Bower Busy Bees ELC (Early Learning Centre)
Day Care of Children

The Stables
Bower Community Centre
Bower
Wick
KW1 4TT

Telephone: 01955 661 269

Type of inspection:
Unannounced

Completed on:
18 June 2025

Service provided by:
Bower Busy Bees ELC

Service provider number:
SP2003001744

Service no:
CS2003008548

About the service

Bower Busy Bees ELC (Early Learning Centre) is registered to provide a care service to a maximum of 12 Children aged from two years to not yet attending primary school.

The service operates within converted farm steadings in the community of Bower, Caithness. The accommodation has two main rooms and an upstairs room. Across the courtyard the children can access a large outside natural play space with extensive resources which supports curiosity and creativity.

The Nursery is committee led and works in partnership with The Highland Council to provide funded early learning and childcare. At the time of the inspection there were eight children in attendance.

About the inspection

This was an unannounced inspection which took place on Monday 16 June and Tuesday 17 June 2025. 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 children using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- reviewed online feedback from 15 families.

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 supported with kindness and nurturing approaches that enhanced their overall happiness.

• Children did not consistently benefit from the effective use of personal planning.

• Inconsistencies in the management and auditing of medication had the potential to compromise children's wellbeing.

• Parents spoke very positively about the staff team.

• Children were offered exciting and developmentally appropriate play spaces outdoors, supporting their physical, emotional and cognitive development.

• Children and families were given the opportunity to voice their opinions and ideas, creating an inclusive and supportive environment.

• Approaches to quality assurance were not yet consistent and the pace of change in some areas of practice was too slow.

• The approach to staffing was not always outcome focused. The deployment and number of staff working in the service was at times insufficient to ensure high quality outcomes for all children.

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?	4 - Good
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.

Quality Indicator 1.1: Nurturing care and support

Children were supported with kindness and nurturing approaches that enhanced their overall happiness. Children had developed strong attachments to staff. This contributed to a positive ethos where children laughed, giggled and had fun. Overall staff were responsive to children's physical and emotional needs, helping to promote their independence, positive self-esteem and confidence. One parent commented, "I like that the nursery provides a warm, nurturing environment where my child feels safe, happy and confident".

Children's individual wellbeing did not consistently benefit from the effective use of personal planning. For example, there were no clear strategies of support in place for some children. Where strategies had been identified these were not always understood by all staff. This had potential to compromise consistency in care. (See Area for improvement 1)

Children benefitted from unhurried snack and mealtimes. During these experiences they were provided with some opportunities to develop independence skills. For example, at lunchtime children confidently poured their own drinks, served their own vegetables and responsibly placed their plates in the dishwasher. Staff sat with children eating, which promoted good eating habits, manners and supported a positive sociable experience.

We found inconsistencies in the management and auditing of medication. For example, clear protocols for the safe administration were not in place. Not all staff were aware of individual children who may have required medication. This had potential to compromise children's wellbeing. The manager responded immediately to rectify the identified issues and provided evidence of this. The manager now needs to implement effective auditing systems to ensure medication is safely managed in the service.

Children and families were valued and respected. Parents were welcomed into the service to drop off and collect their children. This contributed to creating positive attachments between children, families and staff, and enabled opportunity for information to be shared between nursery and home. Families told us:

"I always feel welcomed by the staff and there's a genuine openness to discuss my child's care, play and learning. I feel well informed and involved in what my child's experiencing at nursery".

"The staff are very engaging at every drop off and collection. They have listened and acknowledged all information about our (child)".

Quality Indicator 1.3: Play and learning

Children participated in a variety of developmentally appropriate play experiences which stimulated their natural curiosity, learning and creativity. They benefitted from a good range of open-ended, natural child-centred resources, enabling them to explore their imagination and problem-solving skills. For example, children enjoyed using old tyres, pipes and logs to support their imaginative play which sustained their interest for prolonged periods of time, contributing to the fun they had while playing and learning. We asked children what their favourite aspects of the service were, they told us, "I like playing in the forest" and "I like getting to paint pictures" and "I like my teachers and friends".

Overall staff used sensitive interactions to support children's learning and development. They engaged with children in a warm and kind manner. They were down at their level and offered reassurance fostering positive relationships. A range of communication techniques were used to support children at different developmental stages. These included, using open questions to extend play and learning as well as modelling new language to support younger children. However, on occasions there were missed opportunities to extend children's thinking through quality interactions due to ineffective staff deployment.

Some play experiences developed children's skills in language, literacy and numeracy. Staff naturally introduced mathematical language into conversation, interactions and experiences. When playing outside staff encouraged children to contrast and compare sizes and amounts. This supported children's developing numeracy skills. Staff facilitated opportunities for sharing stories, songs and rhymes with children. This supported children's enjoyment of literacy and the development of their talking and listening skills.

Child-centred planning approaches were evolving. The recording of observations and next steps was inconsistent. Some observations of children's play experiences reflected significant learning; however, others were descriptions of activities. As a result, children's achievements were not always captured. The service had recognised this as an identified area for development and were working on embedding changes.

Children's play and learning was enhanced through strong connections with the local community. This included, learning visits from the police and local nurses, supporting children's interest in, "people who help us". These experiences stimulated children's curiosities and developed their understanding of the different roles people have within the community.

Areas for improvement

1. To support children's wellbeing, the provider should ensure personal planning approaches improve so that they set out clearly how children's care and support needs will be met.

This would include but not be limited to:

a) ensuring personal plans reflect children's current needs

b) ensuring strategies of support for individual children are developed and implemented by staff

c) ensuring all staff are knowledgeable and understand the information within the personal plans and use this to effectively meet each child's needs.

This is to ensure care and support is consistent with the Care Inspectorate document 'Guide for providers on personal planning'.

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).

How good is our setting? 4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 2.2: Children experience high quality facilities

Children were offered exciting and developmentally appropriate play spaces outdoors, supporting their physical, emotional and cognitive development. Children spent a significant part of their day exploring a natural environment in a stimulating woodland area. This encouraged active movement, helping to build strength, coordination and motor skills through climbing, balancing and running on uneven terrain. The outdoor area stimulated children's imagination and creativity. They had access to a variety of engaging and challenging resources, for example, open-ended and natural materials, including sticks, stones, leaves and large loose parts such as, tyres and pipes. Children enjoyed using the large loose parts to build a den. This is encouraged problem solving and critical thinking as children experimented with the different materials and structures. It also allowed them to foster teamwork and communication. As a result, children were highly engaged in their experiences and were provided with a sense of achievement. Parents highlighted outdoor play as a positive aspect of the service, comments included:

"My (child) has learnt to do the rope walk and is super proud, (child) loves collecting twigs and make-believe kitchens. Their favourite place (child) tells me is the polycrub! Which is so versatile!"

"The outdoor space is fantastic, with climbing equipment, swings, a wooden boat, sandpit, obstacle course and much more. It provides a wonderful environment for physical activity, imaginative play and exploring nature, which my child really enjoys".

The service had made a positive start in creating a welcoming indoor environment, with some homely touches such as, soft furnishings and a cosy reading corner that contributed to children feeling comfortable and secure. These elements supported children's emotional wellbeing and a sense of belonging. However, there is room for improvement to further enhance the homely atmosphere.

The playroom was laid out in a manner which helped develop children's independence, resources were easily accessible to enable children to self-select materials of their choice. Additionally, children had free flow access to an additional outdoor area which provided further opportunities for exploration and enabled children to direct their play and learning.

Safe sleep practices were not being consistently followed in the service. This had potential to compromise children's wellbeing and safety. For example, children were not always supervised when sleeping and the existing arrangements increased the risk of suffocation and overheating. This was a previous area for improvement and remains unmet. (See Area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection?')

How good is our leadership? 3 - Adequate

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

Quality Indicator 3.1: Quality assurance and improvement are well led

Children and families were given the opportunity to voice their opinions and ideas, creating an inclusive and supportive environment. All families strongly agreed with the statement 'My child and I are involved in a meaningful way to help develop the service'. Parents were given opportunities to be involved in service developments through parent 'workdays'. This allowed them to influence changes in the setting and contributed to the development of strong partnerships. Families told us:

"Parents views matter and our voices are heard. Parents are regularly invited to help with improvements of the nursery, for example, parent workdays".

"We are encouraged to put forward our ideas about how the service could develop, and I think that if we wanted to help move an idea forward (that was approved by all parties) we would be very welcome to be fully involved in doing so".

"The nursery regularly seeks out feedback and keeps us informed about any changes or improvements. We're invited to share our thoughts, and I feel our input is valued and taken seriously e.g. a workday where parents/guardians come together to help improve the outdoor forest play area".

Staff were complimentary of the manager and spoke positively about the support they received. This encouraged them to feel valued and included in the service. Support and supervision systems were in place, providing staff with opportunities to individually reflect on their practice, discuss any concerns and receive constructive feedback. This was enabling staff to improve their practice and increase their skills and knowledge, resulting in improvements to the quality of children's play and learning experiences.

Approaches to quality assurance were not yet consistent and the pace of change in some areas of practice was too slow. For example, we found some gaps in auditing of medication which had the potential to compromise children's care and support. Additionally, the provider had not made sufficient progress in relation to staff deployment. This meant children did not always receive the relevant support at the right time. (See Area for improvement under section 'What the service has done to meet any areas for improvement made at or since the last inspection?')

Team meetings provided valuable opportunities for staff to come together, share updates and maintain communication. However, they did not yet provide opportunities for staff to reflect together and identify improvement priorities to support improved outcomes for children. The manager was aware of this and was in the process of reviewing the structure of team meetings, to support continuous improvement and critical reflection.

How good is our staff team? 3 - Adequate

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

Quality Indicator 4.3: Staff deployment

Children benefitted from a caring and nurturing staff team. They were enthusiastic and committed to providing a positive experience for the children in their care. They were warm, friendly and responsive in their approach and demonstrated positive team working, which promoted a happy and secure environment for children. They modelled positive social interactions, both verbal and nonverbal, supporting children to develop an understanding of relationships.

Children experienced a consistent routine because there was stability and predictability in the staff team. Children and families were building strong and trusting relationships with staff that promoted positive outcomes. Families told us:

"The staff are fabulous".

"I have a really positive relationship with staff. They're always friendly, approachable, and will take the time to chat about how my child is doing".

Due to competing demands placed on staff, they could not always offer the level of support and interaction they wanted to. The approach to staffing was not always outcome focused. The deployment and number of staff working in the service was at times insufficient to ensure high quality outcomes for all children. Consideration had not been given to the layout of the environment and the needs of individual children. As a result, the quality of children's experiences was compromised and their wishes and choices were not always acknowledged. For example, we saw missed opportunities for extending play and learning to support children's curiosity and enquiry. Careful consideration and planning of staff deployment is required around key points of the day. This had been identified at the last inspection and the previous area for improvement is now a requirement. (See Requirement 1)

Requirements

1. By 26 September 2025, the provider must ensure children are safe and receive high quality experiences at all times.

To do this the provider must, at a minimum: ensure that at all times suitably qualified and competent staff are working in the nursery in such numbers as are appropriate for the health, welfare and safety of children.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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).

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 ensure children's safety the provider should review and make appropriate changes to the sleep arrangements within the service.

This is to ensure care and support is consistent with the 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).

This area for improvement was made on 31 October 2025.

Action taken since then

Sleep arrangements still had the potential to compromise children's safety and wellbeing. For example, effective ventilation was still not in place, which increased the risk of children overheating when sleeping.

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

Previous area for improvement 2

To effectively deliver high quality play and learning experiences, the manager and staff should access training appropriate to their role and apply the training to their practice.

This should include but is not limited to:

a) how to complete meaningful high-quality observations

b) using best practice guidance to support high quality interactions and play experiences.

This is to ensure that care and support is consistent with the 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).

This area for improvement was made on 31 October 2024.

Action taken since then

There were noticeable improvements in staff interactions supporting play and learning, creating a more enriching environment for children. Staff engaged with children in more meaningful ways and interactions were more intentional, supporting children's interests and learning through play experiences.

Staff were not yet consistently and meaningfully capturing observations, which limited the ability to track and support children's development. Some observations were being recorded but they often lacked depth and were not consistently linked to individual learning goals. This was a continued area for development for the staff team who were working hard to make improvements in this area of practice.

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

Previous area for improvement 3

The provider should ensure that children are protected from risk of harm. This should include but is not limited to:

a) ensuring effective systems are in place to ensure the environment is a safe place for children

b) staff are skilled in identifying and addressing risks and implement this consistently in their practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My environment is safe and secure' (HSCS 5.17).

This area for improvement was made on 31 October 2024.

Action taken since then

Effective measures were now in place to identify and reduce risks within the setting. Staff were confident and competent in removing risks to children within the setting. This meant children were able to play and learn in a safe environment.

This area for improvement has been met.

Previous area for improvement 4

To improve outcomes for children and families, the manager should ensure that a strong ethos of continuous improvement is established.

This should include but not limited to:

a) developing robust quality assurance systems

b) implementing effective audits

c) developing monitoring processes to support a cycle of improvement.

This is in order 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).

This area for improvement was made on 31 October 2024.

Action taken since then

Approaches to quality assurance were not yet consistent and the pace of change in some areas of practice was too slow. For example, we found some gaps in auditing of medication which had the potential to compromise children's care and support. Additionally, the provider had not made sufficient progress in relation to staff deployment.

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

Previous area for improvement 5

To ensure children are safe and receive high quality experiences at all times the provider and manager should as a minimum, review and make appropriate changes to staff deployment, to improve experiences for children.

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).

This area for improvement was made on 31 October 2024.

Action taken since then

The service was staffed above the minimum adult to child ratio required. However, staffing was not well planned to keep children safe at all times and to meet the individual needs of children. The approach was not outcome focussed and did not take into account, the complexity of individual children's needs and the layout of the building.

This area for improvement has not been met and is now a requirement. (See Requirement 1 under 'Staff deployment')

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	4 - Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

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

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