

## Busy Bees @ Halbeath Day Care of Children

Carnegie College  
Halbeath  
Dunfermline  
KY11 8JH

Telephone: 01383 844 640

**Type of inspection:**  
Unannounced

**Completed on:**  
5 March 2025

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

**Service provider number:**  
SP2003002870

**Service no:**  
CS2003044254

## About the service

Busy Bees @ Halbeath is a day care of children service which is registered to provide care to a maximum of 114 children from age zero to an age to attend primary school.

The service is provided from a standalone building which is located within the campus of Fife College in Dunfermline and is close to shops, schools and other amenities. The setting consists of four playrooms, an office and kitchen. Toilet and nappy changing facilities are located throughout the premises. Most playrooms have direct access to the nursery garden.

## About the inspection

This was an unannounced inspection which took place on 3 March 2025 between 08:25 and 16:40 and 4 March 2025 between 09:10 and 16:15. 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
- received feedback from 37 families
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

## Key messages

- Children experienced warm, kind and caring interactions. Staff were respectful and supportive in their approach which helped children to feel safe, happy and relaxed.
- Most children had fun and enjoyed a variety of play and learning experiences. Some resources could be more exciting and inspiring to promote challenge and curiosity.
- Children experienced a spacious and bright environment. They had ample space to play and moved freely and confidently between areas.
- To support a culture of continuous improvement, meaningful self evaluation and improvement planning should be developed.
- Some quality assurance processes were in place but were not always effective.
- Staff communicated effectively and worked well as a team which created a positive ethos for children.

## 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?	3 - Adequate
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 where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality Indicator 1.1: Nurturing care and support

Children experienced warm, kind and caring interactions. Staff were respectful and supportive in their approach which helped children to feel safe, happy and relaxed. Most families commented positively about the staff caring for their children. One family told us, "I can see the staff put care and compassion first and they really value all the children as individuals." Staff knew children well and were responsive to their cues. They worked collaboratively with other professionals which supported them to identify strategies of support tailored to children's individual needs. They effectively used these strategies which helped children to achieve.

There were inconsistencies in the quality of personal plans. Some children had detailed information in place which supported staff to meet their needs. However, some children's plans did not reflect their current needs. Children would benefit from personal plans being updated to support continuity of care.

Children were nurtured and supported throughout their daily experiences. For example, they were respectfully invited to get their nappy changed and experienced warm and positive interactions such as singing during personal care. Staff were responsive to babies' individual care routines and preferences. For example, they recognised and responded to babies' cues and supported their personalised sleep routines. This supported their emotional security and wellbeing.

Children experienced calm, relaxed and unhurried mealtimes where they could eat at a pace which was right for them. Older children were able to choose when to eat their meals which promoted choice. However, babies and some younger children had long transition periods before meals. As a result, they became unsettled or disengaged. Some children experienced a sociable mealtime as staff sat alongside them and chatted. There was scope for this to be more consistent for all children. Children had opportunities for independence such as pouring their own drinks and self serving which helped to build their confidence. Children would benefit from being involved in the planning and preparation of snacks and meals to promote responsibility and develop life skills.

Medication was stored in individual boxes which were clearly labelled. This supported staff to effectively manage medication. Medication permission forms were in place to support the administration of medication. Whilst information about children's medical needs was documented, this was not always clear and easily accessible for staff. Staff were responsive to suggestions made during the inspection and improved the recording of information to effectively respond to children's medical needs.

### Quality Indicator 1.3: Play and learning

Most children had fun and enjoyed a variety of experiences such as making music, being creative and experiencing physical and active play opportunities. Children's independence and choice was encouraged as they moved confidently between the different areas of the playrooms and outdoors. Some staff were skilled in effective interactions such as open ended questioning and commentary to extend children's learning. However, there were some missed opportunities and at times, staff did not always give children enough time to think and respond.

Staff were responsive to children's interests to plan experiences which supported their engagement in play. Children had some contribution to floor books including providing comments about their experiences. However, there was limited evidence of learning recorded. Further consideration should be given to planning intentional learning experiences to support children's progress and development across all areas of the curriculum.

Children's play and learning experiences were enhanced through connections to their local and wider community such as visits to the woods, green spaces and shops. This provided them with opportunities to follow their interests and supported them to learn about the world around them.

Children were well supported to develop skills in language, literacy and numeracy. They independently engaged in mark making and enjoyed reading stories with staff. Younger children experienced singing throughout the day which created a positive atmosphere and supported their language development. Opportunities for numeracy were naturally woven into children's play and learning experiences with some staff supporting and extending children's understanding of mathematical concepts. There was scope to further develop literacy and numeracy opportunities across areas of the playrooms to enhance children's experiences.

Observations of children's play and learning experiences were shared with families. Some of these were infrequent and many families told us they would like more information about their child's progress. Observations varied in quality and did not always demonstrate children's significant learning and next steps. This meant that children's achievements and development may not always be recognised and celebrated.

### How good is our setting?

**4 - Good**

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

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

Children experienced a spacious and bright environment which was clean and well-ventilated. An inviting and welcoming entrance offered families a comfortable space to relax. Children had ample space to play and moved freely and confidently between areas. The baby room was well resourced and set up in an attractive and engaging manner to support their play and learning. Good consideration had been given to creating smaller, inviting play spaces within the older children's playroom. Some spaces across the setting, such as block play areas and cosy spaces, could be enhanced to provide more rich and meaningful play opportunities and improved areas for children to rest and relax.

Children were enabled to direct their own play and learning as resources were easily accessible and developmentally appropriate. Children had some opportunities for risky play, for example, they enjoyed balancing on beams as they created obstacle courses in the garden. Some resources did not offer children appropriate challenge. Children would benefit from more opportunities to explore exciting, interesting and inspiring resources to promote curiosity and extend learning.

The setting was safe and well maintained and consideration had been given to ensure the environment was secure. Effective arrangements were in place for the monitoring, maintenance and repair of the setting. This included staff carrying out daily checks of the premises. As a result, this helped to keep children safe.

Most children were well supported to wash their hands at key times throughout the day which helped to keep them healthy. A few aspects of infection, prevention and control could be improved. For example, staff did not consistently follow the nappy changing procedure which increased the risk of potential spread of infection. Older children ate meals in close proximity to the toilets. Staff were responsive to suggestions made and had begun to explore ways to improve this.

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

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

The staff and manager had created a positive ethos within the setting. They were responsive to feedback and suggestions to make improvements. Children experienced a welcoming, safe, nurturing and fun environment which reflected the setting's vision, values and aims. The service aspired to provide a home from home environment for children and families. There was scope to enhance homely touches throughout the setting to achieve this vision.

Most families told us they felt involved in a meaningful way to help develop the service. They had opportunities to be included in the setting, for example, through questionnaires and the parent partnership. One family commented, "Events such as a Mother's Day afternoon tea and a weekend stay and play were some of the things the staff have organised out with normal nursery hours which were a lovely touch and shows they understand the importance of people making connection whether it be with staff or other parents." Children had limited opportunities to be meaningfully involved in the development of the service. Staff should consider how they actively seek children's views and enable them to influence change.

Self evaluation was not effective to support staff to reflect on practice and identify strengths and areas for improvement. Whilst an improvement plan had been developed, the areas identified were too broad and not measurable. As a result, very limited progress had been made towards the identified improvements (**see area for improvement 1**).

Some quality assurance processes were in place but were not always effective. For example, nappy changing observations had been carried out however, where improvements were identified, these were not always followed up. There were some gaps in auditing such as no effective review of long term medication and no audit of accidents and incidents. As a result, there were missed opportunities to identify improvements needed to impact positively on children's outcomes (**see area for improvement 1**).

## Areas for improvement

1. To improve outcomes for children, effective and robust quality assurance processes should be implemented. To do this the provider should, at a minimum, ensure:

- a) regular, effective, and focused monitoring is carried out across the setting
- b) robust audits are developed and implemented, and any actions are addressed promptly
- c) self-evaluation is used effectively to support improvement
- d) clear and effective plans are developed to maintain and improve the service.

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).

## How good is our staff team?

**4 - Good**

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

### Quality Indicator 4.3: Staff deployment

Positive relationships with children and families supported transitions between home and nursery. Most families were positive about the information shared with them. Their comments included, "Staff are always friendly and provide daily updates" and "The staff are so approachable, fun, and competent. The staff provide updates all day and appear to genuinely care about my children".

Staff were deployed across the setting to take account of their knowledge and skills. As a result, children experienced warm, nurturing and respectful interactions from staff who knew them well. The majority of families told us they felt there were always enough staff in the setting. A few families felt there could be extra staff to support children. Whilst there was a sufficient number of staff in most playrooms to meet children's needs, in one playroom, staff were working to the minimum adult to child ratio. Despite staff's best efforts, they were unable to provide meaningful play and learning experiences. Whilst these children experienced warm care and nurture from staff, they did not experience high quality play and learning.

Staff communicated effectively and worked well as a team. This created a positive ethos for children. Staff breaks in the older children's playroom had been well considered which meant that children experienced consistent staff throughout mealtimes. Effective arrangements were in place in the event of absence, with familiar staff from other settings providing support. Important information was shared with relief staff to ensure they met children's needs. This meant that children experienced continuity and consistency of care.

## 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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good



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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

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