

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015DY266
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Name of Service:	Sundrive Nursery & Montessori School
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Address of Service:	24b Sundrive Road, Crumlin, Dublin 12, Co. Dublin
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Name of Registered Provider:	Noeleen Tynan
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Service type:	Full Day
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Date of Inspection:	21/11/2024
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No of pre-school children:	AM	26	PM	26
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Address of the Early Years Inspectorate:	1st floor Trinity Building, IDA Business Park, Southern Cross Road, Bray, Co. Wicklow.
Inspection undertaken by:	Sarah Quigley & Sinead Early O'Brien
Title:	Early Years Inspector(s)

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

Sundrive Nursery & Montessori School is a privately owned service which was established in 1993 by the current registered provider. The service is registered to provide full day care to children aged 0-6 years and also offers an early childhood care and education scheme. The service is registered to operate from 07:30 to 18:30 each weekday and is located in an urban area of Crumlin, South County Dublin. The service operates from a purposely adapted single storey premises and consists of three care rooms. A fully enclosed outdoor play area is available and located to the front of the premises with a shock absorbent surfacing.

Staffing

The service currently employs six staff members, not including the registered provider who does not work directly in the service. On the day of inspection, five staff members were present. The registered provider was not present during the inspection.

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/ information and records/ health, welfare and development of child/ safety/ premises and facilities. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under regulations 9, 11, 15, 19, 23, 25, 26, 29, and 30; however, on inspection additional non-compliance was identified under Regulation 8. These findings are outlined within the relevant regulation(s) within this report.

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

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

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

Acknowledgments

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

Part II - Registration and Register

Regulation 8 - Notification of change in circumstances

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

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

Non-Compliance Information

The registered provider did not notify the agency that the designated person in charge of the service had changed. Staff reported that the person detailed on the national register as the designated person in charge had ceased employment in the service in December 2023.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

A change in circumstance has been submitted to the Inspectorate as of 16/12/2024. A change in circumstance application will be submitted prior to a new PIC being appointed to the service as part of the Induction process.

Supporting documentation submitted

Supporting documentation was submitted and reviewed by the early years inspector.

Summary Comment

The regulatory requirement has been met.

Part III – Management and Staff

Regulation 9 – Management and recruitment

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

(a) consideration of references from the person’s past employers, if any, and in particular the most recent employer, if any,

(b) consideration of references from reputable sources in the case of a person who has no past employers,

(c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochána in accordance with the Act of 2012 in respect of the person, and

(d) ensuring, insofar as is practicable, that where a person has lived in a state other than the State for a period of longer than 6 consecutive months, he or she provides police vetting from the police authorities in that state.

(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

(2) Documentation was reviewed in respect of regulation 9(2)(3)(4) for three adults who were employed to work in the service since Regulation 9 was last inspected on the 7th March 2023. Regulation 9(2)(c) was reviewed for all six adults employed to work in the service.

(a) (b)

The registered provider appropriately verified the references obtained from two sources for two of the adults.

(c) A Garda vetting disclosure from The National Vetting Bureau was available for each of the six adults. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.

(d) International police vetting was available for one of the adults who required it.

- (4) The three adults held a relevant major award in Early Childhood Care and Education on the National Framework of Qualifications, or a qualification deemed to be equivalent.

Non-Compliance Information

The registered provider did not ensure that one adult employed to work in the service was suitable and competent prior to allowing them access to children as follows:

- (2)
- (a) (b)
- The registered provider did not verify the references obtained from two sources for one of the adults.
- (3) Documentation reviewed evidenced that the procedures specified under Regulation 9(2) had not been carried out prior to one of the adults commencing employment in the service, as detailed above Under (2)(a)(b).

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (2) (a) (b) Both references for this staff member have been verified. This staff members references were from abroad and there was difficulty obtaining verification, this staff member has since ceased employment.
- (3) The recruitment policy has been updated to ensure that all procedures are carried out prior to commencement of staff. Prospective staff members will not be allowed to commence until all references have been verified appropriately. The staff recruitment policy has been updated to reflect this change

Supporting documentation submitted

Supporting documentation was submitted and reviewed by the early years inspector.

Summary Comment

The regulatory requirement has been met. The actions outlined will be assessed on the next inspection of the service.

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.

Non-Compliance Information

(1)

An adequate number of adults were not working directly with the pre-school children attending the service during the inspection as the minimum ratio of adults to children was not maintained at all times as outlined below.

(2)

The registered provider did not ensure that the minimum ratio of adults to children was maintained in the service at all times throughout the day as follows:

- An insufficient number of adults were available to the children attending on a full day care basis in the Montessori room throughout the day of inspection. One adult was observed caring for 11 children aged three to four years where the required minimum adult to child ratio is 1:8.

The corrective and preventive actions submitted following previous inspections of the service on the 7th March 2023 and the 2nd March 2022 did not prevent the re-occurrence of the non-compliance.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

A new roster template has been implemented to updated to show who covers the breaks, who is floating and available for nappy cover. A staff meeting was had with all staff on Wednesday 11th December where staff ratios in each room were addressed. Staff and manager are aware that any breach of this requirement will result in disciplinary action. Signs have been placed in rooms with notice to ask for cover when needed. A new staff member has been hired and has started employment on the 16th December after receiving the Garda Vetting. The registered provider has been in the service each day monitoring compliance with the regulations. Staff have been provided with additional training via a staff meeting. The registered provider has requested support from an external agency to ensure compliance is maintained.

Supporting documentation submitted

Supporting documentation was submitted and reviewed by the early years inspector.

Summary Comment

The regulatory requirement has been met. The actions outlined by the registered provider will be assessed on the next inspection of the service.

Part IV – Information and Records

Regulation 15 – Record of pre-school child

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

- (a) the name and date of birth of the child;*
- (b) the date on which the child first attended the service;*
- (c) the date on which the child ceased to attend the service;*
- (d) the name and address of a parent or guardian of the child and a telephone number where that parent or guardian or a relative or friend of the child can be contacted during the hours of operation of the service;*
- (e) authorisation for the collection of the child;*
- (f) details of any illness, disability, allergy or special need of the child, together with all the information relevant to the provision of special care or attention;*
- (g) the name and telephone number of the child's registered medical practitioner;*
- (h) record of immunisations, if any, received by the child;*
- (i) written parental consent for appropriate medical treatment of the child in the event of an emergency.*

Compliance Information

(1)(a)-(i)

A sample of documentation was reviewed for 12 children currently enrolled to attend the service by the inspectors. The registered provider ensured that a record in writing was kept of the details relating to points (a) to (g) and (i) of the above regulation for each of the records reviewed.

Non-Compliance Information

Two of the records reviewed did not contain all of the required information as specified above under Regulation 15(1).

- (h) Two records did not contain details of immunisations received by the child.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

All children's records have been reviewed and any outstanding information has been sought from parents.

Both children concerned have submitted copies of their immunisations. Children will not be permitted to begin in the service unless all aspects of the children's record is signed. The admissions policy has been updated to reflect this change

Supporting documentation submitted

Supporting documentation was submitted and reviewed by the early years inspector.

Summary Comment

The regulatory requirement has been met.

Part V - Care of Child in Pre-school Service

Regulation 19 - Health, welfare and development of child

(1) A registered provider shall, in providing a pre-school service, ensure that-

(b) appropriate and suitable care practices are in place in the pre-school service, having regard to the number of children attending the service and the nature of their needs.

Compliance Information

1)(b)

Some appropriate and suitable care practices were observed to be in place. Meals and snacks were offered to the children regularly throughout the day. Self-feeding was promoted in younger care rooms and staff assisted children where required. Children's nappies were changed routinely and as needed, with staff using these opportunities for warm one-to-one interactions. Older children were supported to use the toilet independently. Staff addressed children by name and spoke to them in gentle positive tones. Children were comforted promptly if they became upset.

An area with matting and cushions was provided within the rooms where the children could rest or take a break from activities. Younger babies were placed to sleep in accordance with their individual routines and older children were given the opportunity to sleep after lunch. The children were made comfortable for sleep, with staff removing their shoes and outer clothing and providing soothers to those who used them. A record was kept for staff to communicate with parents/guardians regarding individual children's care, including information about diet, sleep, and nappy changes.

Non-Compliance Information

Some practices were observed which may negatively impact children's learning and development, and did not promote the positive health and wellbeing of the children in attendance as follows;

1. Staff were not responsive to individual children's needs for sleep. Children attending the Toddler room were placed to sleep at a designated sleep time in the care room at 11:30am. Staff members were observed continuously rubbing some of the children who displayed no signs of tiredness, telling them to lie down, and placing them lying down on their beds when they had gotten up. Two children were still awake at 12:43.
2. During the designated sleep time one child attending the Toddler room did not routinely sleep. The child remained lying on a mat on the floor outside the partitioned area where the other children and staff were in silence with no interaction from a staff member for a period of fifty-two minutes.

3. No drinks were offered to the children in the Toddler room throughout the morning of inspection or during mealtimes. During lunch time, a child seated in a highchair repeatedly tried for a period of fourteen minutes to reach their water beaker which was on a counter close by.
4. Two children in the Montessori room were observed asking the staff member present for more food at lunch time when they had finished their bowl. The staff member did not respond to the children who asked on two occasions for more food and removed their bowls from them. The children began scooping up rice which had spilled on the table and eating it. The inspector intervened and asked the staff member if they could have some more food. The staff member stated there was none available.
5. Bibs were not provided to the children aged one and two years in the Toddler room at lunchtime resulting in some children's clothing becoming spoiled with food residue. Children were placed to sleep in this clothing.
6. Some practices observed in place in the Montessori room were not in line with the behaviour management policy in place in the service. A staff member was observed to repeatedly tell children to 'stop', 'no', 'I said no', and 'don't do that'. This was at variance with the positive behaviour management practices outlined in the service policy.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. The Safe Sleep policy has been updated and distributed to all staff. A full procedure has been developed and implemented with regards to children who refuse sleep, this procedure was communicated via a staff meeting on the 10th of December. The procedure has also been typed and placed in each sleep room to ensure that any staff working in these rooms are aware of the requirement. A new procedure for children who either refuse sleep or wake up earlier than others has been put in place and communicated formally to staff
2. A staff meeting was held on the 11th of December where staff were informed that this practice is to immediately cease. Any child who is refusing sleep is to be offered an opportunity for play. This is outlined in a new procedure. A new procedure for children who are refusing sleep has been implemented and communicated to all staff.
3. All children are to have free access to water throughout the day, a water station has been implemented in each care room. Staff induction has been updated to include that children must have free access to water throughout the day. The manager's morning checklist has been updated to ensure that water stations are in use every day.

4. There is always an alternative or additional food that could be offered to a child. All staff attended a meeting where this was clearly communicated. Additional food has been purchased and put in place. Staff are aware they are to offer more food to any child who requests more.
5. Bibs are in place. During a meeting on the 11th of December it was discussed that all children under two must wear bibs to ensure that their clothes are not soiled during the day. Bibs have always been in place in the service, staff have been advised that the practice of placing bibs on the children must be in place every day. The bibs are to be worn once and washed each day.
6. The Behaviour Management policy has been updated and distributed to all staff. Staff members have been booked to complete a positive behaviour management seminar with an external company. The Induction checklist has been updated to include further emphasis on positive behaviour management.

Supporting documentation submitted

Supporting documentation was submitted and reviewed by the early years inspector.

Summary Comment

The actions submitted by the registered provider as stated will address the non-compliance. These actions will be assessed on the next inspection of the service. The regulatory requirement has been met.

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 entrance gate to the service was adequately secured to ensure the safety of the children within and to avoid unauthorised persons accessing the service or children exiting unsupervised. The toys and play equipment observed in use by the children on the day of inspection were safe and in good working order.

Infection Control:

Staff stated appropriate exclusion periods for adults and children with infectious illnesses were implemented in the service, as per the policy.

Safe Sleep:

Sleep logs were maintained in the dedicated sleep room and individual children's observations recorded room temperature, breathing, colour and position every ten minutes.

Fire Safety:

The designated fire escape routes were clearly indicated and free from obstruction on the day of inspection.

Non-Compliance Information

General Safety:

1. During the designated sleep period, a foldable cot was erected in the Toddler room and a child aged one year was placed into it to sleep. Whilst the child was in the cot, the base on one side collapsed. Staff members had to remove the child to correctly click the base into place. This may have caused a serious injury to the child.
2. Throughout the inspection, the kitchen of the service was unlocked and accessible to the children in the Montessori room. At times the oven was on, and the kitchen was unattended by a staff member. The door to the kitchen did not fully close and could be easily opened by a child which may pose a risk of harm to a child should they access it unsupervised.
3. The door to a storage room which was also the staff toilet was not appropriately secured and contained a number of large drums of cleaning products. The room and cleaning products were accessible to children

who were independently using the adjacent bathroom during the inspection posing a potential risk of harm to a child.

4. A low-level fridge which was accessible to the children during the inspection contained a bottle of cough medication which may have posed a risk of harm to a child if ingested. It is acknowledged that this was removed once the inspector brought it to a staff members attention.
5. During the inspection, a child's cot was placed beside a shelf for sleep time which had a large toy garage on it. The child was observed attempting to take the garage into the cot which may have posed a risk of injury to the child. It is acknowledged the garage was later removed.
6. An electrical cable from a portable heater was sitting on a shelf in the Toddler room which was accessible to the children posing a risk of injury to a child.
7. Staff members reported that shaving foam had been used in the service to complete a sensory activity with children aged one and two years. This may pose a risk of harm to a child if ingested.

The corrective and preventive actions submitted following the last inspection of the service on the 7th March 2023 did not prevent the re-occurrence of the non-compliance under point 3.

A number for practices were observed which were at variance with the infection control policies and associated procedures in place in the service, and posed a risk of cross contamination as follows:

Infection Control:

8. The nappy changing practices observed were at variance with the nappy changing policy in place and inadequate to prevent the spread of infection as evidenced by the following;
 - A staff member was observed to changed eight children's nappies with no handwashing between changes.
 - Children's hands were not consistently washed following nappy changing.
 - The nappy changing mat was not consistently cleaned following changes.
 - Although a pedal operated bin was in place for the disposal of nappies, staff were observed repeatedly handling the nappy bin lid to dispose of soiled nappies.
9. Two communal face cloths were in use in the Wobbler room for five children during the inspection. Staff were observed to repeatedly clean children's noses, faces, and hands during the inspection with the same two cloths, intermittently rinsing them with water between uses.
10. Children attending the Toddler and Wobbler rooms did not have their hands washed prior to mealtimes.
11. Children's bedding and bed linen was not managed appropriately in the service as follows:

- Children did not have their own blankets as required. Blankets were stored communally on a shelf in the care room and were not assigned to an individual child. Staff reported that these blankets are washed weekly.
- There was no waterproof covering on six of the cot mattresses in use during sleep time. Three off the mattresses were observed to be heavily stained and soiled.
- The sheets in use on three children's mattresses were heavily stained and soiled.

12. A number of the bins in the service were not pedal operated, and some pedal operated bins were stored on shelves in the care rooms. This resulted staff and children handling the bin lids.
13. There was no system in place in the Wobbler room for managing mouthed toys. During the inspection, children with runny noses were observed repeatedly mouthing toys in view of staff members which were not removed and cleaned after use to prevent cross contamination.
14. Children's teething toys were being stored on a shelf in the fridge of the Wobbler room. The shelf was heavily stained and soiled with rotted food particles and a spilled coloured liquid.
15. During the inspection, a child in the Toddler room dropped their soother from their mouth onto the floor. A staff member was observed picking the soother up and putting it back into the child's mouth without attempting to clean it.
16. The children's handwash sink in the Toddler room was heavily stained and soiled and required a deep clean.
17. The nappy changing unit in place in the service was broken. Drawers beneath the changing mat had collapsed and the lacquered surfacing on some parts had come away exposing a porous surface which could not be effectively cleaned.

The corrective and preventive actions submitted following the last inspection of the service on the 7th March 2023 did not prevent the re-occurrence of the non-compliance under point 12.

Administration of Medication:

18. The medication records reviewed on the day of inspection were incomplete and at variance with the policy in place in the service. This posed a risk of harm or overdose to the children receiving the medication as follows:
 - There was no evidence that written consent had been obtained for the administration of prescribed medications to children in the service.

- Records of medication which had been administered did not contain evidence that a second staff member was present to verify the administration of the correct medication or that parents had been informed that medication had been administered to their child.
- Some records of medication administered did not contain details of which child the medication was administered to. Other records detailed only a child's first name or initials.

19. A child in the Montessori room required an auto adrenaline injector for a severe allergy. The staff member present and caring for this child during the inspection was not aware of where this child's medication was located, or when and how to administer the medication if required. This posed a significant risk of harm to the child.

Safe Sleep:

20. Two children aged one year were observed sleeping on a cot mattress on the floor on the day of inspection and not in a standard cot or an appropriate low-level bed as required and in line with safe sleep guidance.

Fire Safety:

21. A review of documentation evidenced that fire drills had not taken place monthly in the service as required. Not completing regular fire drills may hinder the safe evacuation of children in the event of a fire.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. The foldable cot in question was removed and replaced. A risk assessment of the cots will take place each morning prior to use to ensure that each cot is safe, secure and suitable for children.
2. The door lock has been repaired. A maintenance form has been put in place for the manager to fill. Any items that require immediate response are to be communicated to the registered provider as soon as they are noted.
3. The door lock was repaired immediately, and the room is no longer accessible to children. The managers morning checks have been updated to include checking door locks.
4. As mentioned, the cough medication was removed immediately on the day of inspection. There are child locks placed on the fridges to ensure that children cannot access same. Cough medication that does not require refrigeration will be stored in a medication box located high and out of reach of children.

5. The toy garage and any other larger pieces of equipment have been removed from shelving above children's cots. Risk assessment to be complete before sleep-time to ensure toys/substances etc. are not in children's reach.
6. The trailing flex has been removed and tidied away. Checks for trailing flexes have been added to the risk assessments for managers morning checks. During a staff meeting on the 11th of December the completion of a risk assessment prior to children sleeping in the sleep room, was discussed with staff and a sleep room risk assessment was implemented.
7. Shaving foam is no longer in use in the service. This was discussed during the most recent staff meeting held on the 11th of December. Posters have been put in place around the service, displaying a list of prohibited items in childcare environments, including shaving foam.

Infection Control:

8. All staff members have been retrained in the nappy-changing procedure during the staff meeting on the 11th December. The nappy-changing procedure has been reviewed and re-issued to all staff members to be re-read. A poster has been purchased and displayed in the nappy changing room for staff visual aid. The manager will carry out regular spot checks during the nappy changing times to ensure staff are following the service's correct procedures. New staff will receive induction training on the nappy-changing procedure and will be closely supervised and supported for the first couple of months to ensure effective training.
9. Multiple facecloths for all children were purchased in August and were stored and available to all carers and children on the day of inspection. Face cloths are washed after each use at the end of each day and spare face cloths are available as well in the storage presses. Paper tissues are available in all the rooms for children to use for cleaning their noses. Staff members have been made aware of what the individual face cloths should only be used for cleaning faces after meals and should not be a substitute to hand washing. All staff have been made aware of the availability of the face cloths in the presses during a staff meeting on the 11th December. One staff member has been booked to complete Infection Control Training. The availability of individual facecloths in the room has been added to the manager's morning checklist. Going forward, the manager will carry out spot checks throughout the day to ensure all the rooms have all the necessary number of face cloths and tissues.
10. The importance of hand washing and the service infection control policy and procedure have been shared and addressed with the relevant staff member during the staff meeting that took place on 11th December. Hand wash signs have been displayed in all the rooms as a visual aid reminder to staff and also

as guidance for children. The service manager will carry out regular spot checks during transition times to monitor and ensure that children's hands are washed and compliance with infection control policies.

11. Individual bags for the blankets have been purchased to ensure that each child has their blanket stored separately. The individual bags have been labelled with the children's name to ensure they are not mixed while they are stored. Six waterproof covers have been purchased and are now in use. The three stained mattresses have not been removed and replaced by new mattresses. All bed linen has been now checked and washed to ensure they are cleaned and free of stains. As part of the manager's monthly audit checklist, the manager and staff will check the bed linen and mattresses regularly to ensure they are cleaned and in good condition.
12. A total of three pedal operated bins have been purchased and replaced in the rooms. The pedal-operated bins stored on the shelves have now been removed from the shelves and placed on the floor. Staff have been instructed during the staff meeting that took place on 11th December to ensure they open the bins using the pedals and not the lids as per infection control policy. The infection control policy has been reissued to all staff members to re-read. The manager will regularly check that all the bins in the service are in working order as part of the manager morning checklist. Staff has also been instructed to inform management if any bins need to be replaced.
13. A box has been now placed in the wobbler room and has been clearly labelled where the mouth toys will be placed separately to be washed at the end of the day. The new procedure has been addressed and explained to the relevant staff members in the staff meeting that took place on 11th December. During the staff meeting on the 11th of December infection control training was provided to all the relevant staff members.
14. The fridge has now been thoroughly cleaned and disinfected. All expired food has been removed, and any spillages have been cleaned. Tupperware boxes have been purchased to safely store children's teething toys. The relevant staff has been instructed to place the toys in the boxes and not directly on the shelf. The relevant staff has received clear instructions to regularly clean the fridge. Going forward, the service manager will carry out regular checks to ensure that the fridges in the care rooms are adequately cleaned and disinfected regularly as part of the daily checklist. A new fridge cleaning roster has been implemented to record the dates and times when the fridge has been cleaned.
15. The infection control policy was reissued to all staff members to reread and sign. The correct procedure was addressed with the staff during the staff meeting on 11th December. On the day of the inspection, a microwave steriliser was available in the wobbler and toddler room for staff members. The relevant staff

member is no longer employed in the service. The service manager will ensure that new staff receive comprehensive induction training on infection control, mouthing toys procedure, and microwave sterilisation

16. The handwash sink has been deep cleaned. Going forward, the manager will carry out spot checks throughout the service to ensure cleanliness and compliance with the infection control policy.
17. The changing unit has now been replaced completely with a new unit. Going forward the manager will carry out a monthly audit and risk assessment of the equipment in the service to ensure all equipment is safe and in good conditions.

Administration of Medication:

18. This was addressed to all staff members during the staff meeting on the 11th of December. The manager provided training during the meeting on the administration of medicine policy and how to fill out the medicine record forms adequately. Going forward, the manager will ensure that the medicine record forms are adequately filled out with all the required information. The manager will have to be informed and aware of any medication given to children to ensure a witness is present.
19. During the staff meeting on the 11th of December, all staff members were made aware of the child's care plan and the location of the auto adrenaline injector. A sign has been displayed in the room indicating where the epi-pen is located and stored. Staff have also received training on the use of auto adrenaline injector. Going forward new staff will be made aware during induction training of the location of emergency medication for children attending the service and will receive the relevant training.

Safe Sleep:

20. These two children are now sleeping in two standard cots available in the service. Our safe sleep policy has been updated and distributed to all staff members to make them aware of the safe sleep guidance.

Fire Safety:

21. A fire drill was completed on 16/12/2024 for the month of December. This was addressed by the relevant staff member during the staff meeting on 11th December. Fire drill reminders have been set on the calendar so the manager will get a notification when they need to be carried out.

Supporting documentation submitted

Supporting documentation was submitted and reviewed by the early years inspector.

Summary Comment

The corrective and preventive actions as stated by the registered provider will address the non-compliances above. These actions will be assessed on the next inspection of the service. The regulatory requirement has been met.

Part VI - Safety

Regulation 25 - First aid

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

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

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

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

Compliance Information

(2)

(a) The first aid box was stored in a conspicuous location within the service.

(b) A first aid box was available to the adults and children in the service at all times.

Non-Compliance Information

(1)

Although it is acknowledged that two staff members had completed a paediatric first aid course, there were no staff members with up to date first aid responder (FAR) training working in the service as required.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Two staff members have now completed FAR training between the 12th and 14th December. The staff training policy has been reviewed and updated. Training matrix record will be used to keep track of the training completed and that needs to be renewed, with reminders set on the calendar.

Supporting documentation submitted

Supporting documentation was submitted and reviewed by the early years inspector.

Summary Comment

The regulatory requirement has been met.

Part VI - Safety

Regulation 26 - Fire safety measures

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

Compliance Information

- (1)
- (a) A written record was available detailing fire drills that had taken place in the service. The record showed that the last fire drill had taken place on the 24th September 2024.
 - (b) There was a record to show that the firefighting equipment had been serviced on the 24th May 2024 and that maintenance of the fire detection and alarm system had taken place on the 13th May 2024.
- (4)
- The procedures to be followed during a fire drill and in the event of a fire were displayed in a conspicuous location within the service.

Part VII - Premises and Space Requirements

Regulation 29 - Premises

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

Non-Compliance Information

The premises were not adequately heated. Throughout the inspection, inspectors recorded room temperatures below the required range of 18-22° Celsius as outlined below;

Montessori room	16.5° Celsius
Children's toilet & nappy changing room	15.4° Celsius

The inspectors observed children to be inadequately clothed for the temperatures, wearing only light tops at times and whilst removing clothing to use the toilet or during nappy changes.

The corrective and preventive actions submitted following the last inspection of the service on the 2nd March 2022 and the 7th March 2023 did not prevent the reoccurrence of the non-compliance.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

During the staff meeting on the 11th of December, all staff members were instructed to keep an eye on the room temperatures throughout the day. Windows are not to be kept open at all times during the day. A new procedure was put in place, and they are to open the windows for 15-minute periods throughout the day. The staff must ensure the temperature is always between 18 and 22 degrees in the care rooms. The manager will keep an eye on and do spot checks throughout the day to ensure that staff members are following the new procedure.

Supporting documentation submitted

Supporting documentation was submitted and reviewed by the early years inspector.

Summary Comment

The actions outlined as stated by the registered provider will address the non-compliance. These actions will be assessed on the next inspection of the service. The regulatory requirement has been met.

Part VII - Premises and Space Requirements

Regulation 30 - Minimum space requirements

(2) A registered provider of a full day care service or a part-time day care service shall ensure that the minimum amount of clear floor space specified in column (3) of Schedule 7 opposite a particular reference number specified in column (1) of that Schedule in respect of the age range of children specified in column (2) thereof at that reference number is available for each child in that age range attending the service.

Non-Compliance Information

(2)

The minimum amount of clear floor space required for the number and age of the children attending the Montessori room was not available on the day of inspection as follows:

- Eleven children aged 3 to 4 years were present on the day of inspection on a full day care basis requiring a minimum of 25.3sqm clear floor space when only 19.1sqm is available.

Regulation 30 was found to be non-compliant on the previous inspection of the service on the 7th March 2023. In response to this non-compliance, corrective and preventive actions were submitted to the inspectorate which stated:

‘The registered provider with the person in charge and the deputy person in charge will ensure each room meets the minimum amount of space required for the number and age of children attending’.

These actions were found not to have been implemented.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

From September onwards there will be two children less attending the Montessori Room so only a maximum of 9 children are in the room. Going forward the person in charge and the deputy person in charge will ensure that the minimum space requirements are met for the number of children attending.

Supporting documentation submitted

No supporting documentation was submitted.

Summary Comment

The actions submitted as stated by the registered provider do not address the non-compliance. The care rooms remains over-crowded until September of 2025. The regulatory requirement has not been met.