

# Busy Bees @ Ayr Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
9 October 2024

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

**Service provider number:**  
SP2003002870

**Service no:**  
CS2005113740

## About the service

Buy Bees @ Ayr is a day care of children service which is located within the grounds of Ayr Hospital on the outskirts of Ayr. The early learning and childcare service is in partnership with South Ayrshire 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 72 children not yet attending primary school at any one time. No more than 27 are aged under two years. No more than 45 are aged two years to those not yet attending primary school full time, with no more than 20 aged two to under three. At the time of our inspection there were a total of 32 children present.

The accommodation consists of four playrooms and a separate space for mealtimes for older children. Children have access to outdoor play spaces with some rooms having direct access to their outdoor play environment. There is changing and toilet facilities for children and office, catering and staff facilities. The service is close to schools, transport routes, shops and community services.

## About the inspection

This was an unannounced inspection which took place on 8 and 9 October 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 5 parents and carers whose children attend the service
- reviewed feedback from 9 staff members employed in the service
- spoke with senior management, management and staff
- observed practice and staff interactions with children
- reviewed documents.

**Key messages**

- Staff used kind and nurturing approaches which contributed to children feeling welcome, safe and secure and contributed to positive relationships.
- The provider should ensure management and staff record and update all paperwork associated with child protection.
- Lunch was a relaxed, unhurried and sociable experience for children in the service.
- Children attending had fun and were happy indoors and outdoors.
- The availability and accessibility of handwashing facilities for younger children needed to be improved.
- The service had made improvements to their outdoor play space.
- Quality assurance processes should be further developed to ensure continuous improvement of the service.
- Children benefited from a staff team who supported each other and worked well together.

**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

Staff had created a welcoming and inclusive environment. Staff were warm, nurturing and caring towards children and their interactions were responsive and engaging. Children who were upset were comforted and reassured to help them settle. Cuddles were provided to children. This helped children feel secure and contributed to the positive relationships they had with staff. Parents who provided feedback shared with us, "The staff are all friendly and take the time to speak to my daughter. I feel that they genuinely are interested in my daughter" and "Staff are always welcoming when entering the setting. They keep me updated throughout the day with what my child has had to eat and the activities that they do. Staff are approachable and always strive for the best of my child."

Lunch was a relaxed, unhurried and a sociable experience for children. Staff were sitting with children during the mealtime experience and older children were engaging in quality conversations with staff. Three to five year old children were serving their lunch independently. The lunch time experience could be improved with two to three year old children self-serving to further support children's choice, independence and responsibility. Staff were aware of children's dietary requirements, contributing to children's health, safety, and wellbeing.

Staff understood the importance of sleep for children's overall development. Children's safety and emotional security and wellbeing were supported through sensitive arrangements for sleep routines. Sleep routines were responsive to children's individual needs.

Staff confidently described children's individual needs and how they were supported. Staff knew the children well which meant they were able to respond to their individual needs and preferences. Staff collaborated with external professionals to discuss and share next steps and strategies to support children's individual needs.

Personal plans were in place for children. These were developed in partnership with parents and carers. This recognised the importance of valuing parents and carers knowledge of their child. Personal plans were updated regularly and contained the information staff needed to care for children and meet their needs. We saw inconsistencies in how the information was updated within the plan. Management agreed to review their procedure and to share this with staff for a consistent approach across the service. Almost all parents told us they were fully involved in developing and reviewing their child's personal plan.

Children's medicine was clearly labelled and stored safely. Administration records were in place and the information recorded supported children's health and wellbeing for almost all children. An administration record and risk assessment had conflicting information, and the risk assessment required further information to support a child's health and well-being in an emergency. This information was amended and updated during the inspection.

Almost all staff had attended child protection training. Staff we spoke to were clear about their role in safeguarding and protecting children. They knew who the safeguarding leads were within the service and

told us how they would record and report any concerns. We reviewed child protection records within the service. We identified areas where the recording of information should be improved. This included the reporting of events and the completion and updating of chronology records for children in accordance with the services policy and procedure, local and national guidance. We signposted the manager to Care Inspectorate 'Practice guide to Chronologies' (see area for improvement 1).

### Quality Indicator 1.3: Play and learning

Children were happy and having fun and engaged in a variety of experiences. One child told us "I like playing with my friends." Children had good opportunities to lead their own play and learning which impacted positively on their development and wellbeing. Babies were playing with items from treasure baskets, supporting them to explore their senses. Play experiences provided opportunities for children to develop their skills in language, literacy and numeracy. Toddlers were joining in actions songs and developing their creativity and curiosity skills in imaginative play in their home corner and when creating pictures using natural items of leaves. Older children had access to experiences and resources which supported their imagination and curiosity when joining in sand play and small world toys. There were opportunities to support children's numeracy skills when using tongs and scoops to play with coloured pasta. Parents told us, "I love the activities where they really let the child's imagination run wild. A lot of role play. They also had a visit to a nursing home last Christmas which was lovely to hear about and see photos" and "my child spends her day learning through play and fun activities that she wishes to engage in. She is fully supported by all members of staff to do so."

The babies accessed fresh air when they went outdoors in buggies for a walk in the surrounding area. Outdoors, older children were participating in physical play experiences when joining in action songs and a bean bag throwing game. Children had opportunities for risky and challenging play when using the bikes and balancing on the apparatus. The management team and staff should consider the routine in the toddler room when children are sleeping to support with children who are awake continuing to have access to outdoors to support their interests.

Staff were planning for individual children based on observations and children's interests. Older children were planned for using Scottish Government Early Years Framework 'Curriculum for Excellence' and younger children the national practice guidance 'Realising the ambition: Being Me.' There were inconsistencies with the recording of planning for children. Management and staff should review planning processes to support with a consistent approach to planning for all children. Staff should be supported to develop their knowledge and understanding of how to use responsive planning to offer further progression and challenge to children in their play.

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. For example, some posts detailed individual children's skills and learning while others were more general comments about the experience. The recording of next steps for children and taking these forward would support progression in children's play and learning.

### Areas for improvement

1. To keep children safe and protected the provider should ensure management and staff record and update child protection paperwork. This should include reporting records and chronologies for children to provide key staff with the information they need. This should be in accordance with the services policies and procedures, local and the National Guidance for Child Protection in Scotland.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

## 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 clean, bright, welcoming and well-ventilated. Areas of the service including children's playrooms needed re-decoration. Management told us this would take place as part of their plans for refurbishment of the service which included refurbishment of children's toilet areas. We saw two nappy changing areas where children's privacy and dignity could be improved and management told us this would be planned for as part of the refurbishment. Staff told us "We have raised concerns over the 'well maintained' element. We have been promised a refurb over the past 5 years, but nothing has come of it. For example, paint is chipping on walls, paint colour is not in fitting with the 'natural' environment" and "The setting is safe and secure thanks to the staff in the setting making sure so."

The service was furnished with natural resources and the use of materials and lights contributed to calm and relaxing environments. All playrooms had cosy spaces for children to rest and relax. Toys and resources including natural materials were organised and accessible to support children's choices and curiosity. Older children had opportunities for free flowing between spaces indoors to outdoors.

Outdoor environments were safe and secure for children. The outdoor spaces had undergone refurbishment. Parents told us "Fantastic garden for them to play in. They also go walks sometimes around the hospital grounds and woods" and "My child gets the opportunity to play outside regardless of weather."

Most outdoor spaces provided sheltered areas which were being used as a play environment for children. The baby sheltered area was not being used due to needing repair because of rainfall coming in. A member of the maintenance team visited to assess the area and plan for repairs. The service had plans to continue to extend natural resources and loose parts materials for outdoor play. This has the potential to extend children curiosity, creativity and problem-solving skills in their play and learning. We identified limited resources in the baby garden and additional resources should be looked at as part of further developments.

Staff and children were growing their own vegetables. These were used to make food for as part of the children's mealtimes in the service. This also provides children with learning opportunities of where some food items come from.

We saw children and staff washing their hands before and after mealtimes. This was carried out well to support children's health and well-being. We discussed with management handwashing sinks should be available in all play spaces. This has the potential to support children and staff with handwashing and will minimise having to leave the room to do so (see area for improvement 1).

Drinking water was available indoors and outdoors for children to access during the day to keep refreshed and hydrated.

## Areas for improvement

1. To support children's health and wellbeing, sinks should be made available for handwashing within play spaces of the service.

This is to ensure care and support is consistent with Health and Social Care Standards, which state: 'My environment is secure and safe' (HSCS 5.17).

## 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 management team were visible, friendly and approachable to children and families. Staff also knew them well. Staff shared with us they felt supported by the management team both professionally and personally. This has the potential to support staff's health and well-being and to feel valued and respected in their role.

An improvement plan was in place which identified areas for development including numeracy, literacy and health and wellbeing. Staff were supported to engage in the settings improvement journey. They were involved in creating priorities for the plan and shared their responsibilities. The service had recently reviewed their champion roles and staff shared with us they were passionate about taking these forward and told us their ideas. This has the potential to extend staff knowledge and skillset and to continue to improve outcomes for children and their families.

Staff carried out room observations and monitored children's experiences and engagement to support practice and identify areas for development. We discussed with management the value of staff and management re-visiting the areas for development and recording the impact and outcome of the changes made.

A quality assurance calendar was in place to support management to monitor and audit aspects of the service. This included monitoring of medication, accidents and incidents and personal plans. Management should include the auditing and monitoring of child protection records to support with the recording and updating of children's and families records in accordance with the services and local and national policy and procedures. We recognised improvements that could be made in areas of auditing that had not been identified through the services quality assurance processes. Management should develop a more robust system for the recording of auditing and monitoring to include but not be limited to personal plans, medication, accidents and incidents and child protection (see area for improvement 1). The completion of robust quality assurance tasks has the potential to lead to continuous improvement of the service.

Parents were involved in self-evaluation processes to include consultations to provide feedback on the service. Almost all parents told us, my child and I are involved in a meaningful way to help develop the service. One parent told us, "We are included in many different ways, including surveys and verbal feedback. We also participate in nursery open days and activities when they arise." As part of the process, we could see parents had shared strengths and suggested areas for improvement. The service should record and share how these had been taken forward and the outcome and impact to children and their families as a result of the changes. This also supports with valuing parent's suggestions to improve the service. We

discussed with management reviewing their approaches for children to be involved in self evaluation of the service and more meaningful involvement from staff. This has the potential to improve outcomes for children and their families.

## Areas for improvement

1. To improve outcomes for children and their families, quality assurance systems should be developed further to assess and improve the quality of the provision in line with best practice. This should include child protection, medication, personal plans and accidents and incidents.

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

Staff deployment worked well to support children's needs. Key working arrangements ensured there was consistency in individual children's care across the day. The staff team provided a range of skills and experience to the service within and across playrooms. On the days of our visit, three staff were providing cover from sister services. The staff members were deployed in different playrooms and told us they would be caring for the children for the full week to support with consistency for the children's care. We could see staff knew the children well. Parents who provided feedback told us "It is sometimes quite a different number of staff you see, and it would be nice to have a little more consistency. We haven't seen her allocated worker for quite a wee while, "Staff quite often change rooms or settings depending on numbers of children but always enough staff to supervise all children" and "My child's room is always fully staffed."

Management were supporting with lunch cover across playrooms to enable staff to rest, be refreshed and to continue to meet children's needs. The service was recruiting lunch cover support staff. When in place this will contribute to management having more time to focus on their managerial tasks within the service.

Staff were deployed indoors and outdoors and supervised children in their play. We observed examples of communication and team working taking place. Staff told us they worked well as a team. Staff supported each other and communicated when leaving a space or attending to a child's needs. Procedures were in place to account for all children. Staff updated each other of numbers of children as they changed throughout the day, contributing to the well-being, safety and security of children.

Arrangements were in place for staff to communicate with families. We saw staff spend time with families at the end of the sessions and give feedback to them on their child's day. This has the potential to contribute to extending relationships and partnerships with parents.



## 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 noted all children should be supported to shape and design their own play.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that:

"I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." Health and Social Care Standards 1.25 and

"I experience high quality care and support based in relevant evidence, guidance and best practice." Health and Social Care Standards 4.11

**This area for improvement was made on 9 August 2021.**

#### Action taken since then

Resources in all playrooms were accessible to children of all age groups and supported their independence and ability to lead their own play and learning. Experiences and resources were displayed to support children's choice, curiosity and imagination.

Children from the two to three years and three to five years room had opportunities for free flow access to outdoor play spaces to suit their interests.

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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