

# Bumble Beez Children's Nursery Day Care of Children

Eastwood House  
10 Transy Place  
Dunfermline  
KY12 7QN

Telephone: 01383 626 385

**Type of inspection:**  
Unannounced

**Completed on:**  
13 August 2024

**Service provided by:**  
Bumble Beez Children's Nursery

**Service provider number:**  
SP2003001575

**Service no:**  
CS2003006945

## About the service

Bumble Beez Children's Nursery is a daycare of children service situated in a residential area close to the centre of Dunfermline. The service occupies a large Victorian detached villa.

Children are grouped by age. The babies, tweenies and toddlers have separate rooms in the original part of the main building. Children aged three years, to those not yet attending primary school, are in the newly extended part of the house. Children also have access to a large, fully enclosed garden which provides outdoor play and learning opportunities all year round.

The service is registered to provide a care service to a maximum of 71 children not yet attending primary school at any one time, of whom no more than 35 may be aged under three years.

## About the inspection

This was an unannounced inspection which took place on Monday 12 and Tuesday 13 August 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 in the service
- reviewed digital responses from 24 families and seven staff
- spoke with five families in person
- spoke with staff and management
- observed practice and interactions with children
- reviewed documents.

**Key messages**

- To ensure the health, wellbeing and safety of children, and the provision of safe and high-quality care, the provider must update and implement safer recruitment procedures and policy.
- The positive ethos meant that children felt loved, valued and respected.
- Younger children had limited opportunities to enjoy sensory play with natural materials and had few opportunities to explore and play freely.
- The provider should ensure staff develop a good understanding of best practice documents and theory that underpins their practise.
- Staff had developed positive relationships with children and knew them well.
- To promote children's choice and independence, as well as their right to play, staff should review and improve children's daily routines.
- The provider should improve self-evaluation, quality assurance and monitoring systems.
- The provider should ensure maintenance arrangements and repairs are carried out in a timely manner and damaged items are promptly replaced.

**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?	3 - Adequate
How good is our leadership?	2 - Weak
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?

## 3 - Adequate

We evaluated different parts of this key question as good and adequate, with an overall grade of adequate. We identified strengths as well as areas that need to improve to maximise children's wellbeing.

### Quality Indicator 1.1 - Nurturing care and support

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

The kind, caring and nurturing approaches experienced by children meant they were confident and happy as their wellbeing was supported. Staff had developed positive relationships with children and knew them well. They were responsive to children's needs and requests, and supported them appropriately. Families told us staff were friendly, welcoming and approachable. One family said, "They take time to learn about my child's likes and dislikes. They are genuinely interested in our family and building lasting relationships." Another parent shared, "All staff are wonderful, friendly and always there for support and advice." This meant children felt valued and respected as individuals and their overall wellbeing was supported.

Nutritious, homemade meals and snacks were provided by the service. Children were served meals as they all sat together. Staff poured drinks and tidied away children's dishes. We discussed ways that staff could encourage and promote children's independence. For example, children pouring their own drinks, self-selecting food items and clearing away their dishes afterwards. Other examples included supporting and encouraging younger children, who were weaning, to hold a spoon as they started to experiment with feeding independently. This would reduce the number of tasks carried out by staff and support children to develop important life skills.

Staff understood the importance of sleep for children's overall development. A separate room was available for babies to sleep without being disturbed. Families told us that they felt well supported to promote good sleep habits for their children, and routines were reflective of their wishes.

Personal plans had been developed and included the views of children and families. Staff used this information, alongside information shared informally by families at drop off and pick up time. This helped to support children's routines and make changes when needed. Personal plans were reviewed and updated regularly with families. Children with specific needs had 'chronologies' where relevant information and events about their needs were recorded, including any support from other professionals. We encouraged the service to further develop these plans. Using best practice guidance will help staff to ensure accurate information and strategies are shared effectively across the team. This would further promote consistency and continuity of care, and ensure children's needs were fully met.

Appropriate systems were in place for storing and recording medication. This ensured children received the right support at the right time to meet their medical needs.

### Quality Indicator 1.3 - Play and learning

We evaluated this quality indicator as adequate. While the strengths had a positive impact, key areas need to improve.

Children were laughing and having fun with friends as they enjoyed playing indoors, and outside in the nursery garden. We observed some children leading their play and learning, particularly outdoors. Some

natural, open-ended resources, and loose parts were available for children. However, very few children used these resources. Younger children had limited opportunities to enjoy sensory play with natural materials and had few opportunities to explore and play freely with the sensitive guidance of staff. We encouraged the service to consider the extensive use of plastic, close-ended toys, as these limited children's learning opportunities. Almost all children would benefit from a better range of interesting prompts to promote their natural curiosity and provide appropriate levels of challenge.

Staff did not consistently use current child development theory and practice to develop quality play and learning experiences for all children. We discussed the importance of all staff developing a good knowledge and understanding of child led play that respects children's right to be heard. This would support children to reach their potential (See area for improvement 1).

There were some opportunities for children to develop connections with their community. For example, they regularly explored the nearby park and woodland area. These connections were enhanced by links with neighbours in a nearby care home and the local library. As a result, children were beginning to see their role as citizens.

Staff planned experiences and opportunities in response to their observations of children's interests. These experiences were recorded on wall displays and within children's learning journals. Children's experiences were also shared with families using a closed WhatsApp group. Parents appreciated the photographs shared with them in this way. One parent told us, "I like the WhatsApp updates, and photos of staff shared on WhatsApp before my child started was really helpful."

While children enjoyed some fun and exciting play, we found that routines throughout the day interrupted children's choice and independence in their play and learning. For example, as children were brought together before, during and after lunch, their experience was mostly adult led for significant periods of time. We encouraged staff to consider how well the routines respected children's right to play, relax and be heard as independent and capable people (See area for improvement 2).

## Areas for improvement

1. To support children's wellbeing, learning and development, the provider should ensure staff develop a good understanding of best practice documents and theory that underpins their practise. This should include, but is not limited to, children's rights, child-led play and learning and developmentally appropriate experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I have confidence in people because they are trained, competent and skilled.' (HSCS 3.14).

2. To promote children's choice and independence, as well as their right to play, staff should review and improve children's daily routines. This should include, but is not limited to, their mealtime routines.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I can direct my own play and activities in the way that I choose.' (HSCS 2.27).

This is to ensure staff skills and knowledge is consistent with the Care Inspectorate document, 'Food Matters' and the Education Scotland document, 'Realising the Ambition: Being Me.'

## How good is our setting?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

### Quality Indicator 2.2 - Children experience high quality facilities

Children and families were almost always warmly greeted by staff. They benefitted from a setting that was homely, comfortable and offered lots of natural light and ventilation. Playrooms each had a cloakroom area where children could hang and store their coats and bags. This routine gave them a sense of security and belonging.

Staff had discussed the layout of playrooms to meet children's interests. They told us that they reflected and made changes as they observed children's play. Some children enjoyed the resources available for play, however, there were opportunities to create a less cluttered and more engaging setting for children in all rooms. We highlighted best practice documents that would support staff to make necessary improvements to children's care, play and learning experiences. Staff should consider how playrooms are structured to meet children's needs and take account of all children's stages of development and learning. We asked them to improve children's choice, independence, creativity and imagination. Children should be fully involved in creating these spaces so they feel a sense of ownership and belonging. It would also support staff to consider how children see their own play spaces at their level, respecting their right to be heard from an early age (See area for improvement 1).

There were a number of areas on the premises that were in need of repair. Damaged flooring in the baby room had been noticed by the provider but was not repaired immediately. General wear and tear of floor coverings were also highlighted during our visit. As a result, children may have been at risk of avoidable harm (See area for improvement 2).

Children were encouraged and supported to wash their hands at key times. This helped to reduce the risk of cross contamination and the spread of infection. Some infection prevention and control measures were not well established and we found areas of the premises that were not clean. Robust and effective cleaning routines should be developed to ensure infection prevention and control measures keep children safe. We discussed the importance of staying up to date with current guidance, and directed the service to Public Health Scotland guidance - Health protection in children and young people settings, including education. We also highlighted damage to nappy changing mats and general cleanliness and decoration of a nappy changing room as a potential risk for children (See area for improvement 3).

We discussed our concerns with the provider and manager immediately who took action to rectify many of the areas for concern during our visit. This reassured us that improvements would be made swiftly to keep children safe.

The provider had invested in landscaping and upgrading the outdoor play area so this offered children a better experience. The all-weather surfaces meant children had access to outdoor play and learning opportunities all year round. Children told us that they "loved playing in the garden". When asked what they liked about going to nursery they said, "Playing in the garden, seeing my friends, the toys" and "Climbing frame outside and the ladies" and "The garden". As a result, children were learning about the benefits of an active lifestyle that promoted their health and wellbeing.

## Areas for improvement

1. To provide a developmentally appropriate space for all children, with resources and materials to support learning, staff should review and improve the layout and organisation of playrooms and resources. This should include, but is not limited to, offering children opportunities for choice and independence in play and respecting their views when developing these spaces.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I can independently access the parts of the premises I use and the environment has been designed to promote this.' (HSCS 5.11).

2. To keep children safe from avoidable harm, the provider should ensure maintenance arrangements and repairs are carried out in a timely manner and damaged items are promptly replaced.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'My environment is secure and safe.' (HSCS 5.19).

3. To keep children safe and healthy, the provider should ensure the premises are clean. This should include, but is not limited to, implementing robust, thorough and effective cleaning routines, and improving how potential risks are identified through monitoring.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24).

This is to ensure staff skills and knowledge is consistent with the Health Protection Scotland document, 'Health protection for children and young people settings, including education.'

## How good is our leadership?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

### Quality Indicator 3.1 - Quality assurance and improvements are led well

The nursery had a clear vision and aim for the service they provided for children and families. The manager and staff team were proud to be a family orientated nursery where everyone felt included. They aimed to create a home from home environment for children and recognised the importance of partnerships with parents. Feedback we received from families suggested that the nursery had been successful in achieving this. They said, "I am very impressed with Bumblebeez, it is like handing your child over to family. I know my child is in the best of hands, being properly looked after and cared for." Another told us, "They feel like family, I trust them and I can always seek support and guidance." The positive ethos meant that children felt loved, valued and respected and this was a key strength of the service.

The manager had developed an improvement plan using informal information gathered about the service and linking this to relevant quality frameworks. There was limited evidence that the views of children, families and staff had been used constructively to make informed changes. There were significant gaps in areas covered by quality assurance systems, including where we have identified areas for concern during this inspection. Some of these gaps had the potential to compromise children's health and wellbeing. In addition, we discussed the importance of gathering the views of all stakeholders, including families, to

inform future priorities. This would ensure children and families were meaningfully involved in the development of the service. We asked the provider to ensure that quality assurance and self-evaluation processes are inclusive and responsive. We also discussed how staff can begin to reflect on their practice professionally through self-evaluation, in ways that promote improvement to children's experiences (See area for improvement 1).

We reviewed safer recruitment files as part of our core assurances when we complete scrutiny activities. Key elements of the process had not been completed and some staff had started work in the service before all required checks had been received. To promote the welfare and safety of children and ensure this is not compromised, the service must update and implement safer recruitment procedures and their policy (See requirement 1).

## Requirements

1. By 31 January 2025, to ensure the health, wellbeing and safety of children, and the provision of safe and high-quality care, the provider must update and implement safer recruitment procedures and their policy. This should include, but is not limited to, ensuring required checks are received prior to staff commencing their employment.

This is in order to comply with section 7(1)(a)(b) of the Health and Care (Staffing)(Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24).

## Areas for improvement

1. To enable children to benefit from a service committed to continuous improvement, the provider should improve self-evaluation, quality assurance and monitoring systems. This should include, but is not limited to, meaningfully involving children and families in influencing change, and implementing self-evaluation with staff that improves children's care, play and learning.

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).

This is to ensure that staff skills and knowledge is consistent with the Care Inspectorate document, 'A quality framework for early learning and childcare settings, including school-aged childcare.'

## How good is our staff team?

**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

### Quality indicator 4.3 - Staff deployment

Staff knew children well and respectful relationships between them were evident in the nurturing and compassionate interactions we observed. Families who provided feedback spoke very positively about the staff team. One parent told us, "My son has been able to establish positive relationships during his time at



Bumble Beez." This meant that children felt secure and happy in a service where a caring staff team nurtured and supported them.

The service had experienced some challenges in the recruitment and retention of experienced and qualified staff. When we asked what the service could do even better, one member of staff replied, "more qualified staff." Another told us, "Lots of new apprenticeships start but don't last as long due to changes." During the inspection, there were sufficient levels of staffing. Staff communicated well with each other and mostly deployed themselves effectively. We recognised that experienced members of staff, along with the management team, worked hard to support less experienced staff who were still in the early stages of their learning. For the most part, children were well supported. However, there were gaps in several specific skills needed to promote high quality outcomes for children.

Apprentices told us that they had been assigned a mentor to support them, although some seemed unsure of who their mentor was. New members of staff, who were qualified, did not have a mentor. All staff said that they felt well supported by the whole team and by management.

Whilst staff told us that they had been involved in an induction process, this was basic and did not explore key areas for promoting high quality care, play and learning for children. The manager was aware of the national induction resource to support the safe employment of staff in health and social care settings. They told us that they let staff settle in before starting to use it. We discussed how this resource would benefit new staff, mentors, and the wider staff team and asked that a clear and robust induction is identified and begun at the start of any new employment. To ensure high quality experiences and improved outcomes for children, induction processes should be improved (See area for improvement 1).

## Areas for improvement

1. To ensure all children experience high quality care, play and learning, the service should improve induction processes through effective training, learning and mentoring opportunities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I have confidence in people because they are trained, competent and skilled.' (HSCS 3.14).

This is to ensure staff skills and knowledge is in line with the Scottish Government document, 'Early Learning and Childcare: National Induction Resource.'

## 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 children's wellbeing, learning and development, the provider should ensure staff are supported to develop an understanding of best practice documents and theory that underpins their practise.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

**This area for improvement was made on 17 March 2022.**

### Action taken since then

The manager shared documents and links to guidance with staff. SIMOA practice notes were displayed on staff notice board. The service were taking this forward with children. No evidence of any other documents impacting on outcomes for children. Service improvement plan for 2024/25 identified staff knowledge of Realising the Ambition: Being Me, as an area for development going forward.

This area for improvement has not been fully met and has been re-stated as an area for improvement in Quality Indicator 1.3 - Play and Learning.

### Previous area for improvement 2

To enable children to benefit from a service committed to continuous improvement, the provider should continue to develop self-evaluation, quality assurance and monitoring systems. These should be developed in line with best practice documents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 17 March 2022.**

### Action taken since then

The service had created a quality assurance calendar recently – supported by Fife council. "Graffiti Walls" provided staff with opportunities to feedback. The manager collated and summarised feedback. It is unclear how this was taken forward and what impact it had on improving outcomes for children. Staff had little knowledge of Care Inspectorate document, 'A quality framework for early learning and childcare settings, including school-aged childcare.', or other best practice documents, including updates to guidance, and how these might support self-evaluation and quality assurance.

This area for improvement has not been met and has been re-stated as an area for improvement in Quality Indicator 3.1 - Quality assurance and improvements are led well.

## 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?	3 - Adequate
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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