

Rainbow Dreams Day Nursery Day Care of Children

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Possilpark
Glasgow
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Type of inspection:
Unannounced

Completed on:
4 September 2025

Service provided by:
Rainbow Dreams Day Nursery Limited

Service provider number:
SP2012011836

Service no:
CS2012308315

About the service

Rainbow Dreams Day Nursery is registered to provide care for 50 children aged from birth to those not yet attending primary school. The service is located in Possilpark, Glasgow and is close to schools, shops, greenspaces and travel links.

Children are cared for in playrooms according to their age and stage of development. Children have access to an enclosed outdoor garden. On the first day of our inspection there were 13 children attending the service, with 16 attending on the second day.

About the inspection

This was an unannounced inspection which took place on 3 and 4 September 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:

- received electronic feedback from one family who used the service
- spoke with staff and management
- spoke with two Glasgow City Council Leaders of Learning
- observed practice and daily life
- 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.

Key messages

- Children were happy and had fun at the setting.
- Staff were kind, gentle and nurturing.
- The management and staff team should continue with their plans to introduce a more responsive model of observation and planning.
- The provider should address the cleanliness and maintenance issues within the setting.
- More effective and robust auditing is required to ensure the health, safety and well being of children.
- The provider/manager should ensure that the Care Inspectorate are informed of any notifiable incidents.

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 grade of adequate where strengths only just outweighed weaknesses.

Quality indicator 1.1: Nurturing care and support

Staff provided warm and caring interactions that supported children's emotional wellbeing. Relationships between staff and children were nurturing and respectful. This helped children feel safe, secure, and valued. Staff responded appropriately to children's needs and were generally attuned to their verbal and non-verbal cues, offering comfort and reassurance when needed.

Children were supported to develop positive relationships with their peers and adults. Staff promoted kindness, empathy, and cooperation, which helped children build social skills and emotional resilience. Where children required additional support, staff worked with families and other professionals to ensure care was inclusive and responsive to individual needs.

We identified some gaps around how the service planned to meet children's individual needs. We sampled personal plans and learning journals for children attending the service. In some cases, documentation was limited to a basic registration form containing only essential contact details. Although staff could verbally share some knowledge about children's routines and preferences, this had not been documented. Accurate and up-to-date records are essential to ensure that children's needs are understood, supported, and their progress effectively tracked. Without clear records, staff may not fully understand each child's needs, preferences, and developmental progress. This could lead to missed opportunities for tailored support and hinder the child's overall development.

We observed the mealtime experiences for all children. During lunchtime in the 2-3 room, meals were served pre-plated with no opportunity for children to participate in the process or make choices about their food. The meal consisted of chicken casserole, mixed vegetables, banana, and pineapple. These were all served together on divider plates. Both children in attendance were new to the setting and unfamiliar with the routine. They were curious about their new nursery environment. As a result they appeared restless and frequently left the table.

In the 3-5 room, the lunchtime routine was more structured and child-centred. Children were encouraged to be involved by helping to hand out plates and pouring their own milk. After the meal, children helped to tidy up with staff support. This supported children's independence and sense of responsibility. Staff interactions were consistently warm, playful, and supportive, contributing to a relaxed and positive atmosphere. Children were settled and well-supported throughout the mealtime.

The setting demonstrated a proactive and responsible approach to child protection, with all staff having attended relevant training and showing a clear understanding of their roles and responsibilities in safeguarding children. A named Child Protection Officer was in place. Staff engaged positively with other professionals such as health visitors and social workers. This helped to ensure that children received the correct care at the right time. The manager was confident in making referrals and seeking advice when necessary. This ensured that concerns were shared appropriately and in a timely manner.

Quality indicator 1.3: Play and learning

Children were observed engaging in imaginative play in small groups, which provided some opportunities for social interaction and creativity. Resources were available to support play and learning. Resources to promote learning and development could be further improved, particularly for younger children and babies. Resources did not consistently promote deep engagement or sustained curiosity.

Children aged three and over were regularly asked by staff if they wanted to play outdoors. Although this shows some responsiveness to children's preferences, access to outdoor play was largely adult-directed. For children under three years access to outdoor play was more limited. During our inspection younger children did enjoy a local walk in prams however the frequency and quality of outdoor play should be monitored to ensure that children benefit from fresh air and physical exercise.

Staff recognised the benefit of children being able to access play and learning beyond the setting. Accessing local amenities such as parks, the library and community spaces helped children to learn about, and be part of their local community.

Children with additional support needs were well supported through a range of tailored strategies that promoted inclusion and positive outcomes. Where children and families required assistance with communication and language, staff implemented effective approaches to meet individual needs. These included the use of gestures and visual supports, as well as practical tools such as a multilingual pen device that enabled parents to access key documentation in their own language. This contributed to improved wellbeing and developmental progress, particularly in areas such as communication, social interaction, and emotional regulation.

Some staff had attended Autism training. This training was beginning to have a positive impact on practice. Children who required a little more support were more meaningfully included in the setting's routines and activities. Staff were learning to adapt their interactions and environments to reduce barriers to participation.

We looked at how the service planned for and recorded children's learning. We found that the quality of observations, planning for learning, and assessment required improvement. Observations of children's learning were not yet sufficiently focused or evaluative. While staff were recording children's activities, these observations often lacked detail of the learning taking place and did not consistently inform meaningful next steps. Documentation did not always clearly show children's progress or how planned experiences were supporting development. In some cases, records were brief or lacked measurable outcomes, making it difficult to track children's learning journeys or evaluate the effectiveness of the curriculum.

Staff would benefit from further training in observation, planning and assessment to build confidence and consistency in practice. Professional development should focus on helping staff identify significant learning, use assessment information to inform planning, and record children's progress in a way that is purposeful, measurable and clearly linked to outcomes. Improving these areas will support a more responsive and intentional approach to early learning, ensuring that all children experience challenge, progression and success. (See Area for improvement)

Areas for improvement

1. To ensure that children have access to a range of experiences that take account of their play and learning interests, the service should introduce a more responsive model of observation and planning.

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)

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

The service had made positive changes and improvements to the environment, which enhanced the quality of play and learning experiences for children. Staff provided open-ended play opportunities and resources that sparked curiosity and supported children to extend their learning. These improvements contributed to more meaningful engagement and enriched outcomes for children, promoting creativity, exploration, and sustained interest in their activities.

Access to the service was via bolted metal gates from the street, and entry to the building was managed through a buzzer system. These arrangements supported children's safety and gave reassurance to families. An assessment of the outdoor spaces currently used by children, including perimeter fences and gates, did not highlight any risks. As a result, children were able to play and learn outdoors in a secure and well-monitored environment, which supported their physical development and wellbeing.

Maintaining the fabric of the building continued to present challenges for the provider. Areas used by children required a deep clean, and toilets and changing facilities were in need of maintenance, including sealant around sinks to reduce the risk of infection. These issues had the potential to impact children's health and comfort. It was important that the service addressed these matters promptly to ensure a safe, hygienic, and nurturing environment for all children. (See Area for improvement)

While children and staff made good use of the garden area at the front of the building, the side garden remained out of use due to ongoing safety and maintenance concerns. Some progress had been made, including the removal of trees to improve accessibility, but the space was still unsuitable for children due to the condition of the adjoining building and unresolved environmental issues. This limited children's opportunities for outdoor play and exploration, which are essential for their wellbeing and development. The provider was encouraged to continue working with the landlord and local groups to ensure that all areas used by children were safe, secure, and fit for purpose.

Risk assessments were reviewed and updated in February 2025, with hazards and mitigations clearly recorded. Children were actively involved in identifying risks through visual assessments, using printed pictures to mark safe and unsafe environments. This approach helped children develop an understanding of safety and encouraged them to take responsibility for their surroundings.

Children's files and personal plans were stored securely in a locked cabinet in the office, ensuring confidentiality and compliance with data protection requirements. While this protected sensitive information, it was noted that the arrangement could limit staff access to plans during daily practice. The provider should review how staff access children's personal plans safely and effectively.

Accidents were managed appropriately. Documentation included body maps to show injuries were signed and dated by both staff and parents. Parents were contacted in advance for any bumps or head injuries. Although individual accidents were well-managed, there was no formal accident auditing in place. Introducing a system for regular review could help identify patterns and support improvements in safety across the service.

Areas for improvement

1. The provider should ensure that all areas used by children are clean, well-maintained, and hygienic. This should include, but not be limited to, addressing maintenance issues in toilets and changing facilities, and replacing sealant around sinks to reduce the risk of infection. These actions are necessary to promote a safe and nurturing environment that supports children's health and wellbeing.

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 5.22)

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 improvements are led well

The service was led by a provider/manager and a depute manager. The depute manager had been in post for two years and, alongside the manager, had demonstrated a generally supportive leadership approach. However, consistency in leadership was not always evident.

Records showed that staff received regular supervision and support, but the effectiveness of monthly meetings in driving individual progress remained unclear. Annual appraisal processes had been described as reflective and collaborative, though their impact on professional development appeared limited. While the leadership style contributed to a relatively stable team, the overall impact on children's experiences was not consistently strong.

The service had been receiving external support from the local authority. During the inspection, a Leader of Learning visited the setting and was observed engaging with the management team. This interaction reflected some commitment to improvement and partnership working.

The service's improvement plan had identified relevant priorities, including raising achievement, increasing engagement and participation, and enhancing outdoor learning opportunities. There had also been a focus on strengthening staff involvement in improvement processes.

Staff had begun to develop their understanding of self-evaluation and had responded to feedback from the previous inspection. Consultations with children and families had led to changes such as repainting walls, adding soft furnishings, and introducing lighting features. These adjustments improved the physical environment, but it was unclear whether they had a sustained impact on children's experiences. Follow-up feedback from families and visitors had been generally positive, though largely focused on appearance rather than outcomes.

Children and families had also been invited to reflect on the quality of the staff team. Responses indicated generally strong relationships and a degree of trust, though some feedback suggested that the service could further improve its responsiveness and inclusivity.

Auditing and monitoring systems had been in place for staff practice, personal plans, children's learning, and accident records. However, these systems required further development to ensure they were robust and consistent. Monitoring had not been clearly linked to outcomes for children and had not been used effectively to inform future planning. (See Area for improvement 1)

We discussed with the manager the importance of keeping the Care Inspectorate informed of any notifiable incidents or occurrences. We identified an occasion where the manager failed to notify the Care Inspectorate of an notifiable event. We have signposted the manager to the Care Inspectorate guidance around notifications. (See Area for improvement 2)

Areas for improvement

1. To improve outcomes for children, the manager and provider should ensure that self-evaluation and quality assurance impact on improved experiences for children. This should include, but not be limited to, effective auditing and monitoring of children's personal plans, learning journals, accidents and staff practice.

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)

2. To ensure the health, safety and wellbeing of children, the manager and provider should ensure that the Care Inspectorate are informed of any notifiable events.

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.

Quality indicator 4.3: Staff deployment

At the time of the inspection, the service had a low number of children attending. This enabled staff to respond well to individual needs across the playrooms. Staffing levels were appropriate, with a 50/50 ratio of qualified to unqualified staff. The team brought a mix of skills and experience. Staff were generally well-positioned within rooms to support children effectively. Staff were allocated to specific age ranges and demonstrated flexibility in adapting to the needs of the service throughout the day. This helped to maintain continuity of care and supported children to feel secure.

The deputy manager provided visible and active leadership on the ground floor, supporting both staff and children. Children aged 3-5 years had opportunities to move between indoor and outdoor spaces. Further input from the deputy manager in the upstairs playrooms would have enhanced the overall experience for children in those areas.

Communication between staff was positive. To further enhance communication staff used walkie-talkies effectively to communicate across the building, which supported coordination and responsiveness.

The manager had begun to delegate leadership roles and responsibilities to staff. For example, one staff member was tasked with researching schemas during July and August 2025. This reflected a commitment to professional growth and leadership development. The management should now evaluate the impact of these roles on outcomes for children and families.

A sample of three recruitment files was reviewed for the most recently employed staff. The service had safe and effective recruitment procedures in place. Each file contained a completed PVG (Protecting Vulnerable Groups) check, SSSC (Scottish Social Services Council) registration or confirmation of application, and two references, which had been followed up and recorded. These procedures helped ensure that staff were recruited appropriately and safely, contributing positively to the wellbeing and safety of children attending the service.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that children have access to a range of experiences that take account of their play and learning interests, the service should introduce a more responsive model of observation and planning.

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 17 September 2024.

Action taken since then

The service were at the early stages of improving and introducing a more responsive method of planning and observation for children's learning and development. They should continue with their plans to develop and implement improved systems. We have therefore concluded that this area for improvement had not been met. We have repeated this area for improvement under the 1.3 section of this report.

Previous area for improvement 2

To support children's wellbeing and their choices and wishes, daily routines should be reviewed to help ensure these are supportive of children's needs, interests and development. This should include, but is not limited to, group times, lunchtime routines and the end of day routine.

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

"As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials." (HSCS 1.31)

This area for improvement was made on 17 September 2024.

Action taken since then

Opportunities for children to choose and decide what they wanted to do had improved. Routines had been reviewed to enable children to participate or opt out of large group activities as they wished. We have therefore concluded that this area for improvement had 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.

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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