

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2015DR164
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<b>Name of Service:</b>	Lilliput
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<b>Address of Service:</b>	222 Clonkeen Road, Deansgrange, Co. Dublin
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<b>Eircode:</b>	A94 K2H5
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<b>Name of Registered Provider:</b>	Annmarie Marah
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<b>Service type:</b>	Full Day, Part Time
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<b>Date(s) of Inspection:</b>	14/10/2024
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<b>No of pre-school children:</b>	AM	45	PM	41
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<b>Address of the Early Years Inspectorate:</b>	Floor 7, Brunel Building, Heuston South Quarter, Kilmainham, Dublin 8
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<b>Inspection undertaken by:</b>	F Carty and S Quigley
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<b>Title:</b>	Early Years Inspectors
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### Authority to Inspect

The Tusla Early Years Inspectorate carries out inspections of Early Years Services under Section 58(J) of the Child Care Act 1991 (as inserted by Section 92 of the Child and Family Agency Act 2013).

<b>Conditions if applicable</b>	Not applicable
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### Description of service

Lilliput is a full day care service and is located in an urban, residential area of Deansgrange, Co Dublin. A service is provided to children aged between 1 – 6 years and is open Monday to Friday between 7.30am and 6.30pm. The service operates from a detached domestic dwelling which has been purposely adapted for use as an early years service. The service consists of four care rooms, the Twinker, Toddler, Pre-Montessori and Montessori rooms. A large outdoor play area is available to the rear of the premises.

### Staffing

The service currently employs fifteen staff members, including a cook and the registered provider who works directly in the service. On the day of inspection, fourteen adults were present including the cook.

### Methodology

Tusla's Early Years Inspectorate is the independent statutory regulator of early years services in Ireland. The Child Care Act 1991 (Early Years Services) Regulations 2016 define the duty of a registered provider to ensure the safety and well-being of children and to comply with these regulations. This Act also gives Tusla the authority to assess compliance with the regulations. The purpose of regulation in relation to early years services is to ensure that the care, safety, and well-being of children attending such services is upheld. Inspections of early years services are planned based on the following:

- Previous inspection history
- Any information received in relation to the service

The findings on inspection are based on:

- Information obtained through examination of documentation
- Direct observation
- Discussion with relevant staff

This inspection was unannounced and focused on the area of governance, health, welfare and development of child, safety and premises and facilities. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under regulations 9, 11, 19, 23, 27, 29 and 32. These findings are outlined within the relevant regulation(s) within this report.

Inspection findings are documented in the inspection report which is first issued in draft format to the service with an opportunity to respond to any findings. Where statutory requirements are identified as not being met, the registered provider must demonstrate how they have rectified the non-compliance and will prevent any non-compliance from re occurring. The Corrective Action and Preventive Action plan (CAPA) will be used to inform decisions about compliance with regulatory requirements. Where the registered provider fails to meet the statutory requirements an escalation process may be commenced.

The inspectorate reserves the right to edit responses received for reasons including clarity, completeness and compliance with administrative and legal processes.

The contents of the report are compiled by the inspectorate body.

### Additional Information

The inspection was triggered by information received by the Inspectorate on the 23<sup>rd</sup> September 2024.

Following this inspection the service was escalated to the National Registration Enforcement Panel (NREP).

A Regulatory Enforcement Meeting (REM) was held on the 17<sup>th</sup> January 2025.

### Acknowledgments

The inspectors wish to acknowledge the cooperation of the registered provider, staff and children who were present on the day of the inspection.

### Part III – Management and Staff

#### Regulation 9 – Management and recruitment

(2) A registered provider shall ensure that each employee, unpaid worker and contractor is suitable and competent taking into consideration the nature of the needs of children, including by-

(a) consideration of references from the person's past employers, if any, and in particular the most recent employer, if any,

(b) consideration of references from reputable sources in the case of a person who has no past employers,

(c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochána in accordance with the Act of 2012 in respect of the person, and

(d) ensuring, insofar as is practicable, that where a person has lived in a state other than the State for a period of longer than 6 consecutive months, he or she provides police vetting from the police authorities in that state.

(3) The procedures specified in paragraph (2) shall be carried out prior to any person being appointed, assigned or allowed access to or contact with a child attending the pre-school service.

(4) A registered provider shall ensure that, without prejudice to the generality of paragraph (2) and subject to paragraphs (5) and (6), each employee working directly with children attending the service holds at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.

(7) A registered provider shall ensure that all employees, unpaid workers and contractors are appropriately supervised and provided with appropriate information, and where necessary training, including in relation to the following:

(b) Part VIIA (inserted by section 92 of the Child and Family Agency Act 2013 (No. 40 of 2013)) of the Act, and

(c) these Regulations.

#### Compliance Information

(2) The files of five adults who were employed since the last inspection dated 10<sup>th</sup> May 2024 were reviewed as part of the inspection. Documentation was reviewed in respect of these adults and met regulatory requirements as follows:

(a)(b)

There were ten references available from a past employer for the five staff members.

(c)

Garda vetting disclosures were available for all adults in the service. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.

(d)  
International Police vetting was available for five adults who had lived outside the State for a period exceeding 6 months.

(4)  
Records were available evidencing that five staff members who were employed to work directly with the children held evidence of the required qualification or equivalent.

### Non-Compliance Information

(3) The registered provider did not take appropriate measures to ensure that all adults were suitable to work in an early years service prior to their commencement as follows:

- There was no evidence available to demonstrate that seven references in respect of four adults had been validated by the registered provider before staff commenced working in the service.
- Garda vetting disclosures for one adult had not been received or considered prior to the staff members commencing work in the service.
- International Police vetting for one adult was not sought prior to the adult commencing work in the service.

The above non-compliance was found on the last two inspections dated 23<sup>rd</sup> January 2023 and 10<sup>th</sup> May 2024. The corrective and preventive actions submitted by the registered provider did not prevent the non-compliance from re-occurring.

(7)  
(b) The registered provider did not demonstrate that they had taken all reasonable measures to safeguard the health, safety and welfare of children attending the service and to comply with the regulations. Significant levels of non-compliance was found during the inspection across a number of regulations. Many of these concerns had been identified on the previous inspections in January 2023 and May 2024. It was observed that corrective and preventive actions submitted previously by the registered provider had not been implemented. The Agency held a regulatory compliance meeting with the registered provider on the 28<sup>th</sup> June 2024, however this proved ineffective in bringing the service into compliance with the regulations.

(c) The inspectors were not assured that the registered provider had sufficient knowledge of the regulatory requirements to achieve compliance within the service. It was observed on inspection that a number of actions

submitted by the registered provider to address non-compliance on previous inspections had not been implemented.

It was also evident through observation of care and infection control practices that staff had not received an appropriate level of supervision or training in order to achieve compliance with the regulations.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

(3)

- The internal checklist as previously provided is strictly adhered to. All reference checks will be dated going forward and this will be added to our checklist.
- For the individual the inspector was referring to, International Police vetting was obtained to confirm that they had no previous criminal record. The fact that we also needed confirmation that this individual had no previous record on the Central Register of Sex Offenders was an oversight which has now been remedied, and our checklist has been updated. In this particular instance, confirmation that this individual was not on the register was received two days after she started. New employees are never left alone for a period of two weeks post commencement. All prospective staff are now aware that both the Criminal & Sexual records are required.

(7)(b)(c)

We have updated all our policies and reviewed these with all our staff members. We have also carried out internal checks and held staff meetings for each room.

We attached a copy our internal inspection report, these are being done on a monthly basis for each room to ensure Lilliput Childcare policies and procedures are being adhered to.

### Supporting documentation submitted

(3)

A sample induction form and documents were submitted to the inspector.

(7)(b)(c)

Blank staff sign off sheet submitted.

Internal checklist ticked off.

## Summary Comment

The corrective and preventive actions together with the supporting documents submitted by the registered provider were reviewed and are deemed to meet the requirements of Regulation 9.

This will be reviewed on the next inspection.

## Part III – Management and Staff

### Regulation 11 - Staffing levels

*(1) Subject to this Regulation, a registered provider shall ensure that there is at all times an adequate number of adults working directly with the children attending the pre-school service.*

*(2) Subject to paragraphs (4) and (5), a registered provider of a full day care service or a part-time day care service shall ensure that at all times the minimum ratio of adults to children specified in column (3) of Part 1 of Schedule 6 opposite a particular reference number specified in column (1) of that Part in respect of the age range of the children specified in column (2) thereof at that reference number is satisfied.*

## Non-Compliance Information

(1) An adequate number of adults were not working directly with the children at all times during the inspection as outlined below:

(2) The minimum ratio of adults to children for full day care services was adhered to at all times during the inspection as follows:

- Between 1.45pm and 2.04pm, and 2.07pm and 2.12pm, the minimum adult to child ratio was not maintained in the Twinkler room. During these times one adult was supervising eight children aged one year. The required adult to child ratio is 1 adult to 5 children for children aged one year.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

(1)(2) We would accept that there were a deficiency in staffing for the 19 minutes and 5 minutes as outlined in the report. This arose as one staff member went to the cot room to prepare a cot for a child to sleep. Staff training has been updated to ensure staff are aware that the requisite staff numbers are adhered to at all time.

### Supporting documentation submitted

(1)(2) A list of staff initials who are allocated to each care room was submitted.

## Summary Comment

The corrective and preventive actions together with the supporting documents were reviewed by the inspector and are deemed to meet the requirements of Regulation 11. This will be reviewed on the next inspection.

## Part V - Care of Child in Pre-school Service

### Regulation 19 - Health, welfare and development of child

*(1) A registered provider shall, in providing a pre-school service, ensure that-*

*(a) each child's learning, development and well-being is facilitated within the daily life of the pre-school service through the provision of the appropriate activities, interaction, materials and equipment, having regard to the age and stage of development of the child, and*

*(1) A registered provider shall, in providing a pre-school service, ensure that-*

*(b) appropriate and suitable care practices are in place in the pre-school service, having regard to the number of children attending the service and the nature of their needs.*

## Compliance Information

(1)(a)(b)

The service had a healthy eating policy in place and staff reported that all meals are provided by the service. Children are offered breakfast on arrival and a snack of fruit was provided during the morning. A hot meal of sweet and sour chicken and chickpeas with rice was served at 11.50am. An afternoon meal was served at 15:00. Drinking water was accessible to children throughout the day and all children were given water with their meals. Younger children were provided with bibs for dinnertime. Children were encouraged to feed themselves and staff supported younger children who needed assistance with their dinner. Additional servings were available for each meal. Staff were observed offering more food to children.

Children's hands and faces were cleaned after dinner as required. Children were encouraged and supported to be independent including cleaning up after their play and meals. Younger children's nappies were changed regularly, and staff were observed engaging warmly with children when providing this care. Older children were encouraged to use the toilet independently.

Staff interacted warmly with the children throughout the inspection and were observed supporting children in their play. Staff were observed to comfort children promptly when they became upset. Staff were observed to use encouragement, gentle tones and praise when promoting positive behaviour in line with the service's behaviour management policy.

Staff communicated with parents at drop off and collection.

The care rooms were arranged into defined areas of interest providing children with the freedom to play and explore. Designated areas of interest included small world toys, construction toys, jigsaw, rest areas with books and home corners.

Play materials were observed to be accessible to the children on low level shelving. Low level tables and chairs were available in the care rooms.

A fully enclosed outdoor play area was available to the rear of the premises with shock absorbent surfacing. The outdoor area was equipped with a range of developmentally appropriate play equipment.

### Non-Compliance Information

Appropriate and suitable care practices were not observed to be in place in the Twinkler room which may negatively impact the health and wellbeing of the children as follows:

- The sleep needs of three children were not met. Children were observed displaying signs of tiredness including rubbing eyes, lying on the ground and crying intermittently for up to an hour. Staff repeatedly commented on how tired the children were and that a cot would be available soon. When questioned by the inspector staff were unable to bring them to sleep as there were no cots free as there were other children asleep in them. One child was observed to show signs of tiredness at 12.37pm. At 1.28pm the child fell asleep in a staff members arms. The staff member moved the child onto a cushion on the floor. Another child was observed climbing on the sleeping child, pinching and scratching them on the face, and climbing on top of them until they woke.

The above non-compliance was found on the last inspection dated 10th May 2024. The corrective and preventive actions submitted by the registered provider did not prevent the non-compliance from re-occurring.

- When the inspectors began their walk around at 10.20am the children in the Pre-Montessori room were already in circle time. This continued until 11.12am, children were observed distracted, getting up off their chairs, and banging their feet on the floor not engaged with the activity.

### Corrective & Preventive Action submitted by the Registered Provider

#### Corrective and Preventive Action

- (1) We have added another cot since the inspection to bring the total cot numbers to 8 to reduce the possibility of this recurring.
- (2) We accept that that when the sleeping child was placed in the “cosy corner” that we should have prevented any other child disturbing her.
- (3) We accept that circle time on this particular day was longer than usual. However, the staff ensure that the circle time involves diverse activities to ensure insofar as possible that this will prevent boredom.

#### Supporting documentation submitted

- (1) Three photos of the Twinkler cot room were submitted.
- (2) No supporting documents submitted.
- (3) No supporting documents submitted.

### Summary Comment

The corrective and preventive actions together with the supporting documents were reviewed by the inspector and are deemed to meet the requirements of Regulation 19. This will be reviewed on the next inspection.

## Part V - Care of Child in Pre-school Service

### Regulation 20 – Facilities for rest and play

- (1) Subject to this regulation, a registered provider shall ensure that-
- (b) there are adequate and suitable facilities for a pre-school child to rest during the day, and in the case of an overnight pre-school service, during the day and the night.

#### Non-Compliance Information

(1)(b)

There were insufficient sleep facilities within the service. A sample of attendance records reviewed by the inspectors evidenced that on the busiest day in the Twinkler Room, thirteen children aged between one year and two years require sleep. The seven cots available did not meet the minimum sleep requirements.

The above non-compliance was found on the last inspection dated 10th May 2024. The corrective and preventive actions submitted by the registered provider did not prevent the non-compliance from re-occurring.

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#### Corrective & Preventive Action submitted by the Registered Provider

##### Corrective and Preventive Action

(1)(b)

We had added an additional cot to bring the total numbers to 8, and also tweaked the sleep scheduling to ensure cots are available at all times.

The attachment specifically outlines the following:

- Sleep times per child
- Daily attendance
- Sleep check sheet
- Room attendance by child

##### Supporting documentation submitted

Sleep schedule submitted detailing specific times children sleep, daily attendance, sleep check sheet, room attendance by child.

## Summary Comment

The preventive actions together with the supporting documents were reviewed by the inspector and are deemed to meet the requirements of Regulation 20.

This will be reviewed on the next inspection.

## Part VI - Safety

### Regulation 23 - Safeguarding health, safety and welfare of child

*A registered provider shall ensure that all reasonable measures are taken to safeguard the health, safety and welfare of a pre-school child attending the service and that the environment of the service is safe.*

## Compliance Information

The inspectors found by observation of practice, review of documentation, discussion with staff and inspection of the premises that the registered provider had taken the following steps to safeguard children attending:

### General Safety:

- The entrance door to the service was adequately secured to ensure the safety of the children within and to avoid unauthorised persons accessing the service or children exiting unsupervised.
- Medicines, hand sanitisers and cleaning agents were stored safely out of reach of children.
- All storage facilities were inaccessible to children.
- The toys and play equipment observed in use by the children on the day of inspection appeared in good working order.
- All blind cords were secured.

### Administration of Medication:

- The service had an administration of medication policy in place.

### Fire Safety:

- All fire exits were kept clear.

## Non-Compliance Information

### General Safety:

1. In the pre-Montessori room there were ten chairs stacked on top of each other. Staff instructed children to take a chair from the stack. This practice poses a risk of injury to a child should the chairs fall down on them.

### Infection Control:

Inspectors observed a number of practices which were ineffective for infection control purposes and posed a risk of cross contamination within the service as follows:

2. The children attending the Twinklers room were of an age where they explored toys with their mouth. Inspectors observed there was no attempt made to remove the toys when mouthed. The toys remained in use between the different children posing a risk of cross contamination.
3. On a number of occasions children were observed taking other children's beakers and drinking from them. Staff did not remove these and sterilise them. This poses a risk of cross contamination
4. The handwashing practices observed on the day of inspection were inconsistent and at variance with the policy in place in the service. Children's hands were not washed before dinner or after outdoor play in the Toddler room, Twinkler room or Pre-Montessori room.
5. Some nappy changing practices observed during the inspection were inadequate for infection control purposes and posed a risk of cross contamination as follows:
  - Whilst observing ten nappy changes a staff member did not wash their hands before or after changing the children's nappies.
  - they redressed the children whilst using soiled gloves.
  - none of the children's hands were washed following the nappy change
  - the nappy changing mat was not wiped down in between each change.
  - The staff member did not change their gloves in between changes and proceeded to handle pens, wipe paper, use the tablet, stroke children's hair and clean children's faces with wet wipes with the same gloves used to change all ten nappies.
  - Another staff member was observed re-dressing a child with soiled gloves and not washing their hands or wipe the mat after the change.

These practices are ineffective for infection control and pose a risk of cross contamination.

6. The nappy changing policy was inadequate and did not state when to remove gloves, or when to wash hands.
7. There were no hand towels available to the children to dry their hands in the pre-Montessori and Montessori rooms. They were observed using toilet paper from a roll which is ineffective for drying and poses a risk of cross contamination.

8. The pedal operated nappy bin in the Twinkler room sanitary accommodation was observed to be broken. Staff were observed to handle the lid which contained traces of faeces and did not wash their hands afterwards. This poses a risk of cross contamination.
9. The nappy changing mat in the Twinkler room was torn with exposed foam. This could not be effectively cleaned and posed a risk of cross contamination. It is acknowledged that the mat was replaced on the afternoon of the inspection following observation of a number of nappy changes.
10. The pedal bin in the pre-Montessori room was broken and children were observed handling the lid. This poses a risk of cross contamination.
11. Staff were observed handling bin lids throughout the service and not using the pedal which was in working order. They did not wash their hands after handling the bin lid posing a risk of cross infection.
12. There was no warm water in the pre-Montessori room for children to wash their hands effectively.
13. Children were observed not to wash their hands after using the toilet.
14. Cleaning schedules in the Twinkler room were reviewed at 11.26am on the day of inspection. Checks had already been marked as completed for 3.30pm and 4.30pm for that day.
15. The adult chair in the Twinkler room required a deep clean. The fabric was heavily stained and soiled with food residue and had a build up of dirt and debris in the crevices. Children were observed climbing on the chair throughout the inspection.
16. The tables of the highchairs in use were heavily soiled and stained with food residue, and were not cleaned prior to children eating their meals. There was a build-up of food particles, dirt and debris present in the crevices of the highchairs.
17. The rest area in the Twinkler room had torn fabric with internal netting and foam exposed. This cannot be effectively cleaned posing a risk of cross contamination.
18. The bouncer chair in use in the Twinkler room was heavily worn and torn in parts and could not be effectively cleaned.

The non-compliances identified under points 4 and 5 were found on the previous two inspections dated 23<sup>rd</sup> January 2023 and 10<sup>th</sup> May 2024. The corrective and preventive actions submitted by the registered provider did not prevent the non-compliance from reoccurring.

The non-compliances identified under points 2, 3, 8 and 10 were found on the last inspection dated 10<sup>th</sup> May 2024. The corrective and preventive actions submitted by the registered provider did not prevent the non-compliance from reoccurring.

The non-compliance found under point 12 was found on the inspection dated 23<sup>rd</sup> January 2023. The corrective and preventive actions submitted by the registered provider did not prevent the non-compliance from reoccurring.

### **Administration of Medication:**

19. There was no pre-consent sought for administration of a prescribed medication which was observed being administered to a child on the day of inspection. This can pose a risk of continuity of care to a child. This practice was at variance with the Medication Administration Policy of the service.

### **Safe Sleep:**

20. The temperature recorded in the sleep room whilst four children aged one were sleeping was 22.5°Celsius. This is in excess of the required sleep temperature of 16 to 20 degrees. This is at variance with the service sleep policy.
21. There was a temperature recording device available in the sleep room however, it had not been plugged in. Staff did not record or take the temperature in the sleep room whilst the children slept.

This non-compliance was found on the inspection dated 23<sup>rd</sup> January 2023. The corrective and preventive actions submitted by the registered provider did not prevent the non-compliance from reoccurring.

### **Fire Safety:**

22. During discussions with a staff member regarding the frequency of fire drills the staff member stated they had not completed a fire drill since June 2024. There was no written evidence detailing any fire drills that had taken place since June 2024.

## Action submitted by the Registered Provider

### **Corrective & Preventive Action**

#### **General Safety:**

1. We have instructed all staff to ensure that no more than 5 chairs will be stacked together.

#### **Infection Control:**

2. We have increased the frequency of sterilisation of all toys and beakers.
3. We have increased the frequency of sterilisation of all toys and beakers.

4. We have reiterated our policy to all our staff and they are now consistently reminded of this on a daily basis.
5. We would accept that our policy was not completely adhered to on the day in question. We believe all children's hands were washed as they exited the changing room. Whilst we do use disinfectant sprays between changes, we accept the possibility that this may not have occurred on the day in question. We had reiterated to all staff that gloves must be changed after every nappy change. We had reiterated to all staff the correct policy in this regard. We have met all staff once again and reiterated our policies which stress the risks associated with cross contamination and how we should prevent it. All Staff have acknowledged this, and our policy has being updated accordingly.
6. Our previous policy had been drafted by Canavan & Byrne however we now believe this to be inadequate. We have drafted an updated policy.
7. There were hand towels available but the container had run out on the day. These will be monitored every morning going forward. The hand towels in all rooms will be checked every morning and monitored throughout the day.
8. We were not aware that this particular bin was damaged and has since been repaired. The nappy bin is checked every morning and a spare bin is available should damage occur.
9. We were aware that the nappy changing mat in question was defective and a replacement was ordered but only arrived on the day of the inspection. We have ordered a spare mat to always have an alternative available.
10. We accept that the bin was broken and has since been repaired. We had purchased additional bins which are in storage on site should they be required.
11. We have reiterated our policy that this should not occur as it poses a risk of cross contamination. We have reiterated our hand washing policy that this should not occur as it poses a risk of cross contamination.
12. We will run the taps on in the morning to increase the hot water flow.
13. We constantly inform all children that hands much be washed after using the bathroom, but would accept that it is possible that a child may not have. All staff have been advised to be extra vigilant to prevent this.
14. We have performed further training and reiterated that the forms are not to be completed until the inspection has been performed. Spot checks by management are now performed throughout the day.
15. The chair in question is cleaned on a regular basis but has since been deep cleaned and will continue to be on an ongoing basis. The chair in question is now deep cleaned on a daily basis and is now added to the daily cleaning schedule.

16. We have four high chairs that are cleaned throughout the day but staining may occur. The four high chairs are now deep cleaned throughout the day and particularly before meal times.
17. No corrective or preventive actions submitted.
18. The bouncer chair was originally retained as one particular child was particularly attached to it. It is no longer needed and has since been removed.

### **Administration of Medication:**

19. The medication supplied to the child in question had been provided by the parent that morning with the instruction to administer the medication in the stated dosages. The consent form should have been pre-signed but the staff member overlooked this on the day. Going forward irrespective of the instruction by a parent, medications will not be administered unless the consent form is complete and signed. Prescribed medication will not be administered to any child without a signed consent form irrespective of the parents verbal instructions.

### **Safe Sleep:**

20. The temperature in the cot room was artificially high on the day as the window was closed in error. We will ensure this does recur. The temperature in the cot room is monitored throughout the day and the window is opened if the temperature comes close to the recommended maximum of 20 degrees
21. There are two temperature monitors in the room, one plug in and one battery powered. Whilst one was not plugged in, the battery powered monitor was operational and monitored. Both monitors (plug in & battery powered) are fully operational and checked throughout the day. A record sheet is maintained recording the ongoing temperature.

### **Fire Safety:**

22. Fire drills are performed monthly and we presume the staff member was either on holidays or absent on the days of the subsequent drills. Fire drills are performed monthly and the fire safety file is updated accordingly and available for inspection.

### **Supporting documentation submitted**

#### **General Safety:**

1. Photo of 5 chairs stacked together.

## Infection Control:

2. Sterilisation form attached.
3. As above.
4. Copy of handwashing policy.
5. Nappy changing policy attached.
6. As above
7. No supporting documentation submitted.
8. Photo of nappy bin.
9. No supporting documentation submitted.
10. No supporting documentation submitted.
11. No supporting documentation submitted.
12. Photo of water temperature thermometer showing 38 degrees.
13. Photos of handwashing procedures.
14. Twinkler room cleaning schedule submitted.
15. As above.
16. As above.
17. No supporting documentation submitted.
18. No supporting documentation submitted.
19. Room temperature record submitted and a photo of a safe sleep guidance poster. Photo of room thermometer submitted.

## Administration of Medication:

20. Medication consent form submitted.

## Safe Sleep:

21. A copy of the room temperature record was submitted.

## Fire Safety:

A copy of the fire drill record was submitted.

## Summary Comment

The corrective and preventive actions submitted by the registered provider are deemed to meet the requirements of Regulation 23. This will be reviewed on the next inspection.

## Part VI - Safety

### Regulation 27 – Supervision

*A registered provider shall ensure that pre-school children attending the service are supervised at all times.*

#### Non-Compliance Information

At 1.39pm there were four children aged one left unsupervised in the Twinkler room whilst a staff member changed a nappy. At this time, one child had been placed to sleep on some cushions, another child climbed on top of the child and began pinching, scratching and sitting on top of the sleeping child resulting in them crying and waking up.

Adequate supervision was not provided by the staff at this time and is at variance with the service policy.

#### Corrective & Preventive Action submitted by the Registered Provider

##### Corrective and Preventive Action

We accept that the staff member should not have stepped out to change a nappy but requested temporary cover for that room.

All staff are now aware that they cannot leave a room to change a nappy or for any other reason until adequate cover is available.

##### Supporting documentation submitted

No supporting documents submitted.

#### Summary Comment

The corrective and preventive actions submitted by the registered provider have met the requirements of Regulation 27.

## Part VIII - Notifications and Complaints

### Regulation 32 – Complaints

- (1) A registered provider shall ensure that the complaints policy of the service specifies-
- (a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service,
  - (b) the manner in which such a complaint shall be dealt with, and
  - (c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.
- (2) A registered provider shall ensure that—
- (a) a record in writing is kept of a complaint made to the provider in respect of the pre-school service, and
  - (b) the complaint is duly dealt with in accordance with the provider’s complaints policy.
- (3) A record in writing referred to in paragraph (2)(a) shall—
- (a) include the nature of the complaint and the manner in which the complaint was dealt with, and
  - (b) be open to inspection on the premises by an authorised person.
- (4) A registered provider shall ensure that a record in writing referred to in paragraph (2)(a) is retained for a period of 2 years from the date on which the complaint has been dealt with.

### Compliance Information

#### (1)(a)(b)(c)

There was a complaints policy available in the service which set out the procedure to be followed should a complaint be made to the service. The policy contained the manner in which such a complaint shall be dealt with and the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.

#### (2)(a)

A record was kept in writing in respect of the complaint made to the service.

## Non-Compliance Information

(2)(b)

A complaint received was not dealt with in accordance with the service complaints policy as follows:

- The complaint was not investigated.
- The complaint was not resolved to the parents satisfaction.
- As the complaint was received in writing, the policy states it should be acknowledged, a time frame is set and the person dealing with the complaint should be stated, there was no evidence that this was completed.
- The policy states if staff members were mentioned there should be a meeting where the staff member is informed and a written record of what is being discussed. The registered provider stated they had not informed the staff member of the complaint, and no evidence was gathered.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

(2)(b)

We have reviewed our complaints policy. We do accept that we fell down on the paperwork element of the compliant and we will learn from this incident.

### Supporting documentation submitted

Updated Complaints Policy submitted to the inspector.

## Summary Comment

The corrective and preventive actions provided by the registered provider are deemed to meet the requirements of Regulation 32.