

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:
30 September 2022

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.

The service is also provided from two other 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.

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 nursery is in a residential area in the centre of Edinburgh, close to local schools, parks and amenities.

About the inspection

This was an unannounced inspection which took place on 27 September 2022, between 09:00 and 16:00, and 28 September 2022, between 09:30 and 15:00. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service which 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 to staff and management;
- Spoke to one parent, and heard from two parents via email;
- Observed practice and daily life;
- Reviewed documents.

Key messages

- Staff were kind and caring towards children, and positive relationships had been built.
- Children's personal plans were not effectively used for all children to meet individual needs.
- Staff needed to continue to develop their skills, experience, and knowledge to help all children reach their full potential.
- Quality assurance processes were ineffective and did not have a positive impact on the quality of children's experiences.
- Lunches should be reviewed and improved to ensure that children have more opportunity to be independent, and experience a more positive mealtime experience.

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?	2 - Weak
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

1.1 Nurturing care and support

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Children were greeted warmly, and staff were kind and caring in their approach. Positive relationships had been built with core staff, and we saw respectful interactions which contributed to children feeling valued and safe. Parents spoke positively about staff and told us they were "very sweet and caring" and "I feel reassured that (child) gets treated with love and respect."

Children's personal plans included a range of information about children's needs to effectively plan for their care. They were regularly reviewed and updated as children's needs changed. For example, a parent told us they had been asked to review and update their child's plan prior to a potty training plan being implemented. However, there was potential that not all children's needs were fully met. We found a lack of consistency of approach to support children with communication needs. We discussed with staff various strategies they could use in partnership with parents, including pictorial timetables. This would contribute to children experiencing consistency and continuity in their care. Elements of the requirement made at the previous inspection have been met, and we have made a requirement to take account of what remains to be met. **(See requirement 1).**

During mealtimes, the youngest children were supported by staff who were attentive and sat with them ensuring their safety. They were supported to eat and encouraged through the early stages of feeding themselves. However, independence and self help skills were not promoted for older children. We found they were not offered knives and their food was cut up prior to them being served. To enhance developing life skills, children should be encouraged to prepare, choose and self-serve food. We saw some staff were task focussed during lunch which had the potential for children to not receive the correct care. For example, one child sat for a period of time without lunch before staff were aware. **(See area of improvement 1).**

For most children, there was clear information which outlined how to manage their health care needs. Core staff were confident of how this was managed and appropriate records were completed within playrooms. Monitoring of medication was in place however the manager had failed to ensure that all required medication was on the premises. This could potentially lead to children not receiving the correct care. We discussed with the manager the need for robust systems and have made a requirement within 3.1 Quality assurance and improvement are well led. **(See requirement 1, QI 3.1).**

1.3 Play and Learning

We evaluated this quality indicator as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Children were engaged in a variety of play activities that provided opportunities to stimulate and challenge their interests and learning. However, we saw many occasions where children's play was interrupted and opportunities were restricted. The layout of the building meant that activities were spread across several playrooms. At times, for example such as staff breaks and taking children to the toilet children were gathered into one room, this impacted on them being able to follow their individual interests and lead their own play.

Children's opportunities to develop their curiosity and learning was at times limited by adult directed play, for example, a group of children were gathered for an activity at a table rather than being able to explore resources at their own pace. Further opportunities were missed when children were told not to mix water and sand. Staff need to develop their understanding of child development theory and practice, and their role in supporting high quality play and learning experiences. This would contribute to children having play and learning experiences that are sufficiently challenging for their stage of development. **(See area of improvement 2).**

A new planning approach had been recently introduced for a trial period within the setting. Many staff told us they were confused with the new approach, and did not feel they had received enough training to effectively implement it. We found we could not track children's interests and progress through this method. We saw that children's interests of 'pirates' had been followed and had been shared with parents through social media to involve them in their children's experiences. Staff told us it was a "fun theme" and these were not recorded. This resulted in limited opportunities for staff to evaluate children's progress and achievements to support learning. **(See requirement 2).**

Staff need to consider ways to improve the quality of information they provide in response to parents comments. For example, parents told us "We don't hear very much about (child's) learning and development" and "I would like to see more about learning online or in feedback rather than just about eating and sleeping."

Requirements

1. By 15 January 2023, the provider, must ensure that all children's health, welfare and safety needs are met. Sufficient information must be gathered and recorded about all children as part of their personal plan, clearly setting out their individual needs, and how these will be met. This will ensure staff plan children's care based on up to date and reliable information. To do this, you, the provider, must ensure personal plans include any individual strategies for support that is to be implemented, and to do this, you, the provider must, at a minimum:

- a) Ensure consistent effective recording of important information in all personal plans.
- b) Ensure that all personal plans are meaningful working documents that include strategies of support and progress made.

This is to comply with Regulation 5(2)(b)(c) (Personal Plans) 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 (HSCS) which states that: 'My personal plan, (sometimes referred to as a care plan), is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

2. By 15 January 2023, the provider, must ensure that an effective full planning cycle is in place. This should support and extend individual children's learning at an appropriate pace. This should include but not limited to:

- a) Planning approaches which are child centred and responsive to children's interests and life experiences.
- b) Effective use of assessment information, progress, and achievements to plan appropriately to meet children's needs.
- c) Skilled interactions should be developed to promote children's creativity and curiosity.
- d) High quality observations.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to achieve my potential in education and employment if this is right for me.' (HSCS 1.27).

Areas for improvement

1. To support children's health and wellbeing, whilst promoting enjoyment of healthy eating, the manager and staff should improve mealtime experiences. This should include improved systems to monitor routines so that all children benefit from a rich mealtime experience.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSCS 1.33); and "I can enjoy unhurried snack and mealtimes in a relaxed atmosphere as much as possible." (HSCS 1.35).

2. Children should be able to engage in a range of innovative and interesting play opportunities which have been planned by staff, using observations of children's interests and an improved range of quality play resources. To enhance children's play, staff training should be undertaken to highlight and share some of the current good practices, and documents which focus on play activities and resources.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'As a child my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials.' (HSCS 1.31).

How good is our setting?**3 - Adequate**

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

Quality indicator 2.2: Children experience high quality facilities

The setting was comfortable, well-furnished and welcoming. Ventilation units had been installed in the areas with no windows since the previous inspection. This was to prevent the spread of infection and create a safer environment for staff and children. Maintenance issues were communicated and recorded, but were not always effective. One of the playroom sinks had been broken for four weeks, however, this was rectified during the inspection. The management team acknowledged that prompt action was required to ensure a safe environment for children.

Playrooms had a range of resources that provided opportunities to stimulate and challenge children's interests and learning. These included loose parts and open-ended resources. Home corners were well resourced, and children enjoyed feeding and putting "babies" to bed. Core resources such as sand, water and sensory play were available, but not always easily accessible due to the layout of rooms. For example, one playroom had a large sand tray. This was in a room separated from the main playroom which could not be independently accessed. Staff needed to consider how the environment promotes children's learning and leading their own play. **(See area of improvement 1).**

Children had access to the nursery garden at planned times during each session. This provided them with opportunity for fresh air and energetic play. A recent change, outwith the settings control, meant that one of the gardens previously shared with local residents was no longer available. Consideration now needs to be given to how the remaining space can be maximised to provide quality outdoor experiences for the youngest children. Areas in the outdoor space were at times minimally resourced. This meant that children could not purposefully play in these areas. For example, the new mud kitchen lacked the resources needed to stimulate curiosity and learning.

Good use was made of the local community green space and parks. However, on the day of inspection, the chosen park was not suitable for the younger children. The equipment was wet and staff found it difficult to supervise the children safely. We discussed with the management team the need to review risk assessments. They should reflect the developmental needs of children when assessing local play parks. Consideration should also be given to inclement weather conditions and the impact to children's experiences.

Areas for improvement

1. Children should actively experience high quality play and learning experiences which challenge and extends their learning. To do this, the provider should improve the learning environment to ensure that all children have access to appropriate, organised and well-presented play resources to invite and entice them to play and learn.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.' (HSCS 5.21).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

3.1: Quality assurance and improvement are well led

A temporary manager had been appointed since the previous inspection, however, we had not been notified of this. Providers are required to notify the care inspectorate of specific events or changes within the service, such as a change in management arrangements. Since the inspection, this notification has now been submitted. We could see that the manager worked hard in the day-to-day running of the setting. However, they regularly covered absence within the playroom, which restricted the time and space available to effectively lead the team. As a result, she could not fully support improvement to sustain children's health and wellbeing needs.

One parent expressed concern over management changes, they told us "there has been a lot of changes and there seems to have been a concerningly regular turnover of managers." The provider should ensure that families are kept informed of the management arrangement to help parents feel more at ease with any changes, and allow relationships and trust to be built.

Quality assurance systems in place were not robust or effective enough. They had limited impact on the quality of the setting for children and families. The setting must develop a quality assurance system that ensures children's care, learning and development needs are met, and the areas for improvement as detailed in this report are addressed. Systems must include self-evaluation and improvement plans that lead to continuous improvement and sustained good quality care. **(See requirement 1).**

A self-evaluation calendar was in place to distribute tasks and areas for focus throughout the year. However, we found that monitoring and self-evaluation did not consistently result in sustained improvement, or always accurately reflected the experiences of children and staff practice. The manager should incorporate room monitoring visits into her quality assurance calendar so that she can role model and support staff. More attention to monitoring was also needed for areas such as medication, to ensure it was onsite and children received the correct care. **(see requirement 1).**

Staff did not fully understand their responsibility to maintain professional registration. We identified an occasion where staff registration with the Scottish Social Services Council (SSSC) had lapsed. The monitoring system had failed to pick up the lapse that had happened, therefore, the manager should ensure that all staff maintain a registration with a professional body, and follow the codes of practice. **(See requirement 2).**

Requirements

1.
By 15 January 2023, the provider, must ensure improved outcomes for children by implementing effective and robust quality assurance processes.

To do this, you, the provider, must 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) Clear and effective plans are developed to maintain and improve the service.
- d) The management team effectively monitor the work of each member of staff and the service as a whole.
- e) An action plan is developed with clear priorities focussed on outcomes for children, and implemented to provide a clear and robust plan for how the service will improve.
- f) Children and their families are meaningfully involved, and can influence positive change in the service through trusting relationships with managers on all levels.

This is to comply with the Regulation 3 Principles and Regulation 15 (a) and (b) Staffing 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 states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

2. By 10 December 2022, the provider, must ensure that all children are cared for and kept safe by safely recruiting competent and skilled staff who follow their professional and organisational codes. To do this, you, the provider must, at a minimum:

- a) Ensure that staff fully understand their responsibility to maintain professional registration.
- b) Put quality monitoring systems in place to ensure that all staff maintain a registration with a professional body, and follow the codes of practice.

This is to ensure that 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).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

4.3: Staff deployment

Staff were flexible and supportive of each other in working across playrooms throughout the day to support the supervision of children. Staff ratios were met and there was at least one qualified member of staff present in each playroom. However, the service did not provide high quality outcomes to meet specific health and wellbeing needs of children.

Staffing levels did not take into account the complexity of children's needs or busy times of the day such as mealtimes. Some staff did not adequately support children during lunch due to being task focussed. This took them away from sitting with children which meant they did not receive the care and support required. Staff told us that it was difficult some days due to inconsistency of staff, which meant it could be "quite stressful." The frequent changes in staffing meant children's experiences were inconsistent. Staff should consider the number of different adults children are cared for throughout the day, and make improvements to support children to experience consistently nurturing experiences. One parent told us "there has been a lot of changes of staff." **(See requirement 1).**

The quality of children's experiences varied due to the mix of staff skills and knowledge. In some areas we could clearly identify skilled staff who took the lead, role modelling good practice. In other rooms, some staff were task orientated and that had the potential to impact on supporting children's care and learning. For example, older children did not have regular free-flow access to the garden due to staffing within their playroom.

Newly recruited staff received an induction into their role, and told us that this had helped them to understand children's care needs and the routines of the day. This helped them to build an understanding of their roles and responsibilities when caring for children. However children were exposed to potential risk because recruitment procedures did not always follow safer recruitment practices. To ensure safe, competent, skilled staff were being employed we have asked the provider to develop safer recruitment procedures in line with safer recruitment guidance. We have asked the provider to ensure that a PVG check is returned before staff begin working in the setting with children. (See requirement 1)

Requirements

1. By 15 January 2023, the provider, must support children's health, welfare and safety needs by maintaining appropriate staffing levels at all times. Staff must be suitably trained, qualified and deployed effectively to secure positive outcomes for children.

To do this, you, the provider, must at a minimum:

- a) Plan staff rotas to ensure children's needs are met, particularly at transition times such as meal and sleep times.
- b) Staff deployment must take account of the mix of the skills and experiences of the team.
- c) Put measures in place to guarantee a responsive approach to children's care, which meets their individual support needs.

This is to comply with Regulation 15(a)(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 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) and 'My needs are met by the right number of people.' (HSCS 3.15).

2. By 15 January 2023, the provider must ensure children are safe and receive high quality experiences at all times.

To do this, the provider must:

Follow safer recruitment procedures when employing staff

This is to comply with Regulations 4(1)(a) and 9(2)(b) 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 (HSCS) 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).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

Children must have the right care at the right time. By 2 August 2021, you, 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 states 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).

This requirement was made on 30 July 2021.

This requirement was made on 30 July 2021.

Action taken on previous requirement

There had been some improvements in identifying and recording children's care and learning needs. However, personal plans needed to be further developed to include a chronology of children's significant events and meetings with other professionals.

We discussed with the manager that where the service was awaiting input from other professionals, staff should, along with parents, identify additional support needs for children, and the service should be proactive in detailing strategies to be used. These should be shared with all staff working with children and be consistently implemented and evaluated for effectiveness in meeting children's needs. **(A further requirement has been made in the body of this report, see Quality Indicator 1.1).**

Not met

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?	2 - Weak
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	2 - Weak
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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