

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015DS218
Name of Service:	Little Ladybird Ltd.
Address of Service:	1 Main Road, Tallaght, Dublin 24, Co. Dublin
Eircode:	D24 VKV0
Name of Registered Provider:	Iwona Siniarski and Marta Wybraniec
Service type:	Full Day
Date 1 of Inspection:	15/01/2024
Date 2 of Inspection:	16/01/2024

No of pre-school children: Day 1	AM	34	PM	34
Day 2	AM	35	PM	35

Address of the Early Years Inspectorate:	Early Years Inspectorate, Tusla Child and Family Agency, 7th Floor, Brunel Building, Heuston South Quarter, Dublin 8.
Inspection undertaken by:	E. Mulhern and S. Quigley
Title:	Early Years Inspectors

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).

Conditions if applicable	Not applicable
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Description of service

Little Ladybird Ltd. opened in 2014 and provides full day care to children aged 1 to 6 years from 7am to 6 pm, Monday to Friday. The service operates from a former commercial building which has been adapted for childcare and is located on the main road in Tallaght. There are two pre-school rooms on the first floor and two pre-school rooms and a sleep room on the ground floor. An outdoor area is available at the rear of the premises.

Staffing

There are ten staff employed to work in the service including the registered providers.

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 areas of governance, health, welfare and development of child and safety. The inspection focused on an examination of compliance under the following regulations:

Regulation 9 (1), (2) & (4) – Management and Recruitment

Regulation 11 (1) & (2) – Staffing Levels

Regulation 19 (1)(b) – Health Welfare and Development of Child

Regulation 23 - Safety

Regulation 26 (1), (2) & (4) – Fire Records;

However, on inspection additional non-compliance was identified under Regulation 9 (3) – Management and Recruitment, 19 (1)(a) Health, Welfare and Development of Child and 29 (c) - Premises. These findings are outlined within the relevant regulations within this report.

A sampling process was used to assess compliance under regulation 19 (1)(b) Health, Welfare and Development of Child. As a result, the scope of the inspection included the Wobbler and Toddler rooms.

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

Immediate Action Notice

Regulation 9 (2)(c): An Immediate Action notice was issued on 16 January 2024 as a mandatory Garda vetting disclosure was not available for one staff member contrary to the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The registered provider submitted a response on 17 January 2024 which included the outstanding Garda vetting dated 16 January 2024.

Referrals to other agencies

A referral was made to Better Start National Early Years Quality Development Initiative on 16 January 2024.

Regulatory Compliance Meeting

A regulatory compliance meeting was held with the registered provider on 13 February 2024 due to repeat non-compliance with regulatory requirements. The registered provider submitted further actions and supporting documentation on 19 February 2024. These have been included in the report.

Acknowledgments

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

Part III – Management and Staff

Regulation 9 – Management and recruitment

- (1) A registered provider shall ensure that-
- (a) the service has a designated person in charge and a named person who is able to deputise as required,
 - (b) at all times during the period when the pre-school service is being carried on, the designated person in charge or the named person referred to in subparagraph (a) is on the premises, and
- (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.

Compliance Information

- (1)
- (a) The service had a person in charge and a named person to deputise as required.
 - (b) The person in charge was on the premises throughout the inspection.
- (2)
- (a) & (b) Past employer references with a record of verification were available for seven staff members.
 - (c) Garda vetting disclosures were available for nine staff members.
 - (d) International police vetting was available for nine staff members who had lived in another state as adults for more than six consecutive months.

(4) Eight staff members held awards in Early Childhood Care and Education at a minimum Level 5 on the National Framework of Qualifications or a qualification deemed by the Minister to be equivalent.

Non-Compliance Information

(2)(a) & (b) It was not evident that references had been appropriately considered for three staff members. Five of the references provided for these staff members did not have a record of verification. This regulation was non-compliant on previous inspections dated 6 March 2018, 18 October 2019, and 21 October 2020. The actions subsequently submitted by the registered providers had not been effective in preventing the recurrence.

(c) A Garda vetting disclosure was not available for one staff member who had commenced working in the service on 2 January 2024 contrary to the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. This regulation was non-compliant on previous inspections dated 18 October 2019 and 21 October 2020. The actions subsequently submitted by the registered providers had not been effective in preventing the recurrence. An Immediate Action notice was issued on 16 January 2024 due to the risk posed. The registered providers submitted a response on 17 January 2024 which included the outstanding Garda vetting dated 16 January 2024.

(d) International police vetting was not available for one staff member who had lived in another state as an adult for more than six months. This regulation was non-compliant on previous inspections dated 18 October 2019 and 21 October 2020. The actions subsequently submitted by the registered providers had not been effective in preventing the recurrence.

(3) It was not evident that the procedures outlined under regulation 9 (2)(c) had been carried out prior to the employment of three adults (not including the adult referred to under regulation 9 (2)(c) above). The dates recorded on the Garda vetting disclosures were later than the dates the adults commenced working in the service as follows:

Adult 1 - Start date: 14 December 2023. Garda vetting date: 3 January 2024

Adult 2 - Start date: 1 November 2023. Garda vetting date: 6 November 2023

Adult 3 – Start date: 2 January 2024. Garda vetting date: 3 January 2024

(4) There were no records to evidence that two of the adults working directly with children held awards in Early Childhood Care and Education at a minimum Level 5 on the National Framework of Qualifications or a qualification deemed by the Minister to be equivalent. This was non-compliant on previous inspections dated 6 March 2018, 18 October 2019, 21 October 2020 and the most recent inspection dated 26 July 2021. The actions submitted by the registered providers following those inspections had not been effective in addressing the non-compliance.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

An experienced centre manager has been hired to help manage all aspects of regulation 9. A memo was sent to management regarding the recruitment process and requirements. A staff checklist has been implemented including "mandatory before start date" to remind hiring manager that a particular document must be obtained before staff starts at the service. The company has drawn up a comprehensive plan involving 13 activities to be carried out by quarter three of 2024 including mock inspections, webinars, audits, staff training, etc.

9 (2)

(a) & (b) All references with verification information are now available. Management will use validation forms that contain details of the verification check. New stamps were ordered to help hiring manager notice any potentially unverified reference letters. Management have conducted a meeting with the hiring manager to emphasise the importance of collecting and verifying references. Shall there be changes to recruitment process or change of hiring manager, management will organize a similar meeting to reflect the changes.

(c) The outstanding Garda Vetting document was sent to the inspectorate on 17 January 2024.

(d) The outstanding police vetting document was sent to the inspectorate on 17 January 2024.

9(4) One staff member has been re-assigned to an administrative role and will commence study for the full award on 5 of January 2024. The second staff member no longer works in the service. Two new staff will commence on 6 March 2024. The service has two directors that are working with children full time to maintain the required ratio of adults to children in the meantime.

Supporting documentation submitted

Supporting documents were submitted in keeping with the actions stated.

Summary Comment

The actions and supporting documents were reviewed and deemed to adequately address the non-compliance.

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.

Compliance Information

(1) An adequate number of adults were working with the children. There were 8 adults working with 34 children on 15 January 2024 and 9 adults working with 35 children on 16 January 2024.

(2) At all times the minimum required ratio of adults to children was maintained.

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

(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)(b) Snacks and meals were offered to the children at regular intervals throughout the day. A hot meal was provided by the service. Drinks were available within the rooms and were offered with meals and snacks. Staff supported the children to manage their personal care. Bibs were provided to protect the younger children's clothes from becoming soiled or wet when eating. Children's nappies were changed at scheduled times and in between when required. Staff used these opportunities for warm one-to-one interactions. Children who used the toilet were supported towards independence. Daily records were kept relating to diet, sleep and nappy-changing to be shared with parents/guardians on collection. Staff demonstrated warmth and affection in their interactions with the children through use of soft and gentle tones.

An area was provided with matting and cushions within the rooms where the children could rest or take a break from activities. The children were provided with an opportunity to sleep after dinner. Staff told the inspectors that they provide for the children to sleep outside of these times if they show signs of tiredness. The children were made comfortable for sleep with staff removing their outer clothing and providing soothers to those who used them. The children from the Wobbler room slept in cots in the sleep room. The children from the Toddler room slept on low beds. The environments were calm and conducive to sleep. The transition was managed well with children being soothed and comforted at this time.

Non-Compliance Information

(1)(a) The children attending the Wobbler room were not provided with adequate opportunities for play, learning and development. Play was mainly adult-led with a lack of opportunities for child-led play. The supporting equipment for a play kitchen were stored out of reach of the children. A child who approached the kitchen was directed away by staff towards the adult-led activity. The children were placed in chairs which restricted their

movement during one of the adult-led activities. The staff told the inspector that the children had not been to the outside area since they started working in the service on 2 January 2024. This was contrary to the routine displayed which had two allocated outdoor times daily and the service’s outdoor policy which stated children play outdoors daily.

Providing appropriate play opportunities is necessary for children’s learning, development, and wellbeing. This regulation was non-compliant on previous inspections dated 6 March 2018, 18 October 2019, and the most recent inspection dated 26 July 2021. The actions subsequently submitted by the registered providers had not been effective in addressing the non-compliance. It is acknowledged that the registered provider who was present on the inspection agreed to participate in the Better Start National Early Years Quality Development Initiative for support in meeting the regulatory requirement.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Management conducted a review and revision of the current activity program, placing a greater emphasis on child-led play. Equipment has been made more accessible and engaging for children. An application has been submitted by the service to the Better Start National Early Years Quality Development Initiative. Regular training programs will be implemented focusing on the importance of child-led play and how to effectively incorporate it into daily activities. Management will institute regular reviews and updates. The outdoor policy was reviewed and distributed among staff to highlight the importance of bringing children outdoors at least once a day. A service-wide curriculum officer was assigned and is clearly identified on the staff roster. Monthly meetings will be scheduled to allow for planning and reflection.

Supporting documentation submitted

Supporting documents were submitted in keeping with the actions stated.

Summary Comment

The actions and supporting documents were reviewed and deemed to adequately address the non-compliance.

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

Examples of measures taken to safeguard the health, safety and welfare of children are outlined below.

General Safety:

- The entrance was secured to prevent unauthorised access or a child leaving unsupervised.
- Heavy furniture was secured to prevent tipping and injuries.
- Through discussion with staff and review of documents it was evident that fire drills were conducted monthly.

Infection Control:

- The premises was in a clean condition. Furnishings and equipment were well maintained.
- Children's hands were washed before eating and after using the toilet to prevent the spread of infection.
- Soothers were stored appropriately in individually labelled containers to prevent cross contamination.
- Sanitary facilities were equipped with warm water, liquid soap, and paper towels to support handwashing.
- Waste was managed in an appropriate manner with the use of pedal operated, lidded bins.

Administration of Medication:

- Medicines were stored in the original packaging safely out of reach of children.
- Staff demonstrated and awareness of safety measures to take if a child needed to be given medicine while attending the service. This included obtaining written parent/guardian consent and keeping a record of any medicine given.

Safe Sleep:

- Children slept in standard cots or on low beds appropriate to their age and stage of development.

- Staff demonstrated an awareness of safe-sleep guidelines. Children were monitored when sleeping and staff recorded these checks at ten-minute intervals.
- Cot mattresses and linens were suitable and fitted appropriately. Appropriate bedding was used including breathable blankets to reduce the risk of overheating.
- Room temperatures were maintained between 16-20°C when children were sleeping to reduce the risk of overheating.

Non-Compliance Information

All reasonable measures had not been taken to safeguard the children from harm as outlined below.

General Safety:

1. Inspectors observed unsecured, looped blind cords in Pre-school rooms 1 and 2, posing a risk of strangulation if accessed by a child. This was non-compliant on previous inspections dated 6 March 2018, 18 October 2019, 21 October 2020 and the most recent inspection 26 July 2021. The actions submitted by the registered providers following those inspections had not been effective in addressing the non-compliance.
2. The doors between the Toddler room and kitchen were open throughout the inspection. This posed a risk of children accessing the hazards within, which included cleaning products and cooking equipment.

Fire Safety:

3. The exit leading from the cot room onto the outdoor area was partially blocked with a cot when children were sleeping. This posed a risk to the timely evacuation of children in the event of a fire.
4. The emergency exit at the base of the stairs was secured with a latch which the inspectors observed to be difficult to open. This could impede the timely evacuation of children in the event of a fire. It is acknowledged that the deputy person in charge informed the inspectors that a new push-bar door had been sourced and was due to be installed.
5. Fire doors were wedged open throughout the premises rendering them ineffective in the event of a fire.
6. There were no emergency exit signs available to indicate the escape routes in the event of a fire.

Infection Control:

7. Appropriate handwashing was not carried out for children attending the Toddler room after nappy changing. The inspector observed that the adult changing children's nappies did not wash their hands after seven changes and did not wash the children's hands after six. The service's nappy changing procedure did not state that children's hands must be washed after nappy changes. This was non-compliant on previous inspections dated 21 October 2020 and the most recent inspection dated 26 July 2021 and posed a risk of spreading infection within the service. The actions submitted by the registered providers following those inspections had not been effective in addressing the non-compliance.

8. Perishable foods brought from home by the children attending Preschool rooms 1 and 2 for lunch were not stored below 5°C as required. The foods were stored at room temperature posing a risk of foodborne illness.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. The service ordered new cordless roller blinds. New blinds will be installed by 24 of February 2024. Until then, old blinds are properly secured.
2. The doors connecting the Toddler room to the kitchen are now kept closed. To reinforce this protocol, safety signs have been installed on these doors. Management will remind staff that all areas deemed hazardous need to be always secured and made inaccessible to children. Regular training sessions in safety protocols will be conducted and reminders will be communicated to staff.

Fire Safety:

3. The service has cleared the area in front of the doors to ensure unobstructed access. A safety sign has been installed. The service will conduct regular checks to ensure that evacuation routes always remain clear. Management will introduce a daily checklist for staff to ensure compliance with safety protocols, including the maintenance of clear evacuation routes. A message was sent to all staff member to remind them about the importance of Fire Doors. This will be sent each time a door is observed to be blocked.

4. The latch has been replaced with a new 'push to open' bar mechanism. Regular inspections and maintenance of the door will be scheduled.

5. All wedges have been removed from fire doors across the facility. A comprehensive fire safety review of the premises has been completed. A strict policy has been implemented prohibiting the wedging of fire doors under any circumstances. Regular fire safety training sessions for staff will be conducted. These sessions will cover the importance of fire safety protocols, the proper use of fire safety equipment, and procedures to follow in the event of a fire.

6. On 29 January, emergency exit signs were installed. Management will regularly review and maintain all signage, including emergency exit signs. This will involve periodic checks to ensure that all signs are clearly visible, in good condition, and accurately reflect the current layout and safety protocols of the facility.

Infection Control:

7. Management have reinforced the importance of handwashing post-nappy change with all staff members. The 'nappy changing routine' poster has been moved to a prominent position in each of the toilets. Management will conduct regular training sessions with a particular emphasis on handwashing techniques and the correct procedures for nappy changing. Management will introduce a handwashing policy with clear guidelines for staff.

8. The service has acquired a new fridge for the pre-school room. Management have undertaken a comprehensive review of the food safety policy. A poster stating "KEEP FOOD IN FRIDGE ALL THE TIME" has been prominently displayed on the fridge. Management will conduct regular training sessions for staff on food safety and hygiene practices. To ensure adherence to food storage guidelines, daily checks will be implemented.

Supporting documentation submitted

Supporting documents were submitted in keeping with the actions stated.

Summary Comment

The actions and supporting documents were reviewed and deemed to adequately address the non-compliance.

Part VI - Safety

Regulation 26 - Fire safety measures

- (1) A registered provider shall ensure that a record in writing is kept of-
- (a) any fire drill that takes place in the premises, and
 - (b) the number, type and maintenance record of fire fighting equipment and smoke alarms in the premises.
- (4) A notice of the procedures to be followed in the event of fire shall be displayed in a conspicuous position in the premises.

Compliance Information

- (1)
- (a) Records were available of fire-drills carried out in the service. The last fire drill recorded was dated 8 December 2023.
 - (b) Records were available demonstrating the firefighting equipment and smoke alarms had been serviced in August 2023.

Non-Compliance Information

- (4) Notices of the procedures to be followed in the event of a fire were not displayed. This posed a risk to the safety of the children in the event of a fire.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

New maps and procedures outlining clear instructions are now on display in each room. Bi-annual audits will be conducted to ensure all safety notices, including fire evacuation procedures, are prominently displayed, up-to-date, and compliant with current regulations. These audits should be documented, with reports highlighting compliance status and any corrective actions taken.

Supporting documentation submitted

Supporting documents were submitted in keeping with the actions stated.

Summary Comment

The actions and supporting documents were reviewed and deemed to adequately address the non-compliance.

Part VII - Premises and Space Requirements

Regulation 29 - Premises

A registered provider shall ensure that the premises of the service are-
(c) kept adequately lit, heated and ventilated

Non-Compliance Information

The Toddler room and adjoining corridor used by the children were not adequately ventilated. The inspectors observed a damp odour in the Toddler room and condensation droplets falling from the ceiling window. They observed black patches which appeared to be mould surrounding the ceiling windows in the corridor and Toddler room and on a corner of the wall and ceiling in the corridor.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

The service used professional services to remove the existing mould. A professional assessment of the entire building was conducted. The assessment concluded that to effectively manage the humidity levels, particularly in the corridor where mould was visible, an additional radiator is necessary. This installation, scheduled for 17 February 2024, will play a significant role in preventing mould reoccurrence. Management will implement a regular maintenance schedule which will include routine checks for ventilation efficiency and any signs of mould.

Supporting documentation submitted

Supporting documents were submitted in keeping with the actions stated.

Summary Comment

The actions and supporting documents were reviewed and deemed to adequately address the non-compliance.