Busy Bees @ East Kilbride
Day Care of Children

Lymekilns Road
Stewartfield
East Kilbride
Glasgow
G74 4RR

Telephone: 01355 260 665

Type of inspection:
Unannounced

Completed on:
13 August 2026

Service provided by:
Busy Bees Nurseries (Scotland) Limited

Service provider number:
SP2003002870

Service no:
CS2003006707

About the service

Busy Bees @ East Kilbride is a day care of children service in a suburban area in Lanarkshire. The early learning and childcare service is in partnership with South Lanarkshire Council to provide commissioned places for children aged between three and five years and eligible two- year-olds.

The service can accommodate a maximum of 90 children not yet attending primary school at any one time. This includes no more than 27 children aged under two years, no more than 20 children aged two years to under three years and no more than 43 children aged three years to those not yet attending primary school full time. At the time of our inspection there were a total of 60 children present on the first day and 62 children present on the second day.

The accommodation consists of four playrooms, a sensory and a story room. Outdoor play spaces are accessible from playrooms. There is changing and toilet facilities for children and office, catering, staff facilities and a family room. The service is close to schools, transport routes, shops and community services.

About the inspection

This was an unannounced inspection, which took place on 12 and 13 August 2026. The inspection was carried out by three inspectors from the Care Inspectorate. One inspector was shadowing as part of their induction process.

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 children using the service
- reviewed feedback from 23 parents and carers whose children attend the service
- reviewed feedback from 10 staff members employed in the service
- spoke with senior management, management and staff
- observed practice and staff interactions with children
- 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 the 'Leadership' section of this report.

Key messages

- Children were happy and confident with friendships supporting children's wellbeing.
- Kind and nurturing interactions from staff helped children feel welcome and supported positive relationships.
- Children's interests influenced play experiences and planning, supporting engagement, independence and enjoyment in learning.
- Outdoor play experiences within the service could be further enhanced.
- Quality assurance processes should be developed to identify and drive improvements for the outcomes for children.
- Staff worked well together as a team.
- Staff deployment and supervision supported children's safety and security.

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	4 - Good
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

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

Leadership 4 - Good

We evaluated this heading as good were several strengths impacted positively on outcomes for children and clearly outweighed the areas for improvement.

Quality indicator: Leadership and management of staff and resources
The service's vision, values and aims were reflected in practice and contributed to a positive, nurturing environment for children. We observed the values of fun, curiosity and respect were reflected in children's care, play and learning. The service were reviewing their vision, values and aims in consultation with families. This has the potential to strengthen families sense of belonging and ownership, while supporting the service to remain responsive to the needs and aspirations of children and their families.

Management had led improvements to staff wellbeing, indoor environments and planning and observation approaches. Staff spoke positively about the changes and they had contributed to improvements. We observed that these developments were having a positive impact on children's experiences and outcomes.

Staff and parents were involved in self-evaluation with their views and suggestions informing service improvements. This approach supported the identification of strengths and areas for development, resulting in agreed improvement actions. Self-evaluation had led to developments to learning experiences and providing more opportunities for outdoor walks. This had contributed to improving outcomes for children.

Children were being consulted and their thoughts and feelings were considered in relation to their play experiences within the setting. This was particularly evident within curricular plans where children helped plan play experiences that met their interests. The service should continue to strengthen self-evaluation by increasing opportunities to consult children. For example, when making changes to playroom environments to support children's rights in shaping and developing their nursery.

Regular auditing and monitoring of medication, accidents and incidents, learning journals, and planning for children's play and learning were in place. These processes had supported improvements in the quality of learning journals and contributed to reducing accidents and incidents within the service. However, we identified improvements were needed that had not been identified through existing auditing and monitoring arrangements of medication and the documenting of personal plans. This demonstrated that quality assurance processes were not sufficiently robust to consistently identify and address areas needing improvement. As this has the potential to compromise outcomes for children's care, play and learning we have made an area for improvement (see area for improvement 1).

Staff were recruited safely in line with safer recruitment guidance. An induction programme helped new staff develop a clear understanding of their roles and responsibilities to meet children's needs. Each new staff member was supported by a mentor who understood their role in guiding the inductee. Staff told us they felt confident seeking support from their mentor and colleagues contributing to a welcoming and collaborative team culture.

Staff had attended child protection training. They were aware of their responsibility to safeguard children in their care and had the ability to pass on possible concerns to management. At the previous inspection we made an area for improvement to support children's protection, safety and wellbeing. Improvements had been made and the area for improvement had been met. For further information refer to 'What the service has done to meet any areas for improvement we made at or since the last inspection' section of the report.

Quality indicator: Staff skills, knowledge, values and deployment
Since the previous inspection, significant changes in staffing had taken place. This had impacted on children's continuity of care and the consistency of their key worker relationships. Parents told us, 'The high turnover of staff and frequent change of staff and my child's key worker concerns me', 'Staff is ever changing and never know who is going to be in the room' and 'Teachers often seem overwhelmed with the number of children in the room.'

Despite there being a high number of changes, we observed staff worked well as a team. The staff team provided a range of skills and experience to the service across environments. Staff were deployed across indoor and outdoor environments to supervise children in their play. They communicated clearly during transitions, such as mealtimes and maintained regular headcounts to ensure children were appropriately accounted for. Parents and children told us, 'Love the teachers, they make each day fun, love the mud', 'The staff are approachable and friendly' and 'Great relationship, I have very high trust in them in regards to looking after my children.'

We observed almost all children and their families were welcomed into the service on arrival. We discussed with management the opportunity to review staff deployment within the three to five room during the early morning session to ensure all children and families are consistently welcomed while continuing to meet children's individual needs.

Staff were supported to develop their skills and knowledge through professional learning opportunities. Staff described how learning had been applied in practice. We observed improvements in planning and the development of playroom environments. Regular meetings provided opportunities for professional reflection, discussion and the sharing of practice, supporting continuous improvement and positive outcomes for children.

Staff told us they felt well supported by management, who were visible and accessible within the service. This was particularly evident when additional support was required to meet the needs of individual children. Positive leadership and management oversight contributed to staff confidence and their ability to respond effectively to children's care and learning needs.

There was distributed leadership, with some staff taking on designated responsibility and champion roles. Staff confidently described their responsibilities and the positive impact these were having on outcomes for children and families. Management had established processes to review and allocate these roles, supporting staff to take greater ownership of improvement activity. This approach has the potential to strengthen accountability and increase staff leadership in driving continuous improvement across the service.

One to one meetings supported staff to set goals contributing to promoting continuous learning, professional growth and progression to support with improving outcomes for children and their families.

Areas for improvement

1. To improve outcomes for children and their families, quality assurance systems should be further developed to assess and improve the quality of the provision in line with good practice. This should include medication and personal plans.

This is to ensure care and support is consistent with Health and Social Care Standards, which state, 'I benefit

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

Children play and learn 4 - Good

Quality indicator: Play, learning and developing
We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children were happy within their environments and had developed friendships that supported their social and emotional wellbeing. They demonstrated confidence and independence by leading their own play and learning, supporting their overall development and wellbeing. We observed some children were engaged in high quality play and learning experiences for prolonged periods of time, showing high levels of engagement, curiosity and joy. Children told us, "I like playing with the cars," and "I like the mud and splashing. Big puddles and small puddles. Splash splash splosh."

Older children had fun exploring and experimenting with real fruit and vegetables. They had opportunities to develop early numeracy and language skills. This extended to an understanding of where food items come from and using tools safely, supporting their health and wellbeing.

Younger children were supported to develop their imagination and creativity through role play experiences of pretending to be dinosaurs. Babies were provided with opportunities to strengthen their physical development through exploration of soft play equipment. Staff sensitively supported younger babies as they progressed from standing to walking, celebrating their achievements and helping to build confidence, self-esteem and emotional wellbeing.

All children had opportunities to play and learn outdoors, promoting their health and wellbeing through access to fresh air and active play. We discussed with management and staff the importance of reviewing outdoor play opportunities to ensure children consistently experience stimulating, engaging and enriching environments throughout the day. This included ensuring resources were well maintained and replenished, such as providing sufficient water in sensory trays and replacing used materials.

We observed improvements in the quality and accessibility of outdoor experiences on the second day of the inspection, demonstrating a positive response to feedback. Senior management also shared plans for a forthcoming outdoor refurbishment project, which has the potential to further enhance the quality of children's play, learning and exploration opportunities.

Staff were engaged in children's play, many interactions demonstrated responsiveness and connection. Some staff were skilful in scaffolding children's play to provide breadth and depth of their learning. These interactions contributed to a supportive environment for children's learning and development. Most staff would benefit from further development of their ability to challenge and extend children's learning and play opportunities. Professional learning on high quality interactions have the potential to improve the quality of these engagements and enrich children's learning experiences.

Staff were responsible for planning children's play and learning within designated play spaces. Children were consulted about their interests and ideas and these were reflected in planned experiences. Floor books captured children's participation, comments and evaluations, supporting them to have a voice in their learning. Experiences were linked to curriculum frameworks and good practice guidance. Management and

staff should continue to develop planning to ensure consistency in planning records across the staff team, with clear information of next steps to support and extend children's learning.

Online learning journals were used to share information about children's play, learning, and development. These were regularly updated with observations and photographs that evidenced progress across a range of developmental areas. While next steps were recorded, they were not always meaningful or clearly linked to children's individual learning needs. Strengthening the quality of next steps would help to better support and extend children's learning and development.

Children are supported to achieve 4 - Good

Quality indicator: Nurturing, care and support
We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children's care and learning routines were delivered with kindness and compassion from staff who were warm, nurturing and caring towards children. Staff knew their children and families well and had created a warm and welcoming environment. This supported children to feel safe, secure and contributed to the positive relationships they had with staff. We observed some staff could be more responsive to some children's individual needs. For example, through responding to their signs of tiredness and need for sleep to support children's health, wellbeing and comfort.

Mealtimes were a relaxed, unhurried and sociable experience. Staff were sitting with and supervising children contributing to a safe and positive mealtime experience. There were opportunities for older children to be independent and responsible with the serving of food, pouring of drinks and clearing away their lunch items.

Staff demonstrated a clear understanding of children's individual dietary requirements, ensuring meals were appropriate and safe. This supported children's health, safety, and wellbeing. Some staff caring for younger children were observed to be task-focused and frequent changes in staffing during lunch reduced continuity and consistency of care. Minimising staff changes would further strengthen children's sense of security and support their wellbeing.

Children's medication was clearly labelled, stored safely and regularly reviewed. Health care plans supported children's health and wellbeing. There were some inconsistencies in the recording of medication records. For example, not all administration records included information of the signs and symptoms for the administration of medication and there were discrepancies of information between records for some children. We discussed these with management and these were addressed during the inspection. We also discussed strengthening the medication policy to provide clearer guidance on controlled medication. An area for improvement has been made to support robust quality assurance of medication. For further information refer to 'Leadership and management of staff and resources' section of the report.

Personal plans were developed in partnership with parents and carers and communication passports provided an overview of children's interests and individual needs to support staff in providing individualised care. Goals and targets had been identified to support children's learning and development. However, there were inconsistencies in the recording of information.

Staff were able to share relevant information about some children that was not reflected in their personal plans. This resulted in plans not always being fully reflective of children's current needs and circumstances

and reduced the effectiveness of plans in supporting consistent, responsive care and support. An area for improvement has been made to support robust quality assurance of personal plans. For further information refer to 'Leadership and management of staff and resources' section of the report.

Families had opportunities to discuss their child's care and development both formally and informally. The service had systems in place to support communication both verbally and digitally. This contributed to fostering positive relationships, involvement and a sense of belonging.

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 support children's protection, safety and wellbeing the provider should ensure they fulfil their duties of reporting information to regulatory bodies in accordance with guidance and procedures.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state, '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 goals' (HSCS 3.14).

This area for improvement was made on 9 September 2025.

Action taken since then

A sample of child protection files demonstrated that lead safeguarding staff followed appropriate guidance and procedures. Concerns were addressed, recorded and reported to relevant authorities promptly. Records were regularly updated, ensuring lead safeguarding staff had access to information.

The area for improvement had been met. Please refer to 'Leadership' section for further information.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.scot.

Detailed evaluations

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good
Staff skills, knowledge, values and deployment	4 - Good

Children play and learn	4 - Good
Playing, learning and developing	4 - Good

Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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