Harlequin Kindergarten
Day Care of Children

6 Brunel Way
East Kilbride
Glasgow
G75 0LD

Telephone: 01355 227 711

Type of inspection:
Unannounced

Completed on:
7 May 2026

Service provided by:
Harlequin Nurseries Limited

Service provider number:
SP2003001388

Service no:
CS2003044538

About the service

Harlequin Kindergarten is a daycare of children's service which is registered to provide care for a maximum of 143 children, 43 children aged zero to under 2 years, 50 children aged two years to under three years and 50 children aged three years and over. There were 120 children registered with the service at the time of the inspection. On day one of the inspection there were 72 children present across the service. On day two of the inspection there were 80 children present across the service.

The service is provided from a commercial building in East Kilbride near to the town centre. The children have access to toilets out with the playrooms. The playrooms are on one level and an outdoor area can be easily accessed from the main door of the service.

About the inspection

This was an unannounced inspection which took place on 5 May 2026 between 09:45 and 18:00 and 6 May 2026 between 09:30 and 18:00. 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, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- gained feedback from four parent/carers through Microsoft Form questionnaires
- we issued Microsoft Form questionnaires to staff, however we gained no responses.
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to personal plans, recruitment, quality assurance and self-evaluation.

During this inspection we 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

- Staff mostly displayed warm, nurturing interactions with children.
- Children's play, learning and development was mostly supported through responsive planning and consultations with children.
- The implementation of more robust self-evaluation and quality assurance processes would promote more positive outcomes for children.
- To sustain children's engagement and support play experiences staff should ensure resources are readily available for children.
- More robust recruitment procedures would ensure the safer recruitment of staff.
- Personal Plans should be fully completed, regularly reviewed, and consistently maintained across the service.

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 play and learn	4 - Good
Children are supported to achieve	3 - Satisfactory / Adequate

Further details on the particular areas inspected are provided at the end of this report.

Leadership 3 - Satisfactory / Adequate

Quality Indicator: Leadership and management of staff and resources

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

The service had clear aims, supporting a shared vision and guiding practice across the setting. Regular review of these aims would ensure they remain relevant to family's needs and experiences. This would also support continuous improvement and ensure the service responds effectively to change.

The service was continuing to develop its approach to self-evaluation. Staff described informal discussions around potential improvements, indicating a willingness to develop practice. Consultation processes were in place; however, these would benefit from more consistent recording. The introduction of a more structured approach would support clearer identification of strengths and areas for development. This would provide a clearer overview of findings and next steps, leading to improved outcomes for children (see area for improvement 1).

Priorities for improvement had been identified within an improvement plan. Improvements had been identified relating to the outdoor area, responsive planning, and care planning. Some progress was evident in practice. For example, through the introduction of new planning formats and ongoing staff discussions about their effectiveness. Staff told us they had developed the garden area for the children. Parents commented: "They have made a lot of effort making the garden nice for the children to play." Although improvements had been made relating to the priorities identified not all staff were fully aware of these priorities. Strengthening links between self-evaluation and improvement planning, involving all staff, would support greater ownership and consistency in delivering improvements.

Some monitoring processes were in place. To strengthen this, the service would benefit from more regular and consistent quality assurance, alongside clear feedback to staff. Expanding monitoring to consistently include mealtimes, staff practice and interactions, transitions and personal planning would support continuous improvement. This would also support better outcomes for children (see area for improvement 2).

A recruitment checklist was in place, outlining key stages such as interviews, Protecting Vulnerable Groups (PVG) checks, and inductions. While this demonstrated a structured approach, inconsistencies in recording were identified, including incomplete details of PVG numbers and dates. There was limited evidence of written references being obtained prior to employment, as some had been gathered verbally. Overall, safer recruitment procedures would benefit from further strengthening and alignment with current guidance. This would ensure a more robust and consistent approach. Improved oversight and accurate recording would help keep children safe (see area for improvement 3).

Staff appraisals had been completed, including discussion of well-being and key procedures such as child protection, supporting staff awareness and confidence. Although supportive, the process would benefit from further structure to promote deeper reflection and professional growth. A clearer format would help staff identify strengths, training needs, and responsibilities more effectively. Linking improvements to appraisal discussions would further strengthen the evaluation of the impact on outcomes for children. The manager maintained oversight of training, though records lacked detail on completion and dates. Staff did not

routinely evaluate the impact of training on practice. Introducing robust recording and evaluation systems would improve reflection and help inform appraisals.

Accident and incident records sampled were completed appropriately, with evidence of suitable first aid and communication with parents. Opportunities were identified to strengthen recording and oversight through more detailed audits. Expanding records to include factors such as location, time, and incident type would support the identification of patterns and trends. This would enable the service to take proactive action to minimise risks.

The service had implemented a 'two stars and a wish' approach to gather feedback from parents, with their responses displayed. Parents told us: "They ask us for opinions." While this demonstrated openness to feedback, records were not consistently dated, limiting their effectiveness in tracking progress. There was scope to expand consultation opportunities from feedback from parents. For example, the implementation of more interactive methods such as planned stay-and-play sessions for all families.

Some maintenance issues identified during inspection were addressed promptly. These included repairs to the children's outdoor hut, gates and an extractor fan. However, some environmental improvements remained, including unclear Closed Circuit Television (CCTV) images of the front door, limiting staff visibility. A damp odour was identified in one lunchroom; no other areas were affected, and the manager will continue to monitor this. It was also recommended that locks be fitted to hazardous areas, such as the staff toilet and storage cupboard, to further improve safety. While risk assessments, including for outdoor areas, were in place, these required greater detail and more regular updates. Some risks and outdoor checks were not consistently recorded, reducing proactive risk management and impacting children's safety. A formal system for recording and tracking maintenance would strengthen oversight and accountability.

Areas for improvement

1.
To support positive outcomes for children, the service should further develop self-evaluation procedures. This should include, but not be limited to, implementing a more structured approach to self-evaluation, such as using quality improvement frameworks and involving all staff in improvement discussions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

2.
To promote a culture of reflective practice which identifies and actions areas for improvement, the management team should ensure effective quality assurance processes are in place. This should include, but is not limited to, robust monitoring of service delivery including mealtimes, staff practice and interactions, transitions, and children's personal plans.

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).

3.
To keep children safe, the manager should review safer recruitment procedures to ensure they are fully implemented and consistently followed. This should include, but not be limited to, obtaining two satisfactory

written references before employment, maintaining accurate records of checks, and strengthening oversight and recording systems.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

Children play and learn 4 - Good

Quality Indicator: Playing, learning and developing

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children could self-select resources from drawers and baskets, supporting independence and decision making. However, independence was not consistently promoted in younger areas, with some resources, such as books, not readily accessible. Some natural and loose parts materials supported curiosity and creativity. Staff were responsible for replenishing resources; however, this was inconsistent, and resources were sometimes limited. This restricted children's exploration and engagement. For example, the writing area lacked mark-making resources, and the outdoor mud kitchen lacked materials, such as mud and sand. Ensuring resources were consistently available and engaging would better support independence, creativity, and meaningful learning experiences.

Children had access to a range of spaces, including rest areas and areas designed for exploration, such as block play. Images of children engaged in activities were displayed on the walls. However, they were undated, reducing their relevance and connection to current learning. Some provocations supported children; for example, images of buildings were displayed within the block area. However, some displays were positioned too high, limiting children's ability to interact with and benefit from them. Displaying these at children's level would support children to further develop their ideas and enhance learning.

Planning across age groups reflected children's interests, with children's ideas and experiences recorded in floor books. This evidenced how children's ideas shaped experiences. Observations informed planning and supported identification of literacy, numeracy, and health and well-being needs. Staff linked experiences to national guidance and frameworks, which supported oversight of learning. Some broader curricular links enhanced learning opportunities. Mind maps and planning formats were in place but mind maps lacked sufficient detail. However, mind maps lacked detail and links to learning journals were limited, reducing progression tracking and consistency across age groups. In younger groups, planning was sometimes adult-led and did not reflect schemas, weakening support for individual needs and development. Schemas are repeated patterns of behaviour that children engage in to explore and make sense of the world. Stronger monitoring and clearer links between observations and next steps would better support children's needs and progression.

Some transitions across the service did not always fully support children's needs. For example, some children gathered in large groups before and after lunch. This resulted in children losing interest and was not meaningful. Smaller groups would support better engagement and promote more positive outcomes for children.

Home link experiences were in place, with children having the opportunity to take home a teddy and record their adventures together. This enhanced engagement and strengthened learning connections between

home and the setting. Increasing the range and frequency of home link opportunities would further improve engagement and extend learning. Therefore, supporting more consistent positive outcomes for children.

The service offered parent's evenings twice yearly, which helped families understand their child's experiences. This could be strengthened by implementing stay and play sessions. This would support more effective family engagement in their children's learning and development.

Staff communicated effectively when leaving areas, although more careful consideration of staff deployment would have further strengthened supervision and support. For example, some children's play was interrupted when a staff member left to support another child. Asking another staff member for help would have maintained continuity and sustained children's engagement.

Children did not have free-flow access to outdoor play. Staff facilitated daily small group outdoor experiences to promote engagement, and during the inspection, most children engaged in outdoor play. This supported their well-being. Parents also commented: "They play with the toys in the garden, they planted and paint outside." Access to a physical playroom enhanced opportunities for active play and movement. Staff kept accurate records of children's attendance, which supported children's safety. We advised maintaining an overview of children across different areas. This would strengthen oversight and safety.

Children are supported to achieve — 3 - Satisfactory / Adequate

Quality Indicator: Nurturing care and support

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

Staff displayed warm, nurturing interactions with children. Staff knew children well and supported children's emotional needs effectively. For example, they offered reassurance and comfort, including cuddles, when children were upset. This helped children feel safe and secure, supporting their well-being. Parents commented: "The staff know my child very well."

Staff had built up positive relationships with families and created a welcoming environment. Parents commented: "They support us parents and our worries, not just our kids," and "The staff are very welcoming, approachable and supportive." Although the service had positive relationships with parents, some parents did not regularly access playrooms at drop-off and collection times. This did not support parents to be part of their child's learning or provide opportunities for effective communication with staff. This could be improved to encourage greater involvement and ensure all families feel comfortable using these spaces.

Children could choose where to sit at mealtimes and allergy information was accessible to staff. However, there were opportunities to further enhance the calm and sociable nature of mealtimes. Children experienced delays, leading to unsafe behaviours, and some remained in highchairs or were returned to tables after eating. While staff supported independence through roles, such as lunch and snack helpers, this was not consistently applied. Opportunities such as self-serving were limited. Drinks were not always readily available across all age groups, and supervision of handwashing was inconsistent. Staff were often task-focused, reducing quality interactions. Practices, such as feeding children while standing and wiping children's faces from behind affected children's comfort. Overall, lunchtime routines required improvement to support positive outcomes for children. Effective monitoring of this and feedback to staff should support improvements.

Sleep routines supported children's well-being. Staff were familiar with children's needs and provided rest areas after lunch. Staff completed regular sleep checks, supporting children's safety. Staff recognised when children were not tired and returned them to play. However, practice was inconsistent, as not all staff placed babies safely in cots. For example, a staff member placed a child in the centre of the cot rather than positioning them with their feet at the bottom. Staff sometimes laid children down without explanation, thereby reducing nurturing interactions. Providing consistent staff approaches aligned with sleep safe guidance would support more positive outcomes for children and help keep them safe.

Medication recording forms required review to improve clarity and consistency. Sampled forms were missing key details, including whether medication was refused and the dates it was administered. The manager had begun reviewing and amending these before the end of the inspection. We shared the Care Inspectorate's 'Management of medication in daycare of children and childminding services' guidance with the manager to support this.

A personal plan format was in place, which reflected the well-being indicators: safe, active, nurtured, achieving, respected, responsible, and included. Plans included key information supporting children's health, safety and wellbeing, including parental and emergency contacts, medical needs and allergies. However, plans sampled were not consistently completed, with several sections left blank or incomplete. Examples included individual targets, evaluations, next steps and sections capturing family views on learning. Some plans also lacked parent signatures. Positive practice was noted for children with additional support needs. Detailed support plans included clear strategies and links with relevant agencies. The service should strengthen oversight of personal planning. This would ensure plans were fully completed, regularly reviewed, and consistently used to support children's individual needs and progression (see area for improvement 1).

Staff understood their responsibilities in safeguarding children. They knew who to report concerns to and the importance of accurate recording. Staff had completed recent child protection training, which supported their knowledge and confidence.

Areas for improvement

1.
To ensure children's health and wellbeing needs are fully met, the service should further develop personal plans. This should include, but not be limited to, ensuring all sections are completed, information clearly identifies how children's needs will be met, and plans are reviewed at least once every six months with parents.

This will help ensure care and support are consistent with the Health and Social Care Standards (HSCS), which state: 'My personal 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).

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

The manager should monitor the content of children's personal plans to ensure these reflected how care and support was provided and why. These should be an accurate reflection of any support in place for children. This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My personal plan is right for me because it sets out how my care needs will be met, as well as my wishes and choices" (HSCS1.15) and "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 10 July 2018.

Action taken since then

Personal Plans had not been monitored appropriately to reflect how care and support was provided and why. The information contained within personal plans was inconsistent and did not support staff to meet children's individual needs. Therefore, this area for improvement has not been met. It has been re-worded and included as part of this inspection.

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

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

Children play and learn	4 - Good
Playing, learning and developing	4 - Good

Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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