

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015DY328
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Name of Service:	Leeson Park Creche & Montessori
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Address of Service:	39 Leeson Park, Ranelagh, Ranelagh, Dublin 6, Co. Dublin
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Eircode:	D06 CX63
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Name of Registered Provider:	Mícheál O'Ceallaigh
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Service type:	Full Day
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Date of Inspection:	06/06/2023
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No of pre-school children:	AM	17	PM	17
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Address of the Early Years Inspectorate:	2 nd Floor Carysfort House, Carysfort Avenue, Blackrock, Co Dublin
Inspection undertaken by:	L. Magee & M. Redmond
Title:	Early Years Inspectors

Authority to Inspect

The Tusla Early Years Inspectorate carries out inspections of Early Years Services under Section 58(J) of the Child Care Act 1991 (as inserted by Section 92 of the Child and Family Agency Act 2013).

Conditions if applicable	Not applicable
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Description of service

The registered provider established this private childcare service in 2006. Full day care is provided for children aged one to five years of age, across three rooms; there is no dedicated sleep room. The hours of operation are between 8am and 6pm, Monday to Friday.

The service operates from the lower ground floor of a period building which is the registered provider's domestic dwelling. Children have access to an enclosed garden to the rear of the premises.

Staffing

Six adults were employed by the service. The registered provider does not work in the service. On the day of inspection, there were four adults present and working directly with the children, this included the manager who was not assigned to a care room but was available to provide cover. A representative for the registered provider was available for the feedback meeting.

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, safety/ premises and facilities.

The inspections may also focus on other areas as required.

Compliance was assessed under the following regulations:

Regulation 9 Management and recruitment

Regulation 11 Staffing levels

Regulation 26 Fire Safety Measures

Regulation 29 Premises

During the inspection process, significant non-compliances were observed under the following regulations and are included in this report.

Regulation 15 Records of a preschool child

Regulation 23 Safeguarding health welfare and safety of the child

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

This inspection was triggered following receipt of information to the inspectorate on 19 April 2023.

Corrective Action Preventative Action (CAPA 1)

13 July 2023 -The Corrective Action and Preventive Action plan (CAPA) was due to be submitted. A document was submitted by the registered provider on 19 July 2023, but this did not meet the required criteria.

Corrective Action Preventative Action (CAPA 2)

31 July 2023- A second CAPA was requested, however no further CAPA response was received from the registered provider.

Regulatory Compliance Meeting

30 August 2023- A regulatory compliance meeting took place with the registered provider in relation to significant concerns identified on inspection regarding governance and safety of children. A third CAPA was requested and was received on 5 September 2023.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the person in charge, staff and children who were present on the day of the inspection and the representative for the registered provider was present for the feedback.

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.

(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.

(7) A registered provider shall ensure that all employees, unpaid workers and contractors are appropriately supervised and provided with appropriate information, and where necessary training, including in relation to the following:

(a) the policies, procedures and statements of the service specified in Schedule 5;

(b) Part VIIA (inserted by section 92 of the Child and Family Agency Act 2013 (No. 40 of 2013)) of the Act, and

(c) these Regulations.

Compliance Information

(2) Following a review of the service file and a discussion with the registered provider it was confirmed that there were three new members of staff employed in the service since the last inspection and one student works on the service one day per week.

These four files were reviewed on the day of the inspection as evidenced below;

(a) Three validated references on file were from a past employer.

(c) Completed Garda vetting disclosures were available for all staff.

(d) Police vetting was available for two adults employed in the service who had lived outside the State for a period of longer than six months as an adult.

(4) There was evidence that two of these adults had attained at least a major award in Early Childhood Care and Education at Level 5 on the National Framework for Qualifications or a qualification deemed to be equivalent

Non-Compliance Information

(9)

(1)

(a) The registered provider did not ensure the service had a designated deputy person in charge. The person in charge and the representative of the registered provider confirmed that the previous deputy had left the service the week previous and they had planned to interview for this position but had not begun this process.

(2)

The inspection focused on the recruitment records of staff who were employed since the previous inspection dated 10 October 2022 & 7 February 2023. The registered provider did not take appropriate measures to ensure the employees were suitable and competent to work in an early years service as outlined below.

(a)&(b) Three past employer references in respect of two adults were not validated. Only one reference was available for two staff members.

There were no records available for two adults outlining employee's previous employment history to ascertain their reference requirements.

(d) Police vetting was not available for one adult employed in the service who had lived outside the State for a period of longer than six months as an adult.

Regulation (9) (2) has been non-compliant on four previous inspections (10/10/2022, 01/09/2021 and 19/2/2018).

(4)

There was no evidence that one adult had attained at least a major award in Early Childhood Care and Education at Level 5 on the National Framework for Qualifications, or a qualification deemed to be equivalent.

Regulation (9) (4) has been non-compliant on previous inspections (01/09/2021 and 19/2/2018),

(7)

(a) The registered provider did not ensure that new employees were appropriately supervised or provided with appropriate information and training to enable them to undertake their duties in a safe and effective manner.

One staff member told the inspectors that they had never read these documents and were unaware of the policies or procedures of the service or what was required in the event of an emergency.

The service did not have a record available to evidence that employees had read or understood the services policies, procedures or statements.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1) As explained on the day of inspection, the deputy manager had just left the service and interviews for replacement deputy manager were planned. Unfortunately, due to an unexpected bereavement the interviews could not proceed. Since inspection, a deputy manager was appointed. This person has since left the service. On August 6 2023, the manager resigned with immediate effect, the service has been trying to recruit a new manager without success. The service has lined up an interview with a potential candidate on Wednesday morning September 6th to assess their suitability as management material. The service has employed another adult to ensure compliance with all regulatory requirements.

(2) (a), (b), (c), (d)

Adult 1 - scanned validated references submitted separately. Adult 2 - updated CV and two validated references submitted separately. Adult 3 - scanned validated references, Police vetting and CV submitted separately. Adult 4 - two scanned validated references submitted separately. Matters were left in disarray when the previous manager left, and the service has spent hours piecing files together. One CV has not been located to date. The service has contacted this past employee but have not heard back to date. This adult worked in the service for 7 weeks but now appears to be working back in Spain. The service will continue to contact this adult.

(4) Adult 4 - evidence of final education award submitted separately.

(7) The service has induction training and requires new staff sign-off on same. The service is signing up staff for various courses. To ensure future compliance the service has employed an adult as a compliance officer.

Supporting documentation submitted

Supporting documentation was submitted and reviewed by the inspectorate.

Summary Comment

Regulation (9)

(1) Compliant

(2) (c) & (d) - Compliant

(4) Compliant

(7) Compliant.

Regulation (9) (2) (a) &(b) remains non-compliant.

Two references which were submitted on 5 September 2023 from past employers remain unsigned to confirm who validated these references. A record outlining one adults previous employment history to ascertain their reference requirements remains outstanding.

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) There was an inadequate number of adults working directly with the children attending the service.

(2) The minimum ratio of adults to children specified in column (3) of Part 1 of Schedule 6 was not maintained during 12 midday and 1pm in the Wobbler room. One adult was present with six children between 2-3 years and 5 children between 1-2 years of age. The manager was covering the Montessori room in the garden with six children between 3-5 years.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1) & (2)

Due to the staffing crisis, the service is not enrolling new children other than to fulfil our agreed commitments. The service has one new hire going through the vetting process which should be completed in the coming days. Early Childhood Ireland Garda Vetting section have requested that the application be expedited. This adult is being furnished with our Childcare Policies and Procedures and Employee Handbook in advance of commencing in our service. The service expects to have 5 staff with approximately 12-15 children in total. This will provide sufficient staff to cover breaks and to ensure appropriate cover in the sleep room. Given that the staffing crisis looks set to continue for the future the service will continue to advertise for staff to augment or back fill churn in staffing. To ensure future compliance the service has employed an adult as a compliance officer.

Supporting documentation submitted

Supporting documentation was submitted and reviewed by the inspectorate.

Summary Comment

The actions outlined as stated by the registered provider will address the non-compliance. This regulation will be reassessed on the next inspection.

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;*
- (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.*

Non-Compliance Information

(1)

There were no registration forms for two children attending the service. Absence of this essential information on these registration forms can impede staff in the event of an emergency for the child.

These registration forms should include:

(a) The child's name, and date of birth.

(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.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

While there were no registration forms available for two children on the inspection date they had been completed. The new compliance officer will ensure registration forms are completed and properly filed for inspection.

Supporting documentation submitted

Supporting documentation was submitted and reviewed by the inspectorate.

Summary Comment

The actions outlined as stated by the registered provider will address the non-compliance. This regulation will be reassessed on the next inspection.

Part VI - Safety

Regulation 23 - Safeguarding health, safety and welfare of child

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

Non-Compliance Information

Infection Control:

1. Children's hands were not washed before eating in the Wobbler and Toddler rooms.
2. Staff did not wash their own hands before serving food to the children.
3. The foot pedal operated bins in the Montessori and Wobbler rooms were broken.
4. There were no paper towels available in the dispenser in the staff toilet.
5. The nappy changing procedure observed was ineffective for preventing cross contamination.
The same apron was left on while one staff member proceeded to change six children's nappies. The same gloves were left on while two children had their nappies changed. During the following four nappy changes, the staff member wore one pair of gloves for the entire procedure. These were not removed for redressing the child. The changing table was not cleaned between nappy changes. This presented a high risk of cross contamination.
6. The floor beds while the children were sleeping were not 50 centimetres apart to reduce the risk of cross infection.
7. Nappies were changed in the area beside the Wobbler room on the day of inspection. There was no sink attached to this nappy changing unit, so adults and children need to leave this area to use the sinks in the children's sanitary area. This provides a risk of cross infection. An open bin was used for these nappies on the day. The changing mat was worn, torn and foam is protruding and this cannot be cleaned effectively.

Safe Sleep:

1. No sleep checks were recorded for one child aged 16 months between 12.10pm – 1.21pm. Ten-minute sleep checks are recommended to ensure the safety and wellbeing of sleeping children.

Action submitted by the Registered Provider

Corrective & Preventive Action

Infection Control:

1. Handwashing policy for children. Sign off on Childcare Policies and Procedures includes these policies.
2. Handwashing policy for staff. Sign off on Childcare Policies and Procedures includes these policies.
3. Foot pedal bins in working order.

4. Paper towels are in staff dispenser.
5. Nappy Changing Procedure is part of the Sign off on Childcare Policies and Procedures. Staff will complete further training.
6. All floor beds are placed a minimum of 50cm apart
7. Nappy changing board removed.

Compliance officer will ensure adherence to the procedure going forward supervising new hires on the task.

Safe Sleep:

Sleep checks are conducted every 10 minutes and records kept for inspection. Two staff have completed the further training which covers safe sleep. Compliance officer will ensure adherence to the procedure going forward supervising new hires on the task.

Supporting documentation submitted

Supporting documentation was submitted and reviewed by the inspectorate.

Summary Comment

The actions outlined as stated by the registered provider will address the non-compliance in points 1,2,4,5,6 and 7.

The corrective action under point 3 does not address the non-compliance.

This regulation 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 written record was available detailing regular fire drills that had taken place in the service.
 - (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.

Non-Compliance Information

- (b) There was no date recorded to show that the firefighting equipment and the maintenance of the fire detection and alarm system had been serviced.

Regulation 26 has been non-compliant on previous inspections (19/2/2018 and 01/09/2021).

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1(b) The firefighting equipment was serviced and is valid until July 2024. The fire detection and alarm system had a quarterly service on 13 June 2023. The compliance officer will diary reminder into the calendar to ensure compliance.

Supporting documentation submitted

Supporting documentation was submitted and reviewed by the inspectorate.

Summary Comment

During the RCM on 31 August 2023, the inspectorate advised the registered provider of the importance of an annual fire alarm servicing, and this was required. This was not received.

The regulatory requirement has not been met and this regulation will be reassessed on the next inspection.

Part VII - Premises and Space Requirements

Regulation 29 - Premises

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

- (d) cleaned, maintained and repaired, as required, and*
- (e) equipped with adequate and suitable sanitary facilities.*

Non-Compliance Information

The registered provider stated in the CAPA submission following the last inspection on 10 October 2022 & 7 February 2023, that an application has been made through the Early Years Capital Programme (EYCP) for funding from the Building Blocks Improvement Grant which is administered through Pobal. The service was not successful in this application and have appealed this decision. During the feedback meeting the representative for the registered provider stated that the appealed decision was imminent.

(d)

1. Throughout the premises, there was a heavy accumulation of dirt, cobwebs and debris despite a cleaning schedule being in place. This was observed on walls, doors, floors, rugs, blinds, fire extinguishers, toys, feeding chairs, the nappy changing unit, tops of the skirting boards, shelving units and behind toys and beside the cots.
2. The laminate flooring in the Wobbler and Toddler rooms was worn and badly damaged posing a trip hazard and meaning that it cannot be effectively cleaned.
3. A pane of cracked glass was observed in one of the windows in the Wobbler room.
4. An area of exposed plaster measuring approximately 23x 8 centimetres was visible in the Wobbler room.
5. The paintwork was chipped and flaking around windows in the Wobbler room and completely worn off on the windowsill in the children's toilet area.
6. The skirting boards and door architraves were poorly fitted and damaged in the Wobbler and Toddler rooms.
7. The ceiling plaster was cracked in the Toddler room.
8. Lights in the Wobbler and Montessori rooms were hanging out of their fittings.
9. Numerous broken toys were observed in the outdoor area. Toy boxes had accumulations of water and dirt and were not maintained.
10. At the end of the garden, there is a small wall approximately 25 centimetres in height. A pergola is under construction. Wood panels, poles, paving stones and an old glass door are stored here.

(e)

11. The toilet in the children's sanitary accommodation was broken and not flushing.
12. There were large holes in plasterwork in the sanitary accommodation adjacent to the Wobbler room.
13. Black staining with the appearance of mould was visible on the door in the staff toilet.

Points 1,2,4,5,6,7,8, 11 and 12 were all non-compliances on previous inspections. The corrective action and preventative action by the registered provider have been ineffective and have not addressed these non-compliances.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(d)

1. Upgrading of the premises through the Building Blocks Improvement Grant will provide smooth surfaces for easy cleaning.
2. Laminate flooring is being replaced with funding through the Building Blocks Improvement Grant.
3. Front of house windows will be refurbished and secondary glazing put in place.
4. Plastering of required areas is also planned with funding through the Building Blocks Improvement Grant.
5. Paintwork on front windows will be undertaken through refurbishment and the windowsills will be painted.
6. Skirting boards and door architraves will be refurbished with funding through the Building Blocks Improvement Grant.
7. Ceiling plaster is included in the works.
8. Lights fittings secured.
9. Garden toys are being properly maintained by staff ensuring that toys are placed in boxed units provided and that the lids supplied are being used. Broken toys have been removed.
10. Pergola area completed and area cleared of wood panels and old door.

(e)

11. Toilet fixed and will be replaced with funding through the Building Blocks Improvement Grant.
12. Plasterwork in sanitary area adjacent to Wobbler room will be undertaken with funding through the Building Blocks Improvement Grant.

13. Black staining was dirt not cleaned off by staff. The builder has advised on a number of occasions that this is not mould. This door has now been cleaned. Upgrade of the staff toilet and painting will be undertaken with funding through the Building Blocks Improvement Grant.

The compliance officer will ensure the proper and clean upkeep of the premises.

Supporting documentation submitted

Supporting documentation was submitted and reviewed by the inspectorate.

Summary Comment

This regulation remains non-compliant until the works have been completed.