Early Years Inspectorate Regulatory Report
Pre School

TUSLA Identifier:	TU2015WX008
Name of Service:	Askamore Childcare Centre CLG
Address of Service:	Askamore, Gorey, Co. Wexford
Eircode:	Y25 F6D8
Name of Registered Provider:	Susan O'Rafferty
Service type:	Full Day, Part Time, Sessional
Date of Inspection:	22/04/2026

No of pre-school children:	AM	51	PM	38

Address of the Early Years Inspectorate:	Tusla Child and Family Agency, Ely Hospital, Ferrybank, Wexford.
Inspection undertaken by:	E Cullen and L O'Connor
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).

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Description of service

Askamore Childcare Centre CLG is a full day care service located in Askamore, Co. Wexford. The service operates from purpose-built premises. It is registered to accommodate 70 children aged 0 to 6 years old and operates from 8am to 6pm Monday to Friday. There are four care rooms within the service: the Baby room (0 to 2 years), Toddler room (1 to 3 years), Butterfly room (2.5 years to 4 years) and Ladybird room (3 to 5 years).

The service has two sleep rooms, one adjoining the baby room and a second adjoining the toddler. There are three outdoor areas; one is adjoining the Toddler room, the second area is adjoining the Butterfly room, and the third area is an enclosed space to the front of the service.

Staffing

The service employs twenty-two adults, of which twenty adults work directly with the children and two adults are employed for administrative duties. The registered provider currently does not work directly in the service. On the day of inspection, there were thirteen adults in the service, and twelve adults were working directly with the children.

The staff members working 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.

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 – Management and Recruitment, 11– Staffing levels, 19 - Health, welfare and development of child, 20 – Facilities for rest and play, 22 – Food and Drink, 23- Safeguarding health, safety and welfare of child, 26 – Fire safety measures and 29 – Premises. These findings are outlined within the relevant regulations within this report.

A sampling process was used to assess compliance under regulation 19, 20 and 23. As a result, the scope of the inspection included the baby, toddler, ladybird and butterfly 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.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the person in charge, staff and children who were present on the day of the inspection.

Part III – Management and Staff

Regulation 9 – Management and recruitment

(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;

Compliance Information

(1)(a) On arrival at the service, the named designated person in charge was not onsite, two deputy managers present were identified as the deputy persons in charge on the morning. The designated person in charge arrived later in the morning.

(b) On review of records and observation on the day of inspection, a designated person or one of three deputy designated persons were available onsite during the hours of operation of the service.

(2) On review of records and discussion with the person in charge it was established that documentation for four staff members required inspection. This included three staff members who had commenced employment since the last inspection and one staff member whose Garda Vetting disclosure was due for renewal.

(a)(b) Two validated references were available for each staff member from either a past employer, or from a source other than a past employer.

(c) Garda vetting disclosures had been obtained for all staff. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.

(d) Police vetting was not required as no staff member had lived outside the state for a period over 6 months.

(4) Certificates of qualification were available on file demonstrating that staff members held a qualification at the minimum level 5 and above on the National Framework of Qualifications.

Non-Compliance Information

(1)(c)

An organisational chart displayed in the entrance lobby provided details of the management and reporting structures within the service. This information conflicted with other documents such as several policies and procedures and the parents' handbook which detailed different staff members.

Documentation on the role of each staff member and specific responsibilities such as Designated Liaison Persons provided conflicting information. In discussion with staff members, there was an uncertainty about the adult with key responsibilities for child safeguarding. Three staff members named two different adults in the service as having responsibility. It was confirmed with the person in charge that one of these adults does not have a specific role within the service regarding safeguarding. This may cause a delayed response where there may be a potential child safeguarding concern.

(7)

1. Following inspection in May 2025 the registered provider stated that monitoring measures would be implemented to ensure documentation and policies would be kept up to date. These measures were not consistently implemented. The current management confirmed that the service was unaware of these measures which were previously submitted to the Inspectorate. This increased the likelihood of variance in practices as staff were not provided with relevant information to carry out their role and an increased risk of reoccurrence of the non-compliance.
2. Through the CAPA process the registered provider stated that the management would review the service's policies and parent's handbook on a quarterly basis. In discussion with management, it was confirmed that a review has not carried out on the service's policies or the parent handbook since the previous inspection. Varying information was noted between the service's policy, procedures in place and discussions with staff members regarding food provision, sleep provision, fire safety and the complaints procedure. Examples of such variance are provided under the relevant regulations in this report.
3. The process for children settling into the service remains unclear since the last inspection. Staff members in the baby room described to the inspector how they support a phased transition into the service over a number of weeks and gradually built up the hours of attendance depending on the individual needs of children. The parents' handbook and policy on settling in does not reflect this practice and were not updated to reflect the practice and support staff members in its implementation as stated in corrective actions submitted by the registered provider following inspection in 2025.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

9(1)(c)

We were aware of the conflictions regarding policies. These policies were in the process of being updated and have since been updated to document correct details of management and line of management.

With regards to designated liaison person and conflicting information amongst staff. The list of designated liaison person/people is now displayed on reception and also in each of the care room for all staff to view and be aware of who they should contact in relation to child safeguarding concerns. We have now updated the child safeguarding policy to reflect the change in management and correct manager is named.

To prevent the non-compliance from happening in the future. We have updated policies, clearly listed line of management and the list of designated liaison person/people is displayed in each room and on reception

(7)

1. We have again implemented these measures in place but under stricter guidelines. A rota has been established and put in place for each of the administration staff to complete these checks quarterly and bring up any issue or concerns regarding policies or any update that may be needed. These checks will be signed off each quarterly period by management. To prevent the non-compliance, we will keep a rota for administration staff to ensure quarterly check are done on polices and procedure and signed off by management.
2. We will again implement these checks but under stricter review. We are under new management as of the 26 April 2026 and they will check policies which are brought to her attention by the administration staff during their quarterly checks. We will also highlight the following policies to all staff, so all staff are aware of these policies. Administration staff will review policies quarterly, these will be confirmed and checked by management. All staff will be requested to sign to documents to confirm they have read and understood policies.
3. We have now updated the settling in policy to include the process of settling in for each room giving a detailed procedure which will be implemented but also taking into consideration that each child is unique and may require additional time to settle in as settling is child led.

Supporting documentation submitted

Updated policies and procedures, and staff role list.

Summary Comment
The inspector has reviewed the actions and evidence submitted. The noncompliance identified has been adequately addressed. Implementation will be reviewed on next inspection.

Part III – Management and Staff
Regulation 11 - Staffing levels
(1) Subject to this Regulation, a registered provider shall ensure that there is at all times an adequate number of adults working directly with the children attending the pre-school service. *(2) Subject to paragraphs (4) and (5), a registered provider of a full day care service or a part-time day care service shall ensure that at all times the minimum ratio of adults to children specified in column (3) of Part 1 of Schedule 6 opposite a particular reference number specified in column (1) of that Part in respect of the age range of the children specified in column (2) thereof at that reference number is satisfied.*
Compliance Information
(1) On the day of inspection there were adequate numbers of staff were working directly with the children at all times. There were 51 children with 9 staff members directly supervising them during the morning of the inspection and during the afternoon there were 38 children with 9 staff members. (2) On the morning of the inspection, the staff to child ratios were maintained as follows throughout the service: • In the baby room, there were 5 children aged 9 to 18 months old being cared for by 2 staff. • In the toddler room, there were 16 children aged 18 months to 2 years 8 months old being cared for by 3 staff. • In the ladybird room, there were 9 children aged 2 years 8 months to 5 years old being cared for by 2 staff. • The butterfly room, there were 21 children aged 2 years 8 months to 5 years old being cared for by 2 staff.

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.*

Compliance Information

Mealtimes observed were unhurried social experiences in all rooms, staff sat with children and engaged in conversation. The children were encouraged to feed themselves appropriate to their stage of development and were assisted as required. Snack and mealtimes varied from room to room, depending on the age range of children and food requirements. The children ate their snack at 10am, their dinner at 12.15pm and an evening snack at 3pm. The staff members sat with the children during each of the mealtimes. Following the mealtime in the Toddler room, the staff members completed a food log. They explained that the food which was eaten by each child was shared with their parent at collection time.

The staff members were familiar with the children, to include their likes and interests. for example, in the Toddler room a staff member shared with the inspector of the children's food preferences. They outlined how individual children enjoyed their vegetables

Regular nappy changing took place throughout the day and staff were observed to engage attentively with children during the process. Children who were toilet trained, used the toilet as needed. Attention was given to children's appearance with staff observed to clean children's faces and hands. Bibs were also provided for mealtimes.

Sleep was child led and staff worked in partnership with parents to ensure consistency between home and service routines. Children in the baby room were placed to sleep when signs of tiredness were recognised by staff, this was observed in the baby room when children were placed to sleep as required during the day.

The service operated an open-door policy with parents observed to drop and collect children directly from their classrooms. End of day handovers were observed to detail information on their child's day. Children in the baby and toddler rooms also had a daily log sent home on a communication application. Staff members outlined the positive changes which have taken place since the service re-introduced the open-door policy for parents.

Children had free movement and choice of activities in all rooms observed on the day. Children were placed in highchairs when meals were ready to be served and removed promptly when they were finished. Children were observed in the outdoor area throughout the day. Appropriate clothing was available for all children to access the outdoor area in all weathers. Buggies were available for younger children who were not yet mobile.

Non-Compliance Information

The privacy and dignity of children toileting in the toddler room was compromised. The inspector observed that both toilet cubicles had no doors and children could be seen by others in the classroom.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

We have now had half doors installed in the two toilets in the toddler bathroom to correct the non-compliance.

Supporting documentation submitted

Photograph

Summary Comment

The inspector has reviewed the actions and evidence submitted. The noncompliance identified has been adequately addressed.

Part V - Care of Child in Pre-school Service

Regulation 20 – Facilities for rest and play

(1) Subject to this regulation, a registered provider shall ensure that-

(a) having regard to the number of pre-school children attending the service, their respective ages and the amount of time they spend on the premises, there are adequate and suitable facilities for each child to play indoors and, where required by these Regulations, outdoors, during the day, and

(b) there are adequate and suitable facilities for a pre-school child to rest during the day, and in the case of an overnight pre-school service, during the day and the night.

(3) A registered provider of a full day care service, a part-time day care service or a childminding service, other than such a service to which paragraph (2) applies, shall ensure that-

(a) a suitable, safe and secure outdoor space to which the pre-school children attending the service have access on a daily basis is provided on the premises, or

Compliance Information

(1)(a) There were adequate and suitable facilities available for the numbers of children attending the service. The four early years rooms were clean and organised. There was consideration given to the layout of the rooms, to ensure children could play together in groups or individually. Children's play and learning was supported through defined areas of interest and adequate materials and resources.

(1)(b) Children had access to adequate rest areas in each of the classrooms. There were two sleep rooms available for children in the service. There was an adequate number of cots requirements of children in the baby room. Four cocoon style floor beds had been purchased since the last inspection for children under two years of age in the toddler room. Appropriate care plans and consent was in place to demonstrate that parents had been consulted about the use them.

(3)(a) Children could directly access the covered outdoor play areas from three of the four early years rooms. An enclosed grassed area to the front of the premises was observed in use by children also. The play spaces were free from hazards and equipment was safe for use by the age groups of children in attendance.

Non-Compliance Information

(1)(b)

1. The depth of the sleep mats provided for 2 children in the toddler sleep room were observed to be too thin and did not meet the requirement of being at least 6 cm in depth as recommended by the Early Years Inspectorate sleep provision guidance document. This non-compliance was previously identified on inspection in 2025 and the registered provider stated that the sleep mats which were previously used in the toddler room were replaced with stackable beds.

2. The section of the toddler classroom which was used for sleep was very bright with sun shining directly on children. The service did not have any means by which to dim the room to support restful sleep. It is acknowledged that both dedicated sleep rooms off the baby and toddler rooms were sufficiently darkened.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. We have now removed the sleep mats from the toddler room sleep room and they are being used for circle time and role play activities. We have replaced the sleep mats with the stackable beds, each child's sheet and blankets will be kept in their own personable containers labelled with child's name and picture when they are not in use to ensure infection prevention and control.

2. We have now installed removable blinds on the windows in the main toddler room which block out light and ensure the children sleeping are not sleeping in direct sunlight or a brightly lit room. We will continue to use the block out blinds to ensure the main toddler room area where children are sleeping is not brightly lit and children are not in direct sunlight

Supporting documentation submitted
Photographs and receipts.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The noncompliance identified has been adequately addressed. Implementation will be reviewed on next inspection.

Part V - Care of Child in Pre-school Service

Regulation 22 – Food and drink

A registered provider shall ensure that adequate and suitable, nutritious and varied food and drink is available for each pre-school child attending the pre-school service.

Compliance Information

Parents and guardians supplied breakfast and snacks for children, and some families also supplied their own hot meal. The service provided a hot meal which was sourced from a local company of a beef and vegetable stew with potatoes on the day of inspection. A seven-day menu was observed and staff noted that this was rotated. Drinks were freely accessible to children throughout the day and served with meals and snacks. The staff members explained to the inspector how the mealtimes had changed since the previous inspection, and positive impact they could see. They outlined how the children enjoyed the food each day and for some children's their preferences were evolving, particularly with vegetables.

Non-Compliance Information

1. Staff members provided conflicting information to the early years inspectors on what alternative healthy food was provided to children who didn't eat the hot meal provided by the service. Through the CAPA process, the registered provider stated that staff were made aware of new healthy eating policy. However, the practice of the service regarding alterative food remained unclear and inconsistent with staff members. In discussion with a staff member in the Butterfly room, they advised where a child did not eat their dinner they would be provided with beans, spaghetti or crackers from the dry food box. In discussion with a staff member in the Toddler room, they advised that management would travel 10 minutes to the local village to get the child a

sandwich. These practices remain inconsistent and the actions submitted by the registered provider were not implemented.

2. The services information in the healthy eating policy and parent's handbook provided to the inspectors was conflicting with the practice observed during the inspection. The policy stated that 'lunch, dinner and tea' was supplied by the service, where dinner was the only meal which was supplied by the service.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1 & 2.

We will ensure staff read and understand the healthy eating policy in place and the healthy eating policy along with an alternative food procedure will be displayed in each room. The alternative procedure will include a timeline for each room as to when to offer the alternative hot meal, what will be offered as a hot meal and the portion size of each meal as per child. There will be a 5-day menu of what is offered as an alternative meal each day to ensure that it is not the same alternative offered to children each day and that the food is varied and offers substantial nutritional value each day. The alternative menu will be review periodically to ensure that alternative meals are suitable for children.

We will ensure that staff read and sign that they have read and understand policy in relation to healthy eating and also the procedure in relation to the alternative meals, these will also be displayed in each of the care room.

Supporting documentation submitted

Revised polices and alternative food plan.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The actions provided are adequate to address the noncompliance. Implementation will be reviewed on 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
General Safety: There was a keypad and buzzer entry and exit system in place on the main entrance door of the building to prevent unauthorised persons gaining entry or children exiting unsupervised. Staff areas were inaccessible to children. All cleaning agents were stored safely and out of reach of children. Accident and incident books maintained a record of any incidents, these were completed in detail and signatures confirmed that relevant parents, staff and a manager were informed. All blind cords were securely mounted out of reach of children. For children who brought food from home to be reheated, staff members were observed to transfer the re-heated food into a different bowl/plate for the child. This practice reduces the likelihood of burn injuries. Fruit, including grapes were suitably cut prior to the child receiving their snack. This practice reduces the risk of choking. Works were conducted in the outdoor area following the previous inspection. The soft play surface was observed to be even which reduced the likelihood of trips.
Infection Control: The service was clean and well maintained with cleaning schedules maintained daily by staff. Children were observed washing their hands before eating, after outdoor play, toileting, and nappy changing. There was warm running water, liquid soap and paper hand towels available for hand washing throughout the service. Each room had designated children's toilets or a nappy changing area. Hand washing facilities were adequately stocked with paper hand towels and liquid soap.

A system was in place for the appropriate storage and sterilisation of children's soothers. Tables and equipment were cleaned prior to food being served to children and appropriate safe food storage and preparation was observed. Children were provided with plates during mealtimes.

Staff were observed to adhere to the services nappy changing policy. Staff ensured that they wore gloves and aprons during the nappy changing process and both child and staff hands were washed after nappy changing had taken place.

Cots in the baby sleep room, and low-level beds in used in the toddler room were spaced the required 50cm apart.

Administration of Medication:

Signed medication record books documented the details of any medications which had been administered in the service in line with the service policy on administration of medication. Medications supplied by parents were stored securely and inaccessible to children. Health care plans were in place where required.

Safe Sleep:

Staff were familiar with best practices in safe sleep and carried out physical checks on individual sleeping children, every 10 minutes, recording individual children's sleep positions, colour and breathing. A staff member remained in the toddler sleep room while children were sleeping. The sleep room temperatures were continually monitored by staff, with a digital thermometer located in each sleep room. Staff were familiar with the services sleep policy which was displayed in the sleep room. The baby sleep room temperature was recorded within the required temperature range of 16°C to 20° for babies under the age of one.

Non-Compliance Information

Fire Safety:

Records were not reflective of the people present in the service. This may compromise effective evacuation should an emergency arise:

- The staff roster for the week of 21 April 2026 was not reflective of the adults working within the service that week. This was found non-compliant during the previous inspection in May 2025.

- On review of the staff sign in records, not all staff members were signed into the service. This was at variance with the service's fire safety policy which outlined that staff sign into the service on arrival. This posed a risk in the event of an emergency evacuation as the actual adults present within the service were not documented. Following the last inspection the registered provider stated that staff would sign in and

sign out each day and that this would be checked daily by the duty manager. The actions submitted did not prevent recurrence.

Action submitted by the Registered Provider

Corrective & Preventive Action

Fire Safety:

We are aware that not all staff were filling in their staff rotas correctly. We have now requested that the sign in records are completed correctly each day to reflect the number/name of each staff member in their rooms, this will be signed off by management each day.

We have spoken with staff in each room and made them aware that staff rota needs to be completed each day to ensure that correct staff number and names are registered each day.

Supporting documentation submitted

Fire Safety:

Sign in records.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The noncompliance identified has been adequately addressed. Implementation will be reviewed on next inspection.

Part VI – Safety

Regulation 26 - Fire safety measures

(1) A registered provider shall ensure that a record in writing is kept of-

(a) any fire drill that takes place in the premises, and

(b) the number, type and maintenance record of fire fighting equipment and smoke alarms in the premises.

(3) A registered provider shall ensure that a record referred to in paragraph (2) is retained for a period of 5 years after its creation

(4) A notice of the procedures to be followed in the event of fire shall be displayed in a conspicuous position in the premises.

Compliance Information

(1)(a) There was a record of fire drills which had taken place in the service. The most recent fire drill was recorded as having taken place on 17 April 2026.

(b) There was a record available demonstrating that the firefighting equipment was last serviced on 07 November 2025 and the smoke alarm system was last serviced on 07 October 2025.

(4) There was a notice of the procedures to be followed in the event of a fire displayed beside each emergency exit door on the premises.

Part VII - Premises and Space Requirements

Regulation 29 – Premises

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

(e) equipped with adequate and suitable sanitary facilities.

Non-Compliance Information

(e) The inspectors observed that there were 3 toilets and 3 handwash basins provided in a shared toilet facility, for the total of 34 preschool children in attendance in the Ladybird and Butterfly classrooms on the day of inspection. Records confirmed that up to 39 children have attended on some dates. The recommended number of toilets and handwash basins recommended for management of infectious disease in childcare facilities and childcare settings is 1 toilet and 1 handwash basin per 11 children.

This non-compliance was previously identified on inspection in 2025 and the registered provider stated in their response that works would be completed within 2 to 3 months, this work has not commenced.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

With regards to the issue with the Montessori bathrooms needing an additional toilet and hand wash basin, we are in contact with two different plumbers and are awaiting them to come back to us with a quote and following this quote work will then take place to have the work done. We plan to have this work completed before the start of the new term in September; work will have to be carried out during the summer months when the number of children attending the centre are lower to ensure their daily routine is not disturbed by the works.

Supporting documentation submitted

Quotes for works.

Summary Comment

The inspector has reviewed the actions and evidence submitted. Works to address the noncompliance identified have been scheduled.

This regulation remains noncompliant as actions have not yet been completed and will be reviewed on next inspection.

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.

Compliance Information

(1)

(b)(c) The policy provided details on how a complaint is formally made. The procedures for keeping a person who makes a complaint to the service informed as to how it was being dealt were outlined.

Non-Compliance Information

(1)

(a) The service's complaint policy did not provide an accurate procedure to be followed by a person for the purposes of making a complaint in relation to the service. The person in charge confirmed that both persons named on the service's complaint policy are no longer in position.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

We have reviewed and rectified the complaints policy to correct persons named on said policy. The complaints policy along with all policies will be reviewed quarterly by administration staff and signed off by management.

Supporting documentation submitted

Updated policy.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The noncompliance identified has been adequately addressed.