

# Puffin Care Services: Crookston Castle Primary Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
20 March 2025

**Service provided by:**  
Puffin Care Services

**Service provider number:**  
SP2004006034

**Service no:**  
CS2007166372

## About the service

Puffin Care Services Crookston Castle provides an out of school care service in the Crookston area of Glasgow. The service is registered to provide a care service to a maximum of 50 children attending primary school up to the age of 14 years, of whom no more than 10 will be 11 years and over. The service operates during term time after school and during school holidays.

The service is provided from the dining hall area within Crookston Castle Primary. Children had access to the school gym hall when available, the playground and a secure outdoor natural space.

## About the inspection

This was an unannounced inspection which took place on 19 and 20 March 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 people using the service
- gathered the views of ten parents/carers
- spoke with the director, management and staff
- observed practice and daily life
- reviewed documents.

## Key messages

- Staff were warm, kind and caring in their interactions with children.
- Children were happy, confident and relaxed in the service.
- Children had opportunities to access a natural outdoor environment.
- The service should continue to develop monitoring and auditing procedures to support children's wellbeing.

## 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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
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?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

### Quality indicator 1.1: Nurturing care and support

Staff were kind, warm and caring in their approach towards children. Staff knew children well and were responsive to their needs. We observed strong bonds between staff and children. Children would initiate hugs with staff and staff spent time sitting with children chatting and listening to them. Children commented positively on relationships they had with staff. One child told us, "I like it here, it's fun and the adults are kind they give you hugs if you are upset."

Staff knew families well and parents were warmly welcomed into the setting. Staff spent time chatting with some families sharing information about children's day. Parents commented positively on relationships with staff. One parent told us, "All staff at Puffin are friendly and make an effort to get to know the parents and chat." This supported positive relationships between staff and families.

We could see strong friendships between children as they spent time playing, chatting and laughing together. One child told us, "I get to play with my friends and have lots of fun." This contributed to children being happy, relaxed and confident within the setting.

Personal plans were in place for all children. Plans we sampled had not been fully completed and had not been regularly reviewed with parents. Plans contained some key information to support children, however information gathering templates varied between plans. This meant staff did not always have the most up to date information to meet children's needs. We discussed with the provider how regular monitoring and auditing of personal plans would ensure consistency in information being gathered. This would ensure children receive care and support that reflects their current needs.

Overall we found medication was stored and administered safely. We found improvements could be made to paperwork to make information more robust to meet children's health needs. This included recording more specific signs and symptoms of when children required medication and procedures to follow in an emergency. This would provide all staff with clear procedures to follow to support children in the service that required life saving medication.

### Quality indicator 1.3: Play and learning

Children were having fun and were mostly engaged throughout the session. The pace of the session was relaxed and unhurried and children had opportunities to lead their own experiences. One child told us "It's lots of fun here, there's lots of toys and stuff to play with." A small group of children spent an extended period of time working together with an adult to complete a large floor puzzle. Children at the playdough table were supported through the use of open ended questions to use their imagination. This supported conversations between children and encouraged creative thinking as they used the playdough to recreate their favourite foods.

Children's play and learning benefited from access to secure outdoor environments. Staff told us that children's favourite outdoor space was the big, grassy hill. We observed a high number of children asking to

play on the hill and staff were flexible in their plans to support this. This provided opportunities for children to engage in risky play and develop their physical skills.

Overall staff were responsive to children's interests and supported choice in where they played. Towards the end of the session a small group of children had become disengaged which resulted in some boisterous play and interactions. We discussed with the provider how staff could support children to re-engage through team games in the hall or opportunities to play outdoors again.

An activity planner was in place to support children's play and learning. This included resources on offer and a section for children's choice. Team planning sheets recorded activities offered to children and links with their interests. Evaluations of activities required more depth to show what children had learned and the skills they were developing. We discussed with the provider that more in depth recording would highlight children's learning and inform next steps that support progression. Activities and experiences children participated in were shared with parents through a private social media account. This helped parents to feel involved in their child's care and learning.

## How good is our setting?

## 4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

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

Children experienced an environment that was clean and well maintained. A robust cleaning schedule ensured resources were regularly cleaned and in good working order. This helped minimise the risk of spread of infection. Maintenance for building and repair works were actioned through the school janitor. This ensured the building and outdoor areas were safe for children.

The dining hall was spacious with large windows that offered plenty of natural light and ventilation and allowed staff to see visitors that approached the building. A secure entrance that was separate from the school ensured that staff were able to track when children were entering and leaving the service. This ensured children's safety at times of transition.

Staff had created defined areas where children could play. This included an arts and crafts table, playdough table, wooden kitchen and small world resources for imaginative play. The selection of resources were developmentally appropriate for children of all ages. We found improvements could be made to the layout to include cosy areas for children. We discussed with the provider the importance of children having access to cosy spaces with soft furnishings. This would allow them to rest and relax and have time on their own should they need it. This could contribute positively to support children's emotional regulation and wellbeing.

Children benefitted from access to a secure outdoor space that offered opportunities for physical play and games. The 'big hill' was a favourite area for children to play. This was grassy with trees and provided children with opportunities to explore and play in a natural environment. This contributed positively to children's health and wellbeing.

The service made good use of the facilities in the city during holiday periods. Children enjoyed visits to different places and parks around Glasgow to enhance their play and learning experience. This supported children's involvement their wider community.

## How good is our leadership?

## 4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

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

The provider was friendly, approachable and engaged well with the inspection process. They were receptive to feedback and willing to make improvements to ensure good outcomes for children and families. Staff shared with us they felt well supported and could approach the director if they needed help or support. One staff member commented "The provider is an excellent manager and leader who is very approachable and supportive." This meant staff were supported and motivated to provide care to children and their families.

The director understood the importance of involving staff, parents and children in self-evaluation. Staff and parents views were sought using paper and online questionnaires on an annual basis. Information gathered was discussed as a team and any actions that were taken, were shared with parents via the private social media page. We discussed with the provider that parents would benefit from more regular opportunities to share their views. This would support parents to contribute to improving the service in an ongoing and meaningful way.

Consultation with children was taking place on a more regular basis. A children's committee had been established and this gave children opportunities to meet with staff to discuss their ideas. The use of a children's suggestion box provided children with opportunities to share their ideas at any time. Children's suggestions were acted upon and implemented where possible. For example, a child had suggested playing football. Children had daily access to balls and had opportunities to play football outside or in the gym hall. Two children told us "we like playing football together" and "we play it outside and in the hall." This sent children the message that their voice mattered. We discussed with the director that documenting actions taken would provide children with a visual record to see how their voice influenced change.

An improvement plan was in place, which identified areas for development within the service. The plan was in the early stages of development. We could see progress had started to be made in some areas, including training to support leaders in their role. The director was part of a working group with two other services. They had collaborated on tasks such as safer recruitment processes, staff appraisals and developing policies in line with national practice guidance and frameworks. This contributed positively to support development of the service.

We found the service had processes for gathering and recording information across a range of areas, including personal plans, accidents and medication. However, information held was not regularly audited to identify gaps in the way children's care, play and learning was delivered. For example, the completion of children's personal plans. We discussed with the provider the importance of developing robust quality assurance processes to ensure consistently good outcomes for children and families. We have therefore made an area for improvement to address this (**see area for improvement 1**).

### Areas for improvement

1. To ensure that children experience consistently positive outcomes, the provider should develop and implement robust quality assurance processes. This should include but is not limited to, developing a monitoring calendar.

This is to ensure that children's 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) and "I benefit from a culture of continuous improvement, with the organisation having robust and quality assurance processes." (HSCS 4.19).

## How good is our staff team?

**4 - Good**

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

### Quality indicator 4.3: Staff deployment

At the time of inspection there were enough staff in the service to meet the numbers of children in attendance. Some staff told us they would benefit from additional staff at times of staff absence to support children. The provider shared ongoing recruitment plans for the service that would enhance the current staffing structure. Leaders and staff understood the importance of staff deployment to ensure supervision and safety of children. Staff moved throughout the indoor and outdoor environments to support children and their play choices. This helped to contribute to children's safety and wellbeing.

Staff shared with us they felt well supported by the director and the other staff. One commented, "I find all staff approachable and they are very supportive. Everyone works well as a team to help and support each other." We observed staff to work well together as a team. Ongoing communication between staff was used to support children's care and follow their interests. This contributed positively to team work to meet the needs of children.

Staff appraisals were taking place. These had defined areas of strengths and areas for improvement with clear actions to support staff's professional development. Staff development was actively encouraged to develop staff's confidence, skills, knowledge and practice. Staff had accessed a range of training to support them in their role. This included training on trauma informed practice, supporting children with additional support needs, adhd and autism and child protection. One staff member shared, "Our training for adhd/autism has helped us understand and plan around children we have within the setting with these additional support needs." We discussed with the provider the importance of monitoring practice to further support staff's professional development journey. Observations of staff practice would inform how training has impacted on staff and resulted in better outcomes for children.

Safer recruitment procedures were in place and being followed. All staff within the service had relevant qualifications for their role. New staff were supported with an induction and were mentored by senior members of staff. This meant staff were supported in their role to provide care to children and keep them safe.

## 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 positive outcomes for children and families the manager should continue to systematically feed into the providers quality assurance systems. This approach should show the process taken to monitor targets for improvement, identify achievements and when further action is needed to support improvement.

4.11- I experience high quality care and support based on relevant evidence, guidance and best practice.

4.19- I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

4.23- I use a service and organisation that are well led and managed.

4.27- I experience high quality care and support because people have the necessary information and resources.

**This area for improvement was made on 22 January 2019.**

#### Action taken since then

An improvement plan was in place. Clear priorities for improvement had been identified and actions were in place to support improvement within the service. Progression through the plan had begun and was in the early stages. We were satisfied the areas identified for improvement and actions taken so far had potential to support meaningful improvement within the service.

Therefore we were satisfied this area of improvement has been met.

#### Previous area for improvement 2

The provider should implement an effective quality assurance system. This should be used to monitor and improve areas of practice and outcomes for children. To support improvement dated written evidence showing targets, timescales for action, personnel involved, outcomes and achievements should as identified in the service's Operational Plan.

4.11- I experience high quality care and support based on relevant evidence, guidance and best practice.

4.19- I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

4.23- I use a service and organisation that are well led and managed.

4.27- I experience high quality care and support because people have the necessary information and resources.

**This area for improvement was made on 22 January 2019.**

**Action taken since then**

The provider is part of a collaborative working group that supports moderation to improve areas of practice and outcomes for children. We observed evidence this had supported improvement in areas such as, safer staff recruitment processes, managing staff performance and development and updating policies to reflect current guidance and frameworks. This approach has potential to contribute positively to outcomes for children. However some quality assurance processes needed to be strengthened to support positive outcomes for children. We have therefore created a separate area for improvement under quality indicator 3.1 to address this.

Therefore we were satisfied this area for improvement has been met.

**Previous area for improvement 3**

To support children's wellbeing, learning and development, the provider should ensure staff access training, appropriate to their role and apply their training in practice. This should include, but not limited to, training in supporting children with additional support needs, providing nurturing care, trauma informed practice and self-regulation practice.

This is to ensure care and support is consistent with the Health and social care Standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow professional and organisational codes.

**This area for improvement was made on 2 October 2024.**

**Action taken since then**

Staff have participated in a range of training opportunities to develop their knowledge, skills and practice to support children's wellbeing, learning and development. This includes training in impact of trauma and supporting children with additional needs.

Therefore we were satisfied this area for improvement has been met.

**Complaints**

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

## Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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