

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015FL120
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Name of Service:	Hope Montessori Autism Care Centre
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Address of Service:	Mountview Youth & Community Centre, Lohunda Downs, Clonsilla, Dublin 15.
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Name of Registered Provider:	Sherene Powell
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Service type:	Full Day, Sessional
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Date of Inspection:	03/12/2024
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No of pre-school children:	AM	15	PM	12
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Address of the Early Years Inspectorate:	Early Years Inspectorate 2nd Floor, Unit 4/5 The Nexus Building Blanchardstown Corporate Park Ballycoolin Dublin 15 D15 CF9K
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Inspection undertaken by:	C. Harte and E. Finnegan Hayes
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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.

Description of service

Hope Montessori Autism Care Centre is the full day care service based in an urban area. The service is located within the Mountainview Youth and Community Centre and consists of two care rooms with two separate dedicated sanitary areas for the children's use. On the day of inspection one care room during the morning was operating as a specialised Autism Spectrum Disorder (ASD) class. The service operates between 8:00am - 6:00pm catering to children between the ages of 2-6 years. The service participates in the Early Childhood Care and Education Scheme (ECCE) between. The service has access to an enclosed outdoor area with a soft surface located at the side of the community centre. The service is one of five early years services operated by the registered provider. The service also offers a registered school age childcare service.

Staffing

Hope Montessori Autism Care Centre currently employs eight staff including the designated person in charge, director of education who attended the service on the day of inspection, five staff who work directly with the children and an additional staff member from another premises who occasionally provides cover and works directly with the children.

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.

The inspection focused on an examination of compliance under:

- Regulation 9(1),(2)(a)(b)(c)(d),(3),(4),(7)(a) Management and Recruitment
- Regulation 11(1),(2) Staffing Levels
- Regulation 16(1)(g)(h)(k) Record in Relation to a Preschool Service
- Regulation 19(1)(b)(3) Health, Welfare and Development of child
- Regulation 23 Safeguarding the Health, Safety and Welfare of the Child
- Regulation 29(d) Premises
- Regulation 32(1)(a)(b)(c), (2)(a)(b) Complaints

A sampling process was used to assess compliance under Regulation 9(1),(2)(a)(b)(c)(d),(3),(4),(7)(a) and Regulation 16(k).

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

The inspection was triggered as a result of information received by the inspectorate.

A referral was made to the Child Safeguarding Statement Compliance Unit in Tusla following the inspection.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the person in charge, director of education, 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*
- (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;

Compliance Information

- (1)
- (a) (b) The registered provider ensured there was a designated person in charge and a named person to deputise as required. Both the person in charge and the deputy were on the premises when the inspectors arrived in the service.
 - (b) The service had a clear management structure with clear roles and responsibilities.
- (2) A discussion with management and review of available documents confirmed that five new staff were employed since the last inspection in February 2024. The files of these five staff members and the garda vetting disclosure of one exiting staff member that had exceeded a three-year period since the last inspection were reviewed.
- (a) Seven written and verified references were available from a past employer.
 - (b) Three written verified references were available from a source other than a past employer.
 - (c) Garda vetting disclosures had been obtained for all six staff members whose garda vetting was reviewed. The service had also adhered to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years.
 - (d) Police vetting was available for four staff members who had resided in a country other than Ireland for a period of more than 6 months as an adult.
- (3) A review of the staff files showed that the checks required under (2) above had been completed in advance of the employment start date for five staff members.
- (4) Evidence was available to show that five staff members whose files were reviewed and worked directly with the children held at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.

(7)(a) Conversations with staff members, a review of five staff files and additional training records demonstrated that staff were aware of and provided with appropriate information in relation to the services policies and procedures. The sample documents reviewed included a selection of induction training checklists, policy and procedure checklists and records of continuous professional development training that included topics such as improving classroom supervision and accident management.

Non-Compliance Information

(7)(a)

1. The registered provider did not ensure that the Designated Liaison Person completed their role and function in line with the services Child Protection policy regarding two instances noted during a review of Regulation 32.
2. Conversations with staff and a review of available documents demonstrated that the service did not act in line with their policy regarding the supervision and training of two new staff while on their probationary period. For example, service policy states they will conduct fortnightly reviews during the first 2-4 months of a staff's employment however there was no evidence to show these reviews had been completed.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(7)(a)

1. **Corrective action:** The registered provider ensures that the Designated Liaison Person (DLP) carries out their responsibilities in accordance with the service's Child Protection policy. It is acknowledged during the transition of our files there was an oversight regarding the two instances.
Preventive action: A continuous review of the process involved in transferring of files to our online filing system to ensure all records are accurately transferred and easily accessible on request. The child safety statement has been updated and further training has been given to the DLP.
2. **Corrective action:** We have reviewed and reinforced the service's policy on staff supervision and training with the person in charge to ensure a clear understanding, with particular emphasis on the importance of conducting regular reviews during the probationary period. A tracking system has been implemented to ensure these reviews are completed on time. The Regional Manager (RM) is responsible for overseeing the completion of probationary reviews, ensuring that they are scheduled, conducted, and documented in a timely manner, and in accordance with the service's policy.
Preventive action: To ensure that in the event of any technical difficulties, a contingency plan is in place to quickly retrieve records from alternative sources, to ensure transparency and compliance during inspections.

We will continue to regularly review and update our online filing system to guarantee that all necessary records are consistently uploaded and accessible. The person in charge will ensure that they oversee the ongoing file transfer process and ensure that all records are available within the online system at all times. The person in charge will also ensure that records are properly categorized and easy to retrieve during inspections.

Supporting documentation submitted

- Photographic evidence.

Summary Comment

The inspector has reviewed the actions taken and evidence submitted. The non-compliances identified under regulation 9 have been addressed.

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) The registered provider ensured that an adequate number of staff were working directly with the children in the service. On the day of inspection five staff were working directly with the 15 children present. The person in charge was available in supernumerary capacity to provide support. An additional staff member came from another premises who occasionally provides cover, and the director of education attended the service also on the day of inspection.

(2) The registered provider ensured that ratios were maintained at all times. The following was observed:

- In the Marigold room three adults were caring for 11 children aged 2-5 years.
- In the Sunflower room two adults were caring for 4 children aged 3-5 years.

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:

- (g) the policies, procedures and statements the service is required to maintain in accordance with Regulation 10;*
- (h) details of attendance by each pre-school child on a daily basis;*
- (k) details of any accident, injury or incident involving a pre-school child attending the service.*

Compliance Information

- (g) The policies and procedures required in accordance with Regulation 10 were available in paper format and a software application.
- (h) Attendance records detailing the arrival and departure of the children on a daily basis were maintained.
- (i) Following a review of the sample of nine records, the registered provider ensured a full record in writing was maintained for accidents and incidents.

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-

- (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.*

(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)(b) The following care practices were observed to be in place supporting the children attending:

- Drinks stations were available in care rooms at the children's level.
- Children wore coats when they visited the hall and staff brought drinks beakers and a first aid kit into the area during play time.
- Mealtimes were observed to be a social occasion as children sat with their peers. The morning snack provided by the service on the day of the inspection included watermelon, apple, kiwi, carrot. The hot meal was provided by an external catering company and refrigerated on site. Staff advised that additional portions of dinner would be available if needed.
- A staff member was observed to be responsive to a child's need when they showed discomfort for the sensation of glue on their hands following an art activity. The staff member assisted the child by bringing them to the sanitary area for handwashing to remove the glue.
- Individual timetables were displayed in the Sunflower room with removable pictures supporting a sense of predictability and routine for the children.
- Staff were observed to accurately record an overview of the child's day including meals, nappies/toileting and activities on a software application for sharing information with parents.

(3) The service has a behaviour management policy in place that sets out practices including the management of challenging behaviour. No staff members were observed to use harsh physical guidance to move children.

Non-Compliance Information

1. A child was observed to have removed their skirt and wear a top and tights at 12.21pm this went unnoticed by staff until the inspector brought it to their attention. Staff did not act after being informed of the child's partial clothing as the child was observed to remain without bottoms at 1.54pm. Ensuring the children are appropriately dressed supports the comfort and dignity of the child.
2. Transitions were observed to be poorly managed in the Marigold room with ineffective strategies used leading to upset and frustration for children.

The following was observed:

- A staff member was observed to repeatedly use the same language to request a child to complete a task in an exasperated and monotone voice leading to frustration and shouting from a child.
- Staff were observed to begin an approach to support a child's transition, but then walk away mid interaction. For example, beginning a countdown and then walking away or resuming conversation.
- A staff member was observed to lean over children while standing who either sat or lay on the floor during interactions for transitions and did not join children at their level.
- During group transitions to the toilet children were observed to push and hit one another unnoticed by staff.
- Staff were observed to prioritise cleaning practices while children displayed frustration during transitions such as hurting peers or running away across the room.
- A child who was crying after a transition to the sanitary area had three staff members interact with them for brief intervals but with no follow through on their interaction to address the upset and provide consistency and comfort.

Care practices around transitions should be managed effectively in a supportive manner in order to reduce negative experiences for children.

3. A child was observed with a crusted nasal discharge between 10.00am-11.17am. Timely nasal hygiene practices support the overall comfort of the children.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. **Corrective action:** Management has re-emphasised to staff members to pay closer attention to children's clothing throughout the day, ensuring they remain appropriately dressed at all times. The person in charge has established an immediate response protocol to promptly assist and re-dress any child found without appropriate clothing or removing their clothes. Staff members have been retrained on the importance of maintaining children's dignity and comfort by ensuring they are dressed appropriately at all times, as part of their overall well-being.

Preventive action: Staff will continue maintain the safety, dignity of the children without compromise.

The service will continue to foster an environment where children feel comfortable expressing their preferences regarding clothing, at the same time empowering them to make decisions within appropriate boundaries. The service will continue to engage parents in discussions regarding clothing preferences to ensure alignment between home and school, fostering mutual understanding and respect for the child's choices.

2. **Corrective action:** Staff members have been reminded of the importance of using positive, encouraging, and varied communication, including visual aids when engaging with children to ensure that children feel supported and motivated.

Preventive action: The service will continue to provide targeted training on how to support interaction with children and transitions, focusing on the use of positive, calm language, visuals, and consistent approaches that are adaptable to each child's individual needs. The person in charge to support staff during transitions. Visuals aids to be used during transitions throughout the day.

3. **Corrective action:** Management have stressed the importance of regular hygiene checks with staff to ensure that all children are attended to promptly. This included an established routine to monitor and address nasal hygiene as part of our daily care practices.

Preventive action: Staff members must consistently implement the existing schedule for nasal hygiene checks throughout the day (e.g., after meals, during playtime, before naps). Staff members must do a random quick check on all the children, and regularly use the soft tissues provided by the service for children's nose, where necessary. Staff members to continue to teach the children self-care skills, and where possible, encourage them to use tissues to wipe their nose, where required.

Supporting documentation submitted

- No additional documents submitted.

Summary Comment

The inspector has reviewed the actions taken and evidence submitted. The non-compliances identified under regulation 19 have been addressed.

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:

- Disinfectant wipes were stored in a cupboard on a high shelf out of reach of children.
- Radiator covers were in place and well maintained.
- The TV in the Marigold room was observed to be securely mounted.

Infection Control:

- Warm water and dispensed soap were available in the sanitary area supporting effective hand hygiene.
- The sanitary area and care room cleaning records were observed to be completed up to date.

Administration of Medication:

- Staff advised that no children currently attending required emergency medication.

Safe Sleep:

- The sleep room had an ambient temperature of 21.1°C while children over two years were sleeping.

Fire Safety:

- Staff were aware of the fire evacuation procedure.

Non-Compliance Information

General Safety:

1. A child's lunch included whole grapes which were not sliced and posed a choking hazard.
2. The middle cubicle in the large sanitary area had a damaged toilet seat observed to be used by children which was unstable and moved and posed a risk of injury. This was a non-compliance on the last inspection the corrective and preventive action had not been sustained.
3. Two large goals in the hall were folded away leaving metal bars with pieces facing upwards were unstable and observed to be walked on by a child and posed a risk of injury.

Infection Control:

4. On the day of the inspection a child's lunch containing perishable food item was stored in their bag and not refrigerated. Perishable food must be stored in a refrigerator or cool place at temperatures between 0-5°C as there is a risk of contamination.
5. Bed linen was not stored in effective way for infection control. Bed linen was observed to be stored in a range of bags including nonsealable card bags and staff were observed to place multiple pieces of bed linen into one bag.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. **Corrective action:** Staff members have been reminded to closely monitor meals and snacks, ensuring that all grapes and similar foods are appropriately sliced or prepared to minimize choking risks. Additionally, we have reiterated to parents the importance of sending foods that are appropriately prepared to reduce the risk of choking.
Preventive action: Staff to continue to check children's lunches on arrival to ensure that all grapes and other food that can cause choking hazards are sliced or appropriately prepared before being served.
2. **Corrective action:** The damaged toilet seat was replaced immediately.
Preventive action: The person in charge and a second designated staff member will ensure that they conduct a thorough inspection of all sanitary areas, checking for any signs of wear or instability in toilets, seats, and other fixtures. A frequent, quick check will be conducted at intervals daily to ensure that no issues such as instability or damage arise unexpectedly. Any unexpected damage arising must be reported to the management immediately for repairs or replacement to be made without any delay.
3. **Corrective action:** This has been promptly brought to the attention of the community centre manager on the same day. The removal of the goal posts has since been reviewed, and it has been agreed that the goal posts are safe to remain in the hall, allowing children to play football if they wish, as they pose no danger to their safety.
Preventive action: We will continue to implement regular safety checks and ensure that all equipment is properly secured and monitored before any activities involving children take place.

Infection Control:

4. **Corrective action:** Children's lunch boxes are to be kept in the fridge as soon as they arrive. This is added in the classroom risk assessment.

Preventive action: Each class been assigned a designated staff member who must check children's lunch boxes upon arrival to ensure that perishable items are properly stored in the refrigerator immediately. The person in charge has designed a visual aid for meal storage which serves as a continuous reminder for staff to prevent any instances of oversight. An ongoing staff training on food safety practices is in place.

5. **Corrective action:** The service have implemented updated procedures to ensure that bed linen is stored properly in sealable bags only. Each child's bag is now clearly labelled for easy identification to prevent any cross-contamination.

Preventive action: Ziplock bags will be stored permanently at the centre. Blankets and bed linens will be placed directly into these bags on arrival and stored in a closed container to maintain hygiene. Regular staff training on infection control practices will continue to be provided.

Supporting documentation submitted

General Safety:

- Document shared with families.
- Photographic evidence.

Infection Control:

- Checklist.
- Photographic evidence.

Summary Comment

The inspector has reviewed the actions taken and evidence submitted. The non-compliances identified under Regulation 23 have been addressed.

Part VII - Premises and Space Requirements

Regulation 29 - Premises

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

- (b) safe and secure,*
- (d) cleaned, maintained and repaired, as required, and*

Compliance Information

The registered provider ensured the following:

- (a) Entry to the care rooms within the community centre was by an electric fob and code system which was managed and monitored by staff. This restricted unauthorised persons from gaining access to the premises and prevented children from exiting the service unsupervised.
- (b) The premises appeared to be cleaned and maintained as required.

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.*

Compliance Information

(1)(a)(b)(c) There was a complaints policy available detailing the procedures to be followed for making a complaint, the manner in how the service deals with a complaint, and the procedures for keeping the complainant informed of this process.

Non-Compliance Information

(2)(a)(b) A review of documentation and conversation with the service manager and director of education in relation to five complaints showed that the service had not followed their policy in relation to the action taken and recording of a number of complaints. The following was observed;

1. A record of the outcome and action taken in relation to one complaint regarding a staff member from April 2023 was not provided to the inspectors on the day.
2. A second complaint regarding a staff member from March 2023 was not recorded in the complaints folder and was only brought to the attention of the inspectors during the feedback meeting when discussing the complaint referred to in point 1. A letter to the staff member following the complaints process was reviewed.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action

All relevant documentation including outcome of complaints are available for review at the centre.

Preventive Action

An ongoing review of filing system and the process for retrieving records to ensure all documents are both accurately transferred and accessible at all times.

Summary Comment

The inspector has reviewed the actions taken and evidence submitted. This will be reviewed on next inspection.