

Busy Bees at Inverurie Day Care of Children

Burghmuir Place
Inverurie
AB51 4FW

Telephone: 01467 623 240

Type of inspection:
Unannounced

Completed on:
30 July 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 care for up to 200 children at any one time. There are a variety of playrooms across two buildings for children not yet attending school, with school-aged children temporarily being cared for in one of the upstairs rooms. Playrooms provide care to specific age groups. Both 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 28 July 2026 between 09:20 and 17:50 and 29 July 2026 between 08:50 and 18:15. 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 seven of their parents/carers
- received 55 responses to our request for feedback from parents/carers and staff through our online questionnaire
- spoke with staff, management, and the provider
- 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 'Children are supported to achieve'.

Key messages

- Significant improvements had been made to the environment which supported children, families, and staff to access clean and well maintained spaces. Work was ongoing to continue to improve the quality of environment.
- Quality assurances processes had been developed and were mostly effective in improving outcomes for children.
- Children were engaged and busy in play that reflected their interests, across both indoors and outdoors.
- Staff felt well supported by the manager, leaders, and the local authority to work together in achieving shared goals.
- Children's independence and life skills were supported as they experienced consistently positive mealtimes.
- Further developments were planned and more time was needed to embed a new planning approach and build confidence to support children's individual learning and progress.
- Time should now be taken to gather feedback from children, their families, and staff to reflect on improvements and their impact before continuing on the improvement journey.

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 thrive and develop in quality spaces	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

Quality indicator: Leadership and management of staff and resources

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.

Leaders within the setting had worked hard to support staff and create conditions where staff, children, and families felt involved in change. This had supported staff in working together to make improvements towards shared goals. They valued and made good use of support from the provider and local authority, which helped to drive improvements across the service.

Children, families, and staff contributed to evaluating the setting and informing improvements. Families shared their views through questionnaires and daily conversations, which influenced some changes. They valued having opportunities to give feedback. Their comments included, "We are often asked our views on changes" and "We have received one survey regarding mealtimes." Staff shared that team meetings were used more effectively to support collaboration across the setting and sharing practice. The setting's vision, values, and aims were displayed. We discussed how reviewing these with children, families, and staff would provide greater opportunities to ensure they reflect current needs and priorities, and positively influence daily practice and ongoing improvement.

Quality assurance processes had been developed and were beginning to positively impact children's experiences, including audits and monitoring of practice. For example, regular mealtime audits identified areas for improvement. This led to changes such as new serving dishes and utensils and the sharing of effective practice across rooms. As a result, children of all ages experienced more consistent and positive mealtime experiences. These approaches supported the identification of strengths and improvement priorities, helping to drive positive change.

Outcomes for children were supported by a relevant and achievable improvement plan, which included an action plan of key priorities identified at the previous inspection. Current improvement priorities included the refurbishment and development of the environment and implementation of a new planning format. Detailed actions with clear timescales supported the pace of developments. Some changes to the environment were recorded through photographs to evidence progress. The team should now evaluate the impact of these changes on children's experiences and outcomes to inform future priorities and support continuous improvement.

Staff were recruited safely, providing assurances that appropriate checks and procedures were followed to support the safety and wellbeing of children. New staff were supported through an effective induction programme, which was also being developed for existing staff to strengthen understanding of their roles and responsibilities.

Staff demonstrated a commitment to improving the service and had begun using best practice guidance to reflect on and develop their practice. However, the quality of reflections was variable and did not consistently identify how professional learning would improve practice and outcomes for children. Supporting staff to use reflective tools more effectively, with clear examples of how learning can be applied in practice, will strengthen professional development and enhance children's experiences and outcomes.

Complaint handling had improved to better support children's health, safety, and wellbeing. The management team reviewed and re-investigated a previous complaint, resulting in more effective outcomes and appropriate action being taken to address identified concerns. Consistently following the complaints procedure in full will help ensure timely, robust investigations and continued protection for children.

Children thrive and develop in quality spaces 4 - Good

Quality indicator: Children experience high quality spaces

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.

Significant improvements had been made to the environment which supported children, families, and staff to access clean and well maintained spaces. Work was ongoing to continue to improve the quality of environment. Families commented positively on the progress with the refurbishment. They shared, "It feels more inviting and welcoming," "Lots of renovations in building," and "Looking forward to seeing the end results of improvements planned." The provider and management team advised that refurbishment works were planned to continue across the setting. Planned works should be continued to support all children in accessing consistently safe and well maintained spaces.

School-aged children were being cared for in a refurbished room within the main building, with the hub building no longer in use. The provider and management team were actively exploring options to ensure children had access to sufficient space that supports their health, wellbeing, and experiences. They agreed to submit the required notifications to ensure arrangements are appropriately reflected and compliant with the conditions of registration.

Infection prevention and control procedures supported a safe environment for children and staff. Children were protected by staff using an apron and gloves at appropriate times, such as during nappy changing. Regular handwashing was carried out at key times of the day, such as before and after eating. This supported children to remain safe and well.

Children's engagement had been positively impacted through the consideration of spaces and resources. Children were independently able to choose from a wider variety of resources, which supported them in leading their own play and following their interests. Staff had reflected on how children used different spaces and had begun to develop these to support children's play and learning needs. Spaces were more clearly zoned and promoted different types of play. For example, children benefitted from some well resourced role play areas, messy play opportunities, and sensory resources. As the refurbishment continues, staff should continue to consider how resources and spaces can be further developed to support children's play, including the use of cosy, calm spaces and more real-life resources. This would support children's engagement and quality play experiences.

Children and families spoke positively about the outdoor play spaces. They experienced active play as well as quieter spaces. Children told us, "We get to do obstacle courses and play tennis" and "Going in the garden is my favourite." Parents shared that, "[My child] enjoyed the recent Gruffalo sensory tray activity that they did outdoors" and "They love playing in the mud kitchen and just outside in general." Children in downstairs rooms could access the garden freely and regularly. However, children in upstairs rooms had fewer opportunities to spend time outdoors. This was raised with the management team, who agreed to consider how outdoor access can be provided more frequently and consistently for all children.

Quality indicator: Playing, 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 having fun and engaged in play that reflected their interests. Younger children explored their creativity through painting, while older children used their imagination during role play and clay modelling activities. School-aged children spent time junk modelling and playing board games together. Children shared with us and we saw photos of a range of experiences they had taken part in. As a result, children experienced a wider range of meaningful play opportunities and demonstrated higher levels of engagement. Staff advised that plans were in place to reintroduce floor books for older children as a reflective tool, enabling children to share their views and contribute to the planning of future experiences.

Play experiences were supported by a range of age- and stage-appropriate resources. Learning environments had been thoughtfully developed to promote children's engagement and independence, resulting in most children remaining engaged in play throughout the day. Children's literacy skills were effectively supported through regular singing and storytelling experiences. Continuing to enhance resources and learning opportunities will further support the development of children's life skills and broaden their experiences.

Play experiences reflected children's needs and interests, with staff engaging at their level and showing genuine interest in their play. Interactions were warm, mostly responsive, and appropriate to children's ages and stages of development. Whilst some children benefitted from staff extending their ideas and thinking through skilled interactions, there were some missed opportunities to challenge children's thinking and play. There was scope to embed more consistent skilled interactions across the staff team to promote children's curiosity and interests.

Staff were developing their confidence in implementing revised planning across all rooms. For younger children, staff were using individual next steps to support progress. For older children, staff were in the early stages of implementing a new planning approach to create a balance of responsive and intentional planning to support children's development. Leaders had identified that more time was needed to develop and embed this new planning approach for older children. This would support staff in building confidence to plan a wider range of experiences and identify next steps that support and challenge children's learning through play (see section 'What the service has done to meet any areas for improvement we made at or since the last inspection' at the end of this report).

Recent training had improved some of the staff team's confidence in recording observations of children's learning. Children's special moments were captured and shared with families, who said they valued receiving these updates. For older children, observations now reflected skills development and learning progress. However, the consistency of observations varied across age groups. Families reported that they appreciated regular updates about their child's experiences and learning. Their comments included, "Updates in the app show my child is constantly trying new and fun experiences" and "There are a variety of activities which has increased since the [previous] inspection (updates on the app)." However, some families would welcome more information about their child's development and progression. One commented, "It would be helpful to have some observations linked to the curriculum with next steps." The management team advised that the new planning approach intended to strengthen the link between observations, planning, and children's individual development. They recognised more time was needed to embed this approach and ensure families receive clear information about children's progress and next steps in learning (see section 'What the service

has done to meet any areas for improvement we made at or since the last inspection' at the end of this report).

Children's experiences were enhanced through connections to the local community. Children had opportunities to go on walks and visit local shops and parks. School-aged children spoke positively about trips they had taken part in, including to new and different places such as museums and visitor centres. These opportunities helped children connect with their community and develop a sense of belonging.

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 were confident and settled within the setting. Children experienced mostly nurturing and responsive interactions which helped build positive relationships. They approached adults for comfort and closeness when needed, which staff were responsive to. Parents told us that relationships between staff and children were a key strength of the service. They commented, "My child is happy and I feel safe and happy leaving them in the care of the nursery without a worry about how [they are] being looked after," "The staff go above and beyond to make sure the children are welcome and cared for," "All staff know my child well," and "[My child is] always happy and content to go."

Staff were familiar with children's individual needs and used this knowledge to plan suitable support. Each child had a personal plan outlining their basic care and wellbeing needs, which was regularly reviewed with families to ensure information remained current and relevant. Where children required additional support, targeted plans were in place to help meet their needs. Staff had begun implementing individualised support strategies. However, there was further scope to develop and embed these approaches to strengthen inclusion and support. We suggested breaking down some information to create clearer strategies to help staff to have an overview of the key details. This would support staff to be consistent in meeting children's individual needs.

Routines and transitions generally supported children's emotional security, privacy, and dignity. Children were familiar with daily routines and were encouraged to develop independence and life skills. For example, older children helped prepare the garden before it opened, fostering responsibility, independence, and a sense of ownership of their environment. When children required rest or sleep, staff used familiar strategies agreed with families, helping children feel safe, secure, and well supported. These approaches contributed positively to children's wellbeing.

Children experienced consistently positive mealtime experiences. Staff sat with children, encouraged conversation, and supported positive social interactions, creating a warm and inclusive atmosphere. Opportunities to develop independence were embedded through self serving practices, with clear progression evident across age groups. Some further consideration could be given to support independence through food related experiences for school-age children. Staff provided effective support to ensure all children could access and enjoy their meals. Staff could further strengthen this experience by eating alongside children to role model positive mealtime routines and encourage children to try new foods. Clearly defined staff roles promoted smooth transitions into and out of mealtimes, maintaining children's engagement and wellbeing. As a result, children experienced calm, relaxed, and unhurried mealtimes.

Children's health was promoted through mostly appropriate storage and systems for medication being administered to meet children's needs. Staff were knowledgeable about children's medical needs and systems were in place to support children in receiving their medication, when required. Overall, medication forms contained more detailed information and audits had been developed to support consistency across the setting. These had not been fully effective as we identified one discrepancy in dosage information and advised of some improvements to the recording of information in line with guidance to reduce potential risk to children's medical needs not being met (see section 'What the service has done to meet any areas for improvement we made at or since the last inspection' at the end of this report).

Communication between staff and families supported continuity of care for children. Parents and carers were warmly welcomed into the setting and staff made time to speak with them, providing a handover of relevant information about the children's day. Families commented positively on the communication to support children's experiences. They advised, "The introduction of the app and improvements made on it have been welcomed," "The app is extremely helpful and enjoy the updates throughout the day. On collection you'll always get a brief on how their day was," and "Stay and plays to engage in activities and see how child interacts with peers."

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

Requirements

Requirement 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).

This requirement was made on 13 March 2026.

Action taken on previous requirement

Quality assurance processes had been developed and were positively impacting on children's care, play, and learning experiences. Audits and monitoring of practice, such as mealtimes, were mostly effective in supporting positive outcomes for children. Leaders had developed and implemented processes to support required improvements relevant to the needs of the setting.

Improvements had been made within timescales, as outlined in the setting's action plan, and leaders had supported staff to build on skills to sustain these. Further plans were in place to continue effective quality assurance systems to support ongoing improvement and developments.

Met - within timescales**Requirement 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) Regulations 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).

This requirement was made on 13 March 2026.

Action taken on previous requirement

Following the last inspection, an internal complaint had been re-investigated. In line with the setting's complaints procedure, relevant information had been considered which supported leaders to reach a reasonable, evidence-based conclusion. This enabled them to provide appropriate support. Following discussion, referrals were made to the appropriate agency.

We advised leaders to record these referrals within the relevant file to ensure information is clearly documented and readily available, supporting effective information sharing across the management team.

Met - within timescales**Requirement 3**

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).

This requirement was made on 13 March 2026.

Action taken on previous requirement

The provider had taken prompt action to address maintenance issues across the setting. Refurbishment of both buildings was ongoing, which included new flooring, fresh paint, and refreshed bathrooms and kitchens. Plans were in place to complete works within the timescales given and should be continued as planned.

Equipment, furniture, and resources had been reviewed and refreshed and work was ongoing to support children in accessing high quality resources across all rooms. Staff had been involved in reviewing how children used spaces and identifying the impact of newly added resources. Continuing to do this, including regular audits of the environment, will support a dynamic approach to maintaining equipment and resources to support children's experiences.

The hub building was no longer being used and school-aged children were temporarily being cared for in one of the rooms in the main building. The provider and management team were actively looking at a permanent solution and agreed to submit the relevant notifications for this.

Met - outwith timescales

Requirement 4

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).

This requirement was made on 13 March 2026.

Action taken on previous requirement

Refurbishment works were ongoing and all rooms now benefitted from new kitchen facilities. Kitchen furniture and appliances could now be appropriately cleaned and used to support infection prevention and control. Previous taps or appliances which were out of use had been fixed or replaced, which supported children to wash hands as and when required.

Staff demonstrated good awareness of infection prevention and control practices throughout daily routines, which included supervising handwashing at key times, cleaning up spills when suitable to do so, and cleaning of bathrooms throughout the day.

Met - within timescales

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 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).

This area for improvement was made on 13 March 2026.

Action taken since then

Management and staff had reflected on play spaces, including how children used these, to develop the range of resources available for all children. Younger and older children now accessed core provision resources, such as sand, water, and arts and craft materials. Most resources were set up invitingly which encouraged children's curiosity and acted as provocations for play. Children were also able to access resources which matched their interests and supported their play.

This area for improvement has been met.

Previous area for improvement 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).

This area for improvement was made on 13 March 2026.

Action taken since then

Overall, children's experiences had improved. Staff took an interest in children's play and were kind in their interactions. Some staff demonstrated skilled interactions to extend some children's ideas and challenge their thinking. However, this was not yet consistent across the staff team and some opportunities were missed to promote children's curiosity and expand their interests.

Planning for younger children was now more embedded and staff were building confidence in using this to plan for individual children's needs. A new planning approach had recently been introduced for older children and was in the early stages of implementation. Staff were developing confidence in linking this to the curriculum to support children's progress. Some staff had completed observation training and this was beginning to positively impact on practice. Management had identified through their own improvement priorities that more time was needed to embed this effectively to support and challenge children consistently across all ages and stages of development.

This area for improvement has not been met and will be continued.

Previous area for improvement 3

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).

This area for improvement was made on 13 March 2026.

Action taken since then

Improved medication audits had been introduced and were completed regularly by management. Most had been effective and forms now contained more detail and relevant information, such as specific signs and symptoms of medical needs. This supported staff to be knowledgeable about medical needs. However, from medication sampled, we identified one discrepancy in dosage information and another which required more information to ensure clarity. We discussed how audits could be further developed to ensure they align with practice as outlined in the guidance 'Management of medication in daycare of children and childminding services' to support quality assurance of medication.

We identified one medication which was temporarily stored on a shelf and had the potential to be accessed by children. We raised this with management who took immediate action and gave assurances about the safe storage of medication.

This area for improvement has not been met and will be continued.

Previous area for improvement 4

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

Significant improvements had been made to mealtimes across all rooms and age groups to support children in experiencing calm, relaxed, and unhurried mealtimes. Regular and effective audits and monitoring of practice had promoted consistency and sustained improvements. Staff had recognised the positive impact of these approaches on children's experiences.

Children experienced nurturing interactions from staff and were offered appropriate support for their age and stage of development. Opportunities for independence had improved through the addition of new serving dishes and utensils. As a result, children's independence and life skills were promoted by these improved routines.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) for details of complaints about the service which have been upheld.

Detailed evaluations

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good
Children thrive and develop in quality spaces	4 - Good
Children experience high quality spaces	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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