

Applebays Afterschool Liff Ltd Day Care of Children

Longforgan Primary School
66 Main Street
Longforgan
Dundee
DD2 5EU

Type of inspection:
Unannounced

Completed on:
20 March 2025

Service provided by:
Applebays Afterschool Limited

Service provider number:
SP2013012175

Service no:
CS2022000325

About the service

Applebays Afterschool Liff Ltd provides a daycare of children service in Liff, Angus. The service is registered to provide care to a maximum of 30 children attending primary school at any one time. No more than 12 children should attend the dispersed service at Longforgan Primary school, 66 Main Street, Longforgan, DD2 5EU. Children must have access to the main toilets within the school at all times.

The setting in Liff is located within a small residential community in Angus and is close to local woodland areas. The Longforgan setting is located within a village in Perth and Kinross and is close to local shops and parks. Both settings consist of a hall and large outdoor play areas that are accessed daily.

About the inspection

This was an unannounced inspection which took place on 17 and 18 March 2025 between 15:00 and 18:00 and 20 March 2025 between 07:30 and 09:00. Feedback was shared with the service on 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 registration information, information submitted by the service and intelligence gathered since the service was registered.

In making our evaluations of the service we:

- spoke with children using the service and 14 of their family members;
- spoke with staff and the management team;
- observed practice and daily life;
- reviewed documents.

Key messages

- Interactions between staff and children were warm and caring.
- Children were having fun while leading their own play.
- The service was in the early stages of developing their approach to quality assurance and self-evaluation to support ongoing improvements.
- Management should develop risk assessments and contingency plans to support effective deployment of staff.
- The service needs to review personal plans and medication documents in line with current legislation and guidance.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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 this key question as adequate, where strengths only just outweighed weaknesses

Quality Indicator 1.1 Nurturing care and support

Interactions between staff and children were warm and caring and laughter was heard throughout the sessions. Most of the staff knew the children well and took part in discussions with them about their homelife. Children were offered cuddles when requested which supported children to develop positive relationships with staff. All parents agreed or strongly agreed that they had good connections with staff. A parent shared, 'staff are always friendly and take the time to let me know what my child has been up to that day.' The service should be mindful of providing quiet, comfortable, and cosy spaces for children. This would provide the children with the opportunity to rest and relax when they choose to.

Personal plans were in place for children which included registration information. Some plans included all about me information, however, this was not consistent. Personal plans had not been reviewed for over a year. Additional information was held for children who required support or had health needs. These documents were not signed or dated. The manager developed an all about me template during the inspection process and had started to complete these with children. To ensure children's needs can be fully met, personal plans need to be reviewed and updated at least every six months to ensure information held is accurate and up to date. **See requirement one.**

Medication was stored safely in a locked box. Each child's medication was stored in a lidded container with their name, photograph and information relating to their health condition. Health plans were stored alongside medication; however, the medication permission forms were kept separately. We advised the service to keep all medication information together to ensure easy access in an emergency. The permission forms for administering medication to a child contained multiple medications on one form and had not been reviewed for almost a year. We advised that each administration consent should only record one medication and should be reviewed at least every three months to ensure children's health and wellbeing needs were being met. **See area for improvement one.**

Snack was a sociable experience for children. They chose from a variety of fruit and other healthy options. Children helped to set out snack and fill serving bowls. Opportunities to develop independence and life skills could be further developed. We reminded the service that children should have access to drinking water throughout their time at the service to keep them hydrated. Staff interacted with children during this experience which resulted in some quality discussions taking place and relationships being developed.

Staff had all recently completed child protection training to develop their knowledge and skills and support them to keep children safe. The manager of the service was the child protection officer; however, they had not yet completed advanced child protection training to support them within this role. The manager started to complete this training during the inspection process. Chronologies were in place to record significant information or events in a child's life. This supported the staff to meet the needs of individual children. **See area for improvement two.**

QI 1.3 Play and Learning

Children were leading their own play and were having fun while playing outdoors at both settings. A parent shared 'a lot of outdoor play involved which I love.' They chose from a variety of resources which included active play equipment and creative play resources. The indoor environment at Longforgan was set up with a range of play experiences which included construction, board games and creative play. The indoor setting at Liff was set up in the morning for children to choose from creative experiences and board games. Children asked for further resources and took part in active play experiences in the hall. One of the older children led a group game before children went to school. Nice discussions took place between children and staff throughout their play. Children were supported by staff as required and made choices during play.

Staff were responsive to children's current interests and requests for specific activities. Mind maps were regularly used to identify children's ideas, suggestions and interests that could be supported and extended to develop play and learning opportunities. A parent commented 'Lots of interesting activities which engage my children.'

Children had play journals which highlighted their play and learning experiences. Children chose photographs of their play that they would like to share within their journals. They also shared comments about their play and learning which related to the photographs. This approach ensured the child's voice was evident and provided children with ownership of their journals. Observations and photographs were shared with families through the Seesaw app which provided parents with the opportunity to share comments and feedback.

The service used floorbooks which highlighted a range of play and learning experiences which included baking, modelling with clay, creative play experiences, active play, and den building. The child's voice was evident within these books and learning was linked to SHANARRI (safe, healthy, achieving, nurtured, active, respected, responsible, and included) wellbeing indicators.

Requirements

1. By 27 June 2025, the provider must ensure that every child has a detailed personal plan in place.

To do this, the provider must, at a minimum:

- a) ensure each child's personal plan includes an all about me section
- b) ensure that each section of the personal plan is signed and dated
- c) ensure that all personal plans are reviewed at least every six months with children and families.

This is to comply with Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care 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).

Areas for improvement

1. To ensure children's health and wellbeing needs are fully met, the provider should ensure that all medication records are accurate and current. This should include, but is not limited to, only documenting one medication on each form and ensuring that all medication records are reviewed at least every three months by parents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To ensure children are safeguarded and kept safe from abuse or harm, the provider should ensure that all staff have appropriate training. This should include, but is not limited to, the child protection officer completing advanced child protection training and all staff completing regular refresher training to develop their knowledge and skills.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 2.2 Children experience high quality facilities

Both settings were safe, secure, and well maintained. Doors were secured and school gates were closed over to keep children safe. Processes were in place for dealing with any maintenance concerns within both settings. Safety checks were carried out most days to ensure a safe environment for children and staff.

Both settings had large halls for children to access a range of play experiences. Large outdoor play spaces provided a variety of surfaces and active play resources to support children to lead their own play. Children who attended the setting at Liff Primary School, could access a woodland area which was situated at the top of the outdoor play space. This encouraged and supported children to explore nature and assess risks during their play, for example, when climbing trees. A parent shared, 'The staff are lovely and welcoming and create a great environment and the children enjoy their time together because of it.'

Risk assessments were in place for all environments. Some of these were more detailed than others. The service would benefit from reviewing all risk assessments to ensure they are detailed and robust to include level of risk and current preventions in place. This would support the overall management of risk and staff involvement in this process would develop their understanding of risk awareness.

Infection prevention and control measures were in place to minimise the risk of spread of infection. Surfaces were cleaned before and after use and staff washed hands at appropriate times including prior to preparing snack. Children mostly washed hands at all appropriate times, however, children at the Liff setting did not wash hands immediately before having snack on one occasion. This was rectified following a discussion with the manager.

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 improvement are led well

The service had a vision, values and aims which were created when the service first opened. We discussed with management that it would be beneficial to re-visit these and involve children, staff and families in this review which would provide a shared approach to the vision of the service.

Effective communications took place at drop off and pick up times. Information was shared regularly with families through the Seesaw app. Parents were asked on occasions to respond to surveys to share feedback with the service. A parent shared 'I have been invited to respond to questionnaires.' This could be further developed to gain more feedback from families and involve them in ongoing improvements within the service. Children were involved in consultations and there was some evidence of suggestions and feedback being developed and taken forward. Another parent highlighted 'The staff are keen to hear feedback and take the time to listen.'

There was an improvement plan in place from last year which identified a number of priorities to be completed and taken forward. It had been updated to highlight some of the progress made. It would be beneficial for the service to implement an updated improvement plan which should include current improvement priorities. This plan should be regularly evaluated to identify progress made, further actions to be taken forward and the impact identified on outcomes and experiences for children.

The service was in the early stages of their self-evaluation journey. They were using 'A quality framework for daycare of children, childminding and school-aged children' to reflect on and evaluate aspects of the service using specific quality indicators. This could be further developed by evaluating any progress made on areas identified for improvement.

The service had a basic audit in place for reviewing accidents and incidents. This should be further developed to identify possible patterns within accidents and incidents. A template for a medication audit was in place, however this had not yet been completed. Management should further develop this audit and complete regularly to ensure the medication processes are well managed within the service.

Annual staff appraisals were carried out with each staff member. This provided the opportunity to discuss achievements, strengths, future training possibilities and possible next steps to progress their professional development.

A training overview was put in place during the inspection process. This identified training completed by the team. The provider had also introduced Noodle Now to support the staff team with further training to promote ongoing learning and development.

Policies were in place within the service to support safe practice. These have all been reviewed within the last year. We have asked the service to develop a missing child policy as this was not in place.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality Indicator 4.3 Staff deployment

There was a mix of skills, knowledge, and experience within the staff team. Staff were supportive of each other and worked together to provide play and learning experiences for children. The team were respectful of each other and communicated well to ensure other staff were aware of movement between environments. One parent commented that staff were 'friendly, approachable and efficient.'

Overall, ratios were maintained throughout both settings. However, at the Liff setting, one member of staff was alone with children until other staff arrived who were transporting children from other schools. We discussed possible risks with management and asked for a risk assessment to be developed to keep children safe during this period of time. This was put in place by the manager during the inspection process.

Due to minimal staffing levels at the Liff setting, children were not given the choice between indoor and outdoor play. Management should also be mindful of effective supervision and monitoring of children while outdoors, particularly when accessing the wooded area at the other end of the playground. The service should have contingency plans in place to support adequate staffing levels and effective deployment of staff to maintain safe and high quality experiences, choices, and outcomes for children. **See area for improvement one.**

Areas for improvement

1. To ensure effective supervision of children and to provide children with choice, the provider should ensure that staff deployment is well managed. This should include, but is not limited to, maintaining effective staffing levels to offer access to both indoor and outdoor environments, having contingency plans in place for staff absence and ensuring effective supervision of all areas outdoors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

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	3 - Adequate
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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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