared with us, "The variety of activities, daily routines and education is fantastic. He gets such a huge range of choices and chances to find out/discover/learn about so many different things."

When planning for children staff had designated areas of responsibility for play spaces. Staff planned experiences and made changes to environments in response to children's interests through observations and a process of consultation. Staff and children recorded the information within a floor book, to include details of what they would like to learn. Staff planned for children individually and set targets. These were discussed and shared with parents providing them with the opportunity to provide feedback on their child's learning and progression. Planning was linked to 'Realising the ambition: Being Me' national practice guidance and for older children Education Scotland's 'Curriculum for Excellence.' The management team and staff shared with us they were in the process of streamlining the use of trackers for children's play and learning.

Observations were shared with parents and carers using an online digital platform. We saw that information within these varied across the staff team. There were differences in staff skills in the recording of observations and how often this happened. Children's next steps were not recorded. We discussed with the management team the use of next steps has the potential to contribute to continued progression in learning.

### Areas for improvement

1. To support children's health, safety and wellbeing needs management and staff should review best practice guidance; 'Management of medication in daycare of children and childminding Services.' Consideration should be given, but not limited to the following areas:

- emergency lifesaving medication is easily accessible and labelled appropriately
- permission forms for medication are available
- the dosage of medication to be given is checked and verified

- all records detail known signs and symptoms for when medication should be given.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that, 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## How good is our setting?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

### Quality indicator 2.2: Children experience high quality facilities

Children were cared for in an environment that was safe, secure, bright and well ventilated. Some areas of the service needed decoration and senior management shared with us their plans in place for this to happen. There was a fault with the services boiler contributing to the service still having running water, although there was no hot water for the areas staff and younger children used. The boiler was being repaired on the first day of our visit and had been completed and was fully operational on our visit the next day.

There was ample space for children to play independently or in groups and join in experiences which were of interest to them. A selection of toys and resources were available for children to include natural and loose parts materials. We identified gaps in toys and resources in some play areas. The service had recognised additional resources were needed and a list of resources to be purchased had been shared with management. The additional resources in place has the potential to support children's play and learning.

The organisation and storage of toys and resources were accessible to children. Provocations including natural materials and real food items promoted curiosity and supported children's choices in the two to three year old room. A provocation is an open-ended resource that can create a context for children to explore their ideas. We discussed how this could be extended in the three to five year old playroom. This has the potential to improve outcomes for children's play and learning. Cosy spaces were available in playrooms for children to rest and relax, contributing to a calm environment.

Older children benefitted from free flow access to outdoor play spaces. The service had made developments to the three to five year olds environment to include the addition of a sheltered, cosy, quiet area for children. Children were observed using this space looking at books. Additional resources had been added to the outdoor play space to support children's play and learning. We discussed with the management team the space used for the younger children would benefit from more shelter to offer shade in the sun and provide shelter when needed. Materials and resources were purchased, and this was put in place during our visit.

The service had an additional space of a room for children to use which was being used as a sensory room. We discussed with the management team the addition of soft furnishings and resources would contribute to a cosy play and learning environment for children.

The service had recently introduced a forest school programme. Management and staff shared with us this involved 10 children visiting the forest on a six-week block, one day a week. This has the potential for increased opportunities for challenging and risky play for children. One parent who provided feedback shared with us, "They are outside as often as the weather allows. My child had just started forest school with I'm looking forward to hearing about."

We observed improvements had been made to infection, prevention and control within the service to support children's health and wellbeing. Children and staff were observed handwashing and tables were cleaned before and after mealtimes. Personal protective equipment was being worn and removed by staff in accordance with best practice guidance. Personal care items were big stored in lidded boxes. We observed two to three year old children had their hands wiped after snack. We discussed with staff and management children should be washing their hands with water and soap after mealtimes to minimise the spread of infection.

## How good is our leadership?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

### Quality indicator 3.1: Quality assurance and improvement are led well

The temporary manager was dedicated and committed to the service and engaged with the inspection process. They were visible, friendly and approachable to children, families, and staff, and knew them well.

Staff were supported to engage in the settings improvement journey which identified the service priorities. Management and staff shared with us the progress they had made leading to improvements in transitions which supported children's care and wellbeing. Improving practitioners' pedagogy through a range of approaches to continuous professional learning was another service priority. Pedagogy is all the things that adults do to foster children's learning and development. Staff were supported to develop their skills and knowledge through attending training courses and there were opportunities to extend learning at team meetings and through champion roles.

There was distributed leadership with staff having responsibility in areas to include health and wellbeing and parent engagement. Staff were confident to tell us their responsibilities and the positive impact these were having on children and families. In addition, staff in the two to three year old room had responsibilities of tasks within their room contributing to ownership and responsibility.

The management team recognised the importance of involving the contributions of children families and staff to inform planning and development of the service. Almost all parents who provided feedback shared with us they and their child are involved in a meaningful way to help develop the service. Parents engaged in self-evaluation. The service had recently received feedback from parents in response to a service questionnaire. The manager was in the process of creating a newsletter for parents with feedback sharing the positive feedback, areas noted for improvements and actions that will be taken in response. Taking these comments forward will enable parents to influence change within the service. We provided suggestions of how to improve children's involvement and engagement in self-evaluation and improvement of the service. This has the potential to improve outcomes for children and their families.

Staff participated in quality assurance using questionnaires, monitoring and self-evaluation tasks. Staff were using Education Scotland's 'How good is our early learning and childcare?' Staff had identified strengths and areas for improvement. Re-visiting the areas for improvement has the potential to provide opportunities for reflection and improve outcomes for children and their families.

The service had a quality assurance calendar in place. The management team's quality assurance systems

included audits of additional support needs records, personal plans, accidents and incidents and Scottish Social Services Registration. We discussed how audits of medication and personal plans should be more robust to ensure effective quality assurance which identifies strengths and areas for improvements. The completion of robust quality assurance tasks has the potential to lead to continuous improvement of the service (see area for improvement 1).

## Areas for improvement

1. To improve outcomes for children, quality assurance systems should be developed further to assess and improve the quality of the provision in line with best practice. This should include but not be limited to auditing of medication and personal plan records and observations of children's care, play and learning.

This is to ensure care and support is consistent with Health and Social Care Standards, 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?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

### Quality Indicator 4.3: Staff Deployment

The staff team provided a wide range of skills and experience to the service. We saw staff worked well as a team. The staff team had undergone changes which had resulted in new staff to the service who were settling into their role and told us they felt supported. An induction programme had supported new staff to develop a better understanding of their roles, responsibilities and best ways of working to meet children's needs.

Staff deployment worked well in most areas to support the needs of the children in their care, play and learning. Staff were deployed indoors and outdoors and supervising children. We observed examples of communication and team working taking place between and within play spaces, both indoors and outdoors. The staff team informed each other when leaving a space or attending to a child's needs. Staff used registers and updated numbers of children throughout the day, contributing to the safety of children.

On arrival to the service one of the playrooms did not have enough staff to meet minimum adult to child ratios. We brought this to the attention of the manager who shared another staff member was due to start their shift within the next 15 minutes. The manager deployed another staff member within the playroom for this period. We discussed with the manager the importance of staff highlighting this to management when it happens to support children's care, safety and wellbeing. Most staff who provided feedback shared with us there are enough staff across the day to meet children's needs.

Improvements had been made to the deployment of staff and supervision of babies during the mealtime experience. Management and staff had reviewed the mealtime experience to enable staff to be with children to support and supervise them throughout the experience. This contributes to supporting children's safety and wellbeing.



## 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 support high quality supervision, interaction and engagement the manager must review and improve the deployment of staff at lunchtime. This should ensure children's safety and wellbeing and promote opportunities for children's independence.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state, 'People have time to support and care for me and to speak with me.' (HSCS 3.16).

**This area for improvement was made on 30 May 2024.**

#### Action taken since then

The manager had reviewed the baby room lunchtime routine and experience with staff. Changes were made to staff lunch breaks for all staff to be available for this time.

Babies' lunches in the room take place in smaller groups.

The positioning of the table was moved to support staff to have all items they would need closer to them. A staff member was allocated as a 'runner' and was given the responsibility of carrying out tasks at this time.

The area for improvement had been met.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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