

# Early Years Inspectorate Regulatory Report

## Pre School

**TUSLA Identifier:** TU2015DY350

**Name of Service:** Ringsend Creche Ltd

**Address of Service:** Thorncastle Street, Ringsend, Dublin 4

**Eircode:** D04 P4F3

**Name of Registered Provider:** Karen Talbot

**Service type:** Full Day, Part Time, Sessional

**Date of Inspection:** 20/05/2025

<b>No of pre-school children:</b>	<b>AM</b>	45	<b>PM</b>	24

<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate 2nd Floor, Unit 4/5 The Nexus Building Blanchardstown Corporate Park Ballycoolin Dublin 15   D15 CF9K
<b>Inspection undertaken by:</b>	C.Kerrigan & L. Jameson
<b>Title:</b>	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

Ringsend Creche is located on the ground floor of a community centre campus in Dublin city centre. The children attend on a full day, part-time or sessional basis, from Monday to Friday between the hours of 8:15 to 5:30pm.

The service also participates in the Early Childhood Care and Education (ECCE) which runs from 9am to 12pm Monday to Friday.

There are five care rooms, one kitchen, a designated cot sleep room and two secure outdoor areas located at the rear of the premises.

### Staffing

The registered provider does not work in the service and employs twenty-two adults to work in the service. This includes a designated manager who works in a supernumerary capacity, two deputy managers, seventeen childcare staff, a cook and a kitchen assistant. On the day of inspection, the two deputy managers, twelve childcare staff and two ancillary staff were present.

### Methodology

Tusla's Early Years Inspectorate is the independent statutory regulator of early years services in Ireland. The Child Care Act 1991 (Early Years Services) Regulations 2016 define the duty of a registered provider to ensure the safety and well-being of children and to comply with these regulations. This Act also gives Tusla the authority to assess compliance with the regulations. The purpose of regulation in relation to early years services is to ensure that the care, safety, and well-being of children attending such services is upheld. Inspections of early years services are planned based on the following:

- Previous inspection history
- Any information received in relation to the service

The findings on inspection are based on:

- Information obtained through examination of documentation
- Direct observation
- Discussion with relevant staff

This inspection was unannounced and focused on the area of governance, health, welfare and development of child, safety, premises and facilities. The inspection may also focus on other areas as required.

A sampling process was used to assess compliance under Regulation 16 Record in relation to Pre-school service, Regulation 19 Health, Welfare and Development of Child, Regulation 23 Safeguarding the Health Safety and Welfare of Child. As a result, the scope of the inspection included the Wobbler, Toddler and Playgroup rooms.

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

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

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

## Additional Information

An Immediate Action Notice (IAN) was issued under Regulation 23 on the 20 May 2025, the day of inspection, in relation to a safety concern identified. A written response was received on the 21 May 2025 mitigating the risk identified. Please see further details under Regulation 23 of this report.

## Acknowledgments

The inspectors wish to acknowledge the cooperation of the deputy persons in charge, staff and children who were present on the day of the inspection.

### Part III – Management and Staff

#### Regulation 9 – Management and recruitment

- (1) A registered provider shall ensure that-
- (a) the service has a designated person in charge and a named person who is able to deputise as required,
  - (b) at all times during the period when the pre-school service is being carried on, the designated person in charge or the named person referred to in subparagraph (a) is on the premises, and
- (2) A registered provider shall ensure that each employee, unpaid worker and contractor is suitable and competent taking into consideration the nature of the needs of children, including by-
- (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
- (7) A registered provider shall ensure that all employees, unpaid workers and contractors are appropriately supervised and provided with appropriate information, and where necessary training, including in relation to the following:
- (a) the policies, procedures and statements of the service specified in Schedule 5;
  - (b) Part VIIA (inserted by section 92 of the Child and Family Agency Act 2013 (No. 40 of 2013)) of the Act, and
  - (c) these Regulations.

#### Compliance Information

- (1)
- (a) The service had a designated person in charge and a named person to deputise if required.
  - (b) A review of sign in records and conversation with management indicated a designated person in charge was present at all times during the operational hours of the service.
- (2) The files of all staff employed were reviewed in the previous inspection in November 2024. A review of paperwork and conversation with management showed that there was no new staff employed within the service since the last inspection.
- (c) A review of paperwork available showed that Garda vetting for this period remains up to date for all staff employed.
- (7)
- (a)(b)(c) A review of documentation available showed that nineteen staff who work directly with the children confirmed that have read and understood the appropriate policies and procedures to include settling in, safe

sleep, nappy changing, accidents and incidents, behaviour management, child protection. These records were dated between 2017 and 2018.

## Non-Compliance Information

(9)(7)(a)(b)(c) There was no available documentation to demonstrate that staff were appropriately supervised and provided with appropriate information and training in line with the service policies on staff training and supervision. The following was observed:

- There was no documentary evidence available to show that staff had attended or received ongoing training on topics and policies which included safe sleep, positive behaviour management strategies, play and activities. This was confirmed with staff on the day of inspection. It is acknowledged that staff spoke of the preschool care room receiving training on the transition of children to school, there was no documentary evidence of this and it did not include the wider full day care setting or children.
- The registered provider did not ensure that regular supervision or appraisals were undertaken with staff, this is at variance from the service supervision policy which states supervision will take place every six weeks, with appraisals occurring annually. Supervision and appraisal of staff supports high quality care practices and maintains child wellbeing.
- There was no documentary evidence to show that management undertook regular audits of health and care practices within the service. This is at variance from the staff training policy and does not support high quality care practices.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

(7)(a)(b)(c)

The registered provider has stated that staff training records have been updated to include recent training on safe sleep, behaviour management, play and activities. All staff have recently completed training. Documentation has now been gathered and filed to reflect staff attendance. A training schedule is now in place to ensure all staff complete and record ongoing mandatory training. Supervision meetings are carried out with all staff and recorded using a standardised supervision template. The service has amended their Supervision Policy to state supervision will take place every 6 months instead of the previous oversight of 6 weeks and annual appraisals will

take place, with evidence recorded. Health and care audits were completed by management and documented to address the gaps in the previous oversight.

### **Supporting documentation submitted**

Documentary evidence has been submitted.

### **Summary Comment**

The preventative and corrective actions undertaken are sufficient to meet the non-compliance under Regulation 9 (7)(a)(b)(c).

## 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.*

*(8) Without prejudice to paragraphs (2) to (7)-*

*(a) a registered provider of a pre-school service other than a child-minding service or a sessional pre-school service shall ensure that there are at least 2 adults on the premises at all times,*

### **Compliance Information**

(1) The registered provider ensured an adequate number of adults were working with the children in the service at all times throughout the day. There were fourteen adults available to meet the care needs of forty-five children on the day of inspection.

(2) The registered provider ensured that the adult to child ratios were maintained within the service on the day of inspection. This was further evidenced in the sign in records.

(8)(a) The registered provider ensured that there were at least two adults on the premises at all times during the operational hours of the service.

## 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:*

*(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.-*

*(3) A record referred to in paragraph (1) shall be open to inspection on the premises, and the documents and records referred to in paragraph (2)(a) shall be open to inspection whether on the premises or elsewhere, by an authorised person.*

#### Compliance Information

(3) The registered provider ensured that records were available and open to inspection by the Inspectors on the day of inspection.

#### Non-Compliance Information

(i) The registered provider did not ensure that the full details of a staff roster were available for inspection. The roster presented for review on the morning of inspection was dated incorrectly and did not include the times of work or breaktimes of any staff member. This was a non-compliance noted on inspection in November 2024.

(j) Two medication administration records were available for review. The following was missing

- A child's date of birth was missing on two forms. This is a necessary identifier for medication administration.
- A parent signature was missing on one child's form for two days medication was given. Potentially parents becoming unaware of medication given to their child.
- This was a non-compliance noted on inspection in November 2024. Corrective and preventative actions submitted by the registered provider were insufficient to prevent this noncompliance from reoccurring.

(k) A sample of eleven accident and incident forms were reviewed, and none were found to be completed in full. The following was missing.

- Eleven forms had no date of birth of the child.
- Two forms did not have a child's surname.
- Two forms had no date of incident recorded.
- Four forms had no staff signature.
- One form had no parent signature.
- Four forms had no date noted with the parent signature.
- Three forms were not signed by a manager.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective and Preventive Action

- (i) The staff roster format was immediately updated to include accurate dates, start/end times and designated breaks for all staff. The manager is now responsible for daily verification of the rosters accuracy before opening.
- (j) The affected records were corrected immediately. Parents were contacted to complete signatures where possible. A review of all existing medication forms was conducted to ensure completeness.
- (k) All incomplete accident and incident forms were reviewed and updated where possible. An audit of accident/incident forms from the last 12 months was completed. All staff involved were informed and reminded of the documentation requirements. Service accident/ incident forms are to be reviewed monthly as standard practice.

### Supporting documentation submitted

- (i) Documentary evidence was submitted.
- (j) Documentary evidence was submitted.
- (k) None submitted.

## Summary Comment

The preventative and corrective actions undertaken are sufficient to meet the non-compliance under Regulation 16 (i)(j)(k)(3).

### Part V - Care of Child in Pre-school Service

#### Regulation 19 - Health, welfare and development of child

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

(a) each child's learning, development and well-being is facilitated within the daily life of the pre-school service through the provision of the appropriate activities, interaction, materials and equipment, having regard to the age and stage of development of the child, and

(3) A registered provider shall ensure that no practices that are disrespectful, degrading, exploitive, intimidating, emotionally or physically harmful or neglectful are carried out in respect of a pre-school child whilst attending the service.

#### Compliance Information

(1)(a) The registered provider ensured the children's learning, development and well-being was facilitated in the service in the following ways:

##### Basic Needs

- Water was freely available to children in the Toddler and Wobbler rooms.
- Nappy changing was completed on a scheduled basis and as needed. A number of children were observed to be toilet trained and were given unrestricted access to the toilet.
- There was a rest area in the Playgroup and Toddler rooms if the children needed to engage in more restful activities.
- Children were provided with appropriate clothing for outdoor play, this facilities comfort in the play experiences.

##### Supporting Relationships.

- A key worker system was in place in the service and key groups are displayed within the classrooms. A key worker system allows staff to develop in depth knowledge about the children in their group and fosters nurturing relationships helping children to feel confident.
- The adults in the Toddler and playgroup room were observed to interact with the children in a responsive, playful and warm manner. For example, in the Playgroup room adults were observed to actively engage themselves in play, sitting with them developing ideas and in the Toddler room adults were observed to sit with children reading books of their choice, asking open interactive questions.
- Staff were observed to speak to each other in respectful and warm manner.

- Staff reported that information such as toileting, food, and sleep is shared with parents daily through conversations at drop off and collection. A mobile application was also used to communicate with parents about their children's day. Staff reported an open-door policy for parents, this was observed throughout the day.

### Physical Materials and Environment

- The furniture provided in the room was low level and appropriate for children attending with toys, equipment and play materials easily accessible and visible to the children on low-level units which nurtured independence and facilitated choice.
- Images of the children and their families were displayed throughout the rooms which promoted a sense of identity and belonging.
- The children had access to the outdoor play environment throughout the day. This is scheduled but also available to children if and when they needed. This area had absorbent flooring, two slides, a picnic bench, four seesaws, two little cars, buggies and dolls.

### Non-Compliance Information

(1)(a)

1. The registered provider did not ensure that positive behaviour strategies were implemented consistently throughout the service, the following was observed.
  - In the outdoor area a 20-month-old child was observed to be distressed and crying seeking physical comfort, an adult appeared frustrated, the adult redirected the child to walking and did not meet their physical need for comfort. This is at variance from the service policy on behavioural management which states that children are supported to recognise, express and cope positively with emotions.
  - A 22-month-old child in the Wobbler room repeatedly threw bricks without limits or age-appropriate boundaries set by care staff. Children need a clear, consistent and reasonable approach to negative behaviours that is appropriate for their age. Children communicate their needs through behaviours; adults need to respond in a consistent child centred manner.
  - The registered provider did not demonstrate that audits of health and care practices of staff were undertaken within the service, this is in variance from the service policy on staff training.
2. In the Wobbler room the sleep needs of two children aged 22-23 months were not observed to be met on the day of inspection. Between 10:48am and 12:43am two children were observed to cry, rub their eyes and become upset, one child was observed to lie in cosy corner with their soother and requested a comforter,

staff acknowledged that the children were tired but did not place them down to sleep in a cot despite cots being available. Staff advised that children can 'sleep where they fall'. The bedtime routine commenced at 12:49am and was abandoned at 1:07pm as children were unsettled. Staff should be responsive to the children's sleep cues to ensure their need for sleep are met in a timely manner.

3. Transitions in the Wobbler room were observed to be disorganised, chaotic, unplanned and did not support the children to move between activities. The following was observed:

- In the Wobbler room dinner was brought into the care room at 12:12am, children's hands were then washed, and they begin to sing, one child is observed crying in their chair, two children are served food at 12:22pm with all children served dinner by 12:25pm.
- In the Wobbler room the sleep time routine commenced at 12:38, four children were brought to the sleep room. Two children were observed to climb on cots, three children were then given bottles of milk on a duvet in the cosy corner, there was no individual care plan on sleep transitions or rationale for bottle use. Staff were overheard asking which child goes in which cot and which bed. One other staff member was cleaning throughout this time. Staff advised that one child does not sleep, and they were prepared to go to another care room. At 12:56pm three children were unsettled in cots; two children were drinking bottles of milk on duvets in the cosy corner. At 1:07pm two children are lifted from the cot as they are unsettled. More milk was given to one child on the duvet in the cozy corner. the Child who was going to another care room is observed asleep in a cot.

Coordinated and well organised transitions give children a sense of security and prepares them to regulate change.

4. Water was not freely available to children in the Playgroup room. It is acknowledged that there was a fresh jug of water and cups, but these were placed out of reach of children, preventing ease of access.

5. The registered provider did not ensure that children were provided with suitable toys and materials to facilitate and extend their play experience, for example.

- Props were not available for use with two garages in the outdoor area, while in the Toddler room props were not easily accessible in the kitchen area, props and supporting equipment allow children to engage in spontaneous, interest-based play experiences and extends their learning.
- In the outdoor area there were no materials or equipment available for children who chose to engage in more restful activities. For example, the doll's house was broken, there was no chalk

available for mark making on the wall, the sensory sandpit was stored away from the area. This prevents children from promoting self-regulation skills.

6. Toys and equipment were not accessible to children on the day of inspection, for example.
    - In the Wobbler room a selection of books, sensory blocks and figures were placed on high shelving out of reach for children in this room.
    - In the Playgroup room the selection of props and toys were observed to be piled on top of each other or stored in closed shelving preventing engagement. Children were observed to abandon play as they could not see what they required.
    - In the Toddler room kitchen props were not located next to the kitchen, it is acknowledged that these props were present in the room however they were not freely accessible to children limiting their play experience and learning.
    - In the Playgroup room children's coats and hats were stored out of reach on high hooks. This prevents children from independently participating in self-care skills.
- (3) In the Wobbler room following a minor dispute between two children, a child was repeatedly excluded from the group and placed on their own, the child's behaviour escalated to throwing toys and pulling at boxes, during this time staff clean, no explanation, comfort or positive strategies to resolve the conflict were offered. This practice is emotionally harmful to the development of a child and may impact their overall emotional development. Children require positive strategies in order to regulate and manage normal developmental behaviours.

### Corrective & Preventive Action submitted by the Registered Provider

#### **Corrective and Preventive Action**

1. The registered provider ensures that staff will follow the service Behaviour Management policy on different strategies and reminded to support and cope positively with children's emotions. Staff have been reallocated care rooms. Reflective supervision sessions were held with staff to ensure understanding of child-centred approaches to behaviour and emotional regulation. A full review of auditing procedures was carried out immediately following the inspection. A new audit template has been introduced to standardise how staff health and care practices are reviewed and documented. All audits are now being conducted and signed off by the room leader and then reviewed by the manager on a scheduled basis. Ongoing monthly observations and feedback by the room leader/manager will monitor staff responsiveness and behaviour strategies. The Behaviour policy has been revised, and staff were reminded to follow policy when in times of difficulty or frustration to ensure positive behaviour strategies are implemented

consistently. Audit findings will be discussed at staff meetings and will inform any necessary refresher training.

2. The registered provider has stated that following on from Supervision and Support meetings with staff, they have been reminded to be more observant to meet the children's needs. Staff will now be more vigilant to recognising and responding to sleep cues and adhering to individual sleep plans. Sleep routines have been reviewed and updated in individual care plans, co-signed by parents and room staff when needed.
3. The registered provider stated that staff were reminded of transition management strategies, including preparing children with verbal cues and managing environmental calm during change. Specific guidance was provided regarding bottle use and sleep arrangements to ensure all staff know the plan for each child. Each room now holds a transition checklist for major parts of the day (e.g.: meals, naps, outdoor time) room leaders will ensure routines are followed and transitions are consistent.
4. The registered provider has stated that a child self service station has been set up in the Playgroup room, with low level jugs and cups. Staff are to monitor water availability and encourage independence. Water set up is included in the daily room set up.
5. The outdoor area has been reorganised to include different activity zones including a discovery zone with child focused natural materials. All equipment has been reviewed for safety and accessibility. There is an outdoor checklist that will ensure all areas are maintained, well equipped and aligned with the child's interests. Staff have been reminded to monitor usage as part of their daily outdoor routines.
6. The registered provider has stated that all shelves have been re-organised to child level with props in all areas visible and clearly stored. Coats and hats are now placed on low level shelving and high hooks are taken off the wall. The Wobbler room has been reorganised to support safe and independent access for younger children. The room layout is now scheduled with key staff along with the help of Better Start.

(3)

The registered provider has stated that immediately following on from the staff meeting all staff were reminded of conflict resolution. Reflective supervision was held with the staff involved to re-establish expectations around inclusion and emotional development. Staff have been reallocated care rooms. A new 'Emotional Support Toolkit' has been introduced in each room with visuals, sensory tools and scripts for positive guidance. Behaviour management is now a standing item at team meetings. Observations by senior staff will check that positive strategies are consistently implemented.

## Supporting documentation submitted

(1)(a)

1. Documentation provided.
2. Evidence of an individual sleep care plan template submitted.
3. Evidence of a transition checklist template submitted.
4. Picture evidence submitted.
5. Picture evidence submitted.
6. Picture evidence submitted for Toddler, Wobbler and playgroup rooms.

(3)

- Documentary evidence was submitted.

## Summary Comment

The corrective and preventative measures submitted by the service have been sufficient to meet the non-compliances in the Regulation 19.

## Part V - Care of Child in Pre-school Service

### Regulation 22 – Food and drink

*A registered provider shall ensure that adequate and suitable, nutritious and varied food and drink is available for each pre-school child attending the pre-school service.*

## Compliance Information

- The service has a healthy eating policy and food provided was observed to be in line with that policy.
- The service has a weekly service menu for hot lunches and snacks, which is prepared onsite.
- The snacks on the day of inspection were observed to consist of two food groups.
- Children were observed to enjoy the hot lunch provided and additional portions were available when requested.
- Children were observed to eat off plastic plates and use cutlery suitable to their age and stage. Water was given in individual cups within the Toddler and Playgroup rooms.
- Children were given breakfast on arrival to the service at 08:15am, of cereals, milk and toast, a hot meal of spaghetti bolognese was provided between 11:30 and 12pm and an afternoon tea served at 3pm of pancakes and banana. Fresh fruit was observed to be available in the Playgroup room and Toddler rooms.

### Non-Compliance Information

1. The registered provider did ensure that there was no alternative hot lunch option given to children who refused to eat the hot lunch provided. An alternative meal should be provided to ensure that children receive adequate food and nutrition to support overall development.

### Corrective & Preventive Action submitted by the Registered Provider

#### Corrective and Preventive Action

1. The registered provider has stated that a review of the current menu and food provision policy was carried out. As of 7th of July a standard alternative hot meal option is now made available each day (e.g plain pasta, toast with beans, or vegetable soup) Kitchen and room staff have been briefed on the importance of responding promptly when a child refuses food. A clear communication system between room staff and kitchen has been implemented to ensure backup meals are delivered efficiently. A new food refusal log has been introduced in each room to track instances of refusal, reason (if known), alternative offered and accepted/rejected. These logs are completed by the room leader to identify patterns and support children who may need further intervention. Parents are informed of repeated refusals and consulted regarding food preferences or additional dietary needs.

#### Supporting documentation submitted

1. Documentary evidence has been submitted.

### Summary Comment

The corrective and preventative actions submitted by the registered provider are adequate to address the non-compliances under Regulation 22.

## 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 outdoor area was adequately secured with metal fencing.
- Low level presses were locked in all care rooms sampled preventing access to hazardous materials by children.

### Infection Control:

- In the Wobbler and Playgroup rooms staff were observed to hand wash before mealtimes and after outdoor play.
- Thermostatically controlled warm water, liquid soap and paper handtowels were available to support adequate hand hygiene.
- Toilet roll was hygienically stored and in easy reach of the children, preventing potential cross contamination.
- Soothers were stored in individual labelled containers.

### Administration of Medication:

- Medications were not given within the service on the day of inspection, but staff demonstrated knowledge on the procedure for medication administration if required

### Safe Sleep:

- An ambient temperate of 18-22°C was maintained in care rooms where children over 1 year old were sleeping.
- Sleep checks were undertaken at 10-minute intervals outlining the breathing, colour and position of each child.
- Cellular blankets were in use in cots within the service.

### Fire Safety:

1. Emergency fire exits were maintained free from hazards throughout the day.

### Non-Compliance Information

#### General Safety:

1. The service was not adequately secured to prevent access by unauthorised persons when the inspectors arrived at the service. The main door to the service was unlocked and open throughout the inspection. It is acknowledged that a second door which was fitted with a coded lock was present in the reception area however this was adjacent to an unmanned reception desk which was low and easily traversed which allowed access by unauthorised persons. An Immediate Action Notice was issued to the deputy person in charge on the day of inspection.
2. The registered provider did not ensure that an individual medical healthcare plan was available for a child who required emergency medication. It is acknowledged that adults were aware of the health needs of this child and could outline the procedure for administration, however, this poses a risk of delayed response to a medical emergency and is at variance from the service policy on medication administration.

3. The kitchen was not adequately secured to prevent access by the children between 10:02am and 10:14am. the kitchen door was observed to be open along with doors into the Playgroup room, preschool 1 and Preschool 2 rooms, which opened onto the same corridor as the kitchen. This has a potential risk to children accessing hazardous equipment. This was a non-compliance identified on the last inspection in November 2024.
4. In the Wobbler room chairs were observed to be stacked at waist height. This is a risk of injury. This was a non-compliance noted on the last inspection. Corrective and preventative actions put in place by the registered provider were insufficient to address this non- compliance.
5. A wet mop and bucket was stored in the children’s sanitary area, this was observed to be used for cleaning with harmful chemicals then placed back in reach of children. Potentially exposing children to harmful chemicals and bacteria. This was removed on the day of inspection by the deputy person in charge when brought to their attention.
6. The registered provider did not ensure that equipment and materials were stored in a safe manner to prevent injury to the children should they pull them down and plastic bags containing recycling materials were accessible in the care rooms posing a risk of suffocation.
7. Trailing flexes were observed in reach of children in the Playgroup room. This poses a strangulation risk to children.
8. The surface in the outdoor area was damaged and uneven which posed a trip hazard risk to children within the area. This was a non-compliance noted on the last inspection. Corrective and preventative actions put in place by the registered provider were insufficient to address this non- compliance.

### **Infection Control:**

9. Handwashing practices were inconsistent across the service and not in line with the handwashing policy, for example. After mealtimes children’s hands and faces were wiped with baby wipes, this is not sufficient for removing harmful bacteria.
10. The covering of the nappy changing unit was broken preventing affective cleaning.
11. A pedal operated bin was not available for the disposal of contaminated items in the sanitary and nappy changing area. This posed a risk of harmful cross contamination of bacteria. This was a non-compliance noted on the last inspection. Corrective and preventative actions put in place by the registered provider were insufficient to address this non- compliance.

### Action submitted by the Registered Provider

#### Corrective & Preventive Action

##### General Safety:

1. Immediately following the inspection, the main entry door is now kept locked at all times, with access controlled by a doorbell. Parents and staff have been told about the new main door system with signage placed on the door stating this. Daily checks will take place by the manger to ensure the main door remains closed.
2. An individual medical care plan has been completed. All children with allergies or medical needs are now flagged in a health file and new enrolment require full medical signed disclosures before starting.
3. The kitchen door is now kept closed at all times with staff standing next to the door when shopping is delivered so children are prevented from accessing the kitchen. Staff have been reminded to ensure the kitchen door is kept closed at all times.
4. The chairs were immediately unstacked, and staff were retrained on safe storage of furniture with visual prompts in place in the room showing safe storage methods.
5. The mop and cleaning materials were removed on the day of inspection. A staff only designated storage cupboard is now used for all cleaning supplies. A daily log now includes safe storage of cleaning equipment.
6. All recycling bags and large materials were relocated out of children's reach. Heavier items were rehomed in locked cupboards. Room leaders will carry out weekly checks for any hanging or pull-down hazards. All large and loose materials have been removed from children's reach and placed in secure storage; recycling bags are no longer in use in the rooms.
7. All flexes were immediately removed or secured to walls. Any use of plug-in devices will be risk assessed and logged with the manager.
8. The damaged section was temporarily cordoned off after the inspection. The service is in the process of having the surface re-layed and have managed to access funding for this and will take place soon after a new portacabin is built. The outdoor area is now subject to a site safety inspection with wear and tear being reported to management.

##### Infection Control:

9. The registered provider stated that all staff were retrained on the Hand Hygiene Policy. Visual prompts have been placed near sinks to reinforce the correct handwashing steps. Baby wipes are no longer used. Handwashing has been added to the staff observation form for monitoring.

10. The nappy changing unit was removed and replaced with a wipeable surface unit. Maintenance checks will now include sanitation surface inspection.
11. A new pedal operated bin was installed immediately in the nappy changing area. All sanitary and nappy areas now include pedal bins and are checked daily for function and cleanliness.

### **Supporting documentation submitted**

#### **General Safety:**

1. Documentation was submitted.
2. Documentation was submitted.
3. None.
4. Documentation was submitted.
5. Documentation was submitted.
6. Documentation was submitted.
7. None.
8. Documentation of template received.

#### **Infection Control:**

9. None.
10. Photographic evidence submitted.
11. Photographic evidence submitted.

### **Summary Comment**

The corrective and preventative actions submitted by the registered provider have addressed non-compliances for points 1, 2,3,4,5,6,7, 9,10 ,11. It is acknowledged that plan is in place to address Point 8 of this regulation, this remains open and will be inspected 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.*

#### **Compliance Information**

(d) The kitchen was observed to be clean with up-to-date documentation reflecting that frequent cleaning was undertaken.

#### **Non-Compliance Information**

(d) The registered provider did not ensure that the service was adequately cleaned, maintained and repaired to ensure the safety of the children.

1. A malodour was noted in the nappy changing area from 11:42am to 15:39pm, there is no documentary evidence to indicate that this area was cleaned. This is at variance from the service policy on nappy changing.
2. There were a number of areas throughout the service that needed maintenance or repair, for example.
  - In the sanitary area the radiators were rusty with peeling paint observed. This was a non-compliance noted on the last inspection. Corrective and preventative actions put in place by the registered provider were insufficient to address this non-compliance.
  - There was no toilet seat on one toilet used by children
  - One toilet was locked and not in use due to repair.
  - Damage was observed on the lower shelving units in the Wobbler, Toddler, Playgroup room, Preschool 2 rooms, this poses a risk of splinters to children and prevents ineffective cleaning. This was a non-compliance noted on the last inspection. Corrective and preventative actions put in place by the registered provider were insufficient to address this non-compliance.
  - The surround of the sink area in the Toddler room was dirty and cracked with large gaps, preventing ineffective cleaning. This was a non-compliance noted on the last inspection. Corrective and preventative actions put in place by the registered provider were insufficient to address this non-compliance.
3. Doors, surfaces and floors were observed to be visibly dirty with sticky residue present. Cleaning schedules on display in the care rooms did not outline the consistency of cleaning and there were no cleaning schedules on display for the sanitary, nappy or outdoor areas.
4. In the Playgroup room the coat hook which held both adult and children's coats was coming away from the wall. Poses a potential risk of injury.

### Corrective & Preventive Action submitted by the Registered Provider

#### Corrective and Preventive Action

- (d)
1. The registered provider stated that the nappy area was deep cleaned immediately after the inspection. Staff were reminded to complete the Nappy and Bathroom audit at scheduled intervals. A dedicated cleaning rota is on display for nappy/ toilet areas. The area is monitored and signed off by staff and reviewed by room leaders.
  2. The registered provider stated that sanitary radiators were replaced, the broken toilet seat was replaced, and the locked toilet is now repaired and returned to service. Shelving damage in Wobbler, Toddler, Playgroup,

Preschool 1 and Preschool 2 are in the process of being replaced. Replacement of shelving has already taken place in the Toddler room; this includes the Toddler room sink. Work is being undertaken after hours. A full maintenance audit was completed and a repair log created. Maintenance checks will now be checked for radiators, shelving, bathroom fixtures and sink area.

3. The registered provider state that all rooms were deeply cleaned after the inspection. New room cleaning checklists were introduced and are completed daily and field weekly. Cleaning routines are displayed in all areas. And spot checks will take place weekly.
4. The registered provider stated that the hook was removed immediately, and all coats are stored at a lower level. All coat storage areas across the rooms were inspected and reinforced were necessary.

### **Supporting documentation submitted**

1. Photographic evidence submitted
2. Photographic and documentary evidence submitted.
3. Documentary evidence of cleaning template submitted.
4. Photographic evidence was submitted.

### **Summary Comment**

The corrective and preventative actions submitted by the registered provider have been adequate to address points 1,3 and 4. Point 2 is partially accepted with the acknowledgement that there is a plan in place to address this non- compliance, this will be reviewed at the next inspection.