

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015DY352
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Name of Service:	Crumlin Childcare Centre
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Address of Service:	Pearse Memorial Park, Windmill Road, Crumlin, Dublin 12, Co. Dublin
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Eircode:	D12 TV06
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Name of Registered Provider:	Michael O'Sullivan
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Service type:	Full Day, Part Time, Sessional
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Dates of Inspection:	08/04/2024
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Date 2 of Inspection:	09/04/2024
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No of pre-school children:	AM	46	PM	38
Day 2	AM	47	PM	40

Address of the Early Years Inspectorate:	1st floor Trinity Building, IDA Business Park, Southern Cross Road, Bray, Co. Wicklow
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Inspection undertaken by:	Sarah Quigley and Mary Redmond
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Title:	Early Years Inspectors
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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

Crumlin Childcare Centre is a large full day care service located in an urban, residential area of Crumlin, South County Dublin. Care and education are provided to children aged between 1 and 6 years and the service is currently registered to operate from Monday to Friday between 08:30 and 17:30 hours. Four care rooms are in operation in the service and a dedicated sleep room is available. Three outdoor play areas are available to the children to the front of the premises and in internal courtyards.

Staffing

The service currently employs 21 staff members, not including the registered provider who does not work in the service. On the 1st day of inspection 18 staff members were present including the person in charge, a cook, a cleaner, an adult on a community employment programme, and an adult who performs administrative duties in the service. On the 2nd day of inspection 20 staff members 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/ information and records/ health, welfare and development of child/ safety. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under regulations 9, 10, 11, 19, 23, and 32; however, on inspection additional non-compliance which posed a risk was identified under Regulation 27. These findings are outlined within the relevant regulation(s) within this report.

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

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

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

Additional Information

This inspection was triggered by the receipt of information which was furnished to the Early Years Inspectorate on the 25th March 2024.

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.

Part III – Management and Staff

Regulation 9 – Management and recruitment

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

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

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

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

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

(3) The procedures specified in paragraph (2) shall be carried out prior to any person being appointed, assigned or allowed access to or contact with a child attending the pre-school service.

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

(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) Documentation was assessed in relation to the requirements of regulation 9 for each of the 21 adults employed to work in the service. The following records were available for the adults:

(a) (b)

The registered provider demonstrated that they had verified the references obtained from two sources for 17 of the adults, and from one source for 4 of the adults.

(c) A Garda vetting disclosure from The National Vetting Bureau for the 21 adults.

- (d) International police vetting was available for 4 of the adults who had lived outside the state for a period exceeding six months as an adult.
- (4) There was evidence that 12 staff members 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. Two of the adults who did not have the required qualification were in possession of a letter of eligibility to practice from the Minister of Children, Equality, Disability, Integration and Youth. Five of the adults did not require a qualification.
- (7) The person in charge confirmed during discussions with the inspectors that 16 of the 21 staff members employed to work in the service had engaged in Children 1st training in line with the Children First Act 2015.

Non-Compliance Information

- (2) (a)(b)
- There was no 2nd reference available for one adult.
 - The 2nd reference available for 3 of the adults had not been appropriately verified by the person in charge.
- (3) A review of documentation evidenced that the requirements of Regulation 9(2) had not been completed prior to 4 staff members being appointed, assigned, or allowed access to or contact with a child attending the pre-school service as outlined above under point 2(a)(b).
- (4) There was no evidence available to show that 2 of the adults employed to work directly with the children had attained at least a full major award in Early Childhood Care and Education at Level 5 on the National Framework for Qualifications, or a qualification deemed to be equivalent.
- (7) The person in charge did not demonstrate that they had taken all reasonable measures to ensure that all employees and unpaid workers were appropriately supervised and provided with appropriate information and training to safeguard the health, safety and welfare of children attending the service and to comply with the regulations as follows;
- Through a review of documentation and observations of practices, the inspectors were not assured that all employees were provided with appropriate information and training on the policies and procedures in place in the service. Non-compliance was identified under Regulation 9, Regulation 23 and Regulation 27 on the day of inspection where practices observed were directly at variance with the policies in place in the service. The staff training policy in place states that training needs are

identified through support and supervision which was not occurring regularly in the service as detailed below.

- A review of documentation evidenced that the last team meeting discussing policies, procedures, and practices in place in the service was held in the service was in July 2023. This is at variance with the staff supervision and staff training policies in place which stipulates these meetings will be regular and consistent.
- Through review of records and discussions with staff and the registered providers it was evident that staff had not received appropriate supervision. There were no recent records available relating to staff supervision, documentation available dated back to 2018. The person in charge told inspectors that no supervision meetings had been carried out in the past few years. Some staff members had not had any supervision meetings. This was at variance with the service's staff supervision policy which stated that all staff members must have regular supervision every 3 months for one hour, the session is recorded, and the record kept in the staff member's file.

Corrective & Preventive Action submitted by the Registered Provider

The designated person in charge provided the following response:

Corrective and Preventive Action

- (2) A second reference for one adult was requested and validated. The 2nd references for 3 adults have been verified. The service will continue to request two references from all future employees and ensure that these are validated prior to employment including auxiliary staff. The service will review the recruitment policy to align with the recruitment procedure.
- (3) A recruitment checklist is now in place for all staff files. The recruitment policy has been updated to reflect the inclusion of the recruitment checklist and this will be reviewed on an annual basis.
- (4) One staff member has obtained the DCEDIY recognised qualification letter. The second staff member has is on leave and has individual component certificates on file. The full recruitment procedure will be followed going forward and all relevant information for Tusla inspection kept in accessible file
- (5) The Person-in-Charge always conducts daily check-ins and on the spot support and supervision as it arises and will continue to do so. It is not always possible to document these daily check-ins.
- (7) Management promotes an open-door system whereby staff are encouraged to utilise. As there is a line management system in place within the setting going forward the person-in-charge will ensure that room

leaders will support and supervise EY Educators within their allocated room. Room Leaders will report to the person-in-charge any training needs that may be required within their allocated room. The person-in-charge will support and supervise room leaders at regular intervals and will identify any training needs that may be required. All staff members will be informed of the updated Support and Supervision Policy on Wednesday 12th June 2024. A facilitated staff meeting took place on Wednesday 8th May 2024 to identify priorities for the month ahead. This policy will be reviewed in the month of June 2024 to continue the implementation of the support and supervision policy. Management have created a schedule of team meeting. A review of policies & Procedures will be made as part of the agenda on a quarterly basis

Supporting documentation submitted

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

Summary Comment

Based on the actions outlined by the person in charge and the supporting documentation submitted, the requirements of Regulation 9(2)(3) have now been met. As no evidence of a full award qualification has been submitted for the 2nd adult as detailed in Regulation 9(4) compliance with the regulation 9(4) has not been reached. The procedures outlined under Regulation 9(7) will be reviewed on the next inspection of the service.

Part III – Management and Staff

Regulation 10 - Policies, procedures etc. of pre-school service

A registered provider of a pre-school service shall ensure that the written policies, procedures and statements specified in Schedule 5 are in place for the service.

Compliance Information

For the purpose of this inspection, a sample of the required written policies, procedures and statements that are specified and required under schedule 5 of these regulations were reviewed. The following policies, procedures and statements were included as part of this inspection:

- The complaints policy
- The staff training policy
- The staff supervision policy

Documentation reviewed evidenced that the above policies were available and in operation in the service.

Part III – Management and Staff

Regulation 11 - Staffing levels

(1) Subject to this Regulation, a registered provider shall ensure that there is at all times an adequate number of adults working directly with the children attending the pre-school service.

(2) Subject to paragraphs (4) and (5), a registered provider of a full day care service or a part-time day care service shall ensure that at all times the minimum ratio of adults to children specified in column (3) of Part 1 of Schedule 6 opposite a particular reference number specified in column (1) of that Part in respect of the age range of the children specified in column (2) thereof at that reference number is satisfied.

Compliance Information

(1) An adequate number of adults were working with the children on both days of inspection. There were 10 adults working directly with 46 children on the 1st day of inspection, and there were 12 adults working directly with 47 children on the 2nd day. The person in charge provided relief cover when required.

(2) At all times the minimum required ratio of adults to children was maintained.

Part V - Care of Child in Pre-school Service

Regulation 19 - Health, welfare and development of child

(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

Over both days of inspection inspectors did not observe any care practices that were harmful to children. The behaviour management policy in place stipulated that such practices are prohibited in the service, this was verified during discussions with staff members on the day of 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.

Compliance Information

The inspectors found by observation of practice, review of documentation, discussion with staff and inspection of the premises that the registered provider had taken the following steps to safeguard children attending:

General Safety:

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

Infection Control:

An infection control policy was in place to inform practice. Staff stated appropriate exclusion periods for adults and children with infectious illnesses were implemented in the service as per the policy.

Safe Sleep:

Staff were familiar with safe sleep guidance and placed babies on their backs to sleep. Sleep logs were maintained in the dedicated sleep room and the care rooms where children slept, and individual children's observations recorded room temperature, breathing, colour, and position at regular intervals. Standard cots and low-level beds were available for sleep and were used in accordance with children's ages and developmental needs. The temperature of the rooms where children slept were maintained at the required temperature ranges.

Fire Safety:

The designated fire escape routes were clearly indicated and free from obstruction on the day of inspection. Staff members adequately outlined the evacuation procedures in place in the event of a fire and stated that fire drills are practiced regularly on a monthly basis.

Non-Compliance Information

General Safety:

1. A child attending the Nemo room was observed falling off pieces of furniture and banging their head on three occasions during the inspection. Staff members did not complete an accident or incident form to record and share the incident with the child's parent/guardian. This may negatively affect the continuity of care provided to the child at home and pose a risk of harm. The last accident form completed in the care room was dated the 22nd July 2023.
2. An unlocked low-level fridge was accessible to the children in the Nemo room during the inspection which contained a bottle of anti-febrile medication, posing a risk of harm to a child if ingested unsupervised.

Infection Control:

3. The nappy changing practices observed were inconsistent and at variance with the policy an associated procedures in place in the service as posed a risk of cross contamination as follows;
 - Some staff members did not consistently wash their hands after nappy changing. Some staff were observed changing multiple children's nappies with no handwashing in between and then proceed to assist with meal times in the care room.
 - Some staff members were observed re-dressing children following a nappy change wearing the soiled gloves used during the change.
4. The handwashing practices observed were inconsistent and at variance with the policy an associated procedures in place in the service as posed a risk of cross contamination as follows;
 - Some children's hands were not washed following toileting and nappy changing.
 - Some children's hands were not washed prior to mealtimes.
5. There was no system in place in the Nemo room or the Baby room for managing mouthed toys. During the inspection, children with runny noses were observed repeatedly mouthing toys in view of staff members which were not removed and cleaned after use to prevent cross contamination.
6. Some staff members were observed repeatedly handling pedal operated bins to dispose of nasal tissues posing a risk of cross contamination.

7. Children's bed linen was not managed appropriately in the Nemo room during the inspection which posed the risk of cross contamination as follows;
- Two children's low level beds were in the rest area for the duration of the inspection. The sheets were observed to be stained and have an accumulation of dirt and debris on them from children playing on them with shoes on, eating on them, and lying on them to rest. These beds were then used for two children to sleep on without the sheets being changed. Staff members told the inspector the sheets are cleaned once per week.
 - Three children who slept in cots in the Nemo room did not have their own bed linen as required. The mattresses which were placed in the cots were dressed with sheets were not assigned to an individual child. Staff stated the sheets are used in the cots for a week before being washed and that the children did not have their own. One of the sheets which a child was placed to sleep on was stained with food residue.

Administration of Medication:

8. The practices observed in the service for administration of prescribed medications and the medication records reviewed on the day of inspection were incomplete and at variance with the policy in place in the service. This posed a risk of harm or overdose to the children receiving the medication as follows:
- There was no evidence that written consent had been obtained for the administration of prescribed medications to children in the service. On the day of inspection prescribed medication was administered to a child without the prior written consent of a parent/guardian. During discussions with staff members, staff stated they were completing written consent documentation on behalf of parents to administer prescribed medications.

Action submitted by the Registered Provider

The designated person in charge provided the following response:

Corrective & Preventive Action

General Safety:

1. All Staff have been spoken to in relation to the Accident/Incident Policy and Procedure. They have been reminded that Accidents/Incidents must be completed in full and signed by all relevant parties following accidents or incidents. Management will ensure the Incident/Accident Record Books are reviewed regularly by carrying out periodical spot checks.

2. A child safety latch was purchased and attached to the fridge on 10th April 2024. Staff have been informed that the fridge safety latch must be locked at all times and a sign has been placed on the fridge with this instruction.

Infection Control:

3. Staff have been spoken to in relation to correct procedures when changing nappies in line with the service's Nappy Changing Policy and hand washing policy which must be adhered to at all times when changing nappies. Staff have been spoken to in relation to correct glove usage and hand washing procedures including when hand washing must occur. Posters for hand washing will be posted at all hand washing areas at both adult and child level. There is visual signage of the nappy changing and hand washing procedure in the changing areas and all staff have been reminded of the policy on infection control.
4. Staff have been spoken to in relation to the hand washing procedures including when hand washing must occur. Posters for hand washing will be posted at all hand washing areas at both adult and child level. All staff were informed that children's hand must be washed following toileting and nappy changing and prior to mealtimes in line with Handwashing and nappy changing policy. This reviewed in May 2024. Spot checks for all rooms on compliance will occur.
5. Staff have been spoken to in relation to managing mouthed toys which must be adhered to at all times as per mouthing protocol which is part of our infection control policy. The Service's protocol in relation to managing mouthed toys is now displayed in the relevant aged rooms, and manager will spot check at regular intervals. Signage for mouthed toys is now in place.
6. All staff were instructed to use the pedal bins with their feet rather than their hands as per infection control policy. A picture of a no-hand usage is attached to all pedal bins.
7. The staff have been spoken to in relation to the use of low level beds in the rest area in that they are only to be used during sleep time and not as a play resource. Staff were reminded to change soiled linen when required. Each child attending the Nemo room has been allocated their own mattress for the duration of the time they attend the Nemo room. Low level beds are to be returned to the storage press after sleep time. Periodic spot checks will be conducted by the manager. A washing sheet for bed linen is now in place.

Administration of Medication:

8. Staff were spoken to and reminded of the administration of medication procedure. The administration of medication policy will be reiterated at the upcoming staff meeting on the 12th June 2024. Management will ensure compliance with the policy on a regular basis.

Supporting documentation submitted

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

Summary Comment

The actions as stated by the designated person in charge will address the non-compliances identified above. These actions will be assessed on the next inspection of the service. The regulatory requirement has been met.

Part VIII - Notifications and Complaints

Regulation 32 – Complaints

- (1) A registered provider shall ensure that the complaints policy of the service specifies-
- (a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service,
 - (b) the manner in which such a complaint shall be dealt with, and
 - (c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.
- (2) A registered provider shall ensure that-
- (a) a record in writing is kept of a complaint made to the provider in respect of the pre-school service, and
 - (b) the complaint is duly dealt with in accordance with the provider's complaints policy.
- (3) A record in writing referred to in paragraph (2)(a) shall-
- (a) include the nature of the complaint and the manner in which the complaint was dealt with, and
 - (b) be open to inspection on the premises by an authorised person.
- (4) A registered provider shall ensure that a record in writing referred to in paragraph (2)(a) is retained for a period of 2 years from the date on which the complaint has been dealt with.
- (5) The requirement in paragraph (4) is without prejudice to any requirement to retain the record in writing referred to in paragraph (2)(a) under any other enactment or rule of law.

Compliance Information

(1) A complaints policy was in place in the service and adequately outlined the following;

- (a) Details of the procedure to be followed by a person for the purposes of making a complaint in relation to the service.
- (b) Details of the manner by which a complaint will be dealt with by the service.
- (c) Details of the procedures in place outlining how the person who makes such a complaint in relation to the service will be informed of the manner by which the complaint is being dealt with.

(2)

(a) (b)

The person in charge stated that no complaints had been made directly to the service and therefore no records were available in writing of any complaints made. The person in charge detailed the procedures in place in the service for dealing with complaints, including maintaining a record in writing, as per the complaint s policy in place.

(3)

(a)(b) The person in charge stated they are aware of their obligation to detail the nature of any complaint made and the manner in which it will be dealt with. The person in charge stated a record of any complaint made will be kept in the service and available for inspection on the premises.

(4)(5)

The person in charge in the service stated during discussions with the inspector that all records relating to any child and family who have attended the service are retained for the required period of time, including any complaints made.

Part VI - Safety

Regulation 27 – Supervision

A registered provider shall ensure that pre-school children attending the service are supervised at all times.

Non-Compliance Information

The supervision of the children attending the Baby room was inadequate on the day of inspection at times and posed a risk to the safety and wellbeing of the children in attendance as follows;

Three children aged 1 year were observed alone in the Baby room at 10:30am for a period of 5 minutes while a staff member changed two children's nappies in the nappy changing room adjacent to the care room. Despite a viewing panel the staff member did not have sight of the three children during this time.

Corrective & Preventive Action submitted by the Registered Provider

The designated person in charge provided the following response:

Corrective and Preventive Action

Staff were spoken to on the 9th April and was encouraged to contact other rooms or the office for support in the room to ensure correct ratios are upheld while nappy changing takes place as is normal procedure. Management will ensure that this takes place on a daily basis and with regular spot check. A spot checklist will be utilised by management.

Supporting documentation submitted

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

Summary Comment

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