

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015DY017				
Name of Service:	Ballymun East Community Centre				
Address of Service:	Woodhazel Close, Ballymun, Dublin 9, Co. Dublin				
Eircode:	D09 N9K4				
Name of Registered Provider:	Deborah Cooper				
Service type:	Full Day, Part Time, Sessional				
Date of Inspection:	27/11/2024				
No of pre-school children:	<table border="1"> <tr> <td>AM</td> <td>48</td> <td>PM</td> <td>28</td> </tr> </table>	AM	48	PM	28
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Address of the Early Years Inspectorate:	<p>Early Years Inspectorate 2nd Floor, Unit 4/5 The Nexus Building Blanchardstown Corporate Park Ballycoolin, Dublin 15 D15 CF9K</p>				
Inspection undertaken by:	T Nelson and E Finnegan Hayes				
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

Ballymun East Community Centre was established in this location in 2000 as a community based childcare service. The service provides sessional, part time and full day care and education to children aged from 0 to 6 years and participates in the Early Childhood Care and Education (ECCE) scheme which is delivered from 9.00am to 12.00 noon. Opening times are from 9am to 5pm daily.

There are five care rooms currently in operation which are spread over two floors. The Turtle Room (6 to 20 months) and Little Wonders (19 to 21 months), a kitchen and an office are on the ground floor and Tara Tots (2 to 3 years), Jumping Jacks (2.5 to 3.5 years) and the Rainbow Room (3 to 5 years) are on the first floor. The service provides afterschool care in the afternoons and this care room is used by the service as a space for the preschool children to play. There is sanitary accommodation located off each of the rooms, and sleeping facilities located off the Turtle Room, Little Wonders and Tara Tots. The outdoor play areas are located at the front and the side of the premises.

Staffing

There are currently 36 staff employed by the centre including the registered provider who manages the oversight of the service. The deputy person in charge and a childcare liaison worker assist in managing the oversight of the service and are available where needed to provide cover across the rooms. There are 12 staff who work directly with the children, a caretaker, a cook and an administration worker.

There are also 17 adults employed under the Community Employment (CE) programme including seven childcare workers, four cleaning staff, four kitchen staff and two caretakers. These are managed by the CE supervisor who is based on site.

There were 22 adults on the premises on the morning of the inspection, including the registered provider, the deputy person in charge, the childcare liaison worker, ten childcare staff and the cook. The CE Supervisor and seven CE workers including five CE childcare staff were also present.

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. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under:

- Regulation 9(1),(2)(a)(b)(c)(d),(3),(4),(7) Management and Recruitment
- Regulation 11(1),(2) Staffing Levels
- Regulation 17 Information for Parents
- Regulation 19(1)(a) Health, Welfare and Development of child
- Regulation 22 Food and Drink
- Regulation 23 Safeguarding the Health, Safety and Welfare of the Child
- Regulation 26 Fire Safety Measures
- Regulation 32 Complaints

A sampling process was used to assess compliance under the following:

- Regulation 19(1)(a) Health, Welfare and Development of child
- Regulation 23 Safeguarding the Health, Safety and Welfare of the Child

As a result, the scope of the inspection included the Turtle room, Little Wonders, Tara Tots and Jumping Jacks and did not include the Rainbow Room.

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

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

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

Additional Information

The inspection was triggered as a result of information received by the inspectorate.

Acknowledgments

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

Part III – Management and Staff

Regulation 9 – Management and recruitment

(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.

(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;*
- (b) Part VIIA (inserted by section 92 of the Child and Family Agency Act 2013 (No. 40 of 2013)) of the Act, and*
- (c) these Regulations.*

Compliance Information

(1)(a) The service had a designated person in charge and named person to deputise as required.

(b) The person in charge was present during the inspection.

(2) Discussion with the registered provider established a total of 36 adults work in the service, either employed by the service or under the Community Employment (CE) programme. The following was reviewed:

- Six full files for the adults new to the service since the last inspection held on the 10 May 2023.
- Garda Vetting disclosures for 36 adults.
- Police vetting which had been outstanding since the last inspection held on the 10 May 2023.

The registered provider had completed the following checks:

(a) Seven written references which had been validated were available from recent past employers.

(b) Five written references which had been validated were available from a source other than a past employer.

(c) Garda vetting disclosures had been obtained for all 36 adults. However, the service did not adhere to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years. Please refer to the information outlined under regulation 23 of this report.

(d) Documentary evidence showed that police vetting which was outstanding since the last inspection was available.

(4) There was evidence that two staff who worked directly with children attending the service held at least a major award in Early Childhood Care and Education at Level 5 or above on the National Framework of Qualifications or a qualification deemed eligible by the Department of Children, Equality, Disability, Integration and Youth Affairs.

Non-Compliance Information

The registered provider did not ensure the following:

(2)(d) International Police vetting was not available for one of the adults who had resided outside of the jurisdiction for more than six months as an adult. This was identified as a non-compliance on the previous inspection held on the 10 May 2023 and actions put in place failed to prevent a recurrence.

(3) The review of documentation available demonstrated the following had not been considered prior to staff commencing within the service:

- A review of start dates showed one adult commenced in the service one day prior to a garda vetting disclosure being available.
- One adult commenced in the service prior to their references being validated.

(4) There was no documentary evidence available to show that one adult working directly with children attending the service held at least a major award in Early Childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed eligible by the Department of Children, Equality, Disability, Integration and Youth Affairs.

(7)(a)(b)(c) There was no documentary evidence available to show that staff were appropriately supervised and provided with appropriate information and training. For example:

- There was no documentary evidence of recent induction of new staff.
- There was no documentary evidence available of ongoing support and supervision.
- There was no documentary evidence of staff meetings.

This was not in line with the service policies on Recruitment and Staff Support and Supervision which outlined that records would be maintained of the above.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(2)(d) **Corrective action:** the required police vetting was submitted.

Preventive action: the service ensure they will not employ any staff member without international Vetting.

(3) **Corrective action:** the service held a meeting with administrative staff ensuring stricter measures are in place and policy and procedures will be followed. All references and Garda vetting dates will be validated prior to staff starting.

Preventive action: The service has updated their recruitment policy which administrative staff have signed in agreement that information was received and understood.

(4) **Corrective action:** evidence was submitted that the staff member has a Level 5 qualification.

(7) **Corrective action:** the service will ensure that all staff that join the team will be given a full induction, that all staff will receive a 3-month appraisal to support to ensure staff are updated and understand what is required of them. The service has initiated new staff meetings on a regular basis.

Preventive action: the service has updated their Staff Supervision policy and confirm all staff have read and signed that they understand the policy. They are in the process of developing a better appraisal form.

Supporting documentation submitted

(2)(d) Copy of police vetting. Evidence that staff have reviewed the recruitment policy.

(3) Evidence of staff meeting, updated recruitment policy. Evidence that staff have reviewed the recruitment policy.

(4) Copy of qualification. Evidence that staff have reviewed the recruitment policy.

(7) Evidence of Staff Supervision policy, evidence of induction and appraisal forms.

Summary Comment

The inspector has reviewed the corrective and preventive actions taken and evidence submitted. The non-compliances identified under Regulation 9 have been addressed and 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.

Compliance Information

(1) On the day of inspection there were an adequate number of adults available to the children attending the service to meet their basic care needs. There were 17 adults available to the 48 children when the inspectors arrived unannounced to the service at 9.50am.

(2) The correct adult/child ratio was maintained in the service throughout the inspection at all times.

The adult child ratios were maintained as follows:

- Turtle Room: 2 adults to 5 children aged between 6 to 21 months old.
- Little Wonders: 2 adults to 10 children aged between 19 to 24 months old.
- Tara Tots: 2 adults to 10 children aged between 2 to 3 years old.
- Jumping Jacks 2 adults to 12 children aged between 2.5 and 3.5 years old.
- Rainbow Room: 2 adults to 11 children aged between 3 to 5 years old.

Part IV – Information and Records

Regulation 17 – Information for parents

A registered provider shall ensure that a parent or guardian of a child proposing to attend the service is provided with the information referred to in subparagraphs (a) to (g) of Regulation 16(1).

Compliance Information

The registered provider ensured the following information was available to parents.

- Information on the staff, opening hours and fees were displayed on notice boards throughout the service.
- Information on the type of service, age range of children, ratios, type of care programme, facilities and policies were available in the statement of purpose and function and policy handbook which was available on request.

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)

Basic Needs:

- The children had the freedom to move through their care rooms and choose their own play activities.
- Staff in the Turtle room reported children followed their own routine for sleep.
- Children have access to a suitable outdoor play area and if the weather is not suitable, staff reported children are brought to another care room for a change of environment. For example, children from Jumping Jacks were brought to the afterschool room on the morning of the inspection. Staff reported the children from little Wonders are brought to the Turtle room in the afternoon when those children are gone home. A change in space can provide an opportunity for exploration.

Supporting Relationships:

- Staff were observed to engage in play activities with the children throughout the inspection and interactions were warm and kind.

- Staff were familiar with the children, their interests and their families. This can facilitate a sense of comfort and belonging.

Physical and Material Environment:

- The furniture and equipment in the rooms was observed to be adequate for the number of children in the rooms, and was well maintained, durable and easy to clean.
- Equipment was laid out on low level shelving and was visible and accessible to the children. Equipment was grouped in themed areas of interest, with defined spaces for activities. This can facilitate engagement with play experiences.
- There was a range of equipment and play experiences available including kitchens for role-play, cars for transporting, blocks for construction, small world play, stacking, matching, sorting and table top activities.
- There were rest areas available in each of the care rooms, where children could take a break and engage in more restful activities.
- Products of children's artwork were displayed throughout the rooms, and children had individual coats hooks and cubbies for their belongings.

Non-Compliance Information

(1)(a) The registered provider did not ensure the following:

Basic needs:

1. The mealtime experience in one of the care rooms did not support independent decision making:
 - Drinks were not available in the care room and were not made available during the mealtime.
 - A child who reached to get an additional helping of food was told to wait. There was sufficient food available for an additional portion. It is acknowledged that after a wait, the child did get an additional helping.
2. The sleep needs of one of the children was not adequately facilitated. A child who was observed attempting to sleep was not provided with a suitably quiet environment.

Physical and material environment:

3. The table in Jumping Jacks room was too high for the children to use while seated. The table was at chest height to the children. This does not allow children to engage comfortably in table top activities. This was identified as a non-compliance on the previous inspection held on the 10 May 2023 and actions put in place failed to prevent a recurrence.

- The temperature of the care rooms was not maintained between the recommended 18 to 22°C to provide a comfortable play environment for the children. The inspector observed the room felt cold and recorded a temperature of 16.7°C at 11.09am in Jumping Jacks and 17.8°C in Tara Tots at 11.58am.

Programme of learning:

- An art activity in one of the care rooms was observed to be led by adults, with limited opportunity for children to lead and be active decision makers in the experience.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Corrective actions:

- The service had a meeting with all staff regarding the mealtime experience for all children, spoke with the staff individually and read through updated policy regarding mealtimes and will ensure staff will follow the correct guidelines and procedures to support the children, making sure the children will never go hungry, that there will always be a healthy alternative available for the children and drinks are always available.
- The service held a meeting and discussed with staff to initiate quieter activities while a child is sleeping. The service have reviewed and updated their sleep policy and shared with staff.
- The height of the table has been adjusted to suitably accommodate the age range of the children in the care room.
- Works were completed in the room where part of the radiator cover was removed whilst ensuring children's safety. The temperatures are now within the required range.
- A meeting was held with staff on the promotion of independence and choice for the children, staff will plan the group activities a day ahead ensuring sufficient resources are available and a child led fun experience for the children.

Preventive actions:

- All staff in the service have signed they received and understood policy and practice updates, and management will spot check the rooms to ensure the procedures are followed. A new healthy alternative menu is now available if a child does not like what is provided on the day. There are now healthy snack baskets in the rooms to ensure no child will be hungry or thirsty.
- Staff will facilitate quieter activities if a child needs a nap or remove the child to another room with a cosier sleeping area, we will ensure the nap time is quiet and comfortable.
- The service will ensure that they will change the tables around if necessary, according to the size and need of children in any room.
- The radiator cover has been modified, and temperature is now within the required range.

- Staff have reviewed the Curriculum policy and signed that they understood what is required and senior staff will support staff to ensure the curriculum is being followed. The service have shared information to staff on HighScope curriculum.

Supporting documentation submitted

- Meeting agenda, signed policy review sheet, photographic evidence of food basket, alternative menu options.
- Updated sleep policy, evidence staff have reviewed the policy.
- Photographic evidence.
- Photographic evidence.
- Meeting agenda, staff sign off on policy, review of HighScope of principles.

Summary Comment

The inspector has reviewed the corrective and preventive actions taken and evidence submitted. The non-compliances identified under Regulation 19 have been addressed and 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 2-week menu plan was available in the service and this was observed to provide varied food.
- Children were given breakfast on arrival at 9.00am, a hot meal of chicken tikka and rice was provided at 11.45am, and an afternoon tea at around 2.30pm which was spaghetti, fish fingers and toast on the day of the inspection. All food was provided by the service and prepared in the onsite kitchen.
- Meals were prepared to suit the stages of development of the children in each care room and the children were given support and supervision when self-feeding. Appropriate equipment was made available to the children according to their age and stage of development.
- Mealtimes were observed to be social occasions where older children were supported to self-serve. Staff were observed to sit with the children and encourage them to try the dinner of chicken tikka with rice which was a new dish recently added to the menu.

Non-Compliance Information

The registered provider did not ensure the following:

1. The provision of alternative meals was not in line with the service policy on Healthy Food and national guidelines on food and nutrition which state that a healthy alternative should be offered. The following was observed:

- An alternative meal was not offered to a child who did not like the meal that was offered.
- An alternative meal of toast was given to one child.
- Staff reported that the alternative meals given to children who have a preference for an alternative meal regularly include waffles and nuggets.

This is not in line with the service policy which stated that well balanced nutritious meals are always available, and that processed foods are kept to a minimum.

2. There was no evidence of documentation in place to record and track what the children have eaten. This is not in line with the service policy which states a record of what the child has eaten will be maintained. This can support in tracking a child's nutritional intake.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Corrective actions:

1. The service ensure this will not be repeated. Nuggets and waffles which were provided as a regular alternative have been removed from the menu as a regular alternative meal.
2. The service has introduced new white boards visible to parents where the menu and any notes will be recorded. A new child food intake document was developed to record what exactly the children have consumed on a daily basis.

Preventive actions:

1. The service updated their healthy eating policy and added an alternative healthy menu for children who will not eat what is provided on the day, and this discussed in the general meeting and the staff where informed individually of what was required. Staff have signed and understood what is required going forward kitchen. The service also have a new sheet available for parents to see exactly what was provided for the children.
2. The boards and the daily sheet will detail a record of the child food intake.

Supporting documentation submitted

1. Evidence of alternative meal samples. Evidence of staff sign-off on updates, updated policy.

2. Evidence of white boards. Evidence of child food intake document.

Summary Comment

The inspector has reviewed the corrective and preventive actions taken and evidence submitted. The non-compliances identified under Regulation 22 have been addressed and will be reviewed on the next inspection.

Part VI - Safety

Regulation 23 - Safeguarding health, safety and welfare of child

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

Compliance Information

The following measures were in place to safeguard children:

General Safety:

- The entrance gate to the service was secure on arrival, and entry was managed by electronic door release which was monitored by staff. Internal doors had handles up high out of reach of children to restrict unsupervised movement throughout the premises.
- Protective covers were in place on all radiators.
- Blind cords were observed to be secured.
- Cleaning products were stored up high out of reach of children.
- The two outdoor play areas were observed to be secure with safe and suitable equipment available for the age range of children.

Infection Control:

- Dispensed soap and paper towels were available at all sinks used by staff and children.
- Nappy changing mats were observed to be in good condition.
- Soothers were observed to be stored in labelled lidded containers.
- Drinking cups and bottles were observed to be labelled.

Safe Sleep:

- Appropriate checks of sleeping children were observed, with a log maintained where the temperature of the room and the colour, breathing and position of sleeping children were checked every ten minutes.

Fire Safety:

- Emergency exits were unobstructed.

Non-Compliance Information

General Safety:

1. Garda vetting was available for a staff member. However, this vetting disclosure was not dated within the previous three years in adherence to with the Early Years Inspectorate Regulatory Notice 'EYI-RN12.3 Renewal of Garda Vetting'.
2. Cables were observed to be unsecured, and accessible to the children which posed a risk of injury:
 - The cable off the television in the school age room where the children from Jumping Jacks were playing.
 - The cable off the speaker in Jumping Jacks room.

Infection Control:

The following increased the potential risk of infection:

3. A child who had a dirty nose was not tended to in a timely manner while he played with toys and equipment including sand.
4. The following waste disposal practices increased the risk of cross contamination:
 - The bins in the sanitary accommodation of the school age and Jumping Jacks rooms were not foot pedal operated and required repeated touch.
 - The lid of the bin in Tara Tots was broken.
 - A staff member was observed to use their hand to open and close a foot pedal operated bin.
5. Toys were observed to be stored in the sanitary accommodation of the school age care room. Only items for use in the sanitary accommodation should be stored there. This was identified as a non-compliance on the previous inspection held on the 10 May 2023 and actions put in place failed to prevent a recurrence.
6. The mattresses in the sleep room off Little Wonders were not wipeable and did not have appropriate removeable washable covers in place.
7. The water in the nappy change area off Little Wonders was cold and was not effective for hygienic handwashing. The inspector recorded a temperature of 13°C.

Administration of Medication:

8. The administration of medication was not sufficient to support effective safe practice. The care plans available for children who required specific medication did not clearly indicate when to administrate the medication. This was identified as a non-compliance on the previous inspection held on the 10 May 2023 and actions put in place failed to prevent a recurrence.

Fire Safety:

9. The details of the attendance of the children were not accurately recorded in the attendance book of one of the rooms. Contemporaneous accurate attendance logs must be maintained to support the safe evacuation of children in an emergency. The following was observed:
- Seven children who were present were not signed in when the inspector checked the attendance book at 10:52am.
 - Six of the children had not been signed out the previous day.
 - There was evidence that a child who was in attendance the previous day had not been signed in as present.
10. Adults in attendance were not consistently recorded accurately. The roster did not accurately detail who was present in the premises. Contemporaneous accurate attendance logs must be maintained to support the safe evacuation of all adults on the premises in an emergency. This was identified as a non-compliance on the previous inspection held on the 10 May 2023 and actions put in place failed to prevent a recurrence.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

Corrective Actions:

1. The garda vetting was updated for the staff member.
2. The cables were secured.

Preventive actions:

1. The service has updated their recruitment policy and ensure the correct procedure will be followed.
2. The service updated their risk management policy and amended risk assessment sheets which will be done regularly. Staff were updated on these changes.

Infection Control:

Corrective actions:

3. The service removed the sand and the toys where steamed and cleaned vigorously on the day of the inspection. A box containing tissues and adequate cleaning products is now available in each room.
4. The broken bins were replaced, and staff were reminded of the appropriate infection control procedures.
5. Items were removed from the sanitary area.
6. On the day of the inspection there was one cot on the day with no covers on which was not in use.
7. The water heater had not been turned on, on the day of inspection.

Preventive actions:

3. Staff were updated with appropriate nose hygiene procedures.
4. Signs have been placed in the rooms beside the bins to ensure staff do not touch the lids. Staff were reminded of appropriate infection control procedures and to contact management if bins are damaged or need replacing.
5. Staff were updated on the procedures of appropriate storage in sanitary areas. Signage was placed in the sanitary areas to remind staff not to store items there and management will complete spot checks.
6. The service has purchased additional mattress covers.
7. There is a sign in the room reminding staff to turn on the water heater.

Administration of Medication:

Corrective action:

8. the service has updated the details required in the care plans for children on medication.

Preventive action:

8. care plans detailing clear steps for the administration of medication will be used for children requiring ongoing medication.

Fire Safety:

Corrective action:

9. The service will ensure attendance logs will be completed.
10. The service has designed a new roster for each room to detail who is in attendance.

Preventive actions:

9. Staff were reminded of the procedures of regarding attendance books and management will complete spot checks.
10. Those responsible for the roster have signed to ensure this is completed correctly.

Supporting documentation submitted

General Safety:

1. Garda vetting disclosure received. Evidence of staff sign-off on policy updates.
2. Photographic evidence, evidence of staff sign-off on policy updates, completed risk assessment forms.

Infection Control:

3. Evidence of staff sign off on appropriate infection control procedures.
4. Photographic evidence of new bins, photographic evidence of signage beside bins, evidence of staff sign-off on policy updates.

5. Photographic evidence of signage in sanitary areas, evidence of staff sign-off on policy updates.
6. Photographic evidence of new mattress covers.
7. Evidence of sign in the care room.

Administration of Medication:

8. Evidence of updated care plans submitted.

Fire Safety:

9. Evidence of staff sign-off on reviewing the checking in policy. Evidence of recent completed attendance logs.
10. Evidence of new roster, evidence e of evidence of staff sign-off on responsibilities.

Summary Comment

The inspector has reviewed the corrective and preventive actions taken and evidence submitted. The non-compliances identified under Regulation 23 have been addressed and will be reviewed on the next inspection.

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

The registered provider ensured the following:

- (1)
 - (a) A record of fire drills was available on the premises with the last drill dated as having been carried out on the 11 October 2024.
 - (b) An up-to-date maintenance record was available for the Fire extinguishers and smoke alarms in the premises. The fire extinguishers were serviced on 16 April 2024 and the smoke alarms were maintained on the 2 September 2024.
- (4) A procedure to be followed in the event of a fire was on display in each of the care rooms

Regulation 32 – Complaints

- (1) A registered provider shall ensure that the complaints policy of the service specifies-
- (a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service,
 - (b) the manner in which such a complaint shall be dealt with, and
 - (c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.
- (2) A registered provider shall ensure that-
- (a) a record in writing is kept of a complaint made to the provider in respect of the pre-school service, and
 - (b) the complaint is duly dealt with in accordance with the provider's complaints policy.

Compliance Information

- (1)(a)(b)(c) There was a complaints policy available detailing the procedures to be followed for making a complaint, the manner in how the service deals with a complaint, and the procedures for keeping the complainant informed of this process.
- (2)(a)(b) There registered provider confirmed that no complaints had been received by the service.