

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2015LH078
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Name of Service:	Pugwash Bay Ltd
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Address of Service:	Lis na Dara, Carrick Road, Dundalk, Co. Louth
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Eircode:	A91 VR66
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Name of Registered Provider:	James Moore
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Service type:	Full Day
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Date of Inspection:	25/06/2024
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No of pre-school children:	AM	61	PM	35
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Address of the Early Years Inspectorate:	Early Years Inspectorate Child Wellbeing Centre, Castleblayney Co. Monaghan
Inspection undertaken by:	M. Flood and S. Skinnader
Title:	Early Years Inspectors

Authority to Inspect

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

Conditions if applicable	Not Applicable
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Description of service

Pugwash Bay Ltd, Lis na Dara is one of a chain of 5 Pugwash Bay services operated in Co. Louth and Co. Meath in addition to a further 6 early years services operated by the registered provider nationally. This full day care service is registered to accommodate 72 pre-school children and caters for babies and preschool children up to the age of 6 years. The service operates from 8.00am to 6.00pm each weekday. There are two sleep rooms in place, the larger of which contains 8 standard cots, and which is located between and accessible from both the Jelly Babies Room and the Smarties Room. The second smaller sleep room which is not currently in use, contains 4 standard cots and is located on a corridor adjoining the Jelly Babies Room. A fully enclosed outdoor play area is provided on the premises.

Staffing

There are 25 staff employed in this service, 17 of whom work directly with the children including the acting manager and the deputy person in charge and three additional staff members who were engaged in catering, housekeeping, and maintenance duties. Although not present on the day of the inspection, two additional staff are employed for administrative duties. The service's Quality & Governance Co-ordinator, who provided support across the service was also present. An auditor from the company's national office arrived at the premises during the inspection. The acting manager confirmed that the services' national chief operating officer is present in the service intermittently.

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, 16, 19, 23, 25, and 31; however, on inspection additional non-compliances which posed a risk were identified under Regulation 8 and 29. These findings are outlined within the relevant regulations within this report.

A sampling process was used to assess compliance and as a result, the scope of the inspection included the Smarties and Jelly Babies Rooms and Little Buttons and Skittles Rooms.

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

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

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

Additional Information

- While an unannounced inspection was scheduled for this service, the registered provider had submitted notification of an incident which required assessment at inspection.
- An immediate action notice was issued to the acting service manager on the day of inspection in relation to an elevated ambient temperature in the Little Buttons Room when it was converted to a sleep room. The room temperature was recorded as 25.5°C at 13:11 hrs which exceeds the recommend safe sleep room temperature of 18-22°C for children over 1 year of age. The service manager provided written assurances of appropriate immediate actions undertaken in the service to control the risk to children within 24 hours of the inspection.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the acting manager, staff and children who were present on the day of the inspection.

Part II - Registration and Register

Regulation 8 - Notification of change in circumstances

(1) A registered provider of a pre-school service other than a temporary pre-school service shall, subject to paragraph (3), notify the Agency in writing of any proposed change in the details in relation to the pre-school service contained in the register pursuant to section 58C(2) of the Act or Regulation 7(2) at least 60 days before it is proposed that the change would take effect.

Non-Compliance Information

The registered provider did not notify the agency of a change of designated person in charge.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Actions

- (1) The registered provider stated that the following actions have been carried out.
- Notified Tusla immediately about the change of the designated person in charge.
 - Updated all internal records to reflect the new designated person in charge.
 - Ensured the new designated person's details are accurately recorded in all relevant documentation and systems.
 - Ensured everyone is aware of the new contact details and responsibilities.
 - Developed and implemented a policy that outlines the procedure for notifying the Tusla of any changes in the designated person in charge.
 - Include clear steps and timelines for notification.
 - Share the policy with all relevant staff on the new policy and procedures.
 - Ensure that staff understand the importance of timely notification and the steps involved.
 - Schedule regular reviews of the designated person in charge status as part of internal audits.
 - Ensuring that any changes are identified promptly and notifications are made without delay.

Supporting documentation submitted

Documentary evidence of processed Change in Circumstances form.

Summary Comment

Following a referral to the national registration office, the registered provider submitted the required change in circumstances application and completed the process to amend their registration status in accordance with their current operation. Based on this information the non-compliance under Regulation 8 has now been rectified.

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 can 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;*

Compliance Information

(1)(a) & (b) The service had a designated person in charge and named deputy person to deputise as required. The person in charge and deputy person were on the premises when the inspectors arrived at the premises and were present throughout the inspection.

(c) When questioned staff were familiar with the management structure within the service and the roles and responsibilities of the various staff members.

(2) Following a discussion with the acting manager and a review of the staff roster it was confirmed to the inspectors that there were 7 new staff members present in the service since the last inspection.

(a)(b) The full staff files in relation to the 7 new staff members were reviewed:

- Two written references from a past employer or another source were available for 6 out of 7 new staff employed in the service. Eleven of these written references available were validated.

(c) Documentary evidence of a processed Garda vetting disclosure was available for each of the 7 new staff members.

Garda Vetting disclosures were also reviewed for the additional 18 staff members of staff employed in the service. The registered provider 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) Documentary evidence of a processed international police vetting was available for 3 new staff members.

(4) Documentary evidence was available to confirm that 4 out of 5 new members of staff who were observed working directly with the children on the day of inspection held at least the minimum required level 5 childcare qualification on the National Framework of Childcare Qualifications or a qualification deemed equivalent.

(7) Documentary evidence was available to demonstrate that following a recent incident in the service, staff received additional supervision. The Quality & Governance Co-ordinator also stated that additional training was also being provided for staff.

Non-Compliance Information

(2)(a)(b)

1. One new staff member present in the service during the inspection did not have two written and validated references available for inspection.

One written reference available for one staff member was not appropriately validated.

- (d)
2. One new member of staff who had resided in a 2nd country outside the Irish jurisdiction for a period of greater than six months, did not have documentary evidence of the required international police vetting available for inspection.
- (4) One adult who was observed working with the preschool children did not have the required official translation of their qualification available for inspection, to determine that it meets the required minimum level 5 childcare qualification.
- (7) On review of new staff files there was no documentary evidence available for 2 staff members to indicate that staff induction had been completed on commencing employment in the service.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

The registered provider stated that the following actions had been taken to address the non-compliances.

- (2)(a)(b)
1. Obtained the required written references and completed verifications.
Introduced a new pre-employment checklist to ensure all required documents, including references are collected and validated before a new staff member begins working.
- (d)
2. Obtained the required international police vetting documentation for the staff member in question.
Verified the authenticity of the international police vetting document.
Ensured the international police vetting documentation is included in the staff member's personnel file and made available for future inspections.
Reviewed the recruitment policy to make sure that international police vetting for any staff member who has resided in a second country outside the Irish jurisdiction for a period greater than six month is obtained.
Introduced a new pre-employment checklist to ensure all required documents, including international police vetting, are collected and validated before a new staff member begins working.

Share with the managers the updated policy and checklist procedures to ensure compliance with international vetting requirements.

Schedule regular audits of staff files to ensure all required international police vetting documentation is on file and validated.

(4)

Verified the qualifications of the adult in question to ensure they meet the required minimum level 5 childcare qualification and obtained an official result of the qualifications.

Ensured the obtained document is added to the individual's personnel file.

Informed the manager about the importance of having official translations of their qualifications. Updated the recruitment policy to include a mandatory requirement for official translations of qualifications/actual results for all staff and shared the updated policy with the managers.

Ensured that all current staff have their qualifications officially translated.

Implemented a regular audit schedule to ensure all staff qualifications are up-to-date and meet regulatory requirements.

Designated a compliance officer/manager to oversee the qualification verification process during recruitment and regular audits.

Developed a standardized procedure for maintaining and updating staff qualification records.

Use a digital record-keeping system to track the status of each staff member's qualifications and translations.

Reviewed the policy and procedure annually to ensure they remain effective and compliant with regulatory standards.

(7)

Conducted a review to confirm that the two staff members in question have completed their induction training. Documented the completion of their induction training by having the staff members and their supervisors sign an induction completion form and added these forms to the respective staff files.

Cross-checked with the induction training records to ensure that all mandatory components of the induction were covered. Updated the induction policy to include a clear requirement that all induction training must be documented immediately upon completion.

Specified the forms and documentation that must be completed and filed for each new staff member.

Ensured the checklist is signed by both the new staff member and their manager upon completion and filed in the staff member's personnel file.

Trained all managers on the updated induction process and the importance of maintaining proper documentation.

Implemented a regular audit schedule to review staff files for compliance with induction documentation requirements.

Designated a compliance officer/manager to oversee the induction process and ensure all documentation is completed and filed appropriately.

Use a digital system to track induction training and completion for all staff.

Review and update the induction process annually based on feedback and audit results to ensure ongoing compliance and effectiveness.

Supporting documentation submitted

All required vetting documents submitted

Summary Comment

The registered provider submitted details of the corrective and preventative actions taken in the service to address the non-compliances which were reviewed by the inspector. Based on this information the non-compliances 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 always 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 always at least 2 adults on the premises,

Compliance Information

(1) On the day of inspection there was an adequate number of staff members working directly with the children attending the service.

(2) The adult to child ratios were correct in the service when the inspectors arrived unannounced at 9.50am and remained so throughout the inspection.

The following adult to child ratios were observed during the inspection:

- In the Jelly Babies Room there were 6 children aged 1 year being cared for by 3 staff members.
- In the Smarties Room there were 6 children aged 1 to 2 years being cared for by 2 staff members.
- In the Little Buttons Room there were 10 children aged 2 to 3 years being cared for by 3 staff members.
- In the Skittles Room there were 9 children aged 3 years 5 months to 4 years being cared for by 1 staff member.
- In the Rolos Room there were 20 pre-school children aged 3 to 5 years being cared for by 3 staff members.
- The Marshmallows Room there were 10 pre-school children aged 3 to 5 years being cared for by 2 staff members.

The acting manager and deputy person in charge were on the premises and provided assistance in the care rooms as required. The services Quality and Governance Co-ordinator and services national auditor were also present in the service. One additional member of staff was present and engaged in catering duties.

(8)(a) The registered provider ensured that 2 adults were present on the premises at all times, verified by staff rosters and staff attendance records maintained at the service.

Part IV – Information and Records

Regulation 16 – Record in relation to pre-school service

(1) A registered provider shall ensure that a record in writing is kept of the following information in relation to the service:

- (a) the name, position, qualifications and experience of the person in charge and of every other employee, unpaid worker and contractor.
- (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.
- (i) details of staff rosters on a daily basis.
- (k) details of any accident, injury or incident involving a pre-school child attending the service.

Compliance Information

(1)(g) Documentary evidence was available of the policies, procedures, and statements of the pre-school service in accordance with Regulation 10. These were available electronically and were also available in the care rooms.

(h) All the arrival and departure times for all children present in the service were documented on either the written attendance record or the electronic application which was on trial in the service.

(i) A staff roster was available in the service and was reflective of the staff present in the care rooms.

Non-Compliance Information

(1)(a) A curriculum vitae was not available for inspection for 1 member of staff and 1 maintenance contractor to confirm the qualification, experience or the requirement of international police vetting if applicable.

(k) The accident and incident form relating to the recent Notification of Incident submission in the service was reviewed. This form was found to be incomplete as it did not contain a parental signature to indicate that the parents had been informed about the incident.

In addition, two books containing accident and incident forms for the service were also reviewed. A number of these accident and incident forms were incomplete. For example, some forms did not contain a manager's signature to confirm that they had reviewed the incidents, and some forms did not have a parent signature indicating that the parents had been informed about the incident. This is at variance with the procedures outlined in the services Accidents and Incidents policy.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

The registered provider stated that the following actions had been taken to address the non-compliances.

(1)(a) Obtained the CVs for one staff member and the maintenance contracted person. Determine if international police vetting is required for these staff members, based on their work history and qualifications. Added the obtained CVs to the respective staff members' personnel files.

Included a checklist for managers to confirm that all required documents, including CVs and police vetting, are in place before the employment start date.

Developed a standardized hiring checklist that includes all mandatory documentation such as CVs, qualification verification and police vetting requirements.

Ensure this checklist is completed and signed off by manger before a new employee's first day.

Conduct refresher training sessions periodically to reinforce the importance of complete and verified documentation.

Implemented a regular audit schedule to review staff files for compliance with documentation requirements, including the presence of CVs.

Designated a compliance officer/manager to oversee the hiring process and ensure all required documentation is collected and filed appropriately.

Utilized a digital system to track and store all required hiring documentation, including CVs and vetting reports.

Review and update the hiring process annually based on feedback and audit results to ensure ongoing compliance and effectiveness.

(k)

Reviewed the specific incident forms that lacked parental signatures and follow up with the parents to obtain their signatures.

Ensure that the manager reviews and signs the incident forms that lacked managerial signatures.

Conduct a thorough review of all current accident and incident books to identify and rectify any other incomplete forms.

Review the policy for documenting accidents and incidents to explicitly require signatures from both parents and managers.

Reviewed accident and incident form that includes clearly marked sections for parent and manager signatures.

Sent the reviewed policy to all staff and highlight the importance of completing all sections of the accident and incident forms.

Conduct refresher training sessions regularly to reinforce these requirements.

Implement a regular audit schedule to review accident and incident forms for completeness, including the presence of all required signatures.

Designate a compliance officer/manger to oversee the review process and ensure adherence to documentation standards.

Ensured staff are aware of promptly informing parents about any incidents involving their children, using follow-up calls or meetings to ensure parents are aware and have signed the necessary documentation. Utilize a digital system to track and store accident and incident reports, making it easier to identify incomplete forms and follow up accordingly through the service electronic application.

Ensured that electronic copies are securely stored and easily retrievable for inspections.

Regularly review and update the accident and incident reporting process based on feedback and audit results to ensure ongoing compliance and effectiveness.

Supporting documentation submitted

Staff memos

Policy documents

Summary Comment

Based on this information submitted in the CAPA response, on review by the inspector the non-compliances under Regulation 16 have been addressed. Implementation of the corrective and preventative strategies will be assessed at the next inspection.

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.

(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 6 rooms in operation on the day of the inspection: namely the Jelly Babies, Smarties, Rolos, Marshmallows, Little Buttons and Skittles Rooms. The children attending the Rolos and Marshmallows Rooms were also having their graduation ceremony together with their parents during the inspection.

A sampling process was therefore used and as such the Smarties, Jelly Babies, Little Buttons and Skittles Rooms are the subject of this inspection.

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

Basic needs:

- Independence with toileting was promoted for the children who were toilet trained and discreet supervision was also provided by staff as required. Gentle handwashing reminders were also given to the children after toileting.
- Nappies were changed regularly and in a timely manner with lots of friendly interaction observed between children and staff in all rooms.
- The children's care needs were attended to on a regular basis for example, hands were washed before mealtimes and after toileting; and noses were wiped.
- The children's drinks cups/ bottles and jugs of water were stored in the care rooms, and they were accessible as required. Assistance was given to the younger children who required feeding. Bibs were put on the younger children before meals and hands and faces cleaned appropriately after the meals. Staff

were observed to sit with the older children at mealtimes and this time was used to encourage conversations between the children.

- The children were observed to move freely in the care rooms and the children in all care rooms had a change of environment into the outdoor areas throughout the day. All children were dressed appropriately to go outside.
- The staff were supportive and responsive in promoting positive behaviours and supported the children to find positive solutions when they experienced challenge in sharing toys and equipment e.g. redirection or additional equipment to support play. Tabletop activities were set up for the children to ensure swift transitions between activities.

Physical and Material Environment

- Child sized furniture and equipment was in use throughout the service.
- An adult chair was available in the Jelly Babies and Smarties Rooms for an adult to sit and comfortably nurse or feed a child.
- A variety of age-appropriate materials and equipment were available in all care rooms that support many areas of development such as fine and gross motor skills, role play, speech and language and sensory development.
- The children were observed to engage in a variety of activities that promoted many areas of development for example, story time with discussions about the meaning of the story, circle time which included a discussion about thunder and lightning, outdoor play, games such as musical chairs, art and painting. Child-led and initiated activities were facilitated and supported by the staff present in the care rooms
- Toys and equipment were positioned on open low-level shelving in these rooms which promoted independence and facilitated choice for the children.

Non-Compliance Information

The Inspectorate is not assured that each child's learning, development, and well-being is being facilitated within the daily life of the service in relation to the following:

1. In the Jelly Babies Room, one child who was displaying obvious signs of tiredness was not put down to sleep in a timely manner. For example; at 11:35am one child was crying and observed putting their head down on a staff members knee and closing their eyes. This staff member was heard saying "you're tired ...? And then proceeded to say to the 2nd staff member present in the room "I'll put ... down" to which the

second staff member replied "no...we'll try to keepup. Its only 10 or 15 minutes to dinner ... and you'll sleep much better on a full belly". This child was placed in the highchair for dinner and was crying and refused to eat dinner and then closed their eyes. This child was eventually put down to sleep at 12:08.

2. No dinner was reserved for the child detailed above when they got up from their sleep. When questioned the staff present stated that "no... didn't get dinner...don't know where ... dinner went...must have got confused. but...got 2 yoghurts, a bottle and rice puffs". This is not adequate as a dinner for a child aged 1 year 6 months.
3. One staff member was observed to use negative language, a sharp tone and directed the children when they were getting ready for sleep time after dinner. For example: "do not do that" "....sit up in your chair" "....now cosy corner.....cosy corner now" "....its night night time we are not playing with toys its night night time".
4. In the Little Buttons Room the door to the toilet used by the children in this room remained open and therefore the children using the toilet could be seen from the care room. This does not maintain the privacy and dignity of the child during toileting.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Actions

The registered provider stated that the following actions had been taken to address the non-compliances.

1.
 - Ensured the children are given the opportunity to sleep as soon as tiredness is observed.
 - Assessed the current room environment and staff routines to identify why the child's tiredness was not promptly addressed. Held an immediate meeting with the two staff in question and we retrained them.
 - Reinforced the importance of responding promptly to signs of tiredness in children.
 - Reviewed the policy on a maximum response time from when signs of tiredness are observed to when the child is put down to sleep. Discussed with staff the importance of recognizing signs of tiredness and the updated nap-time policy. All staff has been retrained on the policy.
 - Implemented routine checks where a designated staff member monitors children for signs of tiredness and ensured they are put down to sleep promptly.
 - Assessed the sleep environment in the Jelly Babies room to make it conducive for children to rest comfortably and promptly when needed.

Ensured that cots and sleeping mats are readily available and easily accessible.

Encouraged parents on a daily basis to share their child's sleep patterns and preferences to better inform staff.

Implemented a regular review process where the effectiveness of the nap-time policy is assessed, and any incidents of delayed response are analysed.

Designated a staff member to oversee the implementation of the nap-time policy and ensure compliance.

Regularly review and update the nap-time policy and procedures based on feedback and monitoring results to ensure ongoing compliance and effectiveness.

2.

Held an immediate meeting with the two staff to discuss the incident.

Identified the reasons why the child's meal was not reserved and address any misunderstandings or gaps in procedure. Document the incident, including the actions taken to resolve it.

Reviewed the meal policy to ensure that meals are reserved for all children who are sleeping during mealtime.

Clearly define the roles and responsibilities of staff members in reserving and serving meals to sleeping children upon waking. Discussed with all staff the updated meal policy and the importance of ensuring all children receive their meals, even if they are sleeping during scheduled mealtimes.

Highlighted the importance of proper communication and coordination among staff to ensure meal reservations are made. Staff are asked to use a checklist or log to track which children are asleep and need meals reserved.

Implemented routine checks to ensure all children's meals are appropriately reserved and served after they wake up.

Encourage parents to share any specific dietary needs or preferences their children may have.

Implemented a regular review process to assess the effectiveness of the meal reservation procedure and identify any incidents of non-compliance.

Conduct periodic audits to ensure all staff are adhering to the updated policy and procedures.

Regularly review and update the meal policy and procedures based on feedback and audit results to ensure ongoing compliance and effectiveness.

3.

Addressed the behaviour directly with the staff member involved, emphasizing the importance of using positive language and a gentle tone with children. Provided immediate feedback to the staff member on

appropriate communication techniques. Documented the incident, including details of the behaviour observed and the immediate corrective actions taken. Manager/deputy manager to observe the staff member's interactions with children to ensure compliance with appropriate communication practices.

Reviewed the communication and behaviour management policy to include clear guidelines on the use of positive language and tone when interacting with children.

Outlined specific consequences for staff who do not adhere to these guidelines.

Sent out a behaviour management policy for all staff including positive communication techniques and behaviour management strategies.

Search for potential additional training on emotional intelligence and conflict resolution.

Implemented a regular observation schedule where manager or designated staff monitor interactions between staff and children to ensure compliance with positive communication practices.

Encouraged staff to self-reflect and seek support if they feel challenged in managing behaviour positively.

Provide mentoring and support for staff members who may struggle with implementing positive communication techniques.

Pair experienced staff with new or less experienced staff to provide guidance and modelling of appropriate behaviour.

Regularly review the effectiveness of the communication and behaviour management policy through staff feedback, parent feedback, and incident reports.

Update training programs and policies based on the review findings to ensure ongoing improvement and compliance.

4.

Ensured the toilet door is closed immediately to maintain the privacy of the child currently using the toilet.

Communicate with the staff in the Little Buttons room about the importance of maintaining the privacy and dignity of children during toileting.

Assessed the physical layout of the room and toilet area to identify any potential modifications needed to ensure privacy.

Documented the incident, including the immediate steps taken to resolve the issue.

Clearly state that toilet doors must be closed when in use and provide guidelines for staff to discreetly monitor children's safety without compromising privacy.

Reviewed the privacy policy, emphasizing the importance of maintaining children's privacy during toileting.
Implemented routine checks to ensure that the toilet door is always closed when in use.
Designated a staff member to monitor and ensure compliance with the privacy policy during regular intervals.
Educate children about the importance of privacy during toileting in an age-appropriate manner.
Implemented a regular review process to assess the effectiveness of the privacy measures and ensure compliance.
Conduct periodic audits and gather feedback from staff, parents, and children to identify areas for improvement.
Regularly review and update the privacy policy and procedures based on feedback and audit results to ensure ongoing compliance and effectiveness.

Supporting documentation submitted

Policies and procedures.

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 under Regulation 19 have been addressed. Implementation and sustainment of the actions detailed 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.

Compliance Information

It was observed that the registered provider has taken the following measures to safeguard the health, safety and welfare of the pre-school children attending the service including:

General Safety:

- The external doors were appropriately secured to prevent children from exiting the service unsupervised.
- All emergency exits were clear and unobstructed.
- The staff were observed to accompany the children to the front door at collection time.
- The kitchen area was inaccessible to the preschool children.
- All blind cords in the service were restricted or inaccessible to the children.

Infection Control:

- There was a constant supply of thermostatically controlled warm water, liquid soap and single use paper towels in the service to support hand washing. Effective hand washing practices were observed during the inspection e.g. after toileting and nappy changing, after outdoor play and prior to mealtimes.
- Good environmental cleaning practices were observed during the inspection, with tables being wiped down prior to lunch, snack times and after activities.
- Fridges in the rooms were in a clean and hygienic condition.
- Pedal operated waste bins were observed in use and were appropriately maintained on the day of the inspection.
- The service has a procedure in place for the appropriate storage of soothers. Staff were familiar with the process and detailed that all soothers are stored in individual, labelled containers.
- Mouthed toy boxes were available in the care rooms and were observed in use for the removal of toys used by the children.
- Individual storage was available for the children's blankets and sheets in the Little Buttons Room.

Safe Sleep:

- The staff were observed to carry out safe sleep practices in accordance with the services safe sleep policy. Documentary evidence was available of the observations made during each 10-minute physical sleep

check and documented appropriately. A staff member was observed to remain in each sleep room to monitor the children as they slept and in accordance with best practice guidelines.

Non-Compliance Information

The registered provider did not ensure that all reasonable measures were taken to safeguard the health, safety and welfare of a preschool child in relation to the following:

General Safety:

1. When the Little Buttons room was converted to a Sleep room at 13:11, the room temperature was recorded at 25.5 °C which exceeded the recommended safe sleep room temperature of 18-22 °C for children over 1 year of age. It is acknowledged that some remedial actions were taken in an attempt to reduce the room temperature with fans running and the windows opened, however this did not reduce the temperature to within the acceptable range. An immediate action notice was issued in respect of this safety concern to which an accepted response was received.
2. A bottle of cleaning spray was stored on the worktops in the Skittles Room and Little Buttons Room and was potentially accessible to the preschool children. It is acknowledged that the bottle in the Little Buttons Room was moved to a higher shelf out of the reach of children at approximately 11:38am.
3. A free standing, unsecured wooden microwave was accessible to the children attending the Skittles Room and 2 unsecured metal microwaves were in the outdoor area. This is a potential impact hazard if pulled by a preschool child.
4. Sharp unprotected corners were exposed on the concrete windowsills and paved steps in the outdoor play areas. These are a potential injury hazard. This was also acknowledged as a concern by the area manager.
5. The brown shelving unit in the Skittles Room and blue table in the Smarties Room had sharp unprotected corners exposed which is a potential injury hazard. Additionally, the risk assessment document on display in the Smarties Room dated 24/06/2024 detailed that "all tables and chairs in good condition".

Corrective & Preventive Action submitted by the Registered Provider

General Safety:

The registered provider stated that the following actions had been taken to address the non-compliances.

1. Confirmed that the temperature in the Little Buttons room is brought within the recommended range (18-22°C) by taking additional measures beyond using fans and opening windows and purchased big air conditioning units.

Documented the immediate actions taken to reduce the room temperature and ensure children's safety.

Informed Tusla of the additional immediate actions taken to address the non-compliance and ensure children's safety.

Updated the facility's temperature monitoring and control policy to include specific procedures for ensuring sleep room temperatures remain within the recommended range.

Awaiting the air conditioning units control systems to be installed in the rooms and sleep room to maintain the recommended temperature range.

Ensured that the current air conditioning equipment is regularly maintained and monitored for effectiveness.

Implemented a routine temperature monitoring schedule, with checks conducted multiple times a day, especially before converting the room for sleep.

Educated staff on the importance of maintaining the recommended temperature range for children's safety and comfort.

Encourage parents to provide feedback on their child's comfort and any concerns they may have regarding room temperature.

Regularly review temperature logs and staff feedback.

Review policies and procedures based on review findings to ensure ongoing compliance and effectiveness.

- Moved the bottle of cleaning spray in the Skittles room to a secure location immediately, ensuring it is out of reach of children.

Verified that the bottle in the Little Buttons room is securely stored on a higher shelf, out of children's reach.

Conducted a thorough inspection of all rooms to ensure no other hazardous materials are accessible to children.

Sent out a memo with the immediate actions taken to secure the cleaning sprays and any other hazardous materials.

Reviewed the safety and storage policy including specific guidelines for the storage of cleaning supplies and other hazardous materials.

Clearly stated that all such materials must be stored in locked cabinets or designated high shelves out of the reach of children.

Sent out memo to all staff, emphasizing the importance of securing hazardous materials.

Implement routine checks to ensure that all cleaning supplies and hazardous materials are properly stored.

Designated a manager to conduct daily checks and record compliance with the storage policy.

Highlighted the importance to report any incidents or observations of improperly stored hazardous materials.

Ensure that any reported incidents are promptly addressed and documented.

Regularly review feedback and inspection reports to identify trends and areas for improvement.

Update policies and procedures based on feedback and review findings to ensure ongoing compliance and effectiveness.

3. The two metal microwaves in the outdoor area have been secured.

The wooden microwave in the Skittles room area have been secured.

Conducted a thorough safety inspection of all areas to identify and address any additional unsecured items that could pose similar hazards.

Ensured that all potentially hazardous items are either secured properly or removed from accessible areas.

Implemented a schedule for regular safety audits of all rooms and outdoor areas to ensure all equipment and furnishings are secure.

Designated a staff member responsible for conducting these audits and maintaining records of findings and actions taken.

Discussed with all staff about the safety protocols, including the importance of securing potentially hazardous items and regular checks for compliance.

Conduct refresher training sessions quarterly to ensure ongoing awareness and adherence to safety standards.

Introduced a procedure for environmental risk assessments to be conducted monthly, focusing on identifying and mitigating potential hazards.

Clearly communicated safety expectations and procedures to all staff, including the importance of reporting potential hazards immediately.

Ensure transparency and build trust by regularly updating parents on safety improvements and protocols.

4. This issue was identified and added to our maintenance list prior to the inspection, indicating that the registered provider had acknowledged the hazard. It is now prioritized for repair, and protective measures have been ordered and will be installed on the affected areas immediately after delivery. The maintenance

team has been instructed to ensure all sharp corners are adequately covered and secured to prevent any potential injuries.

The registered provider is waiting for the rubber materials to be delivered. In the meantime, staff has been asked to keep a closer eye on the children playing close to the areas. To prevent similar issues in the future, the registered provider is implementing a more rigorous inspection and maintenance schedule for the outdoor play area. Regular checks will be conducted to identify and address potential hazards promptly. Additionally, staff will be trained to report any safety concerns immediately so they can be addressed without delay. This task has been added to managers daily and weekly checklist.

5. Installed corner protectors on the brown shelving unit in the Skittle room.

The blue table in the Smarties room has been replaced with a new table.

Conducted a thorough inspection of all furniture in both rooms to identify and address any other potential hazards.

Updated the risk assessment document for the Smarties room to accurately reflect the current condition of the tables and chairs.

Displayed the revised risk assessment document prominently in the Smarties room.

Discussed with staff the importance of carrying out the room risk assessment properly before the children come to the service in the morning.

Implemented a schedule for regular inspections of all rooms to ensure furniture and equipment are in safe condition.

Assigned a designated staff member to carry out these inspections and document any findings and actions taken.

Discussed with all staff the importance of identifying and reporting potential hazards, including issues with furniture and equipment.

Fostered open communication among staff regarding safety concerns and encourage the immediate reporting of any identified hazards.

Regularly remind staff of the importance of accurate risk assessments and immediate updates when conditions change.

Supporting documentation submitted

Documentary and photographic evidence.

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 under Regulation 23 have been addressed. Implementation and sustainment of the actions detailed will require assessment at the next inspection.

Part VI - Safety

Regulation 25 - First aid

- (1) A registered provider shall ensure that a person trained in first aid for children is, always, immediately available to the children attending the pre-school service.
- (2) A registered provider shall ensure that a suitably equipped first aid box for children-
- (a) is safely stored in an easily accessible and conspicuous position on the premises, and
 - (b) is available to the children attending the pre-school service at all times.

Compliance Information

- (1) The registered provider ensured that there was a person trained as a First Aid Responder (FAR) at all times in the service as was evidenced by the available FAR certificates in the service.
- (2)(a) and (b) There were several adequately stocked first aid boxes for the children in the service available at all times.

Part VII - Premises and Space Requirements

Regulation 29 - Premises

- A registered provider shall ensure that the premises of the service are-
- (d) cleaned, maintained and repaired, as required,

Non-Compliance Information

- (d)
1. Large brown stains were evident on the ceiling of the sanitary area and paint was chipping of the walls in a number of areas in the sanitary area of the Smarties Room.
 2. The sanitary accommodation used by the children attending the Little Buttons and Skittles Rooms had accumulations of dust and black dirt around the skirting and woodwork. In addition, the sink pedestal in the Skittles sanitary accommodation was in a state of disrepair with paintwork peeling and chipped.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

- (d)
- Investigated the source of the brown stains on the ceiling to determine if there is a leak or other underlying issue. Cleaned and repainted the stained areas of the ceiling to ensure a clean and sanitary appearance.
Repainted the affected walls with durable, moisture-resistant paint suitable for sanitary areas.
Implemented a schedule for regular maintenance checks of all sanitary areas to identify and address issues such as stains, leaks, and chipping paint promptly.
Assigned a designated staff member to conduct these checks and maintain a log of findings and actions taken.
Ensure any signs of water damage or deterioration are reported immediately and addressed promptly.
Remind staff on identifying early signs of wear and tear, moisture damage, and other issues that could affect the sanitary condition of the facility.
Encouraged prompt reporting of any concerns to the maintenance team for quick resolution.
Scheduled regular preventive maintenance and repairs to ensure the facility remains in good condition.
Implemented enhanced cleaning protocols to maintain the cleanliness and appearance of sanitary areas.
Use appropriate cleaning agents that do not damage paint or other surfaces while ensuring hygiene standards are met.
 - Conducted a thorough cleaning of the sanitary accommodation in both the Little Buttons and Skittles rooms, focusing on the skirting and woodwork areas to remove all dust and dirt.
Used appropriate cleaning agents to ensure all surfaces are sanitized and free from contaminants.
Assessed the condition of the sink pedestal in the Skittles room sanitary accommodation.
Repaired the sink pedestal as necessary to ensure it is in good condition and free from chipped paint.
Cleaning staff will be retrained.

Implemented a regular cleaning schedule for all sanitary accommodations to ensure they remain clean and free from dust and dirt.
Assigned specific staff members responsible for daily, weekly, and monthly cleaning tasks, with detailed checklists to ensure thoroughness.
Established a protocol for routine maintenance checks of all sanitary accommodations, focusing on the condition of fixtures, fittings, and surfaces.

Discussed with staff the maintenance checks, noting any areas that need attention and actions taken to address them.

Included instructions on how to identify and report any maintenance issues promptly.

Scheduled regular inspections by manager to ensure cleaning and maintenance standards are being met.

Document inspection findings and follow up on any areas requiring attention.

Encourage open communication among staff regarding any issues or concerns related to the cleanliness and maintenance of sanitary accommodations.

Establish a clear process for reporting and addressing maintenance issues promptly.

Supporting documentation submitted

Documentary and photographic evidence

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 under Regulation 29 have been addressed. Implementation and sustainment of the actions detailed 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) There was evidence that the service had a system in place for notifying the Inspectorate of incidents that occurred in the service, this was demonstrated by the submission of a Notification of Incident form in relation to a recent serious injury which required medical treatment. Documentary evidence was also available of the measures taken in the service to investigate the incident that had occurred and to prevent another incident occurring which all staff when questioned were familiar with.