

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015DY159		
Name of Service:	Our Ladys Nursery Ballymun Ltd		
Address of Service:	121 Sillogue Gardens, Ballymun, Dublin 11		
Eircode:	D11 FX56		
Name of Registered Provider:	Bernie Kelly		
Service type:	Full Day		
Date of Inspection:	25/02/2026		
No of pre-school children:	AM	70	PM 54
Address of the Early Years Inspectorate:	Early Years Inspectorate Area 1 2 nd Floor, Unit 4/5 The Nexus Building Blanchardstown Corporate Park Ballycoolin Dublin 15 D15 CF9K		
Inspection undertaken by:	T. Nelson, E. Griffin and M. Bermingham		
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		

Description of service

Our Lady's Nursery Ballymun Ltd is a fulltime day care service located in a residential area of Dublin 11 and is registered to provide early childhood care and education to a maximum of 88 children aged 0 to 6 years old, Monday to Friday from 8.30am to 4.00pm. The service, which is one of three services operated locally by the registered provider, operates two Early Childhood Care and Education (ECCE) programme, sessional services from 9.00am to 12.00pm and 12.30pm to 3.30pm.

Our Lady's Nursery Ballymun operates from a two-story purpose-built premises and has seven care rooms. On the ground floor is the Beginners Room (17 to 23 months old), Adventurers Room (20 months to 2 years old), Investigators room (2 to 3 years old) and Voyagers room (3 to 4 years old). Also on this floor is a cot room off the Beginners Room, an office and reception area, the staff canteen and the kitchen. On the first floor is the Innovators room (3 to 5 years old), Explorers room (3 to 5 years old) and Discoveries room (3 to 5 years old). The Innovators room provides sessional care only so operates between 9.00am and 12.00pm and provides school age care in the afternoon. There are meeting rooms and 2 sensory rooms located on this floor. Sanitary facilities are located off each of the care rooms, and further sanitary facilities are available for staff.

There are three fully enclosed outdoor areas, one located off the Beginners and Adventurers rooms, another off the Investigators and Voyagers Room, and a roof-top outdoor play area available for the first-floor care rooms.

Staffing

The registered provider employs 40 staff to work in the service, including two deputy persons in charge, two administration staff, seven ancillary staff and 29 staff who work directly with the children. The registered provider also works in the service.

There were 30 adults present on the day of the inspection including the registered provider, the deputy person in charge, an administration worker, four ancillary staff and 23 staff who work directly with the children. There was also a worker from an external agency and eight students in addition to the staff present on the day.

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 and safety. Inspection may also focus on other areas as required.

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

- Regulation 16(1)(h)(i)(j)(k) – Record in relation to Preschool Service
- Regulation 19 (1)(a)-Health, Welfare and Development of child
- Regulation 23 – Safeguarding Health, Safety and Welfare of Child

As a result, the scope of the inspection included the Beginners, Adventurers and Investigators rooms. Regulation 11 was assessed across all rooms.

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

decisions about compliance with regulatory requirements. Where the registered provider fails to meet the statutory requirements an escalation process may be commenced.

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

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

Acknowledgments

The inspectors wish to acknowledge the cooperation of the registered provider, deputy person in charge and 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*
- (c) there is a clear management structure in the service that identifies the lines of authority and accountability in the service and the specific roles and responsibilities of each employee and unpaid worker.*

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

- (a) consideration of references from the person's past employers, if any, and in particular the most recent employer, if any,*
- (b) consideration of references from reputable sources in the case of a person who has no past employers,*
- (c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochána in accordance with the Act of 2012 in respect of the person, and*
- (d) ensuring, insofar as is practicable, that where a person has lived in a state other than the State for a period of longer than 6 consecutive months, he or she provides police vetting from the police authorities in that state.*

(4) A registered provider shall ensure that, without prejudice to the generality of paragraph (2) and subject to paragraphs (5) and (6), each employee working directly with children attending the service holds at least a major

award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.

Compliance Information

(1) The registered provider ensured that;

- (a) The service had a designated person in charge and named person to deputise as required.
- (b) A review of the roster showed either the person in charge or the deputy person in charge were rostered to be present during the operational hours of the service.
- (c) There was a clear management structure in place, and this was outlined on the staff daily sign in sheet.

(2) Following a review of previous inspection information, information available on inspection and discussion with the registered provider it was determined that three new staff members had been employed since the previous inspection of which two work directly with the children. Nine students also attend the service. A total of 12 full files were reviewed. In addition, Garda vetting disclosures for five adults were requested for review including those of a support worker who was present on the day.

The registered provider had completed the following checks:

- (a) Nine validated written references were available from recent past employers.
- (b) Nine validated written references were available from a source other than a past employer.
- (c) Garda vetting disclosures had been obtained for all 17 reviewed. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.
- (d) Documentary evidence was available that established that no adults required international police vetting.

(4) The two staff who worked directly with children attending the service held a major award in Early Childhood Care and Education at Level 5 or above on the National Framework of Qualifications.

Non-Compliance Information

(2) The registered provider did not ensure the following:

- (a) (b) There was no documentary evidence of appropriate consideration of references for three files reviewed. The following was observed:
 - There were no references available for one file.
 - One file had only one reference available which was not validated.
 - One file had two references available, but they had not been validated.

Full checks must be completed on references to establish that those in the service are appropriate to have access to children. This was identified as a noncompliance on the last inspection on the 29 May 2025 and the preventive actions put in place failed to prevent a recurrence.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(2) (a)(b) The registered provider submitted some of the required validated reference documents. A checklist was developed and is included in all files showing the documents required, with a reminder system in place to review the files.

Supporting documentation submitted

Evidence was submitted.

Summary Comment

This regulation remains non-compliant as the registered provider's response did not contain sufficient evidence that there are now two validated references available for each file reviewed.

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 care needs.

- There were 20 staff working directly with 70 children present on the morning of the inspection.
- There were 17 staff working directly with 54 children present on the afternoon of the inspection.

(2) The adult to child ratios were maintained correctly throughout the inspection. For example:

- Cover staff were available to provide cover for lunch breaks.
- The management team report they are available to provide cover where required.

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:

- (h) details of attendance by each pre-school child on a daily basis;*
- (i) details of staff rosters on a daily basis;*
- (j) details of any medication administered to a pre-school child attending the service with signed parental consent;*
- (k) details of any accident, injury or incident involving a pre-school child attending the service.*

Compliance Information

(1) The registered provider ensured the following:

- (h) Details of the attendance of the children was maintained, which was an accurate representation of the children present.
- (i) Details of the staff roster were maintained, which was an accurate representation of the staff present on the day of the inspection.
- (j) A record was maintained of the administration of medication.
- (k) A record was maintained of the any accident or incident involving children in the service.

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) The registered provider ensured that the following facilitated the children’s learning, development and wellbeing:

Basic Needs:

- Children were observed to have regular meals provided, with breakfast on arrival and a hot meal of fish, baked beans and mashed potato for dinner on the day of the inspection. Alternatives were available for those with alternative preferences and additional portions were available.
- Children were observed to have the opportunity to move freely through their care room and independently access play experiences of their choice.
- Children were tended to immediately for nappy changing, toileting and nose cleaning.
- Appropriate verbal and nonverbal strategies to manage children’s behaviours were observed, for example low tones, eye level contact, touch, offering solutions and other strategies were observed.

Supporting Relationships:

- Staff were familiar with the children and their care needs. For example, staff understood a child’s non-verbal cues around the transition to the outdoor area, and they were responsive to this.
- Staff were observed to interact with the children in a warm, engaging manner. They showed an interest in their activities by asking questions and followed the children’s lead.
- Relationships with parents were facilitated through conversations at drop off and collection and the use of a getting to know you form. Staff reported that they kept diaries where required to support communication around specific areas such as food planning.
- There was a key worker system in place which linked children to specific staff which can assist in establishing stronger links between the child, the home and the staff.

Physical and Material Environment:

- The toys and equipment were laid out on low level shelving, visible and accessible to the children, and were grouped in themed areas of interest such as home area, mark making, construction, and library areas. Themed areas of interest facilitate children to have a more focused engagement in their play experiences.

- Toys and equipment including books were observed to be in good condition, and suitable for the age and stage of the children in the care rooms.
- Labelling and imagery were used to indicate where things go, which can facilitate comfort and familiarity.

Programme of Activities:

- There was a routine displayed in the care rooms, and this was reflected in the practice on the day. Staff were familiar with the routine and communicated their plan as to what will happen next effectively.
- Medium- and short-term plans were displayed in the rooms, and this was reflected in the day's activities and in the products of artwork displayed on the walls.
- Activities were planned and timed to suit the age range and interests of the children in the rooms, with alternative activities planned for those who did not wish to participate.

Non-Compliance Information

- (1)
- (a) The registered provider did not ensure that drinking water was freely available to the children in one of the care rooms. It was noted that no drinks were available from 10.49am until 12.12pm when jugs of milk and water were brought into the care room. It is acknowledged that staff immediately sourced cups and a jug of water which remained in the room when it was brought to their attention.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (1)
- (a) Staff were reminded of the practice to ensure all rooms will have a designated drink station and will ensure this is always available.

Supporting documentation submitted

Evidence to support the above was submitted.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 19 has been addressed.

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 safeguards were observed to be in place:

General Safety:

- Internal doors in the service were fitted with handles up high out of reach of children which restricted them from exiting the rooms unsupervised.
- The outdoor area was fully enclosed, and staff were observed to position themselves appropriately around the area ensuring adequate supervision of the children.
- Storage presses were observed to be secured and inaccessible to children.
- The service was observed to meet the necessary safety requirements in respect of the safe storage of cleaning agents and hazardous equipment.
- The kitchen was inaccessible to the children throughout the day of the inspection.

Infection Control:

- Thermostatically controlled warm water, liquid soap and dispensed paper towels were available at all wash hand basins used by the children and the staff members.
- Staff were observed supporting children to hand wash before and after mealtime and after outdoor play.
- Floors and equipment surfaces were observed to be suitable and appropriate to facilitate effective cleaning practices.
- Children's nappy creams were individually labelled.
- Individually labelled bags were available for the storage of children's bed linen. Staff reported that these are laundered on a weekly basis.
- There were suitable waste disposal units available throughout the care rooms and sanitary areas.

Fire Safety:

- Up to date contemporaneous attendance logs for staff and children were available which facilitate the safe evacuation of the premises in the event of an emergency.
- Emergency evacuation routes were clear of any obstructions.

Non-Compliance Information

General Safety:

1. A full record containing the details of an accident, injury or incident involving children was not consistently maintained. This can limit the effective and timely communication for the appropriate care of children following an incident. From a sample of fifteen records made available and reviewed on inspection, the following was found:
 - Three records did not contain children's surnames.
 - Two records did not contain the dates that the parent signed the record.

It is important that parents/guardians are informed of any accident/incident relating to their child on the same day so they can monitor their child appropriately.

Infection Control:

The following increased the potential risk of infection:

2. Children had access to stagnant water from a barrel containing rainwater which was dripping from a broken tap. Stagnant water can contain bacteria which can potentially cause illness if ingested.
3. Soothers were observed to be stored uncovered and accessible to children in one of the care rooms. This poses an infection control risk should a child access another child's soother.
4. A child's bottle containing milk was observed to be stored on a shelf in the care room. Perishable foods and drinks should be appropriately refrigerated to help reduce the risk of bacteria multiplying.
5. A staff member was observed to lift the lid of the waste disposal unit with their hand when disposing of waste after a nappy change. The foot pedal should be used to lift the lid of bins to limit the risk of cross contamination.
6. Cushions and blankets were observed to be stored directly adjacent to and touching a bin in one of the care rooms. There was an increased risk of cross contamination as a result. It is acknowledged that the items were removed immediately and stored elsewhere when brought to the attention of staff.

Administration of Medication:

The following impacted safe practice on the administration of medication:

7. The service did not ensure the safe administration of prescribed emergency medication for one child who was prescribed emergency medication for two different medical conditions. Evidenced by the following:
 - There was no plan in place to identify triggers, symptoms or the steps to follow to safely administer a prescribed medication which was present in the service.

- There was a plan available for another diagnosed medical condition with two prescribed emergency medications. However, this plan did not contain sufficient details for staff to be able to safely administer one or both of these medications and treatment if required. In addition, one of the medications listed on the care plan was not available. It is acknowledged that there was a similar medication available. However, this similar medication required a different dosage and there was no administration of medication consent form available.

This posed a potential risk of safety to the child in the event of a medical emergency where emergency medication was required to be administered.

8. Of the sample of 15 medication administration records reviewed, one did not record the dosage of the medication administered.

Documentation with clearly detailed information must be maintained to accurately outline and account for safe administration of medication practice and prevent miscommunication on the administration of medication.

Safe Sleep:

Sleep practices were not in line with current safe sleep guidance. The following practices were observed:

9. Children under two years old were observed to sleep on low beds which are not suitable for this age range. Children in this age range require a suitable floor bed with a mattress depth of at least 6cm.
10. There was no risk assessment included as part of the sleep plans available in one of the rooms where children under the age of two years were sleeping on low beds. A risk assessment should be completed before moving a child from a cot to a sleep-mat to identify potential hazards and put controls in place. This was identified as a noncompliance on the last inspection on the 29 May 2025 and the preventive actions put in place failed to prevent a recurrence.
11. A child aged 21 months was placed to sleep wearing a hair bobbin which went unidentified during sleep checks. This posed a potential choke risk.
12. The cot room off the Beginners room was observed to be too dark making it difficult to carry out accurate visual checks on sleeping children. However, it was acknowledged that staff did carry out checks every ten minutes and recorded their findings in a sleep log.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. Training was carried out on the completion of medication and accident and incident forms for all lead educators, who shared this information with other staff. A reminder system was set up to ensure checks will be carried out on a monthly basis.

Infection Control:

2. A new tap was fitted to the water barrel and will be checked via a risk assessment.
3. Staff were reminded to store soothers in individual storage boxes and lead educators reviewed the infection control policy with staff.
4. The bottle was removed and washed on the day of the inspection. Staff were reminded on the appropriate storage of bottles and lead educators reviewed the infection control policy with staff.
5. A poster is now displayed reminding staff to use the foot pedal. Staff were reminded at the staff meeting on appropriate hygiene practice.
6. These were removed with immediate effect. Staff were reminded on the appropriate hygiene practice and lead educators reviewed the infection control policy with staff.

Administration of Medication:

7. Training was carried out on Friday 27th February on the administration of medication and what needs to go into a care plan for all lead educators, who then shared this information with other staff. Staff from each room updated the care plans for children using the information taken from the training session.
8. Lead Educators attended the training on 27th February on medication administration, who shared this information to staff. A reminder system was set up to ensure checks on these will be carried out on a monthly basis.

Safe Sleep:

9. An order was placed for appropriate beds for this age range.
10. A risk assessment was developed for children sleeping on low beds. A reminder system was set up to ensure checks on these will be carried out on a weekly basis.
11. Staff were notified to ensure to remove hair accessories prior to sleep. This is now included on risk assessment.
12. Blinds are now kept partially open allowing sufficient light through. A sign is now displayed as a reminder.

Supporting documentation submitted

General Safety:

1. Evidence to support the above was submitted.

Infection Control:

2. No evidence submitted.
3. Evidence to support the above was submitted.
4. Evidence to support the above was submitted.
5. Evidence to support the above was submitted.
6. Evidence to support the above was submitted.

Administration of Medication:

7. Evidence to support the above was submitted.
8. Evidence to support the above was submitted.

Safe Sleep:

9. Evidence to support the above was submitted.
10. Evidence to support the above was submitted.
11. Evidence to support the above was submitted.
12. Evidence to support the above was submitted.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 23 have been addressed.