

# Busy Bees at Edinburgh Broughton Day Care of Children

127 Broughton Road  
Edinburgh  
EH7 4JH

Telephone: 01315 575 675

**Type of inspection:**  
Unannounced

**Completed on:**  
23 June 2021

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

**Service provider number:**  
SP2003002870

**Service no:**  
CS2019372911

## About the service

Busy Bees at Edinburgh Broughton 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 88 children at any one time aged from five months to not of an age to attend primary school. Of those no more than 15 shall be under two years of age.

Any other conditions unique to the service:

The service is provided from three premises. The numbers of children who can be cared for within each is as follows: A maximum of 27 children at any one time aged from three years to not yet attending primary school may be cared for in 127 Broughton Road, Edinburgh EH7 4JH. A maximum of 46 children at any one time aged from five months to not yet attending primary school of whom no more than 30 are under two years may be cared for in 3 Beaverhall Road, Edinburgh EH7 4JQ. A maximum of 15 children at any one time aged from two years to not yet attending primary school may be cared for in 4 Beaverhall Road, Edinburgh EH7 4JQ.

The nursery was in the centre of Edinburgh. Each of the three buildings had an entry system supporting accessibility for families. One of the buildings had its own secure garden with the others having a shared garden space. One building had a kitchen that prepared snacks and lunch for children.

The statement of aims and objectives included:

"To create a caring and nurturing setting that allows wellbeing, communication, curiosity, inquiry and creativity to flourish whilst being responsive to children's changeable interests and demands.

To provide a high standard of learning experiences for each child, providing safe and appropriate play spaces for learning to allow children to develop their potential for both the present and future.

To celebrate diversity and be inclusive to all our children and their families regardless of gender, ethnicity, culture, age and disability."

This inspection was carried out by inspectors from the Care Inspectorate. Two visits were made to the service. Conversations with parents, staff and management were also carried out virtually.

This was a focussed inspection to evaluate how well children were being supported during the Covid-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of children experiencing care during the pandemic.

## What people told us

Parents have spoken highly about the information shared with them about the changes related to Covid-19. The service had used a methods such as email, e-learning journals, newsletters and virtual meetings. This meant that parents felt well informed about their child's experiences in the nursery.

## 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?	2 - Weak
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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?

2 - Weak

### 5.1 Children's health and wellbeing are supported and safeguarded during the Covid-19 pandemic.

Children were greeted warmly by staff in the service. We found that some staff showed a warm and nurturing approach to meeting children's needs. However, some staff interactions were at times not nurturing towards children. These interactions did not value children as unique, capable and competent individuals.

We saw that at times arrangements for settling in were not well planned and children did not always know the staff caring for them. This caused some children to become very upset. In addition, children who were new to the service were not always appropriately comforted by staff. Some staff interactions observed were poor due to staff being task focussed on daily routines. This meant that some staff were not engaging with children. In order to foster respectful interactions staff should consider their approaches to supporting tasks carried out within the daily routine, for example nappy change and sleep time. This would help to support a more nurturing environment for children.

Although there were enough staff to meet the required ratios, staff were not effectively deployed to meet the needs of children. Children had to wait for staff to be available before their basic needs could be met. For example, going down to sleep, nappy changing and supporting children with toilet training. See area for improvement one.

The system for gathering and recording information about children was not clear. Important information about children's care and medical needs were not detailed in their personal plans. This core document should be used by staff to effectively meet children's needs. Where children had been identified as having additional support needs little information was recorded about support strategies being used. This meant that children's care and support needs were not being consistently monitored and planned for through stepped approaches. See requirement one.

Where medical needs were known there was no information in the personal plan related to these. The service did have a medication overview sheet with more detailed support for individuals. However, the stepped approaches were not consistently recorded to signpost staff on how to ensure children's needs should be met. There was a potential risk to children's health and wellbeing. See requirement two.

### 5.2 Infection prevention and control practices support a safe environment for children and staff.

The service had made some changes to minimise risk of Covid-19. Consideration had been given to areas used by staff such as staff belongings being stored in their own boxes to minimise the risk of possible cross-contamination. Staff deployment had been planned to reduce staff movement between buildings. Where movement was necessary this was planned on a weekly basis to minimise risk of possible transmission as well as provide children with consistency of care. Parents were encouraged to socially distance when picking up and dropping off their child. Parents told us they had been confident in the Covid-19 procedures shared by the service to reduce the risk of Covid-19 and keep their children, families and staff safe.

The service had sourced hand sanitising and personal protective equipment (PPE) stations which were

available at appropriate points in the service to support good hand hygiene. However, staff did not always follow infection prevention and control guidance when donning and doffing their PPE. This included lack of handwashing and disposal of PPE in the kitchen bin after supporting toileting. Due to the potential for spread of infection and cross-contamination this posed a risk to staff and children's health and wellbeing. Hand washing facilities in the staff toilets and kitchen did not have paper towels which posed a risk to effective hand hygiene. While preschool children told us about handwashing to get rid of germs, younger children were not well supported to understand the need for good hygiene and risks were identified because of ineffective hand washing. See requirement three.

Children were not protected from the spread of infection because cleaning schedules were not based on good practice guidance or carried out when needed. Although staff told us that there was increased cleaning routines, we did not see evidence of this on the days of the inspection. For example, many areas of the nursery were visibly dirty and cleaning solutions were not always available to staff. Cleaning risk assessments had been completed however these checks had not been carried out effectively. See requirement three.

Children were exposed to potential risk from infection as staff working in the service were not familiar with, or did not follow, up-to date guidance on infection prevention and control in respect of Covid-19. Risk assessments were not specific to the service and did not provide a comprehensive overview in line with Covid-19 guidance. The isolation room had no ventilation and there were soft furnishing within the room which were difficult to clean. There was a lack of ventilation throughout the nursery. This did not adhere to the Covid-19 guidance or the nursery's risk assessment. See requirement three.

### **5.3 Staffing arrangements are responsive to the changing needs of children during Covid-19.**

The manager had been receptive to feedback throughout the inspection and some changes had been made by the second day of the inspection in response to this. Parents and staff were very positive about the communication and support they had received from the manager through the Covid-19 pandemic.

Staff felt supported by the manager and felt that their fears had been allayed by the manager coming back after a Covid-19 outbreak. Health and wellbeing forms had been completed with staff to understand their anxieties about returning to work. These did not identify where further support or training was needed. This meant there was little evidence that these effectively supported staff practice or understanding of their responsibilities in line with infection prevention and control and Covid-19 guidance.

Staff felt supported by their colleagues. Some staff communicated well to support the needs of individual children throughout the day. However, there were competing demands on staff time leading to reduced opportunities for high quality play and learning experiences for children. We saw some staff practice that was not respectful to children. This included children not being communicated with while being lifted. This meant children were not aware of what was happening to them or what was going to happen next. We raised concerns with the manager about this. See area for improvement two.

Safer recruitment processes were not followed when employing staff. This had the potential to put children at risk. The nursery company's recruitment forms were not properly completed and Scottish Government guidance 'safer recruitment through better recruitment' was not followed. See requirement four.

There were limited quality assurance systems in place. Where processes had been introduced to monitor improvements, it was not evident what the impact of these had been. An effective quality assurance system would have picked up on many of the areas identified throughout this inspection. These included but is not

limited to; adherence to infection prevention and control, quality of personal plans and observation of staff practice. See requirement five.

## Requirements

1. Children must have the right care at the right time. By 2 August 2021, the provider must ensure that where strategies are identified by parents, other professionals and the service, these must be consistently implemented. The impact of these strategies must be recorded and regularly evaluated to ensure that they are having a positive impact and meeting children's needs.

This is in order to comply with Regulation 4 (1) (a) of The Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI/2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'If I am supported and cared for by a team or more than one organisation, this is well-coordinated so that I experience consistency and continuity' (HSCS 4.17).

2.  
In order to ensure the safety and wellbeing of children, the provider must ensure that by 2 August 2021, where children have any health needs, the necessary medication and associated documentation/ information must be in place and outline how these needs will be supported by staff.

This is in order to comply with Regulation 4 (1) (a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI/2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

3. To ensure that children are cared for in a safe and hygienic environment, the provider, must by 2 August 2021 ensure that staff understand and implement Scottish Government Coronavirus (Covid-19) guidance with regard to Infection Prevention and Control.

This is to comply with Regulations 4 (1) (a) and Regulation 4 (1) (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI/2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

'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)

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

4. To ensure that children are safe and protected, the provider must, by 2 August 2021 ensure that any future employees are recruited in a safe manner in line with best practice and that all relevant checks are carried out.

This is to comply with Regulation 9 of the Social Care and Social Work Improvement Scotland (Requirements

for Care Services) Regulations 2011 (SSI/2011/210).

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

5. To ensure children and parents receive a service which is well led and managed, the provider must, by 6 December 2021, ensure there is a culture of continuous improvement and robust and effective quality assurance procedures in place. In order to achieve this the provider must ensure that:

- a) the manager has sufficient time and the underlying knowledge to effectively improve outcomes for children;
- b) systematic and rigorous procedures for self-evaluation, auditing and monitoring all areas of the service using local and national guidance are developed which lead to clear plans for maintaining and improving the service;
- c) there is an overview of staff practice within the service; and
- d) all staff working in the nursery understand and practice the service's procedures effectively.

This is to comply with Regulations 4 (1) (a) and 15 (b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI/2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.16).

### Areas for improvement

1.  
Children should be cared for by a sufficient number of staff who have the knowledge, experience and skills to care for and nurture them. In order to achieve this the provider must ensure that staff deployment is based on an assessment of children's needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My needs are met by the right number of staff' (HSCS 3.15).

2.  
Children should be cared for by a competent and confident staff team, who are supported to keep up-to-date with practice and use their knowledge to care for children well. There should be a training plan in place which:

- a) is based on information gathered from staff monitoring, appraisals and self-evaluation;
- b) is regularly monitored to ensure that staff are making progress and are supported;
- c) ensures that all staff working in the nursery understand and practice the service's procedures effectively; and

d) ensures that all staff have a confident understanding of good practice and are using their learning to improve children's experiences.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 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).



## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
5.1 Children's health and well being are supported and safeguarded during COVID-19	2 - Weak
5.2 Infection prevention and control practices support a safe environment for children and staff	2 - Weak
5.3 Staffing arrangements are responsive to the changing needs of children during COVID-19	2 - Weak

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