

Rainbow Castle Childcare Day Care of Children

Moray Leisure Centre
Borough Briggs Road
Elgin
IV30 1AP

Telephone: 01343 357 370

Type of inspection:
Unannounced

Completed on:
26 February 2025

Service provided by:
Moray Leisure Limited

Service provider number:
SP2003001909

Service no:
CS2003013831

About the service

Rainbow Castle Childcare is registered to provide a daycare of children service to a maximum of 85 children: Up to 6 children 0 to 2 years, up to 15 children from 2 to under 3 years and 64 children aged 3 years and over.

The service operates from a spacious one level building situated within the grounds of Moray Leisure Centre in Elgin. It has its own secure, outdoor play area and is close to woodland walks, shops and other amenities.

About the inspection

This was an unannounced inspection which took place on 25-26 February 2025, between 09:30 and 16:00. Two inspectors carried out the inspection.

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:

- Observed practice and children's experiences
- Spoke with the staff and manager at the service
- Spoke with children during their play
- Gathered feedback about the service from families
- Reviewed documents.

Key messages

- Children experienced warm, caring and kind interactions from staff, supporting them to feel safe and secure.
- Children's personal plans needed to be reviewed regularly with families so that they remained reflective of children's needs.
- Children benefited from daily opportunities to play and learn outdoors.
- The culture of self-evaluation was at an early stage of development, and needed to become embedded to support planned improvements.
- Staff worked well together to promote continuity of care and experiences across the day.
- We were concerned that continuing periods of service operation without a permanent manager were having a negative impact on outcomes for children and the wellbeing of staff. We advised the provider to ensure that robust support was in place for the service until a new permanent manager was appointed.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	4 - Good

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, where strengths only just outweighed weaknesses.

1.1 Nurturing care and support

Children benefited from caring, nurturing approaches by staff which helped to support their overall wellbeing. Staff were responsive to children's cues throughout the day. For example, if children were unsettled when they first came into the setting, or when moving between spaces, staff offered reassurance through kind words and cuddles. Parents agreed that their children were well cared for. One parent commented, "I am very happy with the care my child receives and have been assured the staff are there to help with anything." Where children required support with personal care, interactions by staff were warm and caring as they supported children to be independent. This helped to build children's confidence and built positive relationships with adults.

At mealtimes children enjoyed sitting together with staff and this was a sociable experience. At snack time children in the 3-5 room poured their own drinks and served themselves from a selection of vegetables, and tidied away dishes. In the 2-3 room children were supported to select their snack and drinks. In both rooms staff were focused on all children at the tables so that they could respond immediately should an emergency, such as choking, occur. Food choices offered by the service were nutritious and reflected current guidance. The service had gathered information from families about food allergies and intolerances which was displayed at food preparation areas. Staff used this information effectively to help keep children safe. Fresh water was available throughout the day, indoors and outdoors and this supported children stay hydrated.

Children's overall wellbeing was not yet consistently supported through effective use of personal planning. The manager had updated systems for gathering information about children's needs and preferences from families at the start of the session. As a result, the service had identified children who needed additional support and had taken steps to develop strategies to support them. This included providing training for all staff and building partnerships with professionals from other agencies. This had the potential to enhance outcomes for children and was a positive development. However, the way in which information was being gathered, used and reviewed was not consistent. Families were not being routinely involved in reviews and next steps for development were not consistently being implemented. We made an area for improvement to further develop personal planning in line with best practice guidance (**see area for improvement 1**).

Medications were safely and securely stored in the service, and staff were confident in following protocols for safe administration of medicines. Protocols were regularly reviewed. We suggested some minor changes to the way in which information was stored to ensure that staff could access it alongside the medication itself.

1.3 Play and learning

Children were having fun as they played indoors and outdoors. They had access to a wide range of resources, including loose parts and other open-ended resources, which supported their creativity and imaginations. In the 3-5 room an interest in aeroplanes had led to children creating one from chairs, complete with a pilot and children carrying their own passports as they boarded. This was supported by staff whose questions helped to extend children's play and broaden their vocabulary.

Children were able to lead their play for much of the day, and in the 3-5 room children benefited from free-flow access to the large garden. The 2-3 room did not have direct access to their garden, but children had opportunities to play outside in the morning and afternoon. Parents told us that they valued the resources and spaces on offer at the nursery. One parent told us that their child liked, "Lots of messy play/sensory stuff. Loves the role play areas, lots of outdoor time including "risky" play for development." Whilst spaces and resources had improved since the last inspection, there were further opportunities for development. The manager had identified that the younger children should have access to the same range of experiences whether indoors or out, including messy play, mark making and numeracy resources. Staff told us that they were keen to further develop the outdoor spaces for all children, to increase opportunities for curiosity and creativity. The area for improvement made at the last inspection has not been met (**see the section, 'What the service has done to meet any areas for improvement we made at or since the last inspection.'**).

Interactions by staff to support children's learning were not yet of a consistent, high quality. Opportunities were missed to get down to the children's level and build on their interests in the moment, or to provide challenge and support. The manager had identified in the service action plan that staff needed further support in this regard. She was confident in modelling quality interactions and this was supporting staff who had recently joined the service. We agreed that this approach needed to become embedded so that all staff were confident to support children to extend their thinking without directing their play. We re-worded the area for improvement on resources to include high-quality interactions (**refer to 'What the service has done to meet any areas for improvement we made at or since the last inspection.'**)

Staff had received training on observing and evidencing children's learning. They were beginning to apply this to the observations they shared with families in children's learning journals. This was a positive development which had the potential to support children's play and learning, by enabling staff to identify their progress and next steps. The service had also recently implemented new systems for tracking progress and achievements and this had the potential to inform planning approaches going forward. We advised the service to continue to support staff to embed these approaches in their everyday practice.

Children benefited from experiences provided beyond the playrooms and gardens. For example, the squash court and soft play areas in other parts of the building could be used for energetic play during poor weather. Staff had also begun to plan trips into the local community. For example, pre-school children had recently visited the local library and the supermarket. Parents told us that their children enjoyed these opportunities, with one saying, "They use the squash court and soft play for similar activities to what they would have done in the garden. I feel this is a great resource to have and they also take the children out around the local area to various different places."

The manager had recently begun to gather views from children and parents about reintroducing trips to other nearby facilities such as the swimming pool and ice rink, for children attending the service holiday club. We agreed that this was good practice and could help to ensure that the service is offering experiences which help to broaden children's play and learning experiences and their knowledge of the wider world.

Areas for improvement

1. To effectively meet children's individual needs and support their wellbeing, development and progress, children's personal plans should be further developed and streamlined. This should include but is not limited to, ensuring all staff are knowledgeable about each child's health and wellbeing needs, and that tailored care and support strategies are provided and used effectively to meet those 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); and

'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children's wellbeing benefited from spacious, bright and well furnished play rooms. In both rooms, the layout enabled children to choose where to play, and consideration had been given to provide spaces for role play, quiet spaces for rest and reading, and sensory play resources including water play. Resources in each room were developmentally appropriate, for example in the 3-5 room there were containers of open-ended items which could be easily accessed and transported by children to where they wanted to play. Other resources enabled role play, construction, reading and mark making. As a result, all the indoors spaces were being well used by children and this helped to support their learning.

Children had access to large, secure gardens which provided opportunities for active play. There were further opportunities for role play as well as a range of opportunities for climbing and balancing, which helped to provide physical challenge. Although garden areas were well laid out and resourced, the large area in the 3-5 garden made it more difficult for staff to identify and support all children's interests, as they were typically spread out across the garden. We advised the service to undertake a review of the environment, with a view to enabling high quality interactions between staff and children. This would further support development and learning whilst keeping children accounted for and safe. This is reflected in the area for improvement we made under key question 1 (see area for improvement). To support the service with this we referred them to the Care Inspectorate document, Space to Grow and Thrive.

Children were kept safe within the setting due to well-maintained buildings with secure doors and gardens with secure gates. There were robust arrangements in place for requesting maintenance work which meant that any repairs identified were quickly addressed.

Suitable cleaning arrangements were in place for food preparation areas as well as the playrooms and bathrooms, and this helped to minimise the risk of spread of infection. Arrangements for cleaning the soft play area had been agreed with staff from the leisure centre, who managed the facility when it was open to the public at weekends. We were informed that cleaning did not consistently take place in line with shared agreements. This had the potential to impact on the health and wellbeing of children within the service. We advised the provider to ensure that appropriate arrangements were in place to ensure that the area was clean and safe for all users.

Procedures to support children to wash their hands effectively were not consistently being followed. In the 2-3 room children were well supported to wash their hands effectively and at appropriate times. In the 3-5 room, children were reminded to wash their hands at appropriate times, such as when coming in from the garden and before and after eating. However, staff were not always available to support this at the wash hand basins. This increased the risk of the spread of infection. We advised the service to review staffing arrangements to enable supervision and support for effective handwashing.

The provider and manager were aware that facilities for nappy changing did not offer children privacy, and did not comprise wall surfaces which could be easily cleaned. This increased the risk of the spread of infection and the facilities did not comply with best practice guidance. We made an area for improvement to address this (**see area for improvement 1**).

Children were kept safe throughout the day by staff who worked well together to ensure all children were accounted for. When children went on trips outwith the nursery setting, staff carried out checks to ensure their safety. However not all staff felt confident to organise trips into the community. We discussed with the manager, supports that could be put in place to build confidence and skills. For example, procedures for identifying and mitigating risks, with children involved where appropriate, could help staff to plan trips safely. We discussed with the manager ways in which best practice guidance on keeping children safe could be linked to this, for example by using the Simoa campaign materials. We made an area for improvement to address this (**see area for improvement 1**).

Areas for improvement

1. To enable children to be kept safe, the provider should make sure that appropriate procedures and practices are in place.

This includes but is not limited to:

- (a) Ensuring effective infection prevention and control practices and routines are in place.
- (b) Ensuring effective systems to promote children's safety without limiting their experiences, and
- (c) Ensuring that nappy changing facilities are provided in line with best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My environment is secure and safe' (HSCS 5.19); and

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The manager had begun to involve children and families in service improvements since coming into post in October 2024. For example, she had asked parents how they would like to receive information about their child's learning, and had reviewed a number of policies and procedures following feedback from families. As a result the service had offered a parents evening which was well attended, and a series of "stay and play" dates for parents. These were well received, as was the "policy of the week" being shared on the service media platform. As a result, staff were gaining a better understanding of what children and families needed from the service. This had the potential to inform the vision for the service going forward. We encouraged the service to maintain these regular opportunities for families to be involved with the nursery.

Systems for whole staff self-evaluation were beginning to be developed. The manager had re-introduced regular staff meetings to support this, and daily practice was shared and discussed by the staff team in regular room meetings. This had enabled the manager to identify priorities for improvement, including

consistency in practice such as interactions and observations, and documentation to support children's development and support needs. An action plan was in place to support these improvements, along with plans for staff members to develop aspects of the service such as the literacy corner, supporting emotional regulation and community champion. This was good practice and had the potential to enhance outcomes for children.

Quality assurance procedures were at an early stage of development. The manager had introduced several elements of good practice in this regard, such as monitoring of personal plans, learning journals and accident records. However the manager had not had time to embed these or to evaluate the impact of them on outcomes for children. At the time of the inspection the manager was due to leave her post and the provider planned to recruit a new manager. Management oversight was due to return to being the responsibility of the leisure centre manager, as it had been prior to the manager's appointment for a significant period in the last year. Whilst the leisure centre manager was able to offer support in terms of child protection and building maintenance, they did not have a childcare qualification nor the experience or capacity to run a busy childcare setting.

We expressed significant concerns about the capacity of the service to maintain a quality service for children and support the wellbeing of staff, as well as move forward with identified improvements. We made a requirement for the provider to have a robust plan in place to support the service until such time as a new manager is recruited and has had time to gain a firm oversight of priorities for the service (**see requirement 1**).

Requirements

1. By 1 September 2025, the provider must ensure improved outcomes for children by implementing effective and robust quality assurance processes. To do this the provider must, at a minimum, ensure:

- a) Regular, effective, and focused monitoring is carried out across the setting.
- b) Robust audits are developed and implemented, and any actions are addressed promptly.
- c) Clear and effective plans are developed to maintain and improve the service.
- d) The management team effectively monitors the work of each member of staff and the service as a whole.

This is to comply with Regulation 3 Principles and Regulation 15 (a) and (b) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

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

How good is our staff team?

4 - Good

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

Children benefited from staff who supported them with kindness and care throughout their day. Arrangements were in place to promote continuity of care across the day, for example staff knew those children who needed quiet time as they settled in at the start of the day, and supported them with this. This helped to support positive transitions. Staff communicated well at drop off and pick up time, and parents

told us they found the information passed on at handover helpful. One parent told us, "The staff are kind and understanding, they are also flexible with parents about picks ups and drop offs which helps me loads. My child always comes home happy and you can tell she's enjoyed her day." Some parents told us that they would prefer more privacy for times when information about their child's development was exchanged and we shared this with the service for their consideration.

Staff communicated with each other well, to ensure that children were safe and supervised. For example, they used walkie talkies to exchange head count numbers and updated notice boards as children moved between indoors and outdoors in the 3-5 room. Staff were committed to improving their skills and knowledge within their roles. They worked hard to support each other in improvements such as planning and observations. All staff had received extensive training since the manager came into post. They told us that they had found training inputs from the manager and the local authority early years team beneficial. This was beginning to have a positive impact on outcomes for children.

Staff were supported by monthly supervision sessions which gave them protected time to discuss and reflect on a range of topics. For example, they spent time evaluating the impact of training, and reflecting on aspects of their practice. Senior staff members with line management roles were supported with those aspects also. This enabled the service to identify current and future training needs for the team and for individual staff members and we agreed that this was good practice. Staff told us that they felt well supported by their manager as a result.

Recruitment procedures were in place and all fit person checks and references completed. An induction process was in place, however this was limited to a building-level introduction and checklist of policies to read and tasks to complete. The manager had asked recently recruited staff for feedback on the induction process and had identified that a mentoring or buddy system could be reintroduced, along with protected time to read and understand chronologies relating to individual children. We agreed that this would be a positive development.

There was no formal induction process for managers who were new to the service. This had the potential to impact negatively on outcomes for children and on staff wellbeing, as there were limited checks or support in place for the manager's successor. This meant that new managers were reliant on the staff team to pass on essential information. At a previous inspection an area for improvement was made regarding individual staff training. This will be re-worded and re-stated to reflect the need for the manager to also be supported by the provider through appropriate induction, mentoring and support (see the section, 'What the service has done to meet any areas for improvement we made at or since the last inspection.') We signposted the provider to best practice guidance documents for recruitment, safer staffing and the National Induction Resource.

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 care, wellbeing and development needs, the provider should ensure staff are supported to develop their skills in high quality interactions. This is to ensure that children experience consistently positive interactions; and to effectively enable children to facilitate and extend their own play.

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); and

'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 21 June 2019.

Action taken since then

The previous area for improvement stated:

'Children should be able to enjoy a rich environment that is well thought out and includes a wealth of open ended, real life and natural materials both inside and outside, that encourage children to be imaginative, inventive and creative.'

Improvements had been made to the layout of the indoor and outdoor spaces, and the range of resources available in each space. Children were accessing spaces and resources well and this was helping them to be creative and use their imaginations.

Staff were not consistently confident in supporting high-quality interactions and would benefit from further training and sustained opportunities to build their skills and confidence. This could further support children to develop their play and learning.

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

Previous area for improvement 2

Children should have an environment that has measures in place to reduce noise levels to minimise the potential for a detrimental effect on children. Consideration should be given to introducing more soft furnishing, drapes and quiet/relaxing areas, including a well resourced, stimulating and inviting home corner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise' (HSCS 5.18).

This area for improvement was made on 21 June 2019.

Action taken since then

The layout and resources in each of the rooms had been reviewed to address the acoustics and high levels of noise. The atmosphere in the playrooms was calm and welcoming as a result.

This area for improvement has been met.

Previous area for improvement 3

A continuous and well-judged pace of change linked to strong self-evaluation for improvement should be established, that has a positive impact on outcomes for children.

This includes but is not limited to:

Monitoring methods of practice such as personal care plans, learning journals, accidents/incidents; observation and reflection of practice by the manager and staff; clearly identified and measurable targets/ action plan.

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 area for improvement was made on 21 June 2019.

Action taken since then

We acknowledged the work done by the current manager, supported by education staff from the local authority, to begin to address self-evaluation, quality assurance and continuous improvement within the service. However, these systems were at very early stages of development and were not yet having a significantly positive impact on outcomes for children. They were not yet consistently embedded in practice.

We expressed concerns about the capacity of the service to move forward with identified improvements and maintain quality of care for children and wellbeing of staff without robust interim management arrangements in place.

The timescale for the new requirement accounts for recruitment of the new manager to be completed and time for the new manager to ensure that quality assurance systems that support high quality care and support for children are in place.

This area for improvement has not been met and will be escalated to a requirement.

Previous area for improvement 4

The provider should ensure that the manager and staff are supported to develop and maintain the necessary skills to provide quality experiences for children.

This should be achieved through:

- a) The development of quality induction programmes for managers and staff.
- b) A central training plan that identifies individual and group learning needs that is effectively monitored,

and

c) Evaluation of the impact of training, how it has been implemented in practice and how it has had a positive impact on outcomes 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 the 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 am confident that people are encouraged to be innovative in the way they support and care for me.' (HSCS 4.25).

This area for improvement was made on 21 June 2019.

Action taken since then

Since the current manager came in to post in October 2024, a large amount of training needs have been identified and plans put in place to support this. Staff told us that they have valued the support and training that has been available to them. The service now needs time to apply this training in practice and to evaluate impact on outcomes for children.

We advised the provider to have robust plans in place for a new manager, to identify their training and mentoring needs when they take up the post. We also advised that the plan includes ways for the new manager to access support relating to managing a childcare service.

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

Complaints

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

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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