

# The Magic Roundabout Childcare Centre Ltd - Southfield Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
7 August 2025

**Service provided by:**  
The Magic Roundabout Childcare  
Centre Ltd

**Service provider number:**  
SP2020013485

**Service no:**  
CS2020379203

## About the service

The Magic Roundabout Childcare Centre Ltd - Southfield is a day care of children service registered to provide a care to a maximum of 86 children up to the age of 12 years at any one time, of whom no more than 38 are aged under three years and of whom no more than 15 are aged under two years.

The service operates from purpose built premises situated in a residential area of Elgin. It is ground level and consists of open plan playrooms that lead on to an outdoor play area situated at the rear of the building.

## About the inspection

This was an unannounced inspection which took place on 5 August 2025 between 08:15 and 17:45 and 6 August 2025 between 08:10 and 16:20. We gave feedback on 7 August 2025. The inspection was carried out by two 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:

- spoke with children using the service
- received feedback from 17 families
- spoke with five families
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

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 by staff who were warm, kind and caring in their approach.
- Children experienced mealtimes which were relaxed and sociable. They had opportunities for independence which helped to build confidence and life skills.
- Most children were happy during their play and learning experiences. However, resources did not always provide sufficient challenge, interest and excitement to engage children in deep and meaningful play.
- The arrangements for monitoring, maintenance and repair for the setting were not sufficient. This increased the risk of spread of infection.
- Some quality assurance processes were in place but were not always effective.
- Staff were deployed across the setting taking account of their varying skills which meant children experienced good quality care.

## 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?	3 - Adequate
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 different parts of this key question as good and adequate, with an overall evaluation of adequate, where strengths only just outweighed weaknesses.

### Quality Indicator 1.1: Nurturing care and support

Children were supported by staff who were warm, kind and caring in their approach. This supported children's emotional wellbeing and helped them to feel safe and secure. Families were positive about the care their children received. Their comments included, "Lovely caring staff", "The staff are friendly and seem to understand my children's emotions well" and "(Staff) have been so welcoming, helpful and reassuring."

Staff knew children well, including information about their comforts, preferences and medical needs. Children benefitted from staff working with other professionals to implement strategies of support. This meant that children experienced care and support which met their needs. Personal plans did not always reflect children's current needs which had the potential to impact on continuity of care (see area for improvement 1 under key question 3).

Children experienced mealtimes which were relaxed. Their independence was encouraged through opportunities such as self-serving and pouring their own drinks. This helped to build their confidence and life skills. Most staff sat with children and had positive interactions as they chatted together. This created a sociable mealtime. Some staff ate with children which also promoted positive eating habits. There was scope to develop the consistency of high quality mealtimes across all playrooms.

Children were supported through their daily experiences in a kind and respectful manner. For example, children were sensitively asked if their nappy could be changed. Staff were responsive to younger children's individual sleep routines and preferences. This supported children's emotional security and wellbeing.

### Quality Indicator 1.3: Play and learning

Most children were happy during their play and learning experiences. For example, younger children enjoyed a variety of messy and sensory play experiences. However, resources did not always provide sufficient challenge, interest and excitement to engage children in deep and meaningful play. As a result, not all children experienced learning that was relevant, personalised or sufficiently challenging for their stage of development.

Children had some opportunities to develop skills in language, literacy and numeracy. For example, staff read stories with children and sang songs. There were some skilled interactions to support children's play. However, there were many missed opportunities to facilitate and extend children's learning through effective commentary and questioning. Children would benefit from a wider range of resources to support learning in language, literacy and numeracy across the indoor and outdoor spaces.

Staff considered children's interests and used these to plan play experiences. For example, children went on walks and scavenger hunts in the local community to look for minibeasts. Staff identified there was scope to plan and provide further experiences to take account of children's repeated patterns of play.

A new format to record observations of children's play and learning had recently been introduced. This was in the very early stages and as a result, children's progress and achievements were not yet evident. Many families told us they were not informed regularly about their child's development. Their comments included, "There is never anything significant reported specific to my child", "I haven't been updated with how they are getting on", "There is not a lot of information on what they are doing in the day" and "I am invited in regularly to review progress. I would however like to see more regular updates". This was an area for improvement identified at the last inspection which has not been met (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 setting?

### 3 - Adequate

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

#### Quality Indicator 2.2: Children experience high quality facilities

Children and families experienced a warm and welcoming entrance. The playrooms had plenty of natural light and some comfortable spaces for children to rest and relax. Babies experienced improvements in the layout and quality of toys and resources which supported positive play experiences. Children had some opportunities to use loose parts in their play, for example to build obstacle courses. They would benefit from further opportunities to be involved in risky play experiences to push their own boundaries and help build resilience.

Most children were supported to wash their hands at key times of the day which helped to keep them healthy. The arrangements for monitoring, maintenance and repair for the setting were not sufficient. For example, toilet facilities were not well maintained, with areas unable to be effectively cleaned and nappy changing facilities for both babies and toddlers were poorly ventilated. This increased the potential risk of infection. We previously made two areas for improvement in relation to maintenance and nappy changing facilities which remain unmet (see area for improvement 2 and 4 under 'what the service has done to meet any areas for improvement we made at or since the last inspection').

Children did not always experience a safe environment as arrangements for the security within the garden were not always well considered. On one occasion, a gate to the car park was left open for approximately 35 minutes. This meant there was the potential for children to leave the setting unaccompanied or for members of the public to enter. This was addressed immediately when raised by inspectors. We discussed with the manager the importance of ensuring the risk assessment in place was consistently followed to keep children safe and protected. We signposted the manager to 'Keeping Children Safe' practice notes to support reflective practice (see area for improvement 1).

Children's personal information was securely stored. The use of CCTV within the setting was used to support the safe delivery of care for children.

#### Areas for improvement

1. To keep children safe and protected, the provider should ensure exits are secure and safely managed.

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 5.17).

## How good is our leadership?

## 3 - Adequate

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

### Quality Indicator 3.1: Quality assurance and improvement are led well

Families had opportunities to be included in the setting. For example, they were invited to stay and play sessions and had opportunities to give feedback through questionnaires. Some families told us they did not feel they had meaningful ways to develop the service. Their comments included, "Often asked for info and get little back as to if we are listened to" and "Sessions are available to book but I have found these uninformative".

Families were not actively encouraged into playrooms each day during drop off and pick up. This meant they were not always aware of their children's daily experiences and the play spaces they used. Children and families would benefit from drop off and collection arrangements being reviewed to provide more opportunities to be meaningfully involved in the service. We signposted the manager to 'Me, my family and my childcare setting' to support reflective practice on building stronger connections and meaningful relationships with families.

An action plan had been developed to support improvement. Whilst some progress had been made, for example around mealtimes, the pace of change was slow for other areas identified. For example, an area for improvement around maintenance and infection prevention and control has been in place since January 2024 with limited progress. Other aspects which had improved had not been sustained. This included personal plans not reflecting children's current needs which had the potential to impact on children's care experiences (see area for improvement 1).

Some quality assurance processes were in place but did not always result in positive change to outcomes for children. For example, an audit checklist was completed for the environment, however, maintenance issues were not identified. This meant that no action was taken to make improvements. Support and supervision and appraisals were infrequent and inconsistent which meant staff were not always well supported by the manager to develop their practice. Children would benefit from effective monitoring of staff practice to support improved play and learning experiences (see area for improvement 1).

### Areas for improvement

1. To improve outcomes for children, effective and robust quality assurance processes should be implemented. To do this the provider should, at a minimum, ensure:

- a) regular and focused monitoring is carried out across the setting
- b) robust audits are developed and implemented, and any actions are addressed promptly
- c) self-evaluation is used meaningfully to support improvement
- d) clear and effective plans are developed and implemented to maintain and improve the service.

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 and clearly outweighed areas for improvement.

**Quality Indicator 4.3: Staff deployment**

Children were supported by a sufficient number of staff to meet their needs. Staff were deployed across the setting taking account of their varying skills which meant children experienced good quality care. They communicated well together and were positioned in rooms so they were able to supervise and support children.

Staff breaks were planned to minimise the impact on children and ensure they had the right support. For example, additional staff supported children during lunch to ensure they experienced consistent care. Where possible, children were supported by familiar staff if staff absences occurred. This helped to minimise disruption to children's routines. Some families told us they did not know who their child's keyworker was when staff left the setting. This meant children were not always prepared in advance for staff changes.

New staff participated in an induction which enabled them to become familiar with procedures for the setting. There was scope to make better use of the reflective questions within the national induction resource to support staff to develop their practice.

## **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 to achieve, the provider should support staff to develop their understanding of how to effectively observe and record children's learning, in order to plan quality learning experiences and meaningful next steps.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential in education and employment if this is right for me.' (HSCS 1.27).

**This area for improvement was made on 25 March 2025.**

#### **Action taken since then**

Staff had recently undertaken training in relation to the observation and assessment of children's progress. A new system had been introduced to record children's learning. This was in the very early stages and was not yet being used to plan quality learning experiences and meaningful next steps.

**This area for improvement has not been met.**

## Previous area for improvement 2

To support children's health and wellbeing, the provider should ensure that nappy changing arrangements follow best practice guidance. This should include, but is not limited to, providing appropriate changing facilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.18).

**This area for improvement was made on 25 March 2025.**

### Action taken since then

A new nappy changing unit had been installed to support children's privacy and dignity. However nappy changing arrangements did not consistently follow best practice guidance. For example, some facilities were poorly ventilated.

**This area for improvement has not been met.**

## Previous area for improvement 3

The provider should ensure children are safe and effectively supervised at all times and receive high quality care and support. This should include, but is not limited to:

- a) staff are effectively deployed within the nursery as is appropriate to meet the health, wellbeing and safety of children; and
- b) staff are aware of how to position themselves to ensure effective supervision of children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'People have time to support and care for me and to speak with me.' (HSCS 3.16); and 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17).

**This area for improvement was made on 25 March 2025.**

### Action taken since then

Children were supported by staff who were effectively deployed to meet their needs. Staff positioned themselves appropriately to supervise children which helped to keep them safe.

**This area for improvement has been met.**

## Previous area for improvement 4

To support the safety and wellbeing of children, leaders should ensure that clear arrangements are in place for maintenance of the setting and rigorous infection and prevention control.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience and environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22) 'My environment is secure and safe' (HSCS 5.17)

This is to ensure children's play and learning is consistent with the Health Protection Scotland documents: Infection prevention and control in childcare settings (day care and childminding settings).



This area for improvement was made on 10 January 2024.

#### Action taken since then

Effective systems were not in place to identify maintenance issues and monitor infection prevention and control measures. For example, toilet facilities were not well maintained and were unable to be effectively cleaned. This increased the risk of spread of infection.

This area for improvement has not been met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	4 - Good
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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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