

Busy Bees @ Melrose Day Care of Children

Huntlyburn Road
Melrose
TD6 9BX

Telephone: 01896 820 400

Type of inspection:
Unannounced

Completed on:
13 January 2023

Service provided by:
Busy Bees Nurseries (Scotland)
Limited

Service provider number:
SP2003002870

Service no:
CS2003014366

About the service

Busy Bees @ Melrose is an early learning and childcare setting situated close to Borders General Hospital on the outskirts of Melrose. The setting is registered to provide a day care of children service to a maximum of 75 children between the ages of birth and entry into Primary School at any one time.

The setting has four main playrooms for specific age groups and an additional room for all age groups to use. The dining room is in the main foyer of the setting and used by most age groups. Children have access to enclosed gardens, some of which were directly off playrooms.

About the inspection

This was an unannounced inspection which took place on Tuesday 10 January 2023 between 08:45 and 16:15 and Wednesday 11 January 2023 between 09:00 and 13:35. The inspection was carried out by one inspector 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 people using the service and thirteen of their family representatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Warm, caring and nurturing approaches supported most children's overall wellbeing.
- Personal planning must be further developed to ensure children's health and wellbeing needs are consistently met.
- Effective transitions promoted children's security and wellbeing.
- Improvements must be made to the indoor and outdoor learning environments.
- Quality assurance processes must be purposeful and manageable to identify areas for development and aid improvement.

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

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

How good is our care, play and learning?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

1.1: Nurturing care and support.

Children were greeted warmly and were keen to get to the playroom to find their favourite toys and friends. Parents told us "the staff are wonderful with my child and I can't thank them enough for the time they give to them", "all staff have always been friendly, and my child feels so at home" and "I have no doubt that my kids will have lasting memories and friendships".

Most children had developed positive relationships with staff which helped them feel safe and secure. Warm, caring and nurturing approaches supported most children's overall wellbeing. However, some staff appeared to lack confidence when children became overwhelmed or indicated they had an unmet need. Strategies in place to support some children and the impact of these needed to be recorded. This meant staff were not clear on how best to meet individual needs. Consequently, on occasion, we had to request management intervention to ensure children were being appropriately supported. On our second visit, some changes had been made to the way staff interacted with children. This further demonstrated inconsistent approaches to children through a lack of staff understanding and direction from management. Staff must receive guidance on how to best to meet the needs of individual children.

Personal Learning Plans (PLPs) and an on line 'I Connect/parent zone' app system were in place. However, these records and systems did not always capture progression in learning or how the staff would support children to reach their full potential. Furthermore, many parents told us that often daily feedback was lacking and they would welcome more entries in the app about their child's learning and development. (See requirement one).

Staff told us of the settling in process to support transitions. Parents were complimentary of their experiences, telling us "they were excellent (I really mean that) when my child was first settling in. I was very impressed and extremely grateful for how hard they worked to make sure they settled in okay" and "they were great with my child settling in. Offered as many settling in visits as we wanted, stay and plays sessions, sent photos of the room etc on the app so I could show my child when at home to familiarise them". This demonstrated an effective approach to ensuring transitions promoted children's security and wellbeing.

Staff were respectful when carrying out personal care. For example, asking children before wiping their noses and including them in the process. Nappy changing was a relaxed, happy and social routine that provided valuable opportunities for interactions on an individual basis.

Where children required medication, this was delivered in a safe manner. Effective monitoring systems were followed to ensure children's safety and wellbeing when receiving medication.

Parents spoke positively about how staff followed their individual routines. For example, staff followed children's ever changing sleeping routines, siblings could play and eat together and children who were about to have a new sibling were able to visit the baby room. This meant children were often nurtured and supported throughout their daily experiences. However, we saw older children experience routines that did

not always meet their needs. For example staff were over regimented in their approach and often children had to line up and wait only to be unnecessarily turned away from going to eat or go outside. Staff overlooked children's choice and did not appreciate how disappointing being turned away could be. Staff need to put children's needs at the heart of routines so that their rights are respected and promoted. (See area for improvement one).

Mealtimes were unhurried and relaxed. With the exception of the babies who ate in their room, all age groups ate in the dining room that was central in the setting. Staff sat with children to offer a social and supportive experience. Children poured their own drinks and had a sense of responsibility when helping their less able friends. Kitchen staff had built up a good relationship with children. They were aware of nutritional and dietary needs and worked well with staff to ensure they were met. The chef had a practitioner qualification and often involved children in food preparation. This helped children develop skills for life in a home from home environment. A parent told us "The food in BB is exceptional. The cooks are such hard workers feeding all the children and it is always to such a high standard. We can't fault it at all".

1.3: Play and learning.

Children benefited from some opportunities to engage with loose parts and natural materials. These resources promoted creativity and learning. Baby room staff had created an environment that offered both familiarity and novelty. For example, relaxing spaces were available for daily sleep routines and resources were changed to support the development of new skills such as walking. However, for other age groups, many play spaces were poorly resourced meaning children were not always experiencing fun and learning through high quality play opportunities. As a result we often saw disengaged children flitting around messy play areas with minimal opportunities to develop their skills in language, literacy and numeracy. Play spaces must be improved to ensure there is a wide range of responsive, familiar, challenging and exciting play opportunities.

(See requirement two).

Some parents commented that staff had been supportive of their child's interests and planned activities around them. However, this was not consistent practice as planning approaches to play and learning were often adult directed with very little links to children's interests. For example, outdoors staff had set up a tray with cereal and spoons and continually told the children not to eat it. Babies were taken to the dining room to sit at a table to do an adult led gluing activity. A small group of older children were taken outside for a very short period to look at the weather using large flash cards. This demonstrated limited understanding of child development and the importance of children experiencing learning relevant to their age and stage.

Children's on line and written records were intended to document progression in play and learning. However, many of the observations were of a whole group and told a story about an adult directed activity and were not personal to the child. Staff should improve upon their observations of play so they reflect key learning for individual children. They should then be able show how they plan to facilitate children to lead their own learning whilst being sufficiently challenged with appropriate experiences, interactions and spaces.

(See area for improvement two).

Requirements

1.
By 3 April 2023, the provider must ensure that all children's health, welfare and safety needs are met.

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

- a) Personal plans are written and regularly reviewed with children and parents to ensure that information is up to date to reflect children's current needs, wishes and choices.
- b) There is effective recording of important information in all personal plans to meet children's wellbeing needs.
- c) 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 state 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 17 April, the provider must support children to reach their full potential through high quality play and learning experiences.

To do this, the provider must, at a minimum ensure resources are available to challenge and empower children of all ages to actively experience creative play, fun and learning.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) 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 state that:

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

Areas for improvement

1. To promote children's wellbeing, the manager and staff should review adult led routines to meet individual children's needs and offer choice. Activities should be based around realistic expectations of children's age and stage of development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child or young person I feel valued, loved and secure' (HSCS 3.10).

2. To support children's play, learning and development, the manager should enable staff to develop and improve their practice to provide better outcomes for children. In doing so, at a minimum, consideration should be given to:

- Increasing staff skills and knowledge in how children learn and an understanding of child development.
- Supporting staff to implement a child-centred approach to observation, planning and assessment of children's learning through play.

- Ensuring parents are included, informed and communicated with about their child's learning. This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our setting?

3 - Adequate

We made an evaluation of adequate for this key question. Whilst we identified some strengths, these just outweighed the weaknesses.

2.2 Children experience high quality facilities.

Children benefited from the setting that had plenty of natural light and ventilation. The secure entry system helped to keep children safe. A parent told us "the nursery always appears clean and fresh on entrance and when picking my child".

As noted in quality indicator 1.3 play and learning, staff were not ensuring indoor play spaces were inviting, welcoming or well resourced. For example, we saw resources that were worn, had pieces missing, dirty and lying untidily on the floor. This prevented children engaging in meaningful and purposeful play. Displays of children's work were ripped showing little regard for children's creations.

Similarly, the outdoor environment was neglected in many places and did not offer a range of stimulating play experiences to support learning and development. We were encouraged to see that on the second day of our inspection, our feedback had been taken on board and staff had made some effort to make improvements to the experiences on offer outdoors. As a result, the outdoor area was popular with the older children who moved freely between indoors and out. We saw children being independent, putting their coats on with staff on hand to support them if needed. Staff had opened up the gate so that children aged two were able to join the older group in the larger garden. Staff were delighted with the results as both age groups had fun together in the spaces that had been improved. Whilst we appreciate that improvements to the gardens were planned for the summer, until this happens, improvements must be made to all outdoor areas without delay. (See requirement one).

Children and staff washed their hands at appropriate times throughout the day. This helped support children's health and wellbeing. However we found:

- A ripped changing mat.
 - Nappy changing areas were worn and grubby in places.
 - Aprons that had not been disposed of in the correct manner after changing a nappy.
 - Bins were dirty.
 - Over flowing bins in garden areas.
- (See requirement two).

Requirements

1. By 17 April 2023, the provider must support children to reach their full potential through suitable outdoor facilities.

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

- a) Outdoor environments are developmentally appropriate spaces that take account of all children's age and stage of development and learning.
- b) Resources, materials and experiences in the outdoors support play and learning.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) 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 state that:

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

Reference best practice documents and framework such as 'my world outdoors', 'out to play' and 'realising the ambition' will offer guidance on this.

2. By 6 March 2023, the provider must improve staff practice in infection prevention and control practices.

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

- a) Bins are clean and not left to overflow.
- b) Staff dispose of aprons in the correct manner after nappy changing.
- c) Changing mats are replaced immediately when damaged or worn.
- d) Nappy changing areas are a pleasant place for children for personal care to be carried out.
- e) Management have oversight to ensure they can identify and address gaps in infection prevention and control practices.

This is to comply with Regulation 4 (1) (a) (Welfare of Users) 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:

'My environment is safe and secure' (HSCS 5.17).

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. Whilst we identified some strengths, these just outweighed the weaknesses.

3.1: Quality assurance and improvements are led well.

The management team were receptive to our advice and took immediate action to address some of the concerns highlighted at the inspection. Parents were complimentary of management describing them as "very good", "always present and approachable" and "listened to my concerns and responded" with "good leadership". Parents also gave examples of when management had led staff to ensure their child's individual needs had been met. For example making changes to support a child's potty training which clearly had a positive impact on the child and their family. However, some parents gave examples of when management

were not so receptive to feedback or concerns. The manager agreed to consider and reflect on these comments.

The management team had developed an improvement plan which identified priorities for the setting. However, parents were not aware of it. Going forward the manager should share improvement plans with parents so they are able to become meaningfully involved and have an opportunity to influence change within the setting.

Quality assurance processes were effective to ensure consistency in approaches to health and safety, medication and accidents. However, the current quality assurance and monitoring processes did not go far enough to identify staff practice that impacted negatively on experiences and outcomes for children. For example poor play experiences, poorly resourced play areas, over regimented routines, lack of understanding of how to meet some children's needs and ineffective personal planning systems had not been addressed. To provide children with better experiences and outcomes, management must now establish quality assurance systems to monitor and improve staff practice and interactions. (See requirement one).

Requirements

1. By 3 April 2023, the provider must ensure children and families benefit from a setting that is led well with routine quality assurance systems.

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

- a) Staff practice is monitored and feedback is used to support them in meeting children's care, learning and development needs.
- b) Regular and effective monitoring is carried out of records such as plans for play and personal plans to ensure detailed and relevant information is gathered to support children's needs.
- c) Families are informed of improvement plans so they can be meaningfully involved and influence change within the setting.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) 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 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?

3 - Adequate

We made an evaluation of adequate for this key question. Whilst we identified some strengths, these just outweighed the weaknesses.

4.3: Staff deployment.

Staff were friendly, approachable and participated well in the inspection process. Parents spoke highly of staff, describing them as "very good", "very caring and nurturing", "very nice and friendly and seem to genuinely enjoy their jobs" and "work hard and provide a welcoming atmosphere".

During our visit, staffing levels were sufficient in numbers to meet the minimum child to staff ratios with the vast majority of staff being fully qualified. However, this experience and knowledge was not always evident in staff practice. Furthermore, parents commented "staff could benefit from support to increase their confidence and self-esteem" and "we have felt there has been little leadership within the room". Staff completed on line training, however, there was no clear system for reflection on training and how this would be used to plan to improve practice. Management need to carry out a staff skills audit and follow up on learning from training. This should be effective in identifying gaps and making use of the differing experience, knowledge and skills of the staff group to ensure children's experiences across the whole day are positive.

(See area for improvement one).

Management were on hand to support staff at the busiest times of the day, such as mealtimes or arrival and departure times. This ensured staffing levels stayed consistent. Senior management were considering how deployment systems to ensure that staff breaks did not impact negatively on children's experiences.

Parents spoke about not being informed of when their child's keyworker had left or changed due to "a lot of staff rotation". Whilst we understood the current challenges in staffing within the early learning and childcare sector, whenever possible, parents and children should be prepared in advance of any changes to keyworkers. This would help alleviate any anxiety and support minimum disruption to children's routines.

(See area for improvement two).

Areas for improvement

1. To support the staff team's professional development and improve play experiences and outcomes for children, the manager should carry out a staff skills audit. Management should ensure staff reflect on any training undertaken and follow up on how this learning has improved their practice.

This ensures 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).

2. To support children's security and parent to feel reassured and respected, families should be informed when there is a change in keyworker and the reasons why.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.