Rainbow Dreams Day Nursery
Day Care of Children

266 Saracen Street
Possilpark
Glasgow
G22 5LF

Telephone: 01413 376 160

Type of inspection:
Unannounced

Completed on:
22 April 2026

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 15 children attending the service, with 23 attending on the second day.

About the inspection

This was an unannounced inspection which took place on 21 and 22 April 2026. 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 staff and management
- spoke with two Glasgow City Council Leaders of Learning
- 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 core assurances. We have reported where improvement is necessary within children experience high quality spaces section.

Key messages

- Children were happy, curious and engaged in play indoors and outdoors.
- The management and staff team had developed and improved opportunities and resources available to support children's play and learning.
- Staff training and knowledge around planning for, and assessing children's learning had improved outcomes for children.
- The provider should implement plans to refurbish and improve children's toilet facilities.
- The provider and management team should ensure that self evaluation and quality assurance support 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	4 - Good
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 4 - Good

Quality indicator: Leadership and management of staff and resources

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 service's vision values and aims reflected the goals and aspirations of the service. We discussed with the management team how as they move into a new term, they should review these with new children and families. This would help strengthen shared ownership of the vision and support children and families to feel valued, listened to and connected to their nursery community.

The staff team had remained stable since the last inspection, with no staff leaving or joining the service. This stability had a positive impact on children, as it supported continuity of care and helped children build secure, trusting relationships with familiar adults. Children benefited from consistent approaches to care and learning, which supported their wellbeing and engagement.

Management roles were more clearly defined, which strengthened accountability and supported effective distributed leadership. This clarity helped staff understand their responsibilities and ensured that children experienced consistent expectations and routines across the service. The management team had introduced, and were beginning to use the Quality Improvement Framework as a tool for self evaluation. This demonstrated a commitment to continuous improvement and to improving outcomes for children.

The management team had implemented a structured monitoring calendar and used planned observations to support staff practice. These observations were reflective and helped staff identify strengths, areas for improvement and agreed next steps. As a result, staff confidence had increased and practice had become more consistent, which had a positive impact on the quality of children's experiences.

Staff were well supported through training and professional learning opportunities, including child protection training and in-house observation training. This ensured staff had the knowledge and skills needed to keep children safe and to support their learning and development effectively.

The management team had introduced protected time for discussion and recording and planning for children's learning. This had improved reflective dialogue between staff and increased the quality of information recorded about children. As a result, children's experiences, interests and progress were captured more accurately and shared more effectively with families. Digital approaches, including the Unite for Literacy App, had been used well to support inclusion and to strengthen children's engagement with literacy, while also supporting family involvement.

While self-evaluation was evident, it was not yet sufficiently robust. It focused mainly on processes rather than clearly demonstrating the impact on children's learning, progress and engagement. Auditing systems also required further strengthening to ensure leaders had a clear understanding of the quality of children's experiences across the service. The management team had appropriately identified these areas within their improvement priorities, alongside raising achievement, improving progress and increasing engagement for children. (See area for improvement 1)

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)

Children thrive and develop in quality spaces — 4 - Good

Quality indicator: Children experience high quality spaces

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.

Since the last inspection, the service had experienced a burst pipe which had resulted in the nursery closing for a few weeks. This incident led to essential refurbishment work being carried out to ensure the environment was safe, welcoming and suitable for children to return.

The management and staff team had made effective use of available resources to improve aspects of the environment for children. Space had been created within the downstairs accessible toilet to fit a changing station. This area had been observed to be clean and satisfactory, which supported children's care needs and dignity.

Upstairs toilets had some patch repairs to sealant; however, this work had not been sufficient to address the previously identified area for improvement. The manager provided evidence of quotes for a full refurbishment and confirmed plans for the work to be carried out during the summer holiday period. Inspectors met with the landlord during the visit, who confirmed her commitment to completing the full refurbishment. As the work had not yet been completed, this area for improvement had not been met. (See area for improvement 1)

Following the burst pipe, essential refurbishments had been carried out. These included new flooring, a new kitchen, improved lighting with strip lighting removed, and painting and decorating throughout. These improvements had a positive impact on children, as the environment felt more homely, welcoming and comfortable. New floors, units, rugs and soft furnishings supported calmer play and helped children feel secure and settled.

Playrooms had been thoughtfully reorganised to provide more stimulating and purposeful learning spaces. These included a home corner with real food and crockery, a construction area, a writing area, a book corner with puppets, a sensory area and a small loose-parts area. These changes had increased children's engagement and supported imaginative play, creativity and communication.

Children were observed to be particularly engaged in outdoor play, including rolling tyres over an obstacle course. This supported their physical development, confidence and enjoyment.

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)

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.

Staff were engaged in play with children and inspectors observed many positive, joyful interactions. Staff joined children in physical games, laughter and shared fun. This had a positive impact on children, who were confident, relaxed and happy, and were keen to extend their play alongside familiar adults.

Play areas had been strengthened with improved provocations for learning. These were well matched to children's interests and developmental needs, which resulted in better levels of engagement. Children were observed leading their own play and learning, making choices and sustaining play for long periods. Activities were tailored effectively to meet individual needs, supporting inclusion and positive outcomes for all children.

Staff demonstrated a good understanding of children's schemas and used this knowledge to facilitate and extend play. Schemas are repeated patterns of behaviour that children use to explore, understand and make sense of the world. Schemas show how children are thinking and learning through their actions.

Loose-parts provision supported children's curiosity and creativity, and children were observed engaging in risky play that was exciting, challenging and well managed. This supported children's confidence, problem-solving skills and physical development. Inspectors noted that some children, including those with additional support needs, would benefit from further opportunities to channel physical skills both indoors and outdoors. The management team should consider additional staff training would support the provision of appropriate challenge for children seeking this type of play.

Free-flow access to the garden allowed children the freedom to move between indoor and outdoor spaces, supporting autonomy and independence. A free-flow lunch approach ensured children's play was not unnecessarily interrupted, which helped sustain engagement and promote positive wellbeing.

Planning systems were in the early stages of change, with leaders developing more responsive approaches based on children's interests and needs. Strong emphasis had been placed on improving the quality of observations, and a clear format was in place to support staff. Inspectors saw relevant next steps being identified for children, including a focus on developing resilience through play. These next steps were beginning to link more closely with children's personal plans, supporting continuity and consistency in children's learning.

Children are supported to achieve 4 - Good

Quality indicator: Nurturing care and support

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 received nurturing, respectful and responsive care and support. Staff treated children with kindness and compassion, knew them well and responded sensitively to their individual needs, preferences and emotional cues. This helped children feel emotionally safe, secure and valued, and supported them to be confident in expressing themselves, seeking comfort and engaging fully in their day.

Children were supported to make choices and develop independence during daily routines, including at lunchtime. Staff encouraged children to help prepare for lunch, serve themselves food and drinks, and decide where and when they felt most comfortable eating. This had a positive impact on children's confidence, self-esteem and independence skills.

When children were unsettled or required flexibility, staff responded calmly, respectfully and without pressure. This ensured children's dignity was maintained and helped reduce anxiety, allowing children to feel respected and in control. To further improve experiences for children over lunchtime, routines could be further strengthened through greater consistency in the dining environment, such as refreshing tables between sittings and using tablecloths or placemats.

Digital personal plans had been developed and included improved, detailed information about children's individual needs, preferences and routines. This supported continuity of care and ensured children experienced consistent responses from staff. To further strengthen impact, staff should use this information more consistently to plan targeted support and set clear, achievable outcomes so children's progress and wellbeing were clearly demonstrated.

Staff showed an understanding of children with additional support needs, developed through careful observation and ongoing assessment. This enabled staff to respond early and appropriately, reducing barriers to children's learning, communication and emotional regulation.

Positive and meaningful interactions were observed throughout the day. Staff listened attentively, engaged in warm conversations and responded sensitively when children shared emotions or personal experiences. This helped children feel heard and understood and supported positive relationships.

Children were supported to rest and sleep safely. Staff monitored sleeping children closely and used gentle, reassuring approaches when children woke. This supported children to feel calm and regulated, enabling smooth transitions back into play and daily routines.

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 22 October 2025.

Action taken since then

Staff training around observations had strengthened staff's skills and understanding around recording and planning for children's learning. The management team should continue to support staff in this area. We have concluded that this area for improvement had been met.

Previous area for improvement 2

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)

This area for improvement was made on 22 October 2025.

Action taken since then

Improvements to the physical environment had been carried out which included decoration, new flooring and the installation of a new kitchen. The provider was able to share evidence of quotes she had received for a full refurb of upstairs toilets. The temporary measures taken to repair seals did not eliminate the risk. The provider was confident works would be carried out over summer holidays. We were reassured by this and the fact that the toilets were not being used on the day of inspection. However this area for improvement has not been met and has been repeated under the "Children experience high quality spaces" heading of this report.

Previous area for improvement 3

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)

This area for improvement was made on 22 October 2025.

Action taken since then

Systems and processes to ensure personal plans and learning journals were in place and meaningful in order to support children had been developed and improved. A more robust approach to self evaluation is now required to support improvement and quality throughout the service. We have therefore concluded that this area for improvement had not been met and has been repeated under the leadership and management of staff and resources heading of this report.

Previous area for improvement 4

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)

This area for improvement was made on 22 October 2025.

Action taken since then

When necessary notifications have been required the provider has submitted these within timescales. We have therefore concluded that this area for improvement has 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

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good

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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
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