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

1 Thornhill Drive
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Type of inspection:
Unannounced

Completed on:
28 May 2026

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 3 years and no more than 15 are aged under 2 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, leads on to an enclosed outdoor play area situated at the rear of the building.

About the inspection

This was an unannounced inspection, which took place on 26 May 2026 between 08:45 and 16:00 and 27 May 2026 between 08:30 and 16:00. 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, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- received 22 questionnaires from families
- Six questionnaires from staff
- spoke with five parents
- spoke with the manager, assistant manager and staff
- assessed core assurances
- observed practice and daily experiences
- reviewed documents.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure that children are safe, the physical environment is well-maintained, and that a service is operating legally. At the time of this inspection, 1 improvement was identified relating to core assurances.

Key messages

- Children experienced warm and responsive care that fostered their wellbeing.
- Consistency in a child's care and routines, such as mealtimes, nap times, and personal care, provided children with a sense of safety and security.
- Children's wellbeing was supported through personal planning that was being tailored to individual needs and interests.
- Children were able to play and learn at their own pace, having fun as they explored, they had lots of outdoor play that benefited their learning and wellbeing.
- The service was striving to make the best use of spaces to help create a motivating environment for the children.
- Some quality assurance processes were in place but significant gaps did not always result in positive change to outcomes for children.
- Purposeful self evaluation was beginning to enable the delivery of quality care and was beginning to incorporate the views of families to inform improvement.

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	3 - Satisfactory / Adequate
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 3 - Satisfactory / Adequate

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Families had opportunities to be included in the setting through invites to stay and play sessions and parents evening, and shared that they had found them worthwhile and informative. Families shared that they would like to be actively encouraged into the playroom, so that they could join in with their child's everyday play experiences. We advised leaders to consider such opportunities, that also supported the meaningful involvement of families. The recent introduction of a family app had been favoured by families, although they shared that they still appreciated verbal feedback at handovers, that also helped them to build their relationship with staff. Families shared that they had a good relationship with staff.

Vision and values and aims of the setting that reflected the aspirations of children and families were displayed at the main entrance. Ensuring that families and children remained involved in future design and review would also help them to share responsibility and initiate well informed change.

An action plan had been developed to support improvement. Progress had been made in relation to infection control procedures and facilities as well as safety and security within the setting. Changes to the meals provision in the pre-school room had enhanced children's dining experience. Leaders and staff had also collaborated with the local authority to support improvements. There had been a more consistent approach to staff meetings, ensuring this was maintained, would enable staff to have opportunities to reflect together to bring about positive change.

Purposeful self evaluation was beginning to enable the delivery of quality care and was beginning to incorporate the views of families to inform improvement. Families shared that they were positive about a parent forum that had recently been formed. They saw it as a positive development, but that it must be sustained if it was to lead to improvements. Some parents also acknowledged that progress that had been made.

Some quality assurance processes were in place but significant gaps did not always result in positive change to outcomes for children. Medication audits had not consistently and clearly addressed matters related to the storage of medication for the purposes of administration, and the implementation of a healthcare protocols to ensure the safety and wellbeing of children. Leaders had ensured that new staff were safety recruited, although inconsistences in practice were not fully identified. Consistent moderation and monitoring would help to ensure that staff practice was strengthened, and that expectations were understood by all staff.
(See area for improvement 4 under 'What the service has done to meet any areas for improvement we made at or since the last inspection')

Children thrive and develop in quality spaces 4 - Good

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.

The physical environment whether indoors or outdoors, was welcoming and met the needs of the children. Leaders had recognised that a refresh and expansion of real and open ended materials in the garden would

further support children to engage in exploratory play that enabled problem solving, and to build their independence.

The service was striving to make the best use of spaces to help create a motivating environment for the children. Carefully selected and well positioned furniture supported all children, including babies to play freely. Children were able to act independently within the safe boundaries of the setting, and they were encouraged to lead most aspects of their play. Overall, resources and materials were varied and catered to children's needs and interests. Leaders should continue to ensure that children were able to benefit from a rich, multi-sensory environment, that maintained a positive impact on their learning and resilience.

The importance of daily outdoor play and the benefits for enhancing learning and wellbeing were well recognised. Children were able to choose if they wanted to play indoors or outdoors, and babies also had daily experiences outdoors. Children were being supported to explore and learn about the wider world, such as walks in the community, woodland areas and visits to play parks.

Staff promoted children's safety whilst considering a positive, balanced approach to risk in children's play. Children engaged in interesting play experiences that helped them to manage risk for themselves, and helped to build their resilience and self confidence. Children were able to explore on an outing to a playing field located close to the setting, they clearly enjoyed looking for bugs together and chasing bubbles and the freedom afforded to them. Overall, staff knew who was in their care, whether indoors or outdoors, and remained vigilant to risk. As a result, children were safe and their opportunities to enjoy fun play experiences were not compromised. We advised leaders to ensure that practice of keeping children accounted for indoors/outdoors was consistently implemented across the setting. Ref: SIMOA (Safe, Inspect, Monitor, Observe, Act).

Staff had a clear understanding and confidence to provide and promote a clean and safe environment. Training had helped staff to be competent in the practice of infection and prevention control, and personal care arrangements were appropriately planned for. Children's privacy and dignity were respected and there were appropriate changing facilities.

Children play and learn 4 - Good

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 able to be responsible and confident in their play as a result of quality play experiences being offered to them. They were able to play and learn at their own pace, having fun as they explored. Generally staff used modelling to support early social development, language and understanding. Children were engaged in stories, they sat close to staff who invited them to be involved and comment, such as naming animals and objects with them.

A range of skills including, language, literacy and numeracy were enhanced through child and adult led interactions and playful experiences. For example, young children enjoyed searching for bugs, they counted spots on ladybirds and identified colours on butterflies. Children were helped to build their vocabulary as staff used words such as large and small, under and over. Children told us "I found a worm, it wriggled and lives in the ground so its safe from birds" and "I saw a bee and did you know, it makes honey". Children clearly enjoyed the spontaneous singing of songs/rhymes by staff and at times joined in with them. Babies/toddlers explored wooden blocks, textured materials, sand play and balanced on toddle boxes.

Staff spoke favourably about very recent training on staff/child interactions. Leaders ensuring that such approaches were strengthened across the staff team, would further support the extension of children's thinking skills that consolidated their learning and helped with their emotional-social resilience.

Families shared that their child could be involved in a range of opportunities and fun experiences to meet their individual needs and support their development, they always had opportunities to play outdoors.

Planning documentation was beginning to show improved breadth and depth of learning across experiences. Staff were responsive to children's interests and were striving to carry out meaningful observations during play. Children's individual learning folders contained observations with some next steps focused on extension. Learning opportunities were being offered through a balance of intentional and responsive planning. Floor books were being embedded to help reflect children's ideas and enabled them to be involved in the planning of play activities. It was not always clear how children had initiated the activity/learning and we discussed this this with leaders.

Maintaining work with families to support their understanding of the benefits to children of play-based learning experiences, would also help to foster a collaborative approach of trust and cooperation.

Children are supported to achieve — 4 - Good

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.

Practice was built on the understanding that nurturing relationships were essential for children's growth and development. As a result, children experienced warm and responsive care that fostered their wellbeing. Leaders strived to maintain consistency in who provided a child's care and support and how it was provided.

There were systems in place to support communication with families both verbally and in writing. Families shared that overall they were happy with the care and support that their child received in the service. Staff were welcoming, listened and did their best to resolve any issues, they worked hard for the children.

Children's food choices aligned with dietary guidelines and was culturally appropriate, and safely prepared to account for any specific dietary needs, allergies, or intolerances. Fresh water was readily available throughout the day to help children remain hydrated. When children went on an outing, fresh water was taken and staff encouraged to sit and take time to have a drink.

Overall daily routines, such as mealtimes were considered a valuable opportunity to promote children's involvement and independence. Children were able to collect and clear their own utensils and plates, and pour their own drinks. Mealtimes were also enhanced by the calm atmosphere and the close support of staff who also helped it to be a pleasant social experience. Babies had a picnic snack outside supported by cushions and sitting next to staff, who helped them to pick and peel a piece of banana, it was clearly an enjoyable experience.

There was consideration of creating diverse spaces that supported children to socialise, play in small groups, or alone, if they wished. This positively impacted on children's ability to regulate their emotions and build social skills.

Consistency in a child's care and routines such as mealtimes, nap times, and personal care provided children

with a sense of safety and security. It was recognised that they provided rich opportunities to connect with the children and support their growth. Babies slept when they were tired and needed to sleep. A sleep area was created for children in the 2-3 room and they were able to choose when and if they needed to sleep. Staff responded to children's needs for comfort, such as having embracing cuddles and providing physical touch to calm and help them from waking to sleep. Where children sought reassurance from staff, such as a hug, it was readily and warmly given.

Children's wellbeing was supported through personal planning that was being tailored to individual needs and interest, families had been invited to share any changes as part of the review process. Symptoms/ reactions to a child's allergies/intolerances should be consistently and clearly recorded on the the personal plan so that staff are clear about actions that support children's safety and wellbeing. To help ensure that support needs were identified, there was a proactive approach to working with children, families, and other professionals. Staff used well-planned and flexible approaches to enable children to feel safe and secure with changes, such as room transitions. Families shared how they had appreciated the supportive approach of staff that had recognised their child's individual needs, and had supported their progression and development.

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 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).

This area for improvement was made on 7 August 2025.

Action taken since then

The setting had taken action to address the safety of the children by ensuring that gates to the setting were secured and had camera door bells that parent rang for entry. We did not observe the gates been left open and staff operated the gate as parents entered. The arrangement continues to be monitored.

This area for improvement has been met.

Previous area for improvement 2

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

Observations on children were meaningful and next steps were identified. Staff had been supported through in-house training that had helped to inform their practice. Families were also provided with the opportunity to share their views although it was not always clear this had happened and audit should continue to monitor this.

This area for improvement has been met.

Previous area for improvement 3

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

Nappy changing facilities were clean and well maintained and followed best practice guidance that helped to ensure children's health and wellbeing were supported.

This area for improvement has been met.

Previous area for improvement 4

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, any actions are addressed promptly including procedures related to the management of medication.
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).

This area for improvement was made on 7 August 2025.

Action taken since then

Self-evaluation within the setting was in progress and it was being used meaningfully to support improvement and clear plans had helped developments within the setting. Establishing an appropriate pace of change would help to ensure that sustainable change was achieved.

Whilst there was a focus on improvements within the setting, quality assurance and the moderation of activities were not yet consistent and did not fully identify suitable approaches to improvement.

This area for improvement has not been met.

Previous area for improvement 5

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); and
'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

The improvements to infection prevention control measures has resulted in the reduction of risk in spread of infection. It is important that the level of cleanliness is sustained by leaders and staff at all times.

This area for improvement has been met.

Complaints

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

Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate

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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