

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015DY009
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Name of Service:	Apple of My Eye
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Address of Service:	Unit 9, Meakstown Commercial Centre, Finglas, Dublin 11
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Name of Registered Provider:	Maria Toomey
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Service type:	Full Day, Part Time, Sessional
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Date of Inspection:	26/02/2025
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No of pre-school children:	AM	39	PM	29
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Address of the Early Years Inspectorate:	Early Years Inspectorate 2nd Floor, Unit 4/5 The Nexus Building Blanchardstown Corporate Park Ballycoolin Dublin 15 D15 CF9K
Inspection undertaken by:	C Kerrigan and T Nelson
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

26th August 2025

Regulations 9, 11, 19, 22 & 23 Child Care Act 1991 (Early Years Services) Regulations 2016

The Registered Provider will be required to comply with the following conditions:

- Ensure that all staff have completed the requirements for employment in accordance with all applicable legislation prior to commencing employment in the service.
- Ensure adequate staffing to meet the needs of the children and maintain ratios at all times.
- Ensure that each child's development and well-being is facilitated within the daily life of the pre-school service through the provision of the appropriate activities, interaction, materials equipment, having regard to the age and stage of development of the child.
- Ensure that adequate and suitable, nutritious and varied food and drink are available for each child attending this service including alternatives and additional portions of equal nutritional value.
- Ensure that reasonable measures are taken to safeguard the health, safety and welfare of children attending the service ensuring that the environment of the service is safe.
- Develop and manage a risk assessment system outlining the process of risk identification, the staff roles and responsibilities, the controls/mitigation of identified risks in a timely manner. The risk assessments must be reviewed regularly and updated as required.
- Ensure that all reasonable measures are taken to identify and promptly address any matter that would negatively impact on the safety and wellbeing of children in attendance in the service.

These conditions are in place for 6 months.

Description of service

Apple of My Eye is a privately operated service which provides full day, part time and sessional care to children aged 1 to 6 years old. The service operates from a two-storey purposely adapted commercial unit Monday to Friday from 8:00am to 6:00pm. The service consists of four care rooms, a cot room, a sensory room, an office, kitchen, and sanitary facilities. The Wobbler and Toddler rooms are located on the ground floor while the Toddler/ECCE and Pre School rooms are located on the first floor. The Preschool room has two ECCE sessions, with the morning session running from 09:30 -12:30 and an afternoon session running from 13:00-16:00. An enclosed outdoor area is available to the rear of the premises.

Staffing

The registered provider employs twelve staff to work in the service including the service manager. Ten staff were present on the day of inspection. The registered provider does not work directly with the children in the service.

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, premises and facilities. The inspection may also focus on other areas as required.

A sampling process was used to assess compliance under, Regulation 19 Health, Welfare and Development of Child, Regulation 23 Safeguarding Health, Safety and Welfare of Child, Regulation 27 Supervision.

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

An Immediate Action Notice was issued to the person in charge on the 26 February 2025 under Regulation 23 Safeguarding Health, Safety and Welfare of the Child. A written response was received on the 27 February 2025 which addressed the risk. Further details can be found under Regulation 23.

A second Immediate Action Notice was issued to the person in charge on the 26 February 2025 under Regulation 23 Safeguarding Health, Safety and Welfare of the Child. A written response was received on the 27 February 2025. Additional information was requested, and a written response was received on the 28 February 2025 which addressed the outstanding concern. Further details can be found under Regulation 23.

A referral was made to the Chief Fire Officer on the 27 February 2025 under Regulation 23 Safeguarding Health, Safety and Welfare of the Child.

A Regulatory Compliance meeting (RCM) was held with the service on 11 March 2025.

The service was escalated to the National Regulatory Enforcement Panel (NREP) in June 2025. A Regulatory Enforcement meeting (REM) was held on 25 June 2025.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the registered provider, person in charge, staff and children who were present on the day 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 designated person in charge and a named person to deputise if required.
 - (b) A review of the roster showed that a named person in charge or the deputy was rostered to be on the premises at all times during the service opening hours.
- (2) A review of paperwork and conversation with management showed that four staff have commenced employment in the service since the last inspection in April 2024. The files of these staff members were reviewed in full along with the garda vetting disclosure for one staff member who is already employed within the service.

- (a) The registered provider ensured that four written references, two of which were verified were available from a past employer.
 - (b) The registered provider ensured that four written references were available from a source other than a past employer.
 - (c) Garda vetting disclosures had been obtained for five adults working within the service. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.
 - (d) Police vetting was available in relation to one adult who had lived in a country other than Ireland for a period of six months or more as an adult.
- (3) The references for one adult and garda vetting procedures for four adults were completed prior to the adults being allowed access or contact with a child attending the pre-school service.
- (4) Evidence was available to show that three adults who worked directly with the children held 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.

Non-Compliance Information

- (2)
- (a) The registered provider did not ensure that two references from a previous employer were verified prior to a staff member commencing within the service.
 - (b) The registered provider did not ensure that four references from someone other than a previous employer were verified prior to a staff member commencing within the service.
 - (d) The registered provider did not ensure that police vetting was available in relation to two adults who had lived in a country other than Ireland for a period of six months or more as an adult.
- (3) A review of the documentation available showed that the registered provider did not complete the checks required under point 2 above before the commencement of employment for three staff members.
- (4) The registered provider did not ensure that one adult who worked directly with the children held 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.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (2)
- (a) (b) The registered provider has ensured that a written reference is on file for one staff member. The registered provider states that they have continued to contact the references for one staff member but to no avail, they stated they will continue to attempt contact and log the attempts. They stated they also email a copy of reference questions to the referees if there is a language barrier or difficulty contacting, they will also log when the references have been emailed. There is six monthly probationary period with weekly reviews for all staff.
- (d) Police vetting for both staff members are now on file, an employee checklist will be reviewed by the registered provider prior to an employee's start date. The importance of not filing away staff files until they have been completed in full, and completing the new start checklist has been highlighted with Management. The registered provider will now also ensure that she checks that the checklist has been completed when there is a new start.
- (3) The registered provider has stated that vetting was completed for two staff, validation for one staff member should have been completed, there is a log of any previous attempts made to validate references in advance of new staff starts. This will be logged on the new start checklist. Checking for vetting overseas where necessary is on our new start checklist. Vetting was missed for one staff member; this was an oversight on our part and the vetting has now been obtained. Written logs of attempts made to validate references will be logged on the new staff checklist, to show evidence of attempts. The owner will check the checklist before a new staff start.
- (4) A copy of a staff qualification certificate has now been added to the staff file, management and registered provider are to ensure the checklist is completed prior to an employee's start date.

Supporting documentation submitted

- (2) (a)(b) Documentary evidence has been submitted in relation to the references, induction policy and blank reference questions
- (d) Documentary evidence submitted.
- (3) Documentary evidence of checklist submitted.
- (4) Documentary evidence submitted.

Supporting documentation submitted on 02 July 2025

Representations were received via email in which the registered provider stated that she will take responsibility for completing pre-employment checks to ensure they are done. The registered provider has stated she has assumed direct responsibility for checking that new staff checks are completed in advance of staff start dates, and that attempts made to contact overseas referees are logged on the reference of the checklist.

Summary Comment

The corrective and preventative actions submitted by the registered provider are sufficient to address the non-compliances in relation to (2)(d), (3) and (4). The registered provider has attempted to address the non-compliance under (2)(a)(b) however this remains outstanding and will be reviewed on the next inspection.

02 July 2025

(2)(a)(b) remains non-compliant as no further supporting documentation has been submitted. 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.*
- (8) Without prejudice to paragraphs (2) to (7)-*
- (a) a registered provider of a pre-school service other than a child-minding service or a sessional pre-school service shall ensure that there are at least 2 adults on the premises at all times,*

Compliance Information

- (2) On the day of inspection, the registered provider ensured that ratios were maintained, in each of the care rooms.
- (8) (a) On the day of inspection, the registered provider ensured that there were at least two adults present in the service during its operational hours, this was reflected in the staff roster.

Non-Compliance Information

(1) There was not a sufficient number of staff to adequately meet the care needs of the number of children within the service. For example:

- There was not sufficient staff in the Wobbler Room between the 09:54 and 10:51 when a staff member was observed to tend to an upset child leaving the other children in the room to wander and play without direction or engagement from the adult.

The impact of this is outlined under the non-compliances in Regulation 19, Regulation 23 and Regulation 27.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1) The registered provider states that room ratios were in accordance with regulations, and they cannot control when staff call out sick, but they will continue to contact relief staff to cover and ensure we are in ratio. The registered provider states they will continue to maintain ratios and will continue to encourage staff to ask for additional support from management, if they find themselves in a situation where they feel they need it.

Supporting documentation submitted

None submitted

Supporting documentation submitted on 02 July 2025

No further representations were received in relation to this regulation.

Summary Comment

The corrective and preventative actions outlined by the registered provider are insufficient to address the non-compliance under Regulation 11. Regulatory compliance remains outstanding, and this will be reviewed on the next inspection.

02 July 2025

Regulation 11 remains non-compliant and will be reviewed on the next inspection.

Part IV – Information and Records

Regulation 16 – Record in relation to pre-school service

(1) A registered provider shall ensure that a record in writing is kept of the following information in relation to the service:

(j) details of any medication administered to a pre-school child attending the service with signed parental consent;

Compliance Information

(1)
(j) The registered provider ensured that a medication administration record was available within the service. According to the registered provider and staff no medication was administered within the service since the last 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

Compliance Information

(1)(a)

- Mealtimes were observed to be social occasions with children observed sitting at low age-appropriate tables, children were encouraged to self-feed with staff assisting if needed.
- Children were observed to enjoy outdoor play during the inspection.
- Nappy changing was observed to be undertaken on a scheduled basis and as needed to ensure the children's comfort.
- The furniture provided in each care room was low level, suitable and accessible to the needs and age of the children. There were a sufficient number of low tables and chairs to accommodate children whilst they played and ate in each care room.

Non-Compliance Information

(1)(a)

1. Transitions in the service were observed to be disorganised and unplanned and did not support the children to move between activities. The following was observed:

- Children in the sensory room were given no notice when they were to move from the Sensory Room to the Toddler Room. This interrupted children's play.
- In the Toddler Room nappy changing occurred in a rushed, functional and hurried manner. Children were lifted to the nappy changing unit without any verbal indication that this was going to happen. Children were observed to be upset.

This was also noted as a non-compliance on the previous inspection dated the 16 April 2024, actions put in place by the registered provider did not prevent a reoccurrence.

2. The behaviour management strategies observed was not in line with the service policy and did not adequately support the children to manage their behaviour. The following was observed:

- Following a minor dispute between children a child was excluded from the group and placed on their own. The child who was hurt was not comforted. No explanation or positive strategies to resolve the conflict was offered. Children require positive strategies in order to regulate and manage normal developmental behaviours.
- Staff were not observed to implement the service behaviour management policy, for example children were observed sitting and standing on windowsills. While staff did address the behaviour, they did not provide adequate follow up. The behaviour management policy advises that rules will be applied consistently to all children and that children will be supported to understand what is expected of them.

This was also noted as a non-compliance on the previous inspection dated the 16 April 2024, actions put in place by the registered provider did not prevent a reoccurrence.

3. The registered provider did not ensure children's privacy whilst using the sanitary facilities, as a toilet door was missing from the sanitary area on the first floor. This is undignified for children using this area.

4. The layout of the equipment in the Playschool, Wobbler and Toddler rooms limited meaningful engagement with play. For example:

- The preschool room did not have clearly defined areas of interest and equipment was not displayed to promote engagement for example, the shelving was turned to the wall restricting access to the equipment and dress up items were stored in an unlabelled box.

- The Wobbler room was not an inviting or engaging play space, materials were not displayed in a child centred manner, for example, shelving was cluttered, toys available to children had no batteries, props were missing from the activity table preventing the development of play.
 - The library area in the Toddler Room was insufficiently stocked with two damaged books, limiting the choice for children wishing to engage in relaxing activities.
5. While it is acknowledged that remedial works have been undertaken in the outdoor area, the materials available were not suitable for the age range of children present. For example:
- A large rubber mat was rolled up across the mud kitchen making it inaccessible to the children.
 - Although there was designated mark making areas. There were no readily available mark making accessories available to children. Preventing opportunities to play.
 - There was insufficient toys and equipment available for the younger children in the service. For example, there was one broken activity walker and two see saws available. The wooden structures in the outdoor area were too high for younger children to interact with safely. Preventing children's opportunities for movement and exploration.
 - There was no quiet rest area in the outdoor environment for children who chose to take a break from outdoor activities.
6. The rest and cosy areas within the Wobbler and Toddler Rooms did not meet the needs of the children within these rooms. There was a lack of a relaxing, calming, safe space for children who wished to take a break from activities.
7. A programme of activities which was engaging and stimulating was not observed on the day of inspection. For example:
- There was no evidence of when and why the Sensory room would be used.
 - There was no evidence of a plan for activities while in the Sensory room. The children were observed to be restless and disengaged.
 - There was no evidence of a plan for activities for children within the Wobbler Room. The children were observed to wander aimlessly, with no engagement and little stimulation.
 - It is acknowledged that there was an activity plan in the Toddler room however activities on the day were not reflected in the activities observed on the day. Children were observed to wander aimlessly and engage in free play throughout the inspection.

Play is the mode for children's learning therefore planning for children's activities must be developed with the children's interests and needs, a plan should be readily available and implemented during the day. This was

also noted as a non-compliance on the previous two inspections in April 2023 and April 2024, actions put in place by the registered provider did not prevent a reoccurrence.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. The registered provider has stated that the implementation of a new, more effective routine within both the Wobbler and Toddler rooms, should make a difference to the staff ability to properly stimulate the attention of the children in our care. Regular and consistent reviews by the owner and management, of the room routine, room set-up and the staff's interactions with children in all rooms will ensure that the policies and practices set within the service are adhered to. Consistency of routine and educators within the rooms will also provide more stability within the rooms, making it much easier to monitor the effectiveness of each of the rooms, to meet the needs of the children. The implementation of a new, more effective routine within both the Wobbler and Toddler rooms, should make a difference to the staff ability to properly stimulate the attention of the children in our care.
2. The registered provider has stated that the points in the inspection report have been covered in the staff meeting on the 3rd of April, and staff have been reminded of the need to follow the service behaviour management policy. Specifically, staff have been told that they must communicate with children verbally, using positive strategies. It has also been emphasised that staff need to be consistent with the management of the behaviour of the children in our care. Regular and consistent reviews by the owner and management, of the room routine, room set-up and staff interactions with children in all rooms will ensure that the policies and practices set within the service are adhered to. Consistency of routine and educators within the rooms will also provide more stability within the rooms, making it much easier to monitor the effectiveness of each of the rooms, to meet the needs of the children.
3. The toilet door has been reinstated and monthly checks to be carried out by the registered provider.
4. The registered provider has stated that new equipment has been installed in the Toddler Room, the new room set up is being reviewed and feedback from staff is positive, reviews will be ongoing. The Wobbler room layout has been reviewed and amended to suit the needs of the children. The preschool room was already set up with defining areas of play, the room is currently under review. There is an ongoing review of the layout of all care rooms within the creche. Priority has been given to the Toddler, Wobbler and preschool room.
5. The registered provider stated the outdoor area has been cleared of any unnecessary items that might hinder the children's play time. Chalk for the mark making areas have been provided, and staff have been

advised of its availability for the children's use. Three benches have been ordered to allow for children to take breaks and rest in quiet areas. The smaller area of the garden can be gated off and is for the younger children in our care (1 to 2 years). The larger area of the garden includes larger wooden structures that are accessible to all other children. Access to these wooden structures is by the climbing frame and steps, which makes it easy for children of all ages from 2 years + to access equally. The climbing frame is ridged to allow for additional support when climbing. There was a review of the outdoor area, and the equipment available for the children in our care. Any broken equipment has been removed. Three new benches have been ordered, alongside new mark making areas. Staff have been made aware that there is chalk available within the service for use in the mark making areas. The benches will be placed in areas of the garden to allow children to rest and take a break from outdoor activities. The wrong benches were delivered last week, and we must wait until the correct ones have been delivered so that they can be secured to the walls to reduce the risk of them falling over. The mark making equipment will be installed by the maintenance person when the benches are delivered.

6. The registered provider has stated that there is an ongoing review of the Toddler and Wobbler rooms, that they have been set up differently with both rooms having a new layout that allows for calming spaces, wet and messy play and tabletop activities.
7. The registered provider states that the use of the sensory room for the older toddlers had only begun to be implemented the week before the inspection. This is new routine has now been set out formally, the sensory room has been set-up according to the new routine, and all staff are now aware of the use of the sensory room for toddlers' additional activities. As with point 6, the wobbler and toddler rooms have been reviewed. The toddler room has a new routine with an immediate focus on the new set-up of the rooms. Regular and consistent reviews by the registered provider and management of the room routine, set up and staff interactions within the rooms will ensure that the practices are adhered too.

Supporting documentation submitted

1. Documentary evidence has been submitted.
2. Documentary evidence has been submitted.
3. Photographic evidence has been submitted.
4. Photographic evidence has been submitted.
5. Photographic and documentary evidence has been submitted.
6. Photographic evidence has been submitted.
7. Photographic and documentary evidence has been submitted.

Supporting documentation submitted on 02 July 2025

Representations were received via email in which the registered provider stated they have now taken a more authoritative role in ensuring the successful daily running of the service and they have taken responsibility for daily, weekly, and monthly checks to ensure the service is compliant. The registered provider stated that this involves daily onsite observations to ensure that the staff team are running the service within the standards set for them and also ensuring that the service is satisfying the needs of the children in their care within the regulations.

Summary Comment

The corrective and preventative actions submitted by the registered provider have been sufficient to address non-compliances under point 3 and 7. The corrective and preventative actions outlined in points 1,2, 4,5 and 6 are insufficient to adequately address the non-compliances identified. Regulatory compliance remains outstanding for these issues and will be reviewed on the next inspection. will be reviewed at the next inspection.

02 July 2025

Points 1, 2, 4, 5 and 6 remain non-compliant as no further supporting documentation has been submitted. This will be reviewed on the next inspection.

Part V - Care of Child in Pre-school Service

Regulation 22 – Food and drink

A registered provider shall ensure that adequate and suitable, nutritious and varied food and drink is available for each pre-school child attending the pre-school service.

Compliance Information

- A monthly meal plan was available in the service, and this was observed to supply varied food.
- The service has a Healthy Eating Policy, which was reflected in the food choices observed on the day.
- According to staff, children were offered breakfast of cereal and milk upon arrival to the service around 09:00. Inspectors observed children being served a hot meal of penne pasta, vegetables and tomato sauce from 10:50am, with an afternoon hot dinner of rice and beef served around 14:30. Meals were supplied by an external company with the person in charge and deputy person in charge facilitating meal preparation on the day of inspection.

- Different dietary requirements were catered for if required, with parents being given an option to send food in from home if they choose. Additional food was observed to be available and offered in the Toddler/ECCE Room.

Non-Compliance Information

The registered provider did not ensure the following.

1. The provision of additional portions and alternative food options for children were not available for lunch:
 - Two children in the Wobbler Room indicated their hunger and requested more hot food haven eaten the portion provided. Staff advised there was no additional portions of hot food available. These children were observed to become upset. It is acknowledged that children were provided with a small yoghurt. This poses a risk to children not being adequately satiated. This was also noted as a non-compliance on the previous inspection dated the 16 April 2024, actions put in place by the registered provider did not prevent a reoccurrence.
 - In the Wobbler room an alternative nutritious meal was not offered to a child who did not like their lunch. It is acknowledged that a small yogurt was given as an alternative food option, with water to drink. There were no other food options given until 14:30. Staff stated a yoghurt is given as an alternative food choice. This was also noted as a non-compliance on the previous inspection dated the 16 April 2024, actions put in place by the registered provider did not prevent a reoccurrence.
2. In the Wobbler room water was not easily accessible to children. This prevents children to self-regulate their water intake and develop safe thirst cues.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. The registered provider has stated that some foods provided by our food provider spread further than others. Sometimes, children will eat more of particular foods than they did on a previous day when the same food was offered but they will always offer additional servings to children when they request it, and we continue to review and increase the portions of particular meals that are provided, there will be times when there are insufficient portions for more than 2 additional servings. The registered provider stated that the service will offer yogurts and fruit to children as an additional food offering, to supplement when more food is requested. Where a child is known to refuse food on a regular basis, staff partner with parents and allow them to send in a food option from home, which is offered at meals times. It is my understanding that on the day of the inspection the children who were requesting more food, had already had 2 portions. The children in our care are not left hungry and the offering of yoghurt and fruit was in

addition to the 2 servings given to the children in question. We now offer an additional snack between lunch and dinner.

2. The registered provider stated that water is available to children in the Wobbler room at mealtimes with accessibility at all times made available. Wobblers have been mixed with the Toddlers and water is readily available in the Toddler room. The practice when the numbers in the Wobbler room increase will be to leave water beakers within reach of the children in the room.

Supporting documentation submitted

1. None supplied
2. None supplied.

Supporting documentation submitted on 02 July 2025

No further representations were received in relation to this regulation.

Summary Comment

The corrective and preventative actions submitted by the registered provider are sufficient to address the non-compliance under point 2. The actions provided in relation to point 1 are insufficient to address the non-compliance identified. Regulatory compliance remains outstanding, and this will be reviewed on the next inspection.

02 July 2025

Point 1 remains non-compliant as no further supporting documentation has been submitted. 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

General Safety:

- The main door was secured upon the inspectors unannounced arrival. A call bell was used to gain access to the service, preventing unauthorised access of persons into the premises.

- The internal doors were fitted with high handles to prevent the children leaving the care rooms unsupervised.
- Cleaning sprays were stored out of reach of children.
- The TV in the Toddler Room was securely mounted.
- A visitor sign in book was completed at the request of staff upon entering the service.

Infection Control:

- A minimum of 50 cm was provided between cots and low-level beds preventing the spread of infection.

Administration of Medication:

- Medication was not observed to be given on the day of inspection. Temperature reducing medication was available to children within the service.

Safe Sleep:

- Children aged two years or less were placed to sleep in cots.

Non-Compliance Information

General Safety:

1. The temperature of the two radiators which were accessible to children exceeded the recommended temperature of 43 degrees. This posed a scald risk to the children. The inspector recorded a temperature of 51.7°C in the Toddler room and 53.6°C in the sensory room. An IAN was issued to the service in respect to this risk. This was a non-compliance recorded in April 2024. The actions taken by the registered provider to rectify this non-compliance has been insufficient.
2. The registered provider did not ensure that daily risk assessments were completed for both the indoor and outdoor areas, preventing the identification of new hazards and risks to the children's safety and wellbeing within the service. For example:
 - In the cot room documentation displayed on the wall indicated reviews this area had not been completed since 6 January 2025. Cots in use were observed to be dirty.
 - In the outdoor area there was no documentary evidence of a risk assessment having been completed prior to children accessing this area. Rubbish was discarded in the outdoor area, exposing children to harmful materials.
 - Risk assessments/schedules identifying hazards such as blocked fire exits were not completed since 6 January 2025.

The lack of a daily risk assessment and schedules prevents hazards from being identified promptly and acted upon to ensure children's safety and welfare is maintained, practice is not in line with the service Policy on risk assessments.

3. The climbing wall did not have a suitable anti slip surface and was unguarded, preventing children to engage in safe risky play. Children were observed to slip and fall whilst attempting to use the climbing wall. This is posed a potential area for injury.
4. In the Wobbler room small cylindrical shaped crayons were accessible to children. Exposing children to choking hazards.
5. Plastic bags were accessible to children in the Preschool Rooms and Toddler Rooms, posing a potential choking hazard.

Infection Control:

6. Mattresses in the cot room were stained and did not have washable covers. This prevents suitable cleaning practices and has the potential to harbour harmful bacteria. Cot check list for the cot room was last updated on the 6th of January 2025.
7. Foam mattresses were noted to be torn and ripped in both the Cot room and Toddler/ECCE rooms. Preventing effective cleaning.
8. Handwashing practices were not consistent throughout the service or in line with the service Policy on Handwashing. For example,
 - Handwashing did not occur prior or after mealtimes within the Wobbler room.
 - Staff were observed to handle eating utensils and open the bin lids without washing their hands.
 - Handwashing did not occur after returning from the Outdoor area in the Toddler room.
 - Handwashing did not occur after performing nasal hygiene.
 - A child's hands were not adequately washed after nappy changing.

This potentially exposes children to harmful bacteria and cross contamination.
9. Bins were broken with lids missing in the care rooms and sanitary areas throughout the service and did not provide for hygienic disposal of waste.
10. Water temperatures were noted to be in excess of the recommended 43°C in the following rooms.
 - In the Preschool Room the mixer tap which was accessible to children was recorded as 48.2. °C at 10:16am

- In the sanitary area opposite the ECCE room water which was accessible to children was recorded as 45.6°C. at 11:41am.
11. Cleaning procedures were ineffective within the service. There were up to date cleaning schedules completed in the care rooms, sanitary areas and outdoor areas. Cleaning was reported to be completed by staff during the day, this was not observed during the inspection.
- There was a build-up of dirt and debris on the floors in the Toddler room, Sensory room and Hallways. A child who was unstable on their feet was observed to slip and fall within the Toddler room.
 - There was build-up of dust and debris in the radiators in the Preschool room.
12. Trailing flexes were noted within reach of children within the Preschool room and Wobbler Rooms, posing a potential strangulation risk.

Safe Sleep:

13. There was no documentary evidence available to show that sleep checks were undertaken at 10 minutes intervals. This was not in line with the service policy on safe sleep or national guidance on safe sleep.
14. There was insufficient lighting in the cot room to adequately check the colour and breath pattern of sleeping children

Fire Safety:

15. A gate in the outdoor area which formed part of the emergency evacuation route was found locked with a padlock, which could not be opened due to a broken key lodged inside. Staff provided inconsistent information regarding the escape route and the issue with the key. An Immediate Action Notice was issued, and a referral was made to the chief fire officer.
16. A review of records and conversation with staff showed that fire drills are not conducted on a monthly basis as required. The record showed that last fire drill was conducted in November 2024 and prior to that July 2024. This posed a potential risk to the safety of the children in the event of a fire emergency.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. The registered provider reduced the temperature of the radiators. A sign was posted on the thermostat instructing staff not to change the temperature, with the registered provider monitoring this monthly. Monthly reminder has been set to check core temperatures in both taps and radiators using health and safety software. A monthly reminder has been put in place for the owner to continually check the temperature gauges have not been adjusted.

2. The registered provider stated that the cleaning schedule for the cot room is under review as are the responsibilities regarding checking that records are being checked for completion. Cots are clean in line with new cleaning routine. New outdoor risk assessment has been compiled with management responsible for daily completion. Checks identifying hazards will be completed weekly by the service manager and monthly by the owner. It was reiterated to staff during a staff meeting of the need to remove or report hazards to management. Daily visual checks are completed by management, weekly checks have been assigned to the manager and monthly checks by the owner.
3. The registered provider stated that the climbing wall has ridges and grips to pull and push themselves with ease. The daily risk assessment has now been implemented.
4. The registered provider stated that all toys and equipment are currently under review and small items such as crayons have been removed. The owner and manager are to check this on an ongoing basis.
5. Plastic bags are not to be present in the care rooms, with this highlighted at a staff meeting. Children's clothes are to be kept on hooks outside the care rooms. General checks will be completed to ensure this does not happen.

Infection Control:

6. New mattress and waterproof mattress protectors have been purchased. Monthly checks of all equipment within this room will be undertaken by the owner.
7. New mattress and waterproof mattress protectors have been purchased. Monthly checks of all equipment within this room will be undertaken by the owner.
8. Handwashing practices were raised at the staff meeting; observations are to be made by the manager and registered provider to ensure the practices are being followed.
9. Pedal bins have been purchased for all care rooms and sanitary areas within the service.
10. The registered provider stated that the tap gauges have been readjusted, and monthly readings and checks will be undertaken by the registered provider.
11. The registered provider has stated that cleaning procedures are currently under review, stating further that the supervisor is responsible for checking cleaning has been completed and updated, the room leader is responsible for this in each care room. Daily cleaning is assigned by the deputy manager via room allocation sheets. The deputy will make weekly checks, and the registered provider will review these checks monthly.
12. The flexes from phones and baby monitors have been tacked to a higher position on the wall, with weekly and monthly checks to be completed by the manager and registered provider.

Safe Sleep:

13. The registered provider stated that the recording of sleep checks was highlighted to the staff team at a team meeting, a review of sleep checks has been delegated to the room leader on a daily basis. The manager and registered provider will undertake weekly checks.
14. The blind in the cot room has been lifted to allow for better lighting in the room.

Fire Safety:

15. The registered provider stated that the code for the lock at the emergency exit is the same as the main entrance and that the code is printed and displayed at the emergency exit doors. A photo of the code has been shared with staff on the staff mobile.
16. The responsibility for monthly fire drills and the recording of same is assigned to the manager and registered provider, with monthly email reminders will be sent to both persons to ensure drills are conducted and recorded.

Supporting documentation submitted

General Safety:

1. Photographic and documentary evidence submitted.
2. Documentary evidence submitted.
3. Photographic and documentary evidence submitted.
4. Photographic and documentary evidence submitted.
5. Photographic evidence submitted.

Infection Control:

6. Photographic and documentary evidence submitted.
7. Photographic and documentary evidence submitted.
8. Documentary evidence submitted.
9. Documentary evidence submitted.
10. Documentary evidence submitted.
11. Documentary evidence submitted.
12. Photographic evidence submitted.

Safe Sleep:

13. Photographic evidence submitted.
14. Photographic evidence submitted.

Fire Safety:

15. Photographic evidence submitted.
16. Photographic evidence of fire drills received.

Supporting documentation submitted on 02 July 2025

Representations were received via email in which the registered provider stated she has made the necessary changes within the management structure to ensure that she has a handle on all areas of the running of the service to ensure that the children are safe, secure and stimulated. The registered provider submitted a copy of the monthly standards/risk assessment checklist which she has been conducting since March of this year and stated that although the checklist is completed monthly, daily and weekly checks and observations are also completed to identify any issues that need to be dealt with immediately. Outstanding issues found are highlighted with my management team and a weekly list is compiled and allocated to a member of the management team to ensure completion within a reasonable timeframe. The registered provider has stated that this allows for reassessments of current procedures or the introduction of new procedures to make adhering to the standards easier for the whole staff team.

Summary Comment

The corrective and preventative actions submitted by the registered provider are sufficient to address the non-compliance under point 3,5,8,9,11,12,13, 14 and 15. The actions provided in relation to point 1,2,4, 6,7 and 10 are insufficient to adequately address the non-compliance identified. Regulatory compliance remains outstanding, and this will be reviewed on the next inspection.

02 July 2025

Points 1,2,4, 6,7 and 10 remain non-compliant as no further supporting documentation has been submitted. 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.

Compliance Information

In the Wobbler room children were observed to be supervised during mealtimes with two staff members sitting around the table.

Non-Compliance Information

The registered provider did not ensure that preschool children attending the service were supervised at all times.

This was evidenced in the following ways:

1. In the Wobbler Room a child aged between 23-25 months old was observed to have placed a small crayon into their mouth, the staff member present was not aware that this had happened as they were busy cleaning. This was a potential choking risk. The inspector intervened and removed the item.
2. In the Toddler Room a child was observed to have placed a hair clip into their mouth, the staff member was not aware that this had happened. This was a potential choke risk. The inspector intervened and removed the item.
3. A child in the Outdoor area was observed to lick an item of rubbish that was found discarded in the outdoor area. Potentially exposing this child to hazard harmful bacteria.
4. The registered provider did not ensure that the children in the Wobbler and Toddler Rooms were adequately supervised. Children were observed to be playing on top of tables, jumping on and off high armchairs, and lie and stand on windowsills. This is a potential falls risk. This was also noted as a non-compliance on the previous inspection dated the 16 April 2024, actions put in place by the registered provider did not prevent a reoccurrence.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. The registered provider stated that the issue regarding small items needing to be removed from care rooms was raised at the staff meeting. Weekly and monthly checks will take place to review toys and equipment. Staff have been advised to remove anything unsuitable from the care room. It was reiterated to staff the need for supervision whilst completing their duties in the care room.
2. The registered provider stated that a review of toys and equipment has taken place. Loose or removed hair clips are put back in the hair or removed from reach of children. Staff were spoken too about supervising children at all times.

3. The registered provider stated that efforts are made to remove rubbish in the garden but due to the outdoor nature rubbish can present itself, staff were asked to ensure that they are aware of risks the whole time they are in the outdoor area. A daily risk assessment has been implemented with staff asked to tidy the garden after each session. Garden checks are to be completed daily by management.
4. The registered provider stated that the issue was highlighted during the staff meeting with specific importance made to the importance of supervision of the children, this is in line with the service supervision policy.

Supporting documentation submitted

1. Documentary evidence submitted.
2. Documentary evidence submitted.
3. Documentary evidence submitted.
4. Documentary evidence submitted.

Supporting documentation submitted on 02 July 2025

Representations were received via email in which the registered provider stated that additional training is being assessed to improve the skillset of the management team and for staff around supervision and transitions.

Summary Comment

The corrective and preventative actions submitted by the registered provider are insufficient to adequately address the non-compliances. Regulatory compliance remains outstanding, and this will be reviewed on the next inspection.

02 July 2025

Regulation 27 remains non-compliant as no further supporting documentation has been submitted. This will be reviewed on the next inspection

Part VII - Premises and Space Requirements

Regulation 29 - Premises

A registered provider shall ensure that the premises of the service are-

- (b) safe and secure,*
- (c) kept adequately lit, heated and ventilated*
- (d) cleaned, maintained and repaired, as required, and*
- (e) equipped with adequate and suitable sanitary facilities.*

Compliance Information

- (b)
- The main door to the service was secured with a bell which was answered by members of staff, preventing unauthorised access of persons into the service.
 - Access to the care rooms on each floor is gained via a keypad system. This prevents children from leaving each area unsupervised whilst also prevent unauthorised persons accessing these areas.
 - Non-slip floor coverings were in place throughout the service. Flooring around high-risk areas such as stairs were secured.
 - Exits were clearly identified.
- (c)
- The sanitary areas within the service were fitted with mechanical ventilation systems, this was effective in removing odours.
 - Natural light was introduced into the service via large windows with artificial light supplementing this if needed.
 - Blinds were available within the care rooms to moderate daylight.
- (d)
- Flooring within the service was maintained.

Non-Compliance Information

- (d)
1. Paint was observed to be peeling off the wall in the Sensory Room. Potentially exposing children to toxins.
 2. In the Toddler room the cabinet coverings under the sink were broken. Preventing effective cleaning.
 3. Black residue was present on the walls in the Wobbler sanitary areas. Potentially harbouring harmful bacteria and spores

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. The registered provider has stated that the walls have been sanded with a touch up of paint needed.
Monthly checks to be undertaken by the registered provider.
2. The registered provider stated that the cabinet door will be replaced by the end of April and added to a general maintenance list, with the owner undertaking monthly checks.
3. The registered provider stated that a leak behind the wall has been fixed, and the wall disinfected and cleaned. Monthly checks will be completed by the registered provider.

Supporting documentation submitted

1. None.
2. None
3. None.

Summary Comment

The corrective and preventative actions submitted by the registered provider are sufficient to address the non-compliance under point 3. The registered provider has attempted to address the non-compliance under points 1 and 2 however as the actions have not yet been completed regulatory compliance remains outstanding, and this will be reviewed on the next inspection.