

Busy Bees at Inverurie Day Care of Children

Burghmuir Place
Inverurie
AB51 4FW

Telephone: 01467 623 240

Type of inspection:
Unannounced

Completed on:
13 March 2026

Service provided by:
Busy Bees Nurseries (Scotland)
Limited

Service provider number:
SP2003002870

Service no:
CS2020380339

About the service

Busy Bees at Inverurie is registered to provide a daycare of children service to a maximum of 200 children at any one time. There are a variety of playrooms across two buildings for children not yet attending school, with a separate building for school aged children. Playrooms provide care to specific age groups. All three buildings each have an enclosed garden space. There are changing and toilet facilities, an office, kitchen, laundries, and staff rooms.

The service is close to parks, green spaces, local primary schools, shops, and other amenities.

About the inspection

This was an unannounced inspection which took place on 11 March 2026 between 09:00 and 18:00 and 12 March between 08:45 and 18:20. The inspection was carried out by three 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:

- spent time with children using the service
- spoke with six of their parents/carers
- received 29 responses to our request for feedback from parents/carers and staff through our online questionnaire
- assessed core assurances, including the physical environment
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained, and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within 'Leadership', 'Children thrive and develop in quality spaces', and 'Children are supported to achieve'.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing, and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Children were cared for by staff who knew them well.
- Children and families were welcomed warmly into playrooms which supported positive relationships.
- The Hub building for school aged children was in a poor state of repair and posed significant risk to children's health, safety, and wellbeing. The children stopped attending the Hub on the first day of inspection.
- Maintenance issues throughout all buildings impacted children's experiences and the effectiveness of infection control practices.
- Quality assurance systems needed to improve to ensure children experienced consistently positive outcomes.
- Daily opportunities to spend time outdoors supported children to be active.
- Play experiences and interactions for younger children were positive. To support older children's individual progress and development, interactions and experiences should be improved.

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

Leadership	2 - Weak
Children thrive and develop in quality spaces	1 - Unsatisfactory
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate

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

Leadership 2 - Weak

Quality indicator: Leadership and management of staff and resources

We made an evaluation of weak for this quality indicator, as there were some strengths but these were compromised by important weaknesses.

The vision of the service included 'To give every child the best start in life'. The values were shared on the noticeboard with families but these had not been reviewed recently. We encouraged the manager to review the vision and values with staff, children, and families to help ensure they reflect the current aspirations of all stakeholders and support daily practice reflecting these.

Quality assurance processes were not effective in ensuring children's safety, health, and wellbeing as identified through the report, particularly in relation to the premises and the environment. Although some issues had been identified and escalated by the management team, limited follow up actions had been completed, increasing the risk to children's safety and wellbeing. Leaders had identified some areas for development through monitoring, such as introducing cosy spaces in playrooms. The impact of these developments on children's experiences was not evaluated to see if they had improved children's outcomes. There were limited audits of spaces and no audit processes in place for the out of school Hub service. As a result, leaders lacked full oversight of the significant maintenance and infection control issues within the Hub building. Some planned monitoring of staff practice had not been carried out, limiting leaders' ability to challenge and improve practice. Consequently, children were not consistently supported to experience high quality care and interactions. The provider advised a new monitoring process had recently been introduced and was committed to supporting the management team to embed this more effectively in practice (see requirement 1).

Some improvement priorities reflected the needs of the service. For example, a new planning format was at an early stage of implementation and further support was ongoing to build staff confidence in using it. However, some staff and families did not feel meaningfully involved in self evaluation. Staff reported limited opportunities for collective reflection and parent comments included, "Limited official involvement as a parent - informal conversations only. Unaware of what processes are in place to get information from the children." The management team agreed to review processes and further consider how to meaningfully involve children, families, and staff in informing improved outcomes for children.

Staff were recruited safely, supporting children's welfare. Newly recruited staff and staff moving between rooms or roles reported feeling well supported during induction and transitions, such as regular check-ins with management and a handbook. This helped to build confidence in their roles. Support and supervision meetings offered some opportunities for reflection. These were not always used well to identify training needs or strengthen staff understanding of their roles and responsibilities. We discussed this with the management team who agreed to further consider current approaches.

Complaint investigations did not consistently protect children. Whilst one concern had been fully investigated and resolved, another regarding staff practice had not been investigated as effectively. We identified significant gaps and found there was limited evaluation of information gathered. This meant a well informed conclusion had not been reached to support children's wellbeing. Actions had been identified, however these had not been fully followed up. As a result, leaders could not be assured that practice had improved, leaving children potentially at risk of interactions that did not support their rights and wellbeing. We raised this with the management team, who agreed to take action (see requirement 2).

During the inspection, the provider, management, and staff team engaged positively and were responsive to feedback. Leaders had clearly defined roles, including the assistant centre directors having oversight of different age groups and rooms. The provider and management team advised they were committed to making the necessary improvements. They responded promptly throughout the inspection, were open to discussion, and took immediate action to address some of the serious concerns identified. Following the inspection, the provider advised of further work that was ongoing to make the necessary improvements. This collaborative approach demonstrated a shared focus on improving outcomes for children and families.

Requirements

1. By 14 May 2026, the provider must ensure through robust quality assurance that children's health, safety, and wellbeing needs are met.

To do this the provider must, at a minimum:

- a) Implement effective quality assurance processes and self evaluation that leads to improved and sustained positive outcomes for children and families.
- b) Ensure that effective and sustained improvements are made and actioned timeously.
- c) Ensure that managers and leaders are effectively enabled and supported to implement required improvements.

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 (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).

2. By 14 May 2026, the provider must ensure that children are safe and protected through consistent and robust complaint handling.

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

- a) Clear and effective procedures are followed where complaints or concerns are raised.
- b) Thorough investigations are carried out and actions identified are addressed timeously.
- c) Relevant information, including a detailed response, is shared with families, staff, and other agencies involved with the service as appropriate.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 18 (Complaints) of The Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/ 2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I use a service and organisation which is managed and well led' (HSCS 4.23).

Quality indicator: Children experience high quality spaces

We identified major weaknesses in critical aspects of performance which require immediate, remedial action to improve experiences and outcomes for children. Therefore, we evaluated this quality indicator as unsatisfactory.

Serious maintenance issues across all three buildings significantly compromised children's health, safety, and wellbeing. The out of school care (Hub) building was in a particularly poor state of repair, with extensive rot, potential structural concerns, and unsafe equipment. Issues such as mould in the children's dining area and bathroom areas, stagnant water, damaged fencing, unstable step, and broken outdoor resources created an unsafe environment for children and staff. These conditions posed a significant risk, including for children with health conditions. We raised these concerns with the management team on the first day on inspection who took immediate action. Children were thereafter cared for in another building within their registration. The provider advised that children would not be cared for in the Hub building until a full assessment of the environment has been undertaken and actions carried out to ensure children's safety (see requirement 1).

Across the other buildings, several maintenance issues also had the potential to impact children's wellbeing. Some had been known for a considerable time, such as missing ceiling panels and out of use equipment including one laundry and a dishwasher within one playroom. Despite staff and the management team raising this with the provider, improvements had not been made to address their concerns. Staff and management shared that concerns raised with management or the provider sometimes felt dismissed or not followed up, leaving them feeling unheard and reducing confidence in the service's ability to keep children safe. The management team and provider acknowledged this was unacceptable and agreed to take action to address these issues (see requirement 1).

Maintenance issues directly affected the service's ability to maintain effective infection prevention and control. Damaged or dirty surfaces and broken cupboards restricted staff's capacity to clean spaces properly. We also observed ineffective infection prevention and control practices, including potties left on bathroom floors, mops stored in children's toilets, food left uncovered for extended periods of time, and out of use handwashing taps. Basic hygiene supplies, such as toilet paper and hand towels, were not consistently available and staff reported that some resources, such as wipes and gloves, were sometimes unavailable. At the time of inspection, sufficient hygiene resources were available, however were not consistently replenished. These issues increased the risk of infection and the management team and provider agreed to take action to support children's health and wellbeing (see requirement 2).

Staff supported children to understand and manage risk, and we observed some examples of positive practice. For example, staff in one room carried out a visual risk assessment of the garden with children before free-flow play began and regular headcounts took place across all rooms. The introduction of a safety character supported older children's understanding of risk and keeping themselves safe. These actions helped children learn about safety in meaningful ways.

Younger children experienced an environment which supported them to explore independently and follow their interests. For older children, the overall quality of the play environment indoors did not consistently promote curiosity, creativity, and sustained engagement. Older children's play and learning experiences were limited by the condition of some resources, which were damaged or required attention (see area for improvement 1 under heading 'Children play and learn').

Requirements

1. By 14 May 2026, the provider must ensure children are cared for and experience a safe and well maintained environment.

To do this the provider must, at a minimum:

- a) Ensure all equipment, furniture, and resources are in a good state of repair.
- b) Ensure all decoration is in a good state of repair.
- c) Implement an action plan for remedial works to be carried out to the Hub building, environment, materials, and resources with timescales.

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 (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings, and equipment' (HSCS 5.24).

2. By 14 May 2026, the provider must ensure the children's health and wellbeing needs are effectively met.

To do this the provider must, at a minimum:

- a) Ensure the premises, furniture, resources, and the environment are clean, well maintained, and in a good state of repair.
- b) Ensure staff implement and sustain safe and effective infection prevention and control practices across all areas of the service.

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 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 experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.24).

Children play and learn 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

We evaluated this quality indicator as satisfactory/adequate, where strengths just outweighed the weaknesses.

Most children benefitted from opportunities to lead their own play and learning. Younger children developed independence through climbing and exploring natural materials, while older children engaged in experiences

that reflected their interests, such as constructing models and drawing familiar characters. Parents commented positively on the variety of experiences available, sharing that children were "given lots of choice for the day to day activities" and that there were "lots of different activities happening weekly."

Most children experienced positive engagement from adults who interacted at their level. Younger children were encouraged and supported through purposeful play and regular singing and storytelling promoted early language and literacy development. There were times when some older children spent long periods wandering or disengaged. Children's engagement improved when adults joined their play, and recently introduced sensory spaces provided calm, cosy areas that supported emotional regulation and opportunities to relax.

The quality of the environment impacted on children's lack of interest and engagement. For example, limited art and craft materials and messy play experiences reduced opportunities to support children's creativity. The lack of high quality resources restricted children's ability to follow their interests and engage in rich, meaningful play. We raised this with the management team who agreed to improve the quality of the environment and resources to support children's curiosity, meaningful play, and stimulation (see area for improvement 1).

Interactions across the staff team were inconsistent and did not always support children's learning effectively. Variations in staff confidence and understanding of child development across the setting meant that while some interests were acknowledged, interactions did not consistently extend children's ideas or deepen learning. Children would benefit from staff developing approaches, such as open-ended questioning and "wondering aloud" to support curiosity and problem solving (see area for improvement 2).

Children accessed outdoors frequently, which supported energetic play and physical development. They explored garden spaces freely and enjoyed walks in the local community, which broadened their experiences beyond the setting. Staff described plans to extend community opportunities further. Families shared with us they valued the variety of outdoor experiences. Their comments included, "There are a variety of outdoor toys we have seen our child use and the staff take our child out on walks," "I am confident the staff would take up any opportunity to get my child outside as often as they can," and "They have done gardening and learning about growing plants."

Staff were developing their confidence in implementing a new planning approach. While early understanding was beginning to emerge, the approach was not yet fully embedded to support consistently meaningful or responsive play experiences. Ongoing work within the improvement plan aims to strengthen planning and ensure children's developmental needs are met across a wider range of learning areas.

Observations shared with families celebrated children's special moments and parents valued receiving these updates. However, observations were mostly descriptive and did not consistently identify children's progress or next steps. This limited staff's ability to plan effectively for progression. Work was ongoing within the new planning approach to support staff knowledge and skills of planning for individual children's learning. Families were able to share learning from home through the digital app and staff often linked these experiences to children's interests in nursery, supporting continuity for some children.

Areas for improvement

1. To support children's development and enable them to experience a rich and enabling environment, play spaces should offer a range of resources and materials to effectively challenge and stimulate children and reflect their current interests and curiosities.

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).

2. To support children's learning and development, the provider and manager should ensure children experience high quality play and learning.

This should include but is not limited to:

- a) Ensuring staff are knowledgeable and confident in child development and they effectively extend children's interests.
- b) Ensuring staff effectively observe, plan for, and evaluate activities and experiences to promote challenge and interest for the children.
- c) Ensuring staff skilfully support children to have fun and promote their curiosity and creativity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 to my age and stage, which stimulate my natural curiosity, learning, and creativity' (HSCS 2.27).

Children are supported to achieve 3 - Satisfactory / Adequate

Quality indicator: Nurturing care and support

We evaluated this quality indicator as satisfactory/adequate, where strengths just outweighed the weaknesses.

Most children experienced warm, nurturing interactions from staff who knew them well. Younger children benefitted from staff consistently recognising their cues and offering comfort when needed. Staff responded sensitively when children were upset or required reassurance. However, some interactions with older children did not always support emotional wellbeing. We raised this with the management team who agreed to take action to ensure a more consistent approach across the whole staff team to support positive outcomes for all children.

Positive relationships between staff, children, and families contributed to continuity of care. Children and parents were welcomed warmly into playrooms and opportunities, such as stay and play sessions strengthened relationship building. Children in the out of school Hub had developed trusting relationships with staff, helping them feel secure and confident during changes in routine. The digital app supported ongoing communication and parents described this as a strength. They told us, "Always felt welcome and able to approach staff," "Updates regularly on app throughout the day," and "There is never any rush to collect and leave."

Personal plans reflected children's needs, preferences, and strategies of support. Plans were reviewed regularly with families and targeted plans were in place for children who required additional support. Recent involvement from an additional support for learning specialist enhanced staff knowledge of individual

children's needs, enabling more informed planning. Strategies outlined in plans were not always implemented consistently, meaning some children did not fully experience the support intended to help them feel secure and understood. We raised this with the management team, who agreed to ensure responsive support strategies were used consistently to improve children's wellbeing.

Children were supported in line with their individual routines. Staff stayed with children during sleep times to support them to feel comfortable and used information from home to ensure familiarity. Nappy changing was carried out sensitively, with consideration given to maintaining a consistent approach. Transitions between rooms were planned with familiar staff to support children's confidence. While children benefitted from opportunities to move between spaces throughout the day, some transitions took unnecessary time. As a result, some children lost interest and experiences were interrupted. This was raised with the management team who agreed to implement further monitoring to improve transitions and strengthen children's engagement (see requirement 1 under heading 'Leadership').

Children experienced healthy, nutritious meals. Younger children benefitted from relaxed mealtimes where staff sat with them, promoting a safe and sociable experience. Mealtime experiences for older children were less consistent. Staff were sometimes task-focused during transitions, which reduced opportunities for engagement. This resulted in some children losing focus and hurrying to finish their meal, reducing the quality of their experience. Children had some opportunities to develop independence, such as pouring drinks and using cutlery, but there remains scope to extend this further across the service. An area for improvement from the previous inspection will remain in place (see section 'What the service has done to meet any areas for improvement we made at or since the last inspection' of this report).

Medication was stored appropriately and contained relevant information to support children's health needs. Staff were knowledgeable about children's medical conditions and had completed specific training. Discrepancies between medication protocols and recorded dosages had been identified in a recent audit carried out by the local authority but had not yet been addressed by the service. This created a potential risk where children's medical needs may not be safely met. We raised this with the management team who agreed to strengthen quality assurance processes to ensure accurate medication records and protect children's wellbeing (see area for improvement 1).

Staff were confident in their role in safeguarding and reporting child protection concerns. While chronologies recorded significant events, follow up actions were not always clearly documented. This had been identified through a recent local authority audit but action had not yet been taken. The management team agreed to improve the recording of follow up actions to ensure continuity of care for children and their families.

Areas for improvement

1. To support children's health and wellbeing, the provider should ensure medication is recorded and administered safely through effective staff knowledge and practice.

This should include but is not limited to:

- a) Ensuring medication forms contain accurate information which is consistent with prescription information and medical protocols.
- b) Ensuring robust quality assurance procedures support the safe storage and recording of medication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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

To improve the quality of children's mealtimes, staff should ensure that meals are well planned and children experience consistently nurturing approaches and supervision to support their engagement and safety. Children should be supported to be included in mealtime routines through opportunities to be independent and develop life skills.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snacks and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

This area for improvement was made on 5 February 2025.

Action taken since then

Children benefitted from staff mostly sitting consistently with them while eating to promote a safe and sociable experience. Staff were knowledgeable about promoting children's safety and applied this in their practice. However, extended transition periods and delays led to some children becoming disengaged and not experiencing calm and engaging meal experiences. There were limited opportunities for children to be independent. Further consideration should be given to involving children in the preparation of food and develop meaningful life skills.

This area for improvement has not been met and will remain in place.

Previous area for improvement 2

To promote consistently positive experiences for children across the day, staff should be deployed effectively to ensure care is child-focused and responsive. Tasks should be well planned for and managed to minimise the impact on children's care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15); and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This area for improvement was made on 5 February 2025.

Action taken since then

Staff were deployed effectively across rooms to support children's immediate needs being met. Staff breaks were mostly well planned to minimise the impact on children's care. Management and staff from different rooms were flexible to ensure ratios were met.

This area for improvement has been 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

Leadership	2 - Weak
Leadership and management of staff and resources	2 - Weak
Children thrive and develop in quality spaces	1 - Unsatisfactory
Children experience high quality spaces	1 - Unsatisfactory
Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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