

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier: TU2015DY300

Name of Service: Once Upon a Time

Address of Service: 25 & 26 Herbert Place (Basement), Dublin 2,

Eircode: D02 AY86

Name of Registered Provider: Ann Marie McCormack

Service type: Full Day

Date of Inspection: 13/06/2023

No of pre-school children:	AM	36	PM	38

Address of the Early Years Inspectorate: Early Years Inspectorate,
Floor 7 Brunel Building,
Heuston South Quarter,
St. John's Road West,
Kilmainham,
Dublin 8

Inspection undertaken by: E. Finnegan Hayes & J O'Byrne

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

Once upon a time is a privately operated full daycare service located in Dublin 2. It is one of nine service operated by the registered provider. The service operates from 7:30am-6:30pm Monday to Friday and participates in the Early Childhood Care and Education (ECCE) scheme. The service is located at basement level across two buildings in Herbert Place and consists of four care rooms; the Wobbler room catering for children aged 1-2 years, Toddler room catering for children aged 1-2.5 years, pre-montessori room catering for children aged 2-3 years and a Montessori room catering for children aged 3-4 years, a kitchen, sanitary facilities. An enclosed garden is provided to the rear of the premises.

Staffing

The registered provider employs 9 staff to work in the service including the manager who works in a supernumerary capacity and prepares the food; eight staff members were present in the service during the inspection. A staff member from head office with responsibility for Human Resources (HR) was also present in the service on the day of 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 an examination of compliance under Regulation 9; (1)(a)(b), (2)(a)(b)(c)(d), (4), Regulation 11; (1), (2), Regulation 16(1)(h)(i)(j)(k), Regulation 19(1)(a), Regulation 23,

Regulation 25; (1), (2)(a)(b), Regulation 26; (1)(a)(b), (4). Regulation 8 was added during the inspection in relation to an observed change of person in charge which had not been notified to the Agency and Regulation 29 was added during inspection in relation to an observed non-compliance. These findings are outlined within the relevant regulations within this report.

A sampling process was used to assess compliance under;
Regulation 19- Health, Welfare and Development of Child,
Regulation 23- Safeguarding Health, Safety and Welfare of Child,
Regulation 25- First aid,
Regulation 26- Fire Safety,

Regulation 9 - Management and Recruitment was assessed in relation to all staff and students working in the service and Regulation 11- Staffing Levels was assessed in relation to all children in attendance.

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

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

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

Additional Information

An Immediate Action Notice was issued to the registered provider on 14th June 2023 in relation to an observed risk in relation to fire safety. A response submitted by the registered provider on 15th June 2023 was deemed adequate to address the risk.

A referral to the Fire Officer was made on 16th June 2023 in relation to above risk.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the Head office staff, person in charge, 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.

Non-Compliance Information

(1) The registered provider did not inform the Agency of a change of the designated person in charge. Conversation with management and staff showed that the registered named person in charge had left the service in October 2022.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1) The change of circumstance has been sent through. A change in circumstance will be sent through by the Area Manager immediately.

Supporting documentation submitted

A CIC form which was received from the provider was reviewed. Confirmation of approval of the change was issued on the 28/07/2023.

Summary Comment

The registered provider has addressed the non-compliance under Regulation 8.

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.

(4) A registered provider shall ensure that, without prejudice to the generality of paragraph (2) and subject to paragraphs (5) and (6), each employee working directly with children attending the service holds at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.

Compliance Information

(1)(a) The service had a designated person in charge and a named person to deputise in their absence. The named person in charge was present in the service when the Inspectors arrived in the service and remained in the service for the duration of the inspection.

(2) A review of the roster and discussion with management showed that 9 staff members are currently employed to work in the service. The files of these staff were reviewed along with the file of the staff member from head office who was present on the day of inspection.

- (a) Fifteen written and verified references from a previous employer were available in relation to 9 staff members.
- (b) Five written and verified references from a source other than a previous employer were available in relation to 4 staff.
- (c) Garda vetting disclosures were available in relation to all 10 staff.
- (d) Police vetting was available for 9 staff members who had lived outside of the state for a period of more than 6 months.

Non-Compliance Information

- (1)(b) A review of the roster and conversation with management and staff showed that the designated person in charge or the deputy are not always on the premises. A named person in charge was not rostered to be on the premises from 4:30-6:30pm daily.
- (4) Evidence was not available to show that 3 staff held at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (1)(b) The roster has been readjusted to reflect senior staff on the premises at all times. The Manager will ensure that senior staff are present onsite at all times.
- (4) One staff member has ceased employment in the service.

Supporting documentation submitted

Staff roster.

Proof that one qualification was accepted by the DCEDIY as meeting the requirement was submitted.

Summary Comment

- (1)(b) The actions as stated by the registered provider have been reviewed and accepted.
- (4) Evidence of qualifications for 1 staff has been submitted and accepted. The registered provider stated that a second staff member no longer works in the service. Evidence that qualification for the third staff member meets the appropriate requirements has not been submitted, therefore this remains non-compliant.

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) The registered provider did not ensure an adequate number of adults were working directly with the children at all times during the day for example from 12:59pm-1.50pm while two staff were on lunch 6 adults were caring for 38 children. Seven staff were required based on the specific ages of the children present.

(2)

Ratios were not maintained throughout the day in all care rooms. The following was observed;

Non-Compliant Adult to Child ratio on day of inspection

Room Name	Time	Number & Age of children (years)	Number Of Adults required	Number of adults available	Minimum adult to child ratio requirement
Wobbler Room	12:51pm-1:42pm (Children from the Toddler room were present for sleep time)	3 aged 1-2 <u>4 aged 2-3</u> Total =7	2	1	1:5 (1-2 years) 1:6 (2-3 years)
	2:37pm-2:43pm	10 aged 1-2	2	1	
Pre-Montessori room	12:59pm-1:50pm	11 aged 2 -3	2	1	1:6 (2-3 years)

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (1) The service is fully staffed to cater for all transitions throughout the day. There are 2 staff present for break cover.
- (2) Ratios are maintained throughout the day. The manager maintains the ratio within the rooms at all times.

Supporting documentation submitted

A roster was submitted.

Summary Comment

The actions as stated by the registered provider have addressed this non-compliance. This will be reviewed on the next inspection.

Part IV – Information and Records

Regulation 16 – Record in relation to pre-school service

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

- (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

(h) Details of the attendance of each child was recorded on a daily basis in each of the care rooms. This was observed to be completed in a timely manner as children arrived in the service. Children attendance was observed to be recorded in the correct rooms throughout the day as children were moved to facilitate maintenance of ratios in each care room.

(j) The registered provider ensured that a record was kept of medication which was administered in the service. A review of these records showed that all necessary details were maintained.

Non-Compliance Information

(i) The staff roster did not accurately reflect the staff who were present in the service on the day of inspection. The following was observed;

- Three area managers were listed on the top line of the roster and appeared to be scheduled to work 10-6pm daily. None of these staff were present in the service on the day of inspection and one was confirmed as being on leave.
- Two staff members were scheduled to work 8:45am-5:45pm and 8:30am-5:15pm respectively on the week of inspection however inspectors were advised that these staff members had not commenced employment yet. Attendance records showed they had not been present the previous day.
- One staff member was scheduled to work 9am-6pm however advised inspectors that he had been present in the service since 7:30am and finished work at 12:30pm. The staff member from head office confirmed that this staff member only works part-time and should not have been rostered full time.

(k) A sample of seven accident and incident records were reviewed in the Wobbler room. Details were observed to be missing from a number of records. The following was observed;

- Two records did not contain the date of birth or surname of the child.
- Six records did not have a parent signature confirming they had been told about the incident.
- Two records did not have a manager signature confirming they were notified of the accident.

This was not aligned to the health and safety policy of the service which stated that all accident/Incident records must be signed by the manager and parents.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (i) The service has now changed the roster to ensure it shows all staff present in the centre. This may change on a daily basis if staff members call sick. The manager will make sure any adjustments to the staff shifts will be reflected on the roster. The service has implemented spot checks under each regulation to ensure best practise is followed based on the QRF.
- (k) The staff have been retrained on how to fill out the accident and incident forms correctly. The manager will make sure any adjustments to the staff shifts will be reflected on the roster. The service has implemented spot checks under each regulation to ensure best practise is followed based on the QRF.

Supporting documentation submitted

- (i) A roster was reviewed.
- (k) No evidence submitted.

Summary Comment

The actions as stated by the registered provider have addressed this non-compliance.

Part V - Care of Child in Pre-school Service

Regulation 19 - Health, welfare and development of child

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

(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

Compliance Information

(1)(a)

Basic Needs:

- The service provides all food to the children and operates a two-week menu in relation to tea which is served in the morning and a four-week menu in relation to dinner which is provided by an external company and served in the afternoon. Children were observed to eat crackers with cream cheese and cucumber for tea and pasta in tomato sauce for dinner on the day of inspection. Breakfast and an evening snack are also provided by the service.
- Nappy changing is completed on a schedule three times daily and as required to ensure the child's comfort.

Physical and Materials environment:

- Low tables and chairs allowed children to engage in mealtimes in a comfortable manner.
- All children were observed to access the outdoor area during the day. The outdoor area was fitted with a soft play surface and had a climbing and slide play structure, some push along toys, cars, scooters and a basketball hoop for children to play with.

Supporting relationships:

- Staff spoke kindly to the children and engaged in a respectful way when interacting with them. Low tones were observed to be used.
- Pictures of the children's families were displayed in all care rooms. Promoting the children's sense of identity and belonging in the service while also highlighting the relationship between the creche and their home.

- Information was shared with parents using a software application. Staff record details about each child including meals, nappy changes, and sleep.

Non-Compliance Information

- A programme of activities was not evident in the care rooms on the day of inspection for example children in the wobbler room were not observed to engage in any planned activity between the time they returned from the garden at 10:30am and when tea* arrived at 11:14am. During this time two children were observed climbing on the storage unit in the corner of the room and on the table. Three children were observed to cry consistently during this period of time. In the toddler room a train activity where the staff lined chairs up to allow children to pretend to be on a train was observed to be played twice within a one-hour period and children were observed to be crying and not engaged in the activity on both occasions. A daily routine was displayed in both care rooms however this was not observed to be followed on the day of inspection.
- Mealtimes were observed to be delayed in all care rooms on the day of inspection and children were observed sitting at the tables ready to eat with no activities provided for long periods of time. Staff advised that this was due to limited staffing in the service. The following was observed across the Wobbler and Toddler care rooms:
 - In the Wobbler room which accommodated children aged 1-2 years tea was scheduled on the daily routine to be served at 11am but arrived in the room at 11:14am. Children were sat at the table at 11am waiting for tea. No activities were provided to the children and children were observed crying while waiting on their meal.
 - In the Toddler room which accommodated children aged 2-3years dinner was scheduled for 2:40pm and arrived in the room almost a half hour later at 3:07pm but was not served until more than 10 minutes later at 3:18pm. Children were observed sitting at the table with no activities and were observed to become impatient crying, shouting, banging the table and a child was observed to push another child.
- The individual sleep needs of the children were not observed to be met on the day of inspection and staff were not observed to respond in a timely manner to child's sleep cues as evidenced by the following:
 - A child aged 15months was observed crying in the wobbler room when the inspector arrived in the room at 10:30am. At 10:37am the staff member commented that the child might be tired and provided the child with their soother. The staff member told the Inspector that sleep time can be

tricky because the children have to wait until after tea to sleep. The child continued to cry; the manager arrived in the room and commented that the child was tired. She removed the child from the care room to the cot room at 10:44am. The child was brought back to the care room at 10:47am and the staff member was advised that a cot was not ready for the child. The child continued to cry until tea was served at 11:14am. The child was put to bed at 12:10pm when their cot was assembled in the wobbler care room.

- In the Toddler room a child aged 23months old was observed rubbing their eyes at 10:25am. At 11:51am the child advised the staff member that they were tired and at 12:03pm the child was observed lying on the floor rubbing their eyes and sucking their thumb. The child was then put to bed once the Wobbler room was prepared for sleep at 12:10pm. The child's need for sleep outside of the designated sleep time was not facilitated in line with the service policy which stated that children over 1 year old have a designated sleep time between 12-2pm but that children who need to sleep outside of these times will be facilitated to sleep away from the care room.
4. Children were observed to be moved around the rooms frequently on the day of inspection to facilitate ratios in line with the service policy which states that children will be moved around the rooms to ensure ratios can be met. Children were observed to be upset when moved as evidenced by a child who was observed crying and told a staff member, they wanted to go back to their care room. Frequently moving children and staff can unsettle the children.
 5. Transitions were not managed appropriately within the service for example children in the wobbler room were not given any warning prior to their time in the garden area ending. Children were observed crying when leaving the garden to return to the care room. Later in the day staff brought the children from the Wobbler room to the garden but had to return to the room because the Pre-montessori group were using the garden and children were observed crying when returning to the care room. Transitions into and out of mealtimes were observed to be unstructured with children left waiting for long periods of time before food was provided and no activities to engage in after mealtimes when children were observed wandering in the rooms waiting for bedtime.
 6. Spoons were observed to be provided to the children in the pre-montessori room at dinnertime. Dinner consisted of large pasta and children were observed to have difficulty lifting the pasta with the spoon and were observed trying to balance pieces on the spoon with their hands. Children should be provided with

food and eating utensils appropriate to the age and stage of development of the child which allows them to eat independently. This was a non-compliance on the previous inspection in July 2022.

*Tea is the name given to the meal served in the morning by the service.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action

1. Training has taken place with staff in relation to routines, transitions, and activities. Routines attached with activity ideas. Staff will use continue to ensure the rooms are child led and use the routines as a guide.
2. A domestic staff member has been hired and staff are fully aware children must be engaged in activities at all times. The Manager will ensure there is better routine to ensure the meals are served on time.
3. While there are “sleep times” we do allow children to sleep at any time during the day if they are tired. Staff have been retrained. Staff have been retrained around this area and the manager will ensure children are put to bed if they are tired.
4. No corrective or preventive action was supplied.
5. Staff have been retrained in transition periods, a new routine before bedtime has been done. The training manager and manager will ensure transitions are smoother, staff have been retrained.
6. Spoons and forks have been provided for children’s use. Staff will encourage children to eat independently.

Supporting documentation submitted

1. Training and activity routines reviewed.
2. Domestic staff listed on roster.
3. Training record reviewed.
4. No supporting documentation submitted.
5. Training record reviewed.
6. Receipt for cutlery reviewed.

Summary Comment

The registered provider has addressed the non-compliance under points 1, 2, 3, 5, 6. The non-compliance under point 4 is not addressed therefore remains outstanding as no corrective or preventive action was received.

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:

- Internal doors were secured to ensure children could not access unsafe areas and safety gates were used where necessary.
- Blind cords were secured out of reach of the children to avoid injury.
- Flexes from electrical items were secured appropriately to prevent injury to the children.
- Furniture and equipment were maintained in good condition free from hazards.
- Waste was secured in an area inaccessible to the children.

Infection Control:

- Warm water, dispensed soap and dispensed handtowels were provided to enable adequate handwashing.
- Pedal operated bins were available in the nappy changing areas for disposal of contaminated items.
- Handwashing was observed frequently through the day on return from the garden and after nappy changing.
- Nappy changing areas and mats were maintained in a clean condition.
- The nappy changing procedure observed was in line with best practice and the service policy.

Administration of Medication:

- Staff in the pre-montessori room were knowledgeable of the procedure to be followed in relation to a child who required emergency medication for an allergy. A care plan and the child's medication were stored in the care room safely out of reach of the children and accessible to staff if required.
- Individual labelled temperature reducing medication were available and stored out of reach of the children in the service.

Safe Sleep:

- Bedlinen was stored individually and laundered weekly in the service.

Non-Compliance Information

General Safety:

1. The protective cover on a low-level ledge in the garden area was no longer held in place and a large screw was exposed which posed a risk of injury to the children.

Fire Safety:

2. A padlock was fitted to the gate at the entry of a staircase which is designated to be used to evacuate the children to street level in the event of an emergency. Staff were unsure of the location of the keys for this

lock and staff were unsure how they would access the keys in the event of an emergency. The fire prevention policy of the service does not address this issue or designate a staff member responsible for bringing the keys to the garden in the event of a fire. This could impede the safe evacuation of children in an emergency. This was a non-compliance during the previous inspection in July 2022; the Corrective action provided to the inspectorate by the registered provider to address this non-compliance stated that "maintenance has removed the lock and this no longer poses a risk to children" while the preventive action provided stated that "No lock will be put on this gate going forward". These actions were not implemented as stated.

3. Two items; a large sweeping brush and a storage container were observed on the fire evacuation staircase during the inspection. This could impede the safe evacuation of children in the event of a fire emergency.
4. Two staff were not logged into work at 12:28pm. Management advised that a new software app is used and as staff are not allowed their phones in the care rooms this has been causing issues with staff logging in and out daily and for breaktimes. A record of staff attendance is required to ensure safe evacuation during a fire emergency.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. The cover had recently come off and our maintenance company was due to come out and fix it, this has been completed. The manager will make sure the maintenance company addresses issues within the centre in a quicker time frame.

Fire Safety:

2. The lock is on the gate, but it is opened in the morning and closed in the evening.
3. The items were removed immediately, and staff have been reminded to ensure fire exits are clear at all times. The fire exits are checked each morning, and the manager will ensure that the steps are kept clear at all times.
4. Staff sign in on a sign in sheet for fire safety. The app is used for wages rather than an onsite attendance log. Staff will continue to sign in on the sign in sheet.

Supporting documentation submitted

1. Image supplied is not reflective of the issue noted.
2. Image of gate with lock open.
3. Image reviewed.

4. Staff sign in sheets reviewed.

Summary Comment

The registered provider has addressed the non-compliance under Regulation 23.

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)(b) A suitably equipped first aid box was stored out of reach of children, easily accessible to staff for use if required.

Non-Compliance Information

(1) A review of certificates and conversation with management showed that two staff have up to date First Aid response (FAR) certification. However, a review of the roster showed that a person trained in FAR was not available to the children at all times during the week of the inspection. There was no staff trained in FAR rostered to work in the service from 5:15pm-6:30pm daily.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

The service had a FAR course booked and this has since taken place. The training manager will have staff trained in FAR on the premises.

Supporting documentation submitted

Roster and FAR certificate for one staff member.

Summary Comment

The registered provider has submitted evidence to address the non-compliance as evidenced by the FAR certificate submitted. However, on review of the staff roster provided it is unclear that a FAR trained staff member is on duty at all times during the service opening hours. The non-compliance will be reassessed 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

- (1) (a) A record of monthly fire drills was available in the service for review.
- (b) A record of the number, type and maintenance of firefighting equipment and smoke alarms in the service was available for review. The record showed that both had been serviced annually with the last service taking place on 26th August 2022.
- (4) Notices which showed the procedure to be followed in the event of a fire emergency were displayed throughout the service in care room and communal areas.

Part VII - Premises and Space Requirements

Regulation 29 – Premises

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

Compliance Information

- (b)
- The entrance door was securely locked on arrival to the service. A buzzer system with camera function was in place which allowed management to identify callers to the building and permit access as required. Staff attended the door to allow access to the inspectors on the day of inspection.
 - An internal door inside the main entrance was securely locked and fitted with a release button at adult height which prevented children from leaving the service unsupervised.

Non-Compliance Information

(c) A cubicle used for nappy changing for children in the pre-montessori room was fitted with a shower type curtain which was hung in the doorway. A strong malodour was present in the hallway adjacent to the nappy changing cubicle. The mechanical vent in the cubicle did not appear to be working on the day of inspection.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(c) We have purchased materials to provide a door for this area. We purchased a new insert and got fan changed. The domestic staff will change the bin more regularly should there is a strong malodour.

Supporting documentation submitted

Receipt for a hardware shop.

Summary Comment

While it acknowledged that the registered provider is in the process of addressing the non-compliance in relation to the cubicle door, evidence has not been submitted indicating that it has been completed. This remains outstanding.

The registered provider has stated that the ventilation has been repaired and actions taken to prevent malodours, this is accepted by the inspectorate.