

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2015LH016
--------------------------	-------------

<b>Name of Service:</b>	Claddagh's Treasures Preschool
-------------------------	--------------------------------

<b>Address of Service:</b>	69 Claddagh Park, Tom Bellew Ave, Dundalk, Co. Louth
----------------------------	--

<b>Eircode:</b>	A91 AY6P
-----------------	----------

<b>Name of Registered Provider:</b>	Marie Flynn
-------------------------------------	-------------

<b>Service type:</b>	Full Day
----------------------	----------

<b>Date(s) of Inspection:</b>	07/11/2023
-------------------------------	------------

<b>No of pre-school children:</b>	AM	43	PM	38
-----------------------------------	----	----	----	----

<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate Child Wellbeing Centre Castleblayney Co. Monaghan
<b>Inspection undertaken by:</b>	M. Flood & S. Skinnader
<b>Title:</b>	Early Years Inspectors

### Authority to Inspect

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

<b>Conditions if applicable</b>	Not Applicable
---------------------------------	----------------

### Description of service

Claddags Treasures is a community-based service, managed by a voluntary committee and in operation since September 2006. The service provides Full day care, Part- time and Sessional care to Pre-school children from 2 to 6 years. The maximum number of children that can be accommodated is 51 and the service operates from 8:30 – 5:30 daily.

The service operates from a purpose-built building within a residential area of Dundalk town. There is off street parking available for parental drop off and collection. There are 3 care rooms in operation namely ECCE Rooms 1, 2 and 3. There is an outdoor play area on the premises and the ancillary accommodation consists of storage area, utility room, office, kitchen and sanitary accommodation

### Staffing

There are 23 staff employed in the service including the following:

- Nineteen childcare staff who work directly with the pre-school children, which includes the service manager, designated person in charge and deputy person and staff who provide relief in the service.
- Four staff members who are employed to carry out catering and cleaning duties, caretaker and administrative duties.

### 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 regulations 9, 11,10, 16,19 and 31; however, on inspection additional non-compliance which posed a risk was identified under Regulation 23. 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 carried out following receipt of the following information:

- The service submitted a Notification of Incident in accordance with Regulation 31.
- Unsolicited information was received by the Feedback and Concerns department.

## Acknowledgments

The inspectors wish to acknowledge the cooperation of the service manager, deputy 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

(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.

(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) & (b) The service had a designated person in charge and a named deputy person to deputise as required.

The deputy person was on the premises when the inspectors arrived unannounced to the service. The service manager arrived on the premises at 11:20.

(2) There were 23 staff files presented for inspection and the following were reviewed:

(a) & (b) There were 2 written and validated references from a past employer or an alternative source available for all 23 members of staff.

(c) Documentary evidence of a processed Garda vetting disclosure was available for each of the 23 staff members in the service including the service manager, childcare staff and ancillary staff.

(d) Following a review of the staff files presented on the day of inspection, international police vetting was available for 5 staff members who had resided outside the jurisdiction for a period of greater than 6 months as an adult.

(4) Documentary evidence was available to demonstrate that 19 members of staff, who work directly with the pre-school children, including the service manager held at least the minimum required level 5 Childcare Qualification.

(7) Documentary evidence was available on the staff files of the induction process for each staff member including date of induction and that the policies and procedures of the service were provided. Ongoing mentoring and support from management and an external quality development agency is reported. Additional training is also provided for staff in the service as required e.g., first aid training. In addition, an external agency has been engaged to provide behaviour management training for all staff in 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

Documentary evidence was available of the policies, procedures and statements of the pre-school service. These were available electronically and were on display in each of the care rooms which staff were familiar with.

### Part III – Management and Staff

#### Regulation 11 - Staffing levels

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

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

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

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

#### Compliance Information

(1) During the period of inspection there were an adequate number of adults working directly with the children attending the pre-school service.

(2) On the day of the inspection when the inspectors arrived unannounced to the service the following adult: child ratios were observed:

- Two adults in ECCE 1 with 7 children.
- Four adults in ECCE 2 with 15 children.
- Four adults in ECCE 3 with 21 children.

The deputy person in charge was present in the service and provided relief in the care rooms as required and also carried out administrative duties. Two additional adults were also on the premises and were engaged in catering and maintenance duties. The service manager arrived on the premises at 11:10 and was present for a short time. The service manager returned later to the service and was present for the remainder of the inspection.

(8)(a) Following a review of the available documentation e.g., staff rotas and children’s attendance records this information demonstrated that the registered provider ensured that there were at least 2 adults on the premises at all times.

### 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:*

- (h) details of attendance by each pre-school child on a daily basis;*
- (i) details of staff rosters on a daily basis;*
- (j) details of any medication administered to a pre-school child attending the service with signed parental consent;*
- (k) details of any accident, injury or incident involving a pre-school child attending the service.*

#### Compliance Information

- (h) Documentary evidence was available of the arrival and departure times for the children attending the service. Each room recorded their own attendance, and this was reflective of the children and staff present. Additionally, the attendance for all children and staff was also recorded on the services electronic application (app) system.
- (i) A staff roster was available and was reflective of the staff present on the day of the inspection. On questioning, the staff in each of the care rooms were familiar with the plans for the day in relation to each staff members break and who was providing relief cover in the care rooms.
- (j) Documentary evidence was available of the details of medications administered to a child including parental consent and 2 staff signatures.
- (k) The staff were observed to promptly document details of any accident or incidents that occurred during the inspection. The staff were also observed to inform management about any incidents that occurred during the day and were also observed to request a parent to sign an accident and incident report form about their child.

### 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*
- (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

There were 3 care rooms in operation on the day of the inspection namely; ECCE Rooms 1, 2, & 3.

(1)(a) The following examples demonstrate how the registered provider ensured that children's learning, development and well-being was facilitated in the service.

#### Basic needs:

- Healthy food and snacks were provided by the service to the children throughout the day. The on-site cook prepared the meals, and on the day of inspection a dinner consisting of pasta and bolognese sauce was served at 12:05. Platters of fresh fruit and fresh sandwiches were served for the midmorning and afternoon snacks. Some children who did not want to eat dinner requested toast and butter and this was facilitated. Drinking water and milk were available and provided as required.
- Children's personal care needs were met by the staff e.g., cleaning of noses and faces and handwashing,
- Younger children who required a nappy change had nappy changes as necessary. The staff were observed to handle this care need with sensitivity and good social interactions with conversation during nappy changing was observed.
- Children who were independent with toileting skills accessed the bathrooms and the staff provided discreet supervision or assistance where required. The children who were being toilet trained were supported on a regular basis with toileting and when questioned, staff were familiar with the individual children's toilet training routines, reward systems and communication with parents.

#### Supporting Relationships

- Staff used an electronic application (an 'App') to provide information to parents on their child's care and daily routine in the service on a daily basis. Information shared included details of each child's personal care routines such as what they ate, when they slept, nappy changes and play activities. In addition, some parents were provided with a documented account of their 'childs day' in a diary with staff regularly documenting when care needs were attended to. The staff also reported that communication with parents is conducted verbally at collection and drop off. Phone calls, email and phone messaging are also used.

- A key worker system was in operation in the care rooms and the information pertaining to the child and the allocated key workers were on display. This promotes the development and sustainment of secure and positive relationships between the staff and children and supports their interest and development.

### **PHYSICAL AND MATERIAL ENVIRONMENT:**

- The physical and material environment, both indoors and outdoors, supported children's learning and development. The care rooms contained a suitable range of play materials and equipment which were appropriate for the age and developmental stage of the children and laid out to accommodate the needs and interests of the children in the rooms. These were stored on open low-level shelves and were freely and readily accessible to the children.
- The three pre-school rooms had clearly defined interest areas and the environments supported the pre-school children in initiating and sustaining play activities with real-life, wooden and open-ended materials provided in each care room. Adequately resourced home corners with supportive equipment, construction areas, dress up, sensorial equipment, activity tables containing rice and science display, small world toys, arts and crafts materials and toys to develop manipulation skills including bricks, blocks, jigsaws, shape sorters, were amongst the interest areas and play equipment provided in the three care rooms.
- All children in the service had regular access to the outdoor play spaces throughout the day.

### **Programme of Activities**

- There was evidence of the children's artwork on display in each room e.g., car painting pictures, sticking and gluing pictures of modes of transport, space themed pictures including planet art.
- Learning journals were uploaded on the electronic app for parents and children to view.
- There was evidence of curriculum planning in all of the rooms and some of the activities observed were reflective of the Themes of the week e.g., transport and science week.

(3) In Room 3 an individualised care plan with child specific behaviour management strategies was in place and was observed being successfully implemented. Positive language and encouragement were also observed.

### Non-Compliance Information

The registered provider did not ensure that each child's learning, development, and well-being was facilitated within the daily life of the service in relation to the following:

(1)(a)

1. A number of children in Room 2 needed additional support from the staff members to facilitate their participation in the service. Individualised care plans, which were developed with the support of an external agency were in place for the children with identified goals and actions to support development. However, there was no evidence of planning by the staff in the care room to implement strategies and supports to achieve these goals e.g., when questioned one staff member was not familiar with the plans even though some of the goals had been identified since January 2023.
2. One child who was clearly distressed with noise levels in the room at dinner time and was observed putting their hands over their ears was told by the staff member *"I know... I know it's annoying... but you need to sit at the table..."*. This was not supportive of the child's emotional and sensory needs.
3. The environment in Room 2 during the inspection was chaotic and the noise levels in the room was very high. This was further exacerbated by staff shouting over this noise to give instruction or discuss an activity. The chaotic environment continued during the transition period after dinner, for example; one child was observed walking around the room eating toast and climbed up onto the window sill from which they fell off and banged their head, 2 other children were observed fighting over a toy, while another child was observed banging a wooden house off the window in the play room and 2 children were opening the exit door to the outdoor play area while some staff were observed to lift the children back into the room. When the room leader opened the door and the children ran outside, they were observed to knock over a child who was in a ride on car.

(3) Some of the staff in Room 2 were observed to use loud tones and negative language such as *"no...no...no..."* and *"don't do that"* *"stop hitting your friends, no...sit on your bum."* instead of employing more positive methods to redirect or promote positive behaviour. Additionally, the volume of some staff voices was very loud.

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

#### Corrective and Preventive Actions

(1)(a)

1.

- The Inclusion Coordinator held a meeting on 13th November where she explained the plan agreed with the external support coordinator and a planned staff meeting on the 21st of November. The roles of the key persons were also explained plus the importance of being aware of key children's goals and individual care plans. Team leaders were also reminded of the importance of using visual aids to facilitate communication and transitions and their implementation of them in all rooms.
- The children's care plans were reviewed with relevant staff members and a curriculum pack was purchased from a reputable source. It was reviewed with the staff to ensure the implementation of the various templates to aid planning, implementing strategies and support to achieve goals. Copies of the children's individual care plans were emailed to all the staff members and acknowledged.
- A staff memo was circulated to the relevant staff members outlining the non-compliance, and staff were informed that support would be further implemented by the registered provider along with an external support agency and the service Inclusion Coordinator in curriculum planning and implementing the care plans goals and strategies.
- The entire team received training on the 21st of November.
- A copy of the Curriculum Policy, Curriculum Statement and Inclusion Policy was distributed to all staff on 11/12/2023.
- An email was sent to the relevant staff members, including information which explains the access and inclusion programme and additional backup information to complement the training session.
- The local County Childcare has been contacted to enrol new team members in curriculum training.

2.

- Two staff support meetings were held on 28th of November 2023. One with all team members to address observations made by senior staff member and implement strategies to reduce the noise level in the room and to improve support to children in their care. The second meeting took place with two staff members to review their observed work practises and implement corrective measures and strategies moving forward.
- A key worker system was implemented after the support meeting on the 28th of November with all team members to address the observations carried out. Clear standards and expectations on how to best engage with children in their care were set out in the meeting.

A whiteboard was implemented, and daily tasks were assigned to team members to ensure equity of work tasks and that responsibilities were clearly allocated.

- All relevant staff from Room 2, new staff and staff working with this team (9 staff in total) were booked to attend an interactive certified webinar entitled: “Supporting a Neurodiverse child in your EY setting” on 12/12/2023. The registered provider requested that the training includes ideas, strategies, and suggestions to support children’s sensory and emotional needs adequately.

3.

- All relevant staff have been booked to complete the e-learning course “Transitions within the daily routine.”
- An additional team leader has been added to the team on a temporary basis to support/mentor the team. This will be monitored closely and will be in place until the team is fully confident. Since the day of the inspection, the Senior Childcare Workers have been working closely with the team in ECCE Room 2, holding meetings to assist in implementing daily routines, curriculum planning reflecting children’s emergent interests, implementing transition strategies and positive behaviour management. The first meeting was held on the 28<sup>th</sup> of November, as mentioned above in point 2. A key Worker system is now in place to guarantee adequate supervision of children and ensure their health and safety, and wellbeing.
- The daily curriculum plan has been reviewed with staff members and a new one has been developed to include the transitions through the daily routine and clearly allocating different roles to each staff member.
- An access outdoor play schedule procedure has been distributed among staff and displayed in the rooms for accessing the outdoor space.
- All staff are participated in behaviour management training on the 16th of December.
- An additional copy of the Behaviour Management Policy was furnished to all team members.
- Clear positive reinforcement strategies have been discussed, as well as how to implement positive language with staff during the meeting on the 28<sup>th</sup> of November.

### **Preventive Action:**

- Going forward, one-to-one meetings will be conducted weekly with the external support agency and the relevant staff/ key worker of children in receipt of additional supports. Records of the meeting notes will be available during future inspections.
- Submission sent to external source to enrol and engage with a Quality Development Programme.
- Going forward a senior team member has been designated to support staff in implementing goals and provide the manager with a weekly progress report. Two meetings have already been held with the team, and the next meeting is scheduled for the 12<sup>th</sup> of December.
- After staff attended the training entitled “Supporting a Neurodiverse child in your EY setting”, a meeting was scheduled with staff for January to discuss the possible strategies to be implemented in the daily routine. The implementation of the strategies will be observed and supervised on an ongoing basis by senior staff members, and observations will be discussed during support and supervision meetings.
- Going forward, the curriculum pack purchased, will be used for short-term and medium-term curriculum planning templates. It will be submitted to the senior staff members/managers weekly and monthly for support and approval.
- Staff will continue to undertake ongoing professional development linked to Regulation 19 (including child-directed planning, the national curriculum framework, and supporting children’s developmental needs through play and learning).
- Going forward, new staff will receive a copy and introduction of the children’s individual care plan as part of their induction training. This has been included in our induction training checklist going forward. See the evidence document.
- To ensure that care plans and supports are implemented in the room and, therefore, in compliance with regulation 19, the registered provider has included a new section in the job chats template that is used which says "supporting children with additional needs and implementation of care plans" as an area for discussion going forward with staff during one-to-one meetings or support and supervision meetings.

### **Supporting documentation submitted**

Evidence of meeting summary notes and photographs of visual aids.

Evidence of email with care plan attached submitted

Evidence of staff memo with acknowledgement submitted.

Evidence of the training attendance sheet and training agenda and Summary.

Evidence of a copy of policies and staff acknowledgement.

Evidence of the email sent to staff with a copy of the attachments and the photograph of the poster displayed.

Evidence of email communications regarding training programmes submitted.

Evidence from meeting notes and photographs of key workers list and display.

Staff acknowledgement/signatures of attendance submitted.

Evidence of See evidence from meeting notes and photographs of key workers list and display submitted.

Evidence of booking and confirmation with trainer submitted.

Evidence of copy of daily curriculum plan submitted.

Evidence of outdoor play schedule guide and photograph displayed in the room submitted.

Evidence document with a copy of the Behaviour Management policy and receipt acknowledgement from staff submitted.

Evidence notes of the meeting with staff and external support agency on 21/11/2023 with agreed points submitted together with an application for quality development support.

Evidence of email communication to staff with the procedure regarding curriculum training templates submitted.

Evidence of training checklist document submitted.

Evidence of job chat template submitted.

The registered provider submitted details of the corrective and preventative actions taken in the service to address the non-compliances. Based on this information the non-compliances identified under Regulation 19 have been addressed. Implementation and sustainment of the corrective and preventative actions will require assessment at the next inspection.

## Part VI - Safety

### Regulation 23 - Safeguarding health, safety and welfare of child

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

#### Non-Compliance Information

The Inspectorate is not assured that adequate steps have been taken to ensure the health, safety and welfare of the pre-school children attending the service. The following observations were made:

#### General Safety:

1. An overflow pipe was draining water on the ground in the outdoor play area which is a potential slip hazard.
2. In room 3, the kitchen units and white shelving units and the kitchen unit in Room 1 had sharp corners exposed which is a potential injury hazard.

#### Action submitted by the Registered Provider

#### Corrective & Preventive Action

1. Arrangements were made to fix the overflowing pipe in the garden by the caretaker.  
A staff memo was sent via email to all staff members on 13/12/2023 with a copy of the risk management policy, as well as reviewing the risk assessments already available in each room. The manager/supervisor reiterated the importance of spotting and reporting potential risks so corrective, or control measures can be taken to ensure the health and safety of both children and staff members.
2. Corner covers were ordered and placed in the highlighted furniture and kitchen units that had sharp corners in Room 1 and 3 so all sharp edges and corners have now been covered.  
All staff are to be retrained in completing risk assessments and reporting procedures in place. A memo was sent to staff in relation to the same, and all risk assessments will be checked weekly by senior management going forward to ensure sustained compliance. In addition, a monthly audit will be carried out by senior management.

## **Supporting documentation submitted**

Copy of completed room assessment submitted.

Evidence of staff memos and acknowledgments regarding risk assessments and reporting procedures submitted.

## **Summary Comment**

The registered provider submitted details of the corrective and preventative actions taken in the service to address the non-compliances. Based on this information the non-compliances identified under Regulation 23 have been addressed. Implementation and sustainment of the corrective and preventative actions will require assessment at the next inspection.

## **Part VIII - Notifications and Complaints**

### **Regulation 31 - Notification of incidents**

*A registered provider shall notify the Agency in writing within 3 working days of becoming aware of any of the following incidents occurring in the preschool service:*

*(d) a serious injury to a pre-school child while attending the service that requires immediate medical treatment by a registered medical practitioner whether in a hospital or otherwise;*

## **Compliance Information**

(d) The Early Years Inspectorate was notified of an accident/incident in the service in accordance with the requirements of Regulation 31. Documentary evidence was also available of additional referrals to external agencies as were required.