

Busy Bees at Dundee West Day Care of Children

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Type of inspection:
Unannounced

Completed on:
4 December 2024

Service provided by:
Busy Bees Nurseries (Scotland)
Limited

Service provider number:
SP2003002870

Service no:
CS2019372912

About the service

Busy Bees at Dundee West is part of Busy Bees Nurseries (Scotland) Ltd, a private limited company delivering early learning and childcare. The service is registered to provide a day care of children service to a maximum of 94 children at any one time, aged from 5 months to not of an age to attend primary school, of whom no more than 26 are under 2 years.

The service consists of a variety of playrooms. Playrooms provide care to specified age groups. There are changing and toilet facilities for children, an office, catering and staff facilities. The service also has a parent room and a sensory room. Playrooms have direct access to secure outdoor areas.

The service is based in the grounds of Ninewells Hospital in the city of Dundee. It is close to local schools, community services and has good public transport links.

About the inspection

This was an unannounced inspection which took place on 3 and 4 December 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;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents;
- received feedback from five parents/carers.

Key messages

- Staff had developed positive and meaningful relationships with each other, families, and children.
- Children were supported to lead their own play and had opportunities to explore and investigate their ideas and interests.
- Quality assurance, self-evaluation and improvement planning were meaningful and having a positive impact on the outcomes for children and families.
- Children benefitted from a happy, nurturing and passionate staff team who knew them well and were committed to providing high quality care and support.
- Medication procedures needed to be reviewed. The information gathered in children's medical forms should be more detailed and clear to ensure procedures are safe and effective.
- At key times of the day, staff deployment could have been more effective in meeting children's needs.
- Children experienced a well-maintained and welcoming environment. Spaces had been well-considered for children's needs.

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?	5 - Very 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.

Quality indicator 1.1: Nurturing care and support

Children experienced warm, caring and nurturing approaches to support their overall wellbeing. This resulted in children who were settled and having fun. Staff knew children well and were attuned to their routines and what was important to them. This contributed to children feeling safe, secure and confident.

Most children experienced calm and sociable mealtimes. Some of the rooms were providing a rolling snack and lunch. This respected children's choice in when they ate and helped to minimise interruptions to play. Where self-service was part of mealtime routines, children had opportunities to develop their independence and self-help skills. Staff recognised the opportunity to build on relationships and joined children at lunch time, promoting meaningful conversations and providing an opportunity for emerging language skills to be developed.

On occasion, some children were seated for lunch and were waiting for longer periods before being served. This resulted in some children becoming unsettled. Some of the playrooms were found to be noisy during lunch time. This meant that these lunch experiences were not as calm. We asked that the service review lunch time routines to ensure that the positive aspects identified are consistent across the service.

Children's wellbeing was supported through effective personal planning. Plans were reviewed regularly with families which ensured information was kept up to date and relevant. Children requiring additional support had individualised strategies in place. This resulted in children being settled in their routines and included in nursery experiences.

Staff worked closely with other professionals to ensure children and their families received support that was right for them. This contributed to positive outcomes for children and supported them to achieve their potential. The ongoing working relationships with other professionals provided a range of learning for the staff team. This resulted in staff being more knowledgeable and confident in supporting the individual needs of children.

The information gathered in short term medication records was at times unclear and lacking detail. This could result in staff not recognising when children require medication and not having information available to support them with safe administration. We raised our concerns with the manager who agreed to review procedures.

(See area for improvement 1).

Children benefitted from their families being warmly welcomed into the service. Establishing good working relationships with parents was important to the staff, who were keen to continue extending the opportunities families had to be involved. Meaningful relationships had been formed with families which supported them to be included in their child's experiences. One parent told us, "The staff are all very friendly and approachable. I feel like I have become good friends with most of the staff at Busy Bees and they look after my child like part of their own family".

Quality indicator 1.3: Play and learning

Children experienced a balance of spontaneous and intentional learning. Intentional planning was based on children's ideas, interests and developmental needs. Children followed their own interests and the daily routines allowed them to explore their ideas at their own pace.

Planning for children's experiences had been well considered and offered a responsive approach to learning. Staff recognised the positive impact this approach had on children's engagement in their play. The team were keen to further develop their skills in planning, to help them evaluate children's experiences and provide appropriate challenge. Management were supporting staff to develop a skilled approach to planning which helped to promote children's individual progress.

Children's interests had also been considered within the environment. For example, recent changes in the weather had sparked interest in ice and frost. This was reflected in the provocations (activities to stimulate children's imagination and ideas) and resources available to play with. This supported children's inquiry and curiosity.

Staff showed genuine interest in children's play and joined in with their experiences. There were times of the day, as a result of staffing levels, staff had to leave activities they were involved in with children. This impacted on children's engagement in their learning and resulted in missed opportunities to provide high quality experiences. We discussed this with the management team who agreed to review the deployment of staff at key times of the day (**See area for improvement 1 - 4.3 staff deployment**).

Interactions from staff were consistently warm and caring. Some skilled interactions promoted children's curiosity and problem-solving. For example, some staff used open-ended questions and pondering to support children's thinking. Opportunities to extend children's vocabulary were promoted during some of the interactions by staff, for example, introducing new words during story times and play. We noted that some interactions outpaced children and did not enable them enough time to process and respond. We asked that the team are mindful to the age and stage of children during their interactions.

Floor books allowed children to reflect on and share their views on their experiences. Children were keen to share photos of their learning and told us about the things they enjoyed doing. They were given ownership and responsibility of documenting their learning through cutting up the photographs and sticking them into the books. Children's views and thoughts were captured through their comments and drawings. This supported their inclusion in planning and evaluating their learning.

Families had opportunities to be included and involved within their children's experiences. Families met with staff to discuss learning through daily chats, stay and play, and progress meetings. Online learning journals and home learning activities provided a learning link between the setting and home. One parent shared with us, 'The staff are always on hand if I have any questions or just want to have a chat about my child's development'.

Literacy and numeracy were woven into children's experiences. Staff naturally sang throughout play and introduced numbers and counting. Print was displayed within playrooms supporting children's recognition of signs, letters and numbers. A variety of resources throughout the environment supported children to develop their skills.

Links within the local community extended children's experiences. This included a link with the local hospital, with children recently visiting the 'teddy bear clinic'. Management and staff shared that they would like to continue to further connections with the local community. Including re-establishing links with the local care home. This would continue to enhance children's play and learning opportunities and contribute to their understanding of the world around them.

Areas for improvement

1. To ensure the safe administration of medication, the provider and manager should ensure robust systems and procedures are in place for recording children's health and medication needs.

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

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24).

'My care and support meets my needs and is right for me'. (HSCS 1.19).

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.

Quality indicator 2.2: Children experience high quality facilities

Children experienced a clean and well-maintained environment. Spaces benefitted from natural light and good ventilation, which supported children's health and wellbeing. Entrance areas considered the engagement of families, with displays of staff photographs, service information and children's learning available for families to share in. This provided a welcoming ethos. Children had access to their own spaces to store their items. Their artwork and photographs were displayed throughout the environment. This promoted a sense of ownership and belonging.

Spaces had been well-considered for the needs of children and their families. Furniture and resources took into account children's stages of development and learning. This included furniture that was appropriately sized for children's age, supporting them to engage in activities comfortably and safely. The lay out of rooms allowed children to explore confidently and with ease. Resources were stored in a way that children could access independently. This contributed to children being able to lead their play.

Children's curiosity was supported through a variety of loose parts and open-ended resources, both indoors and outdoors. This helped to develop children's imagination and creativity. Overall, spaces were well-resourced and designed to create interesting places for children to explore. We discussed how extending the use of real life resources in some of the role play areas of the setting would enhance experiences.

A number of safety measures were in place to minimise risk and help protect children from harm, for example, secure and monitored entrances, and boundary fencing. Staff had a good awareness of where children were playing, with good supervision and regular head counts taking place.

Risk assessments of spaces and resources were relevant to the setting and accounted for any changes to provision. Staff reflected on the safety of the service and children's experiences using the Care Inspectorate's SIMOA (Safe, Inspect, Monitor, Observe and Act) campaign. This helped to identify where changes could be made to improve safety measures.

Infection prevention and control measures supported to minimise the risk of infection spread and keep children safe. There were some opportunities where handwashing could have been more effective. We asked that the service consider how routines are further developed and embedded.

Direct access to outdoors was available from all playrooms. Children had regular and daily outdoor play opportunities. As a result, children's health, wellbeing, and independence were being encouraged and supported. Free flow access could be further developed for some of the younger children. We asked that the service consider how they take this forward.

Children's emotional wellbeing benefitted from quiet spaces to rest and relax. A sensory room offered a quieter space for play, allowing children to take time away from busier playrooms. A parents' room provided a comfortable space for families to use when visiting the service. This supported families during children's transition into the service and provided a private space for discussions with staff.

How good is our leadership? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children. Therefore, we evaluated this key question as very good.

Quality indicator 3.1: Quality assurance and improvement are led well

The service vision, values and aims had recently been reviewed in consultation with staff, children and families. This recognised their wishes and what was important to them and supported the service to deliver their aspirations. This contributed to the positive and nurturing ethos and encouraged a shared understanding between families and the service

Staff were recruited safely and in line with current best practice. An induction programme provided new staff with effective support and guidance. This encouraged staff to reflect and evaluate their own practice, and identify where further support was needed.

Effective self-evaluation contributed to improvement planning and identified areas to develop and progress. Staff spoke knowledgeably about this and felt involved in the improvement journey. Shared leadership across the team was encouraged and staff had undertaken roles, research and training to develop specific aspects, for example, working in partnership with parents. This had resulted in extending opportunities for the service to engage with families. Staff were familiar with current best practice guidance, which they used to assess the quality of the service and guide their plans for change.

Quality assurance systems were meaningful and offered opportunities for all staff to be involved. Systems were embedded and helped staff and management to identify what worked well and highlight areas that could be developed. This included audits for the environment, personal plans and accidents. This ensured improvements were meaningful and positively impacted on outcomes for children.

A visible leadership team supported improvement to be driven and directed to support positive outcomes for children. There was a real focus on pastoral care for staff, who were valued and respected. Leaders recognised the importance of supporting staff wellbeing, both professionally and personally. As a result, staff were happy, confident and passionate in their role.

Further areas for improvement were identified through parent feedback and consultation with children. Children and families were actively involved in developing the service through regular conversations and completing questionnaires. This ensured they were involved and influenced change. All families that shared feedback with us strongly agreed that they were involved in a meaningful way to develop the service.

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.

Quality indicator 4.3: Staff deployment

Children and their families were warmly welcomed on their arrival by staff. This approach showed children they mattered and were valued.

The staff team were positive, enthusiastic and passionate about their roles. They contributed fully in the inspection process and were keen to share their enjoyment of working with children and families. Staff commented that this was a strength of the service.

Staff worked well together. They were respectful of each other and caring towards colleagues. For example, staff were aware of colleagues' needs when engaged with children and offered support as required. This demonstrated that staff had developed trusting relationships. This contributed to the positive ethos of the service.

There was a good breadth of skills across the team. This allowed some staff to lead on specific areas. The leadership team were aware of the continued development within staff skills and knowledge to maintain a consistent approach.

Training was targeted to individuals and based on their needs and interests. This was supported by effective monitoring by the management team and where areas for development had been identified. This meant that staff training was meaningful and impacted positively on practice. Appraisals and professional development reviews provided an opportunity for staff to reflect on their role and discuss plans for future learning.

While there was enough staff to provide care for children, at some key points of the day deployment was not effective in meeting some of the individual needs of children. This impacted on the quality of some experiences and at times caused interruptions to children's play. **(See area for improvement 1)**. We discussed this with the management team and asked that they consider the diverse range of children's needs and abilities when planning the deployment of staff.

Staff communicated well with each other when leaving areas of responsibility or when supporting a child. They shared key information which helped to provide a consistent approach to children's care. Staff were flexible and deployed themselves in a way which allowed children to follow their interests. This meant that children's choices were respected.

Areas for improvement

1. To ensure positive outcomes for children the management team should monitor and review the deployment of staff during key times of the day.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'My needs are met by the right number of people'. (HSCS 3.15).

'People have time to support and care for me and to speak with me'. (HSCS 3.16).

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

Staff practice and effective training should develop to ensure a consistency to the quality of children's experiences. Staff should develop a greater understanding of key early years frameworks and embed into their daily practice to support children to thrive.

This is to ensure 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, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14).

This area for improvement was made on 11 May 2022.

Action taken since then

Training was individualised and targeted at staff needs. This supported to identify where there were gaps in staff knowledge and practice. Training reflections were detailed and supported staff to reflect on their learning and the impact training had on outcomes for children.

Staff were familiar with, and using relevant best practice guidance, to support their learning and inform their practice.

Previous area for improvement 2

Formal systematic monitoring should be extended to continue to help identify areas for development and improvement. The service would also benefit from making greater use of self-evaluation to support improvement.

This is to ensure 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 11 May 2022.

Action taken since then

A range of quality assurance, monitoring and improvement planning were in place. A shared leadership approach to self-evaluation contributed to development across the service.

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?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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