

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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Date of Inspection:	09/10/2024
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Date 2 of Inspection:	10/10/2024
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No of pre-school children:	AM	31	PM	19
Day 2	AM	33	PM	29

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 & Rosemary Brien
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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	N/A
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Description of service

Crumlin Childcare Centre is a not-for-profit large full day care service located in a residential area of Crumlin, South County Dublin. Care and education are provided to children aged between one and six years and the service is currently registered to operate from Monday to Friday between 08:00 and 18:00 hours. Three care rooms are currently 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. On the day of inspection, a fourth care room known as Happy Feet (the baby room) was not open, and the person in charge stated it had not been open since May of 2024.

Staffing

The service currently employs nineteen staff members, not including the registered provider who does not work directly in the service. On both days of inspection twelve staff members were present, and an adult on a work placement programme. The registered provider was present to attend a feedback meeting at the close of the second day of inspection.

Methodology

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

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

The findings on inspection are based on:

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

This inspection was unannounced and focused on 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, 11, 16, 19, 23, 27, and 32; however, on inspection additional non-compliances which posed a risk were identified under Regulation 24 and Regulation 29. These findings are outlined within the relevant regulations 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 conducted as a follow up to a previous inspection which had taken place on the 8th and 9th of April 2024. During both inspections, findings demonstrated there was not an effective system of governance in place to safeguard children. Some roles which were the responsibility of senior management had not been implemented or adhered too as detailed under Regulation 9. The service was found to be non-compliant across a number of regulations on both inspections where practices observed were not in line with service policies and regulatory requirements. A number of repeat non-compliances found on inspection in April 2024 were observed during this inspection as detailed in the body of this report.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the registered provider, person in charge, staff and children who were present during the days of 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
- (c) there is a clear management structure in the service that identifies the lines of authority and accountability in the service and the specific roles and responsibilities of each employee and unpaid worker.

(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

(1)

- (a) The service had a designated person in charge and three named persons to deputise if required.

- (b) The designated person in charge and the three persons appointed to deputise were on the premises on both days of inspection.
 - (c) There was a clear management structure in place in the service which was displayed in the reception area and was confirmed with staff members during discussions with the inspectors. Jobs descriptions were available in staff files which detailed roles and responsibilities including for the person in charge, room leaders, and staff working in care rooms.
- (2) Documentation was assessed in relation to the requirements of Regulation 9 for four staff members who had commenced employment in the service since the last date of inspection on the 8th and 9th April 2024 and for one adult on a work placement program. The following records were available for the five adults:
- (a) (b)
 - The registered provider demonstrated that they had verified the references obtained from two sources for five of the adults.
 - (c) A Garda vetting disclosure from The National Vetting Bureau for the five adults. However, the service did not adhere to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years for one adult. Please refer to the information outlined under regulation 23 of this report.
 - (d) International police vetting was available for one of the adults who had lived outside the state for a period exceeding six months as an adult.
- (3) Documentation reviewed evidenced that the procedures detailed above under Regulation 9(2) had been completed prior to the 5 adults commencing employment in the service.
- (4) There was evidence that four 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. One of the adults did not require a qualification.

Non-Compliance Information

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

Significant levels of non-compliance were found during the inspection across a number of regulations. Many of these concerns had been identified on the previous inspections of the service on the 8th and 9th April 2024. It was observed that corrective and preventive actions submitted previously by the registered provider to address non-compliance on the previous inspection had not been implemented.

The registered provider did not demonstrate that they had taken all reasonable measures to ensure that all employees were appropriately supervised and provided with sufficient information and training to safeguard the health, safety and welfare of children attending the service and to comply with the regulations as follows;

1. 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-compliances identified during the inspection under Reg 16, Reg 23, Reg 24 demonstrated that practices observed were directly at variance with the policies and procedures 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.
2. In corrective and preventive actions submitted following the last inspection in April 2024, the person in charge stated, 'Room Leaders will support and supervise EY Educators' and 'The Person-in-Charge will support and supervise Room Leaders at regular intervals and will identify any training needs that may be required'. Through review of records and discussions with staff and the person in charge, it was evident that staff had not received appropriate supervision. Records available relating to staff supervision dated back to 2018. Staff members and the person in charge told inspectors that no supervision meetings had been carried out since the last inspection. Some staff 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.
3. The inspectors were not assured that the designated person in charge had sufficient knowledge of the policies and procedures in place in the service, and the regulatory requirements to achieve compliance within the service as follows:
 - Non-compliance was identified in some care rooms relating to handwashing practices, and safe sleep practices. The inspector queried what the policy and associated practices surrounding safe sleep and handwashing was in the relevant care rooms. It was evident that their knowledge in relation to safe sleep, infection prevention and control was inadequate and not in line with best practice, service policies, or regulatory requirements.
 - The inspector queried what the policy and associated practices surrounding management of bed linen should be. The person in charge was unaware that staff members were not providing children with individual bed sheets and blankets and was unsure how these items were being stored in the care rooms.

4. There was no record of induction training available for four new staff members who had commenced employment in the service since the last date of inspection in April 2024. Staff members stated they did not have any formal induction training and were emailed the service policies and procedures by the person in charge when they commenced employment. Staff members stated they were not asked to confirm they had read and understood the policies and procedures.

This is at variance with the staff training policy in place which stated every staff member will receive induction training which will be recorded, and staff must return a receipt of the policies form once they have received and read them.

5. The job description in place for the person in charge detailed roles and responsibilities, including adherence to the service policies and the regulations, and ensuring staff members are trained appropriately to carry out their role and function. The inspectors were not assured that the designated person in charge had been provided with appropriate information and training by the registered provider to carry out these roles as follows:
- The person in charge demonstrated that she was unaware of some of the policies and associated procedures in place in the service during discussions with the inspectors.
 - The person in charge did not ensure that new staff members, including a room leader, had received appropriate induction training to ensure adherence to the policies and procedures in place in the service.
 - The service was found to be non-compliant across a number of regulations where practices observed were not in line with service policies and regulatory requirements. A number of repeat non-compliances found on inspection in April 2024 were observed during the inspection. Two staff members demonstrated they were unaware of the requirements of the infection control and medication policy in place during discussions with the inspector, and stated they had not received formal training on them.

Corrective & Preventive Action submitted by the Registered Provider

The following corrective and preventive actions were submitted by the service alongside corresponding evidence:

Corrective and Preventive Action

1. Staff training took place the week of the 19th of August 2024 for a period of five days. Staff training policy has been updated. Supervision with staff will take place every three months based on the service policies and procedures.

2. The manager completed staff supervision meetings on Friday 1st of November to 6th of November 2024. The person in charge has the next supervision dates scheduled for month of December. Management has completed a visual aid, detailing when supervision needs to take place.
3.
 - Management conducted a staff meeting on the 30th of October 2024. The whole service reviewed the infection control, safe sleep, medicine, accident and incidents policies and procedures. Management will be reviewing handwashing within the service on a daily basis. Management will monitor and inspect practices on an ongoing basis to ensure compliance with all aspects of regulation 9. Management have implemented training cards on policies to ensure quality assurance.
 - All sheets and blankets (for children who sleep) are placed in an individual drawstring bag which all labelled with child's name, these sheets are washed on a weekly basis. Management will monitor and conduct spot checks on infection control with sleep practices, bed linen and blankets wash days.
4. Inductions have taken place with the four newest members of the team, these were conducted on the week of the 21st of October. Management will ensure that induction will start on their first day of employment using an updated induction checklist
5. The registered provider reviewed the following policies: safe sleep, attendance, infection control, medication, accident and incident in line with regulations and the QRF with the person in charge. The person in charge also contacted an external support committee. An external support representative attended on the 6th of November 2024 to assist with CAPA process and reviewed above policies and procedures and best practice. The registered provider and person in charge will review all policies and procedures and best practice once a year or as needed. The person in charge will also liaise with support agencies for guidance and support going forward.

Supporting documentation submitted

1. Email supplied by external trainer for that week. Staff supervision December schedule attached. Staff training policy.
2. Staff supervision records for all staff. Timetable of planned supervision dates.
3. Staff meeting agenda from 30th of October 2024. Training cards. Wash day schedule
4. Induction Checklist – for four newest members of the team. Updated induction checklist.
5. Reviewed policies.

Summary Comment

The corrective and preventive actions as stated will address the non-compliances identified. These actions will be assessed on the next inspection.

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 9 adults working directly with 31 children on the 1st day of inspection, and there were 9 adults working directly with 33 children on the 2nd day. An adult was also available to provide relief cover where required.
- (2) At all times the minimum required ratio of adults to children was maintained.

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:

- (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.*

Non-Compliance Information

- (j) Fifteen records of all medication which had been administered in the service since the last date of inspection on the 9th April 2024 were reviewed. Although records of administration were available, 5 of the forms were not completed appropriately and did not contain signed parental consent. This is at

variance with the medication policy in place in the service. This poses a risk to the continuity of care to a child.

- (k) One hundred and forty-seven records of all accidents and incidents which had occurred in the service since the last date of inspection on the 9th April 2024 were reviewed. Four of the records did not contain evidence that parents/guardians had been informed of the accident/incident that had occurred and did not contain the managers signature which is at variance with the accident and incident policy in place in the service. This poses a risk to the continuity of care to a child.

Corrective & Preventive Action submitted by the Registered Provider

The following corrective and preventive actions were submitted by the service alongside corresponding evidence:

Corrective and Preventive Action

(j) (k) Training on completing accident/incident books and medicine book records was delivered to all rooms immediately. While this training had been addressed in on 12th June and 19th-23rd August at training and mentoring week, the importance of the correct methodology as per our policy and regulation 16 was clearly stated to all staff. This was again addressed at the staff meeting held on 30th October with all staff involved

It has been clearly stated that where a staff member filing in the accident/incident or medication books is unsure, they must seek help before signing off on the reports from a room leader, or management. In the event of the parent refusing to sign the accident/incident Book, this must be documented clearly on the form and the rest of the procedure followed. The manager will be informed as soon as possible to address this with the parent. If the medication form is not completed and signed by the parent, no medication will be given, unless it is an emergency with prior permission (Anti-pyretic meds on child's registration form). Management has informed all staff, that the person in charge must sign all accident and incidents forms daily. Management will conduct spot checks to ensure compliance with all aspects of regulations 16.

A new system where a copy of a generic completed form is attached to each accident/incident book and medicine book, must be attached at the beginning of each book. This is to guide the staff who may be unsure and need a visual reference. A new form to review the above books to ensure all are correct has been introduced. This will be reviewed in the rooms by the room leaders, who will check on each other's room to ensure accurate accounts are taken.

Supporting documentation submitted

Photo of training for staff on 12th June and again in the training and mentoring week 19th-23rd August and again minutes from staff meeting on the 30th October. Generic completed form. The new form for reviewing the books monthly. Revised Medication policy.

Summary Comment

The corrective and preventive actions submitted as stated will address the non-compliance. These actions will be assessed on the next inspection of the service.

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

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

(2) A registered provider shall ensure that no corporal punishment is inflicted on a pre-school child whilst attending the service.

(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)(2)(3)

Staff reported that regular meals and snacks are provided to the children in attendance daily by the service which are prepared on site by a cook, including a hot meal. Staff members sat with children during mealtimes and encouraged younger children to feed themselves. Drinking water was accessible to the children at all times and rest areas were available in each care room. Children were comforted promptly when they became upset. Staff spoke respectfully to the children and demonstrated warmth and kindness during interactions observed by the inspectors. Staff members intervened early during minor disputes between children and promoted positive behaviour management, supporting children to find solutions to solve conflicts with peers. Children were

encouraged to be independent in their care rooms including tidying up after activities, preparing for meals and caring for their classroom.

The programme of care in place in the service was observed to be play based and child led in approach. The care rooms were adequately resourced with a variety of play materials that were accessible to the children on low level shelving units, providing the children with choice in their chosen activities. Three outdoor play areas were available to the children who were all provided with the opportunity for outdoor play on both days of inspection. The outdoor areas were adequately resourced with a variety of play materials and equipment.

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 during the 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

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:

Standard cots and low-level beds were available for sleep and were used in accordance with children's ages and developmental needs.

Fire Safety:

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

Non-Compliance Information

The inspectors found by observation of practice, review of documentation, discussion with staff, and inspection of the premises that the registered provider did not ensure that reasonable measures were taken to safeguard the health, safety and welfare of children in attendance and that the environment of the service was safe as follows;

General Safety:

1. A large thick rubber mat was in the middle of the floor in the Hogwarts's children's bathroom creating a trip hazard on both days of inspection. A review of accident and incident forms evidenced that a child had tripped on this mat and fallen, banging their chin off a sink on the 28th May 2024. The report detailed the risk identified had been reported to the centre manager following the accident in May 2024, however the person in charge had not taken action to mitigate the risk.
2. The service did not adhere to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years. One staff member working in the service did not have a Garda Vetting disclosure which was dated within the last 3 years.
3. Four accident and incident forms which were reviewed as part of the inspection did not contain any evidence that parents had been made aware of an injury to their child which had occurred in the service. This may affect the continuity of care to a child.

Infection Control:

Inspectors observed a number of practices which posed a risk of transmission of infection within the service:

4. Children's bed linen was not managed appropriately in the Nemo room which was at variance with the infection control policy in place in the service and posed the risk of cross contamination as follows;
 - Children who slept in cots and on low level beds in the Nemo room did not have their own bed linen as required. The mattresses which were placed into cots and floor beds were dressed with sheets and blankets which were not assigned to an individual child. Staff stated the sheets and blankets are used for one week before being washed and that the children did not have their own. The sheets and blankets were all stored together between uses in a large box and on a shelf.
5. The handwashing practices observed in the Nemo room were inadequate for infection control purposes and at variance with the handwashing policy in place in the service. Staff members were observed using a communal bowl of soapy water to wash children's hands before mealtimes, dipping each child's hand one after the other in it to handwash.
6. Some staff members were observed handling pedal operated bins, including the nappy bin.

7. Children's snacks in the Toy Story and Hogwarts rooms were placed onto pieces of tissue on the table for the children to eat. Some food was observed being placed directly on the table and the tissues became wet and torn which was ineffective for infection control purposes. These tables were not cleaned prior to mealtimes.
8. In the Nemo nappy changing room and the Hogwarts bathroom, bags of spare children's clothes, a fabric curtain, and a child size duvet were on shelving units and in a box on the floor.
9. Paper towel used for hand drying in the Nemo nappy changing room was not stored in a dispenser. Staff were observed repeatedly handling the roll to break pieces off to dry the nappy mat and staff and children's hands after handwashing posing a risk of cross contamination.

Administration of Medication:

10. Practices surrounding the administration of medications, and the completion of medication records which were discussed with staff on the day of inspection were 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:
 - Four medication records which were reviewed had no record to detail what staff member had given the child medication, or that staff members had administered medications to children in the presence of a witness to ensure the correct dosage was provided.
 - Some staff members were unaware of how to fill in the medication administration records in place in the service. Staff stated they were completing the pre-consent section of the form on behalf of parents when administering temperature reducing medication and getting parents to sign it. Staff members were not completing the required administration section containing staff and witness signatures. Four new staff members who had commenced employment since the previous inspection told inspectors they did not recall receiving any formal training on the administration of medication since commencing employment in the service.

Safe Sleep:

11. Seven children aged two years were sleeping on low level beds in the Toy Story room during the inspection. There were no physical checks carried out or recorded on the children whilst they were sleeping, and staff members, including the person in charge, stated they were unaware of the requirement to perform or record such checks. This is at variance with the safe sleep policy in place in the service and safe sleep guidance.
12. The temperature of the Nemo and the Toy Story room where children aged one and two years slept during the inspection was not taken prior to or during sleep time. There was no device available to

monitor the room temperatures and no documentation to record the sleep room temperatures. Staff members stated during discussions with the inspector they were unaware of the requirement to record sleep room temperatures. While the temperature readings taken by the inspectors on the day of the inspection were compliant, the lack of ongoing monitoring and oversight poses a significant risk to the children's safety and was at variance with the safe sleep policy in place.

Fire Safety:

13. Fire drills were not completed monthly in the service to ensure the safe evacuation of children and staff in the event of an emergency. Two staff members who commenced employment in the service in June 2024 had not yet practiced a fire drill. A review of documentation evidenced that the last fire drill which took place was in June 2024.

The corrective and preventive actions submitted by the registered provider following the last inspection on the 8th and 9th of April 2024 did not prevent the re-occurrence of the non-compliances identified under points 3, 4, 5, and 9.

Action submitted by the Registered Provider

The following corrective and preventive actions were submitted by the service alongside corresponding evidence:

Corrective & Preventive Action

General Safety:

1. The mat that was in place in the preschool bathroom was replaced immediately with a flat mat. New flooring for the bathroom has been ordered and will be fitted as soon as supplier receives same. Review monthly of maintenance and repairs to be identified for discussion, funding and resourcing. New checklist in place from 11th November 24. Inclusion of risk assessments for any areas of concern while waiting.
2. Garda re-vetting was applied for that day. A new Excel spreadsheet has been created to track all staff re-vetting dates. All staff regardless of time frames will be vetted every 3 years to ensure compliance.
3. All staff were informed and immediately retrained on how to complete the accident/incident books. A generic completed form has been attached to each book to ensure that staff have an example to work from if needed. New monthly checklist for each room leader to ensure compliance with all acc/inc books and medication books.

Infection Control:

4. Infection control and bedlinen policy and procedure was reviewed by all relevant staff (rooms with sleeping children) on the 11th October following the inspection. Each child was immediately allocated a blanket and sheet and the policy on cleaning reiterated and discussed. This was subsequently signed off by all staff on Appendix 8 Receipt of P&P by staff. This was also included and discussed at the team meeting held on 30th October. New drawstring bags sourced for each child's blanket and sheet. New cot room checklist to ensure all infection control is completed.
5. All handwashing for meals and transitions from outdoor to indoor will use the new sink in the room. New soap dispenser and soap to be installed in November for children's use. A small pedal bin for wastepaper will be installed beside the bins for paper waste and will be included on the daily cleaning routines of the rooms. A new sink at child level was sourced and installed in the Nemo room on Friday 8th November. Management reviewed the handwashing policy with staff in nemo room.
6. All staff were reminded of the correct use of pedal bins within the service. All staff informed of infection control protocol and importance of eliminating cross contamination. Reminders have been installed beside the bins as reminders. Infection control to be discussed at each team meeting. Spot checks once a month on cleaning and use of bins in the rooms.
7. New plates and cutlery were resourced for rooms. Management reviewed meal time policy and infection control policy with staff to ensure that staff members are aware that cleaning tables and washing hands prior to mealtimes is extremely import to prevent cross contamination. Checks by management once a month to ensure proper procedures at lunchtimes are in place and followed.
8. All spare clothes have been removed. A new press was sought with doors to ensure that spare clothes are stored correctly. The cleaner will ensure that all areas within the toileting areas are free from clutter and obstacles. Cleaner to check on all changing areas daily and report any areas of concern to room leaders and manager.
9. Daily checks on cleaning routines, also included on managers monthly spot checklist. All paper towels to be in dispensers as provided. This will be checked by the cleaner on a daily basis and discussed under infection control on the agenda of each team meeting. Management discussed the importance of using the blue roll dispenser with all staff and the importance of preventing cross contamination.

Administration of Medication:

10. A review of the administration medication which had previously been reviewed by all staff at the team meeting on 27th June and during the training week of the 19th-23rd of August took place immediately for all staff. At the staff meeting on the 30th October training on the correct methodology to complete the

medication forms was completed. The policy was reviewed by all staff and signed off in November. A completed sample was attached to each book for future help in completing forms. Sample completed form attached. New monthly check by each room leader of med books in each room to ensure forms are correctly filled out and filed. Management will conduct spot checks going forward to ensure compliance.

Safe Sleep:

11. New sleep charts for each room have been implemented. This shows daily recording for each child while sleeping. This includes all relevant information. This will be signed off monthly by manager/duty managers. New sleep charts for children over the age of 2 years have been developed and implemented.
12. New thermometers have been sourced. The new sleep sheet checklists include temperature of the room during sleep periods for all sleeping children. New thermometers were sourced and installed in each room. Temperatures are recorded on checklist.

Fire Safety:

13. New checklist has been introduced for H&S officer for all H&S Audits. Full alarm will be used going forward and yearly report attached to the fire drill records if needed. The Fire drills will be staggered in the future to ensure all staff are onsite, particularly those who work part time. This will be evidenced by the record keeping in the Fire Drill Book and monitoring company test alarm records.

Supporting documentation submitted

General Safety:

1. Photo of Flat mat in area. Quote July 24. Works number and generated works to be completed once floor has been delivered.
2. Garda re vetting attached.
3. Copy of generic completed form attached.

Infection Control:

4. Picture of new bags attached. New cot room checklist attached. Used from 11th November 24.
5. Picture of bins for waste Managers monthly Spot Checklist that includes the new bin and cleaning for sink in the room.
6. Agenda for team meeting, copy of spot checklist.
7. Managers monthly spot checklist.
8. Cleaner checklist.
9. New daily checklist, photo of changing area and dispenser.

Administration of Medication:

10. Copy of training notes and team meeting minutes. Photo of sample form attached to medication book.
New monthly checklist for accuracy.

Safe Sleep:

11. & 12 Copy of new sleep checklist for children over age two.

Fire Safety:

13. Fire Drill Checklist attached for 2024.

Summary Comment

The corrective and preventive actions as stated will address the non-compliance. The actions outlined will be assessed on the next inspection of the service. The regulatory requirement has been met.

Part VI - Safety

Regulation 24 - Checking in and out and record of attendance

(1) A registered provider shall ensure that each pre-school child attending the service is checked in and out of the service by an employee or an unpaid worker.

Non-Compliance Information

- (1) Documentation reviewed during the inspection evidenced that all preschool children were not checked in and out of the service as required. Attendance records in the Hogwarts room were reviewed by the inspector at 13:06pm. Four children who had left the premises at 12pm had not been checked out. This was at variance with the checking in and out policy in place in the service. Inaccurate records of attendance may hinder the safe evacuation of children in the event of an emergency.

Corrective & Preventive Action submitted by the Registered Provider

The following corrective and preventive actions were submitted by the service alongside corresponding evidence:

Corrective and Preventive Action

Staff in the room were spoken to immediately in relation to ensuring that the policy is enforced at the time the child leaves and not left to be updated at a later stage. This policy is part of the induction for all staff in the centre and must be signed off by all staff during the induction period. A copy of the policy was given to all room leaders to ensure they were aware of the regulation. Senior staff in the room will assume this responsibility until induction period for new staff is completed and signed off. Management will conduct spot checks going forward to ensure compliance with regulation 24.

Supporting documentation submitted

Policy attached that was reviewed in the preschool room on 11th October 2024. Copy of receipt of policies and procedures signed by all staff.

Summary Comment

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

Part VI - Safety

Regulation 27 – Supervision

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

Compliance Information

The supervision of the children attending the three care rooms was found to be adequate on the day of inspection. Children were directly supervised by staff members in both the indoor and outdoor play environments. During nappy changing, toileting, and sleep times, an additional staff member was made available by the person in charge to support the care rooms in ensuring supervision of children was appropriate.

Part VII - Premises and Space Requirements

Regulation 29 - Premises

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

- (c) kept adequately lit, heated and ventilated*
- (d) cleaned, maintained and repaired, as required, and*

Non-Compliance Information

- (c) The registered provider did not ensure that the Hogwarts room was adequately heated on both days of inspection at the required temperature range of between 18 - 22°Celsius. The room temperature was recorded to be 15.8°Celsius at 13:04pm on the first day of inspection, and 17°Celsius at 10:48am on the second day of inspection. Some children were observed wearing light t-shirts in the care room at this time.
- (d) Areas of the premises were found not to be cleaned, maintained and repaired as required during the inspection as detailed below:
 - In the Hogwarts children’s bathroom, the linoleum flooring was torn and lifting in parts exposing areas of concrete underneath. This created a trip hazard in parts and formed crevices where accumulations of dirt, dust, and debris were present.

- A large rubber mat on the floor of the Hogwarts bathroom that was covering parts of the torn linoleum flooring had heavy accumulations of dirt, dust, and debris on the surface and required a deep clean.
- The paint on the wall behind the nappy changing mat in the Toy Story room and under the soap dispenser in the Hogwarts bathroom was heavily chipped and stained and could not be effectively cleaned.

Corrective & Preventive Action submitted by the Registered Provider

The following corrective and preventive actions were submitted by the service alongside corresponding evidence:

Corrective and Preventive Action

- (c) New temperature eggs have been purchased for each room. The thermostat settings for the room were checked. A note was left for staff to ensure the thermostat is at the correct setting each day. The temperature of the room is to be checked daily as per regulation. If the temperature does not meet the regulation, it will be reported to the health & safety officer (HSO) and the manager for attention of maintenance. The heating system to be checked at the annual boiler service in November 2024.
- (d)
- The floor is to be replaced. This had been priced in July 2024, and agreement was agreed to carry out the works. Further communication for the bathroom floor on its own were agreed in October 2024. We are waiting on the works to be carried out.
 - The rubber mat that was on the floor was removed immediately. A flat floor mat was put in place and adjusted to cover the area of concern. This is being monitored as part of the normal cleaning regimes of the room by the cleaner while waiting on the floor covering replacement.
 - The paint on the wall behind the nappy changing mat in the Toy Story room and under the soap dispenser in the Hogwarts bathroom has been repaired. This took place on Saturday 12th October.
 - To prevent recurrence checks are in place to report to management and (HSO) of any issues needing repair. This will inform part of H&S monthly audits going forward. A new checklist for issues to be used by maintenance to ensure any small repairs or painting has been identified and repaired as soon as possible will be implemented in November for the maintenance man. Management will conduct spot checks going forward to ensure compliance with regulation 29.

Supporting documentation submitted

- Picture of new thermometer.
- Picture of thermostat.
- Letter from plumber relating to service in November.
- Letters from supplier dated 29th July 24 & 30th October 24 for new floor.
- Picture of area with new mat in place
- Pictures of both areas with paint repair finalised.
- Temperature check list. Copy of maintenance work list.
- Copy of Monthly H&S Audit.
- Checklist for reporting of maintenance issues to manager.

Summary Comment

The corrective and preventive actions as stated and once implemented will address the non-compliance. These actions will be assessed on the next inspection of the service.

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 since the last date of inspection on the 8th April 2024 when Regulation 32 was last inspected. The person in charge detailed the procedures in place in the service for dealing with complaints, including maintaining a record in writing, in line with the complaints 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.