

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2015DS218
--------------------------	-------------

<b>Name of Service:</b>	Little Ladybird Ltd.
-------------------------	----------------------

<b>Address of Service:</b>	1 Main Road, Tallaght, Dublin 24, Co. Dublin
----------------------------	--

<b>Eircode:</b>	D24 VKV0
-----------------	----------

<b>Name of Registered Provider:</b>	Iwona Siniarski , Marta Wybraniec
-------------------------------------	-----------------------------------

<b>Service type:</b>	Full Day
----------------------	----------

<b>Date 1 of Inspection:</b>	12/03/2024
------------------------------	------------

<b>Date 2 of Inspection:</b>	13/03/2024
------------------------------	------------

<b>No of pre-school children:</b>	<b>Day 1</b>	AM	38	PM	38
	<b>Day 2</b>	AM	38	PM	n/a

<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate, Tusla Child and Family Agency, 7th Floor, Brunel Building, Heuston South Quarter, Dublin 8.
---	---

<b>Inspection undertaken by:</b>	E. Mulhern & O. Quill
----------------------------------	-----------------------

<b>Title:</b>	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).

<b>Conditions if applicable</b>	Not applicable
---------------------------------	----------------

### Description of service

Little Ladybird Ltd. is a full day, early years service for children aged 1 to 6 years. 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. It opens from 7am to 6 pm, Monday to Friday.

### Staffing

There are 11 staff members 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/ safety/ notifications and complaints. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under regulations 9(2), (4) & (7), 11 (1) & (2), 15 (i) & (f), 16 (1)(k), 19 (1)(b), 23, 25 (1) & (2) and 32 (2); however, on inspection additional non-compliance which posed a risk was identified under Regulation 8 (1) and 31 (d). These findings are outlined within the relevant regulations 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

### Feedback and Concerns

This inspection was carried out due to a concern received by the Agency on 1 March 2024.

### Immediate Action Notice - Part VI – Safety

Regulation 23: An Immediate Action Notice was issued to the registered providers on 13 March 2024 due to the significant risk posed in relation to safety. A response was received from the registered providers on 14 March 2024 outlining actions taken to address the risk. These are documented under regulation 23 in the report.

### Regulatory Enforcement

A regulatory compliance meeting was held with the registered provider on 13 February 2024 due to repeat non-compliance with regulatory requirements. The inspectors observed on this inspection that the specific non-compliance findings from the inspection dated 16 January 2024 had been addressed.

### Referrals to other agencies

A referral was made to Better Start National Early Years Quality Development Initiative following the previous inspection dated 16 January 2024. The person in charge confirmed that the service has commenced engagement with the initiative.

## Acknowledgments

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

### Part II - Registration and Register

#### Regulation 8 - Notification of change in circumstances

*(1) A registered provider of a pre-school service other than a temporary pre-school service shall, subject to paragraph (3), notify the Agency in writing of any proposed change in the details in relation to the pre-school service contained in the register pursuant to section 58C(2) of the Act or Regulation 7(2) at least 60 days before it is proposed that the change would take effect.*

#### Non-Compliance Information

The registered providers did not notify the Agency of a change that was made to the person in charge of the service on 11 March 2024.

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

##### Corrective and Preventive Action

The registered provider notified the Agency of the change to the person in charge following the inspection. To ensure compliance, the service will initiate annual audits of processes and compliance status. These audits will be conducted by an external auditor to ensure impartiality. The first audit took place on 3 May 2024.

##### Supporting documentation submitted

Change in Circumstance proposal form submitted.

#### Summary Comment

The proposed change in circumstance was submitted to the agency and approved on 25 March 2024. The non-compliance has been addressed.

### 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.*

*(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:*

*(a) the policies, procedures and statements of the service specified in Schedule 5;*

#### Compliance Information

(2) The inspection focused on the recruitment records for three staff who had been employed since the previous inspection dated 16 January 2024.

(a) & (b) All three staff members had past employer references available. A second reference from a reputable source had been sourced for members of staff who had only one previous employer. Records were available of the verification checks that had been carried out.

(c) Garda vetting disclosures were available for all three staff members.

(d) International police vetting was available for two staff members who had lived outside the state as adults for more than six consecutive months.

(4) All three 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

(7)(a) Through review of records and discussions with staff and the registered providers it was evident that staff had not received appropriate supervision and were not provided with appropriate information and training in relation to the service's policies and procedures as outlined below. It is acknowledged that three of the staff members had only commenced employment in February and March 2024.

- There were no records available relating to staff supervision. The registered provider told inspectors that no supervision meetings had been carried out in the past few years and that eight staff members had not had any supervision meetings. This was at variance with the service's Staff Supervision policy which stated that all staff members must have regular supervision, the session is recorded, and the record kept in the staff member's file.
- Through discussion with staff and management it was evident that staff did not have sufficient information regarding the services' policies and procedures to ensure the safety and wellbeing of all children. A record held by the service which indicated that staff had read the service's policies and procedures had been completed by only three of the eleven staff members.
- Through conversation with staff and management it was evident that staff had not received adequate induction training to ensure the safety and wellbeing of all children. The registered provider told inspectors that the service did not have an induction training programme or any record of staff inductions. This was at variance with the services Staff Training policy which stated that every staff member will be provided with an induction training programme and the induction will be recorded on the induction record form.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

- Supervision sessions scheduled for all staff, starting on 24 April to be conducted every 6 months as per the service policy. The manager will oversee these sessions, and a comprehensive record of each meeting will be maintained.
- All staff, including new hires, review and sign off on the service's policies and procedures. This documentation is recorded and stored in each staff member's file.
- Presentation given by the manager upon induction training. Monitoring systems enhanced to flag lapses in supervision or training, ensuring compliance with service policies. Checklists used during the onboarding process.
- External auditor engagement to review training and supervision records annually. First audit carried out 17 April.
- Yearly supervision and training calendar to be circulated to ensure staff are aware of upcoming sessions. Regular updates and reminders included.

### Supporting documentation submitted

Supporting documents were submitted in keeping with the actions stated.

## Summary Comment

(7)(a) The actions have been 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 on both days of inspection. There were 7 adults working directly with 38 children. Two adults were available to help as needed and cover staff breaks.

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

### Part IV – Information and Records

#### Regulation 15 – Record of pre-school child

*(1) A registered provider of a pre-school service other than a pre-school service in a drop-in centre or a temporary pre-school service shall ensure that a record in writing is kept in respect of each pre-school child attending the service containing the following particulars:*

*(f) details of any illness, disability, allergy or special need of the child, together with all the information relevant to the provision of special care or attention;*

*(i) written parental consent for appropriate medical treatment of the child in the event of an emergency.*

#### Compliance Information

The inspection focused on the records of five children who were reported to have an illness or allergy.

(i) Written parental consent was available for medical treatment of the children in the event of an emergency.

## Non-Compliance Information

(f) There was insufficient detail recorded about the illness, allergies or special care or attention that may be required in relation to four of the five children. Three of the children were still registered to attend the service.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

The service contacted parents of the children to obtain comprehensive details regarding their illnesses, allergies, and any special care requirements. These records were updated 13 and 14 March. Health care plans will be reviewed and updated regularly in consultation with the children's parents or guardians and healthcare providers. An external auditor will be engaged to periodically review the service's health record keeping practices. The focus will be to assess the accuracy, completeness, and compliance of the service health documentation processes. The first audit took place on 17 April.

### Supporting documentation submitted

Supporting documents were submitted in keeping with the actions stated.

## Summary Comment

(1)(f) The actions submitted have been deemed to address the non-compliance.

## 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-

(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.

## Non-Compliance Information

(1)(b) The inspection focused on the measures taken by the registered providers to include children with food allergies in the service.

The registered providers told the inspectors that the service recently terminated a child's place due to their food allergy. They stated that the main meal is provided by a catering company and that although a separate meal was provided for the child, the catering company could not provide an absolute guarantee that there would be no cross contamination. It was not evident that any measures had been considered to accommodate the child's needs prior to the decision to terminate their place. It was not evident that the parents were consulted prior to the decision. This was at variance with the services' Inclusion policy which stated that the service will work in consultation with the staff, the parents/guardians of the child and other professionals and/or agencies to determine additional resources required to meet the functional and developmental needs of the child and to determine the suitability of the service in meeting these needs.

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

#### Corrective and Preventive Action

Management will revise the services Inclusion policy to incorporate specific protocols for managing food allergies, which will include mandatory consultation with parents. To ensure the service adheres to its policy on inclusion, regular audits will be conducted. These audits will assess how well the service accommodates children with special needs, including those with food allergies. The audits commenced 17 April.

#### Supporting documentation submitted

Supporting documents were submitted in keeping with the actions stated.

### Summary Comment

The actions submitted have been deemed to 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.*

#### Non-Compliance Information

The inspection focused on measures taken by the service to safeguard children with a known illness or allergy.

It was not evident that the registered providers had taken reasonable measures to provide emergency treatment or care to the children. Through review of records and discussions with staff, it was evident that a child had been given a meal containing foods the child had a known allergy to, which resulted in the child requiring emergency treatment. The service had not appropriately identified the risks that lead to the incident and appropriate measures had not been put in place to prevent a similar incident.

Inspectors identified ongoing risks including insufficient recording of information in relation to known illnesses/allergies, absence of care plans and deficiencies in communicating information about children's illnesses/allergies/medication requirements with staff. On inspection, one staff member was unaware that a child in her care had an underlying medical condition or may require emergency medication. An Immediate Action Notice was issued to the registered providers on 13 March 2024 due to the significant risk posed.

#### Action submitted by the Registered Provider

##### Corrective & Preventive Action

- Parents were contacted to obtain the details needed regarding their children's illnesses and allergies. These records were updated 13 and 14 March.
- Individual health care plans were developed and updated for each child. These plans have been formulated in collaboration with healthcare professionals and the children's parents or guardians. These will be reviewed regularly. When updated, staff are asked to read and sign again, to ensure they have a full understating of each child's condition.
- Health care plans are available in the children's rooms and have been signed by all staff members.

- The allergy and food requirements list has been updated with the new information provided by the parents. This is reviewed in a monthly basis, or more regularly if the situation requires it. This list is available in all rooms, including the kitchen and office.
- As part of the induction program, staff are introduced to the children's specific needs regarding allergies, illnesses, or special food requirements and where to find individual health care plans, emergency medicine, etc. This takes place on the staff members first day.
- All staff will undergo training in food allergy management, cross-contamination prevention, and emergency procedures related to allergic reactions.

### **Supporting documentation submitted**

Supporting documents were submitted in keeping with the actions stated.

### **Summary Comment**

The actions submitted have been deemed to address the non-compliance.

## **Part VI - Safety**

### **Regulation 25 - First aid**

*(1) A registered provider shall ensure that a person trained in first aid for children is, at all times, immediately available to the children attending the pre-school service.*

*(2) A registered provider shall ensure that a suitably equipped first aid box for children-*

*(a) is safely stored in an easily accessible and conspicuous position on the premises, and*

*(b) is available to the children attending the pre-school service at all times.*

### **Compliance Information**

(1) A person trained in first aid was available on the premises at all times.

(2)(a) & (b) Suitably equipped first aid boxes were stored in conspicuous positions in the service.

## Part VIII - Notifications and Complaints

### Regulation 31 - Notification of incidents

*A registered provider shall notify the Agency in writing within 3 working days of becoming aware of any of the following incidents occurring in the preschool service:*

*(d) a serious injury to a pre-school child while attending the service that requires immediate medical treatment by a registered medical practitioner whether in a hospital or otherwise;*

### Non-Compliance Information

(d) The registered providers did not notify the Agency in writing of an incident that occurred in the service resulting in a child attending hospital for immediate medical treatment.

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

#### Corrective & Preventive Action

The service will review and clarify incident reporting requirements to ensure all staff understand when it is necessary to escalate reporting to the agency. This review can help prevent misunderstandings and ensure compliance with regulatory requirements. This review will be completed by the 3 May 2024. Management will develop a clear incident reporting protocol that outlines the steps and criteria for notifying the Agency about any incidents. This protocol will be included in the staff handbook and reinforced during regular training sessions.

#### Supporting documentation submitted

Supporting documents were submitted in keeping with the actions stated.

### Summary Comment

(d) The actions submitted have been deemed to address the non-compliance.

### Part VIII - Notifications and Complaints

#### Regulation 32 – Complaints

(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.

#### Compliance Information

(2)(a) A record was available of a recent complaint made in relation to the service.

#### Non-Compliance Information

(2)(b) The registered providers did not ensure that a recent complaint made to the service was dealt with in accordance with the service's Complaints policy. The policy stated that on receipt of a complaint, the Manager will meet with the staff member and keep an accurate and detailed account of what was discussed. The registered providers told the inspectors that there were no records kept of any meetings held in relation to the complaint.

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

##### Corrective and Preventive Action

(2)(b) The service introduced a new system to track and document all aspects of a complaint from its receipt to resolution. The service is using this form in the review meeting to ensure all discussion points, decisions, and actions are recorded accurately. Management will conduct comprehensive training sessions for all staff, emphasizing the importance of following the Complaints policy and using the new tracking form correctly. This will ensure everyone understands their responsibilities and the steps involved in documenting complaints. Management will periodically review the Complaints policy to ensure it remains effective and relevant. Management will increase oversight in the complaint handling process. This will include routine checks of the complaint logs and the new forms used for documenting complaints to ensure compliance with the policy.

##### Supporting documentation submitted

Supporting documents were submitted in keeping with the actions stated.

#### Summary Comment

(2)(b)The actions submitted have been deemed to address the non-compliance.