

## Busy Bees @ Livingston Village Day Care of Children

1 Quarrywood Court  
Livingston  
EH54 6AX

Telephone: 01506 460 785

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
24 February 2021

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

**Service provider number:**  
SP2003002870

**Service no:**  
CS2003011936

## About the service

This was a virtual inspection.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

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Busy Bees @ Livingston Village nursery is situated in a pleasant wooded area in Livingston. The nursery is registered to provide a care service to a maximum of 156 children at any one time, aged from birth to primary school age entry. The care will be provided for children in three buildings as follows:

Pre school building : A maximum of 80 children of whom a maximum of 40 will be aged four years plus, a maximum of 25 will be aged two years to four years, a maximum of 15 will be aged one year to three and a half years.

Toddler building: A maximum of 40 children of whom a maximum of 25 will be aged two and a half years to three years, a maximum of 15 will be aged two years to two and a half years.

Baby building: A maximum of 36 children of whom a maximum of 12 children will be aged 18 months to two years, a maximum of 15 children will be 12 months to 18 months, a maximum of nine children will be six weeks to 12 months.

The nursery is registered to operate between the times of 07:30 to 18:00 hours Monday to Friday.

We compiled this report following a short notice virtual inspection, which took place at various times between Thursday 18 February at 10:00 and Wednesday 24 February at 11:00. The manager sent us any documents requested by email.

## What people told us

Our contact information was shared with parents, but no-one responded to this. We observed parents arriving at the service and saw that they had positive relationships with staff and used this time to share information about their child.

## 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 and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

### 3 - Adequate

#### **Quality Indicator 5.1: Children's health and wellbeing are supported and safeguarded during the Covid-19 Pandemic.**

We carried out observations in the 0-2 and 2-5 areas which were in separate buildings. We found that children were settled and cared for by kind and caring staff. In line with guidance, cohorts had been arranged so children remained with the same group, minimising the number of people they were in contact with. To provide consistency of care and support transition, consideration had been given to the deployment of staff so that children were cared for by familiar adults. In addition to this, supernumerary staff were allocated to each cohort for a week at a time.

Staff could tell us about the individual needs of children. Some of this information was recorded in personal plans, but did not give a full overview about the child, their needs and how they were being supported to have positive outcomes. Through discussion with the manager, we found that information was recorded in various documents. Personal plans was an area the manager was currently developing to improve record keeping. As part of this process, we discussed how the systems in place could be used more effectively to show how children's individual needs were being met. For example, cross referencing within the personal plans to show where all the information is kept.

The range of activities available were suitable for children and could be easily accessed. In the 2-5 building we observed that children did not participate in activities for long periods of time. Following discussion with the manager, she advised that she recognised staff would benefit from training in child development and planned to organise this to upskill the staff team. This will help them deliver positive outcomes as activities will provide breadth and depth for children's learning.

Staff recognised the importance of using the outdoor area. They ensured children played outside every day to benefit from fresh air and exercise. Good use was made of loose parts which encouraged children to develop their physical skills and learn to manage risk. Staff used praise and encouragement effectively which promoted children's confidence in their abilities.

Staff were aware of their responsibility in relation to child protection and associated issues. They had undertaken training and confirmed that the organisation sent regular updates so they were kept informed about any changes. This helped staff have the knowledge to safeguard children in their care.

#### **Quality indicator 5.2: Infection prevention and control practices support a safe environment for children and staff.**

A COVID-19 risk assessment had been completed to support staff practice. Systems had been put in place to limit the risk of transmission which followed current guidance. For example, parents were not routinely permitted to be in the building, enhanced cleaning of frequently touched surfaces was in place and a quarantine system for resources. Staff confidently told us about the procedures in place and we saw that cleaning materials were readily available.

While most staff followed the procedures in place, we noted at times a lack of consistency. It would be beneficial to revisit some areas of infection, prevention and control such as always using the pedal to open the bin and ensuring personal protective equipment (PPE) is put on and taken off in the correct order.

Physical distancing was generally observed by all staff, but on occasion and for brief periods, staff were too close to each other. We would also encourage staff to support each other's practice as this will help promote consistency within the staff team.

Each playroom had handwashing stations for staff and children. Staff supported children to understand the need for good hand hygiene and encouraged them to carry this out at appropriate times throughout the day. They adopted techniques which helped children wash their hands for the recommended 20 seconds.

A clear process was in place to care for children who develop COVID-19 symptoms while attending the service. A separate room was available staff described the steps they would take to support symptomatic children. This ensured the risk of transmission of COVID-19 was reduced and that children received appropriate care and support.

### **Quality indicator 5.3: Staffing arrangements are responsive to the changing needs of children during COVID-19.**

Staff had had a range of COVID-19 training and told us that this had helped them have confidence in their role. They advised the organisation and manager regularly updated them with any changes. As a result, staff felt supported and confident about approaching the manager with any issues.

There was enough staff allocated to children's cohorts so that they were supported by staff who were familiar to them and understood their individual needs. Supernumerary and domestic staff were also in place to support the additional demands on staff at this time.

The manager was new to her role and told us about her plans and vision for the service. She had undertaken appraisals with current staff and would continue this process. This had helped identify areas for their personal development. When staff had completed training, they had started to evaluate what they had learned and highlighted how it would use it to support positive outcomes for children. This system should continue to be embedded in practice as it will help staff to develop their skills.

The manager told us that the service was getting busier and new staff would need to be recruited. She planned to use this opportunity to revisit staff roles and responsibilities which would support the development of the staff team.

An improvement plan had been devised with appropriate areas identified for development. We agreed that some areas were at the early stages. To support improvement, we advised that it is helpful to name lead practitioners for all areas and add in timescales as this helps monitor progress.

Two recommendations were made at the last inspection in respect of staff. We will continue them as although we acknowledge some progress has been made, they have not been fully met. See areas for improvement 1 and 2.

### **Areas for improvement**

1. The service should review and further develop staff's learning and development systems. Consideration could be given to the following;

- Individual staffs learning goals and training needs,
- Reflection and planning for improvement,

- Building of theory into practice,
- Promoting staffs own professional responsibility to seek out and engage in learning opportunities that enhance practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that: As a child; 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) and I use a service and organisation that are well led and managed (HSCS 4.23).

2. The manager and senior management team should review staff roles and responsibilities to ensure that;

- Children are kept safe and their needs met, at all times,
- Staff are clear about individual responsibilities and their role within improvement,
- Staff are deployed throughout the service based on skills, experience and level of responsibility,
- Leadership opportunities are identified to improve practice,
- Expectations are agreed and consistent,
- Common goals are developed with clear action plans.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: As a child, my care and support is consistent and stable because people work well together (HSCS 3.19).

## 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

The manager should improve and implement an effective nappy changing system that takes account of information noted in the child's personal plan in relation to their personal care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that: As a child I experience high quality care and support. My care and support meets my needs and is right for me (HSCS 1.19).

**This area for improvement was made on 5 June 2019.**

#### Action taken since then

Staff reported that children were changed when they needed to be and in consultation with parents. This area for improvement is met.

#### Previous area for improvement 2

To maximise children's wider food experience the service should evaluate and further develop snack and lunch times in line with best practice guidance. Consideration should be given to the following;

- How best to support children to develop positive relationships with food,
- Whole-family and partnership working to help children overcome barriers to eating well,
- Engaging children in conversations about eating well,
- Supporting less confident children to try new tastes and experiences,
- Children's choices,
- Communicating with children at meal and snack times,
- Food provision and the opportunity it provides for learning,
- How the environment supports children's overall experience.

This is to ensure care and support is consistent with the health and Social Care Standards which states that:

As a child; I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible (HSCS 1.35), 1.38 If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible (HSCS 1.38) and I am confident that people are encouraged to be innovative in the way they support and care for me (HSCS 4.25).

**This area for improvement was made on 5 June 2019.**

#### Action taken since then

There were separate areas for dining. Tables were laid out and staff sat with children. We observed the lunch and breakfast times during the inspection and found them to be positive experiences for children. Staff

chatted with children and during the meal time which was relaxed and unhurried. Staff encouraged children and supported them to develop self help skills as they fed themselves. A varied menu was in place that took into account children's dietary needs. This area for improvement has been met.

## Previous area for improvement 3

The service should review and further develop staff's learning and development systems. Consideration could be given to the following;

- Individual staffs learning goals and training needs,
- Reflection and planning for improvement,
- Building of theory into practice,
- Promoting staffs own professional responsibility to seek out and engage in learning opportunities that enhance practice.

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

As a child; 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) and I use a service and organisation that are well led and managed (HSCS 4.23).

**This area for improvement was made on 5 June 2019.**

### Action taken since then

Some progress had been made in respect of this area for improvement. Recent training had been about COVID-19. The manager had identified a need that staff would benefit from child development training. She had started to implement systems to promote staff personal development. We agreed that this was in the early stages and will continue this area for improvement.

## Previous area for improvement 4

The manager and senior management team should review staff roles and responsibilities to ensure that;

- Children are kept safe and their needs met, at all times,
- Staff are clear about individual responsibilities and their role within improvement,
- Staff are deployed throughout the service based on skills, experience and level of responsibility,
- Leadership opportunities are identified to improve practice,
- Expectations are agreed and consistent,
- Common goals are developed with clear action plans.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: As a child, my care and support is consistent and stable because people work well together (HSCS 3.19).

**This area for improvement was made on 5 June 2019.**

### Action taken since then

Due to the impact of COVID - 19 restriction this area of improvement was not fully met. The manager had only been in post for a short time but outlined how she would develop the staff team. She had started this with appraisals and identifying training needs. She had also said that new staff would be appointed within the service and this would be an opportunity to address this area for improvement.

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
5.1 Children's health and well being are supported and safeguarded during COVID-19	3 - Adequate
5.2 Infection prevention and control practices support a safe environment for children and staff	4 - Good
5.3 Staffing arrangements are responsive to the changing needs of children during COVID-19	3 - Adequate

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