

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2017CC503
--------------------------	-------------

<b>Name of Service:</b>	Hope Montessori Autism Care Centre
-------------------------	------------------------------------

<b>Address of Service:</b>	Presentation Secondary School, Joe Murphy Road, Ballyphehane, Co. Cork
----------------------------	--

<b>Eircode:</b>	T12 YH04
-----------------	----------

<b>Name of Registered Provider</b>	Sherene Powell
------------------------------------	----------------

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

<b>Date(s) of Inspection:</b>	21/10/2024
-------------------------------	------------

<b>No of pre-school children:</b>	AM	31	PM	31
-----------------------------------	----	----	----	----

<b>Address of the Early Years Inspectorate:</b>	Admin Building, St. Marys Health Campus, Gurrabraher, Cork, T23X440
<b>Inspection undertaken by:</b>	J Russell and M O'Reilly
<b>Title:</b>	Inspection and Registration Manager and Early Years Inspector

### Authority to Inspect

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

<b>Conditions if applicable</b>	N/A
---------------------------------	-----

### Description of service

Hope Montessori Autism Care Centre is a full day care service, that also provides part time and sessional care. It is registered to accommodate children aged 1 to 6 years, and for children attending the Early Childhood Care and Education (ECCE) Scheme. Daily opening hours are from 08:00 to 18:00 hours each day Monday to Friday. It is a privately operated service that is located in the basement area of the Presentation Secondary School in Ballyphehane Cork. The service is in operation since 2018 and moved to the current building earlier this year in February 2024. Four care rooms are in operation in the service, and a dedicated sleep room and outdoor play area is available.

The four playrooms are named: the Snowdrops room (wobbler room), Mayflower room (toddler room), ASD room (autism spectrum disorder) known as the Blossom room for the morning session and known as the Lavender room for the afternoon session, and Violets room, (ECCE room). The service is one of five operated by the registered provider nationally.

### Staffing

On the day of inspection, ten staff members were present in the service. Also present was one student undertaking a work placement, and a cook. The registered provider is not service based but was able to attend the inspection closing meeting via a video call. The staff that worked directly with the early years children each held a recognised qualification in Early Childhood Care and Education, or an equivalent qualification, as listed on the National Framework of Qualifications.

### Methodology

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

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

The findings on inspection are based on:

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

This inspection was unannounced and focused on the area of governance, information and records, health, welfare and development of child and safety.

The inspection focused on an examination of compliance under regulations 9, 10, 11, 16, 19, 23, 27, and 32. These findings are outlined within the relevant regulations within this report.

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

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

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

### Additional Information

This inspection was triggered by information received by the Early Years Inspectorate.

### 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

(2) A registered provider shall ensure that each employee, unpaid worker and contractor is suitable and competent taking into consideration the nature of the needs of children, including by-

- (a) consideration of references from the person's past employers, if any, and in particular the most recent employer, if any,
- (b) consideration of references from reputable sources in the case of a person who has no past employers,
- (c) consideration of the vetting disclosure received from the National Vetting Bureau of the Garda Síochána in accordance with the Act of 2012 in respect of the person, and
- (d) ensuring, insofar as is practicable, that where a person has lived in a state other than the State for a period of longer than 6 consecutive months, he or she provides police vetting from the police authorities in that state.

(3) The procedures specified in paragraph (2) shall be carried out prior to any person being appointed, assigned or allowed access to or contact with a child attending the pre-school service.

(4) A registered provider shall ensure that, without prejudice to the generality of paragraph (2) and subject to paragraphs (5) and (6), each employee working directly with children attending the service holds at least a major award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.

(7) A registered provider shall ensure that all employees, unpaid workers and contractors are appropriately supervised and provided with appropriate information, and where necessary training, including in relation to the following:

- (a) the policies, procedures and statements of the service specified in Schedule 5;
- (b) Part VIIA (inserted by section 92 of the Child and Family Agency Act 2013 (No. 40 of 2013)) of the Act, and
- (c) these Regulations.

#### Compliance Information

(1)

(a) There was a named person in charge and a deputy available to deputise as required.

(b) The person in charge and the deputy were present on the premises on day of the inspection.

(2) Documentation was assessed in relation to the requirements of Regulation 9 for two staff members who had commenced employment in the service since the last date of inspection, on the 8th of May 2024, and for two students on a work placement program. The following records were available for the four adults:

(c) A Garda vetting disclosure was available on file in respect of the four adults. The service also demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years.

(d) Not applicable as none of the four adults had resided outside the jurisdiction for a period of longer than 6 consecutive months.

(4)

There was evidence that the two staff members had attained at least a major award in Early Childhood Care and Education at Level 5 on the National Framework for Qualifications, or a qualification deemed to be equivalent. The two students did not require a qualification.

### Non-Compliance Information

(2)(a)(b) The registered provider had not ensured that safe recruitment practices were completed. Of the eight required references, five were available. However, none of the references had been validated. Of the required eight references:

- Three references were not available in respect of two adults.
- There were no written validations available for any of the eight references required.

Through discussion with the person in charge, they stated that the three missing references and eight missing validations were not available on the services personnel file. This was contrary to the services recruitment policy which stated: Successful candidates will have their references checked before an offer of employment is made, and that references will be held on the employee's personnel file, and that references will be validated.

(3) A review of documentation evidenced that the requirements of Regulation 9(2) had not been completed prior to four adults being appointed, assigned, or allowed access to or contact with a child attending the service.

- It was confirmed that one staff member had commenced work in the service prior to the date on the staff member's Garda Vetting record.
- Two adults had commenced in the service without appropriate references being in place.
- Four adults had commenced in the service without references being verified.

Not fully vetting staff prior to allowing them access to the children in the service posed a risk to the children attending.

(7) The person in charge did not demonstrate that they had taken all reasonable measures to ensure that all employees and unpaid workers were appropriately supervised and provided with appropriate information and training to safeguard the health, safety and welfare of children attending the service and to comply with the regulations as follows:

- Through a review of documentation and observations of practices, the inspectors were not assured that all employees were provided with appropriate information and training on the policies and procedures in place in the service. Non-compliance was identified under Regulations 9, 16, 19, 23, 32 on the day of inspection. Staff practices observed were directly at variance with the policies in place in the service in relation to Regulations 9, 19, 23 and 32. The staff training policy in place states that training needs are identified through support and supervision which was not occurring regularly in the service as detailed below.
- There was no induction record available for two staff members, and a partially completed and unsigned induction record for a further staff member, who had commenced employment in the service since the inspection dated the 8 May 2024. This is at variance with the staff training policy in place which stated every staff member will receive induction training which will be recorded. The person in charge confirmed in discussion she had only partially completed a record of induction for one of these three staff members and had not completed an induction record for the other two.
- Through review of records and discussions with staff and the person in charge it was evident that staff had not received appropriate supervision. There were no records available relating to staff supervision. The person in charge stated to inspectors that no supervision meetings had been carried out in the past, and she intended to start having these meetings in the future. Staff members stated they had not had any supervision meetings. This was at variance with the service's staff supervision policy which stated that all staff members must have regular supervision every 2 weeks, for a duration of one hour, the session would be recorded, and the record kept in the staff member's file.

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

#### **Corrective and Preventive Action**

(2)(a)(b) The three references have now been provided for the two adults and the eight references have been verified. The written response stated management will continue utilizing the online system in place to ensure all references are thoroughly completed and verified before staff are permitted to commence work in the service.

(3) Management submitted a new roster to show the staff member commenced work on the day the Garda Vetting record had been received. Ongoing training will be provided to the person in charge to ensure on inspection that early years inspectors have access to the required vetting records, aligning with the company's recruitment and vetting policy.

(7)

The written response received stated induction records will be completed, signed and available on inspection. The service will ensure that induction training forms will be signed on the same day the training is completed. Management will regularly audit training records to ensure compliance. Ongoing training will also be provided to the person in charge.

The written response received confirmed that no training occurred in September 2024. Training resumed in October 2024, incorporating staff meetings and staff support supervision meeting. The service plans on having regular meetings with staff with detailed records maintained to confirm that all staff members will receive the required supervision. Management will review these records periodically to ensure compliance. Additionally, staff will consistently sign off on training received and any associated action plans to document progress and accountability. Ongoing training will be provided to the person in charge, to ensure that staff meetings and staff support meeting that take place are documented. These records will be readily available on inspection.

#### **Supporting documentation submitted**

The following supporting documentation was submitted and reviewed by the early years inspector.

(2)(a)(b) Copies of the required references and validations.

(3) An updated staff roster was submitted.

(7) Individual signed staff induction training records and policy and procedure records.

#### **Summary Comment**

Based on the response and supporting documentation submitted the requirements of Regulation 9(2)(a)(b), (3), (7) have been met.

The procedures and practice outlined under Regulation 9 will be reviewed on the next inspection of the service.

### Part III – Management and Staff

#### Regulation 10 - Policies, procedures etc. of pre-school service

*A registered provider of a pre-school service shall ensure that the written policies, procedures and statements specified in Schedule 5 are in place for the service.*

#### Compliance Information

For the purpose of this inspection, a sample of the required written policies, procedures and statements that are specified and required under schedule 5 of these regulations were reviewed. The following policies, procedures and statements were included as part of this inspection, and the contents of which met the requirements:

- Complaints policy
- Staff recruitment policy (including Garda vetting and references)
- Staff training policy
- Staff supervision policy
- Child safeguarding statement
- Child safeguarding policy and procedure
- Behaviour management policy

### Part III – Management and Staff

#### Regulation 11 - Staffing levels

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

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

#### Compliance Information

(1)  
An adequate number of adults were working with the children on day of inspection. There were nine adults working directly with thirty-one children in the morning and in the afternoon. The person in charge and one staff member were observed providing relief cover where required.

(2) At all times the minimum required ratio of adults to children was maintained:

Snowdrops room

There were six children present in the morning and in the afternoon. The six children were aged between 1 and 2 years with two staff in attendance.

Mayflower Room

There were eleven children in attendance in the morning and in the afternoon. The eleven children were aged between 2 years 3 years with two staff in attendance.

Violets Room

There were ten children present in the morning and in the afternoon aged three years plus with three staff in attendance in the morning and afternoon. A student on work placement commenced at 12:00 hours on day of inspection and was present in a supernumerary capacity.

Blossom Room am/Lavender Room pm. (ASD room)

There were four children present in the morning and another four children present in the afternoon session aged between 3 and 6 years with two adults in attendance in the morning and afternoon session.

### Part IV – Information and Records

#### Regulation 16 – Record in relation to pre-school service

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

- (h) details of attendance by each pre-school child on a daily basis;
- (i) details of staff rosters on a daily basis;

#### Compliance Information

(1) (h) Details of each child's arrival and departure time from the service was recorded daily.

#### Non-Compliance Information

(1) (i) The service did not have a daily staff roster available in the service. The registered provider confirmed at the feedback meeting there was a colour coded roster template they had developed for this purpose. This template should include the staff start, finish, and break times, along with break cover. It was confirmed in discussion at the closing meeting that this roster template was not in use in the Cork service. The person in charge stated she would some days alert staff via text who was covering breaks, but confirmed this had not happened the day of inspection, or on the 15 Oct 2024 during the previous week.

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

#### **Corrective and Preventive Action**

The written response received stated the service now has an online staff roster, ensuring shifts are outlined and updated weekly. The roster is accessible to all staff via app on their phones, with notifications highlighting any schedule changes. Break times are added to the roster to ensure clarity and proper scheduling for all staff members. Additionally, the person in charge will alert staff to any last-minute changes via teams app. A printout of the roster, including break times, will be displayed in the staff area for easy access. This printout will be completed every Friday for the following week.

#### **Supporting documentation submitted**

A hard copy of the staff roster of the week when the inspection took place was submitted subsequent to the date.

#### **Summary Comment**

Based on the actions outlined by the registered provider and supporting evidence submitted, requirements of Regulation 16 (1)(i) have been met and will be reviewed on the next inspection of the service.

### Part V - Care of Child in Pre-school Service

#### **Regulation 19 - Health, welfare and development of child**

*(1) A registered provider shall, in providing a pre-school service, ensure that-*

*(a) each child's learning, development and well-being is facilitated within the daily life of the pre-school service through the provision of the appropriate activities, interaction, materials and equipment, having regard to the age and stage of development of the child, and*

*(3) A registered provider shall ensure that no practices that are disrespectful, degrading, exploitive, intimidating, emotionally or physically harmful or neglectful are carried out in respect of a pre-school child whilst attending the service.*

### Compliance Information

- (1)
- A catering company provided the hot meal to the service which was reheated on site. The service provides the breakfast, mid-morning and mid-afternoon snack which are prepared on site by a staff member. The food was served to the children by the adults in the service.
  - In the Violet room, at the mid-morning snack, each of the children received, a small buttered white bread roll, slices of cucumber, peppers, apples and pear on a plate, with water to drink. Adequate portions of chicken pasta bake in a tomato sauce were served to the children at lunch time.
  - It was reported that some of the children had specific dietary requirements, and separate dishes were provided for these children as observed on day of inspection.
  - The children were provided with appropriate cutlery and crockery at snack and mealtimes.
  - Staff members sat with children during snack and mealtimes and encouraged younger children to feed themselves.
  - Drinking water was accessible to the children at all times on the day of inspection.
  - Care routines such as nappy changing, handwashing and sleep times were observed to be managed well. Staff were noted to speak kindly and calmly to the children and sooth the younger children to sleep.
  - The programme of care in place in the service was observed to be play based and child led in approach.
  - The care rooms were adequately resourced with a variety of play materials that were accessible to the children on low level shelving units, providing the children with choice in their chosen activities.
  - The outdoor play area was available to the children who were all provided with the opportunity for outdoor play on day of inspection.
  - The outdoor area was resourced with a variety of play materials and equipment that included ride on and push toys, play balls, see saw, balance beam, handheld toys and a sand container with accompanying play equipment.

### Non-Compliance Information

- (3) A staff member was observed on inspection to speak to child using a loud, angry tone of voice, and to physically handle the child in an abrupt manner. The inspector saw a child in the outdoor area remove their wellies and stand in a muddy puddle in their socks. A staff member approached the child and spoke to the child in a loud, angry tone of voice, stating 'No, we keep our wellies on'. They then lifted the child and removed their socks in an abrupt way, before putting the child down. The child cried for a period of ten minutes following this interaction, and the staff member did not offer any comfort or reassurance to the child. The inspector observed another staff member put the child on their lap and rub their back to support them to

calm down and stop crying. This practice was at variance with the service's behaviour management policy, which stated the following procedures were unacceptable for supporting positive behaviour: shouting or raising of staff voices, and staff failing to reassure or comfort a child. The registered provider did not 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.

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

#### **Corrective and Preventive Action**

The written response stated an immediate investigation was conducted, ensuring all relevant details were considered and providing the staff member an opportunity to participate.

Management took immediate steps to retrain the staff member in behaviour management strategies.

The training focused on enhancing the staff members ability to respond calmly and appropriately in challenging situations, with particular attention to voice, tone and volume, and ensuring actions are sensitive to a child's needs. The manager will continue to monitor the staff member's performance in handling similar situations.

Regular check-ins will be conducted to provide additional support as necessary. Further professional development will be provided to all relevant staff members, reinforcing best practices in behaviour management.

#### **Supporting documentation submitted**

- Signed document to confirm retraining in Behaviour Management for one staff member was submitted.
- Photographic evidence of the Behaviour Management policy displayed in classroom.

### Summary Comment

Based on the actions outlined by the registered provider and the supporting documentation submitted, the requirements of Regulation 19 (3) have been met and will be reviewed on the next inspection of the service.

### Part VI - Safety

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

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

#### Compliance Information

##### General Safety:

- The entrance gate that led to the outdoor play area and entrance door into the service were adequately secured to avoid unauthorised persons accessing the service or children exiting unsupervised.
- The toys and play equipment observed in use by the children on the day of inspection appeared safe and in good working order.

##### Safeguarding:

- Certificates were held on 4 staff files to evidence they had completed Childrens First online training.
- The service's child protection reporting procedures were displayed on each of the care room walls. Staff stated they were aware of who the designated person was in the service. Staff stated they were aware of what procedures to follow should they have a child safeguarding concern.

##### Infection Control:

- Suitable handwashing facilities were available across the care rooms, toilets and nappy changing facilities. Warm water, liquid soap and wall mounted paper towel dispensers were in place.
- Handwashing by the children was observed before mid-morning snack in the Mayflower and Violet rooms and after nappy changing in the Snowdrops room.
- Within the nappy changing areas, there was individually labelled storage for the children's toiletries.

##### Safe Sleep:

- Sleep logs were maintained in the dedicated sleep room and the care room where children slept, and individual children's observations recorded room temperature, breathing, colour, and position at regular intervals.
- Standard cots and low-level beds were available for sleep and were used in accordance with children's ages and developmental needs.
- The temperature of the rooms where children slept was maintained at the required temperature ranges.

### Non-Compliance Information

#### General Safety:

1. There was an area sectioned off in the Violets room that staff stated was used as an office space. Although the area was cornered off by a safety gate, the gate was not fixed and was easily moved. The children had access to a laptop and cable that was plugged in, a coffee mug, and other office equipment. There was a potential risk of injury to a child if they were to enter this area.

#### Safeguarding:

2. The service's child safeguarding policy stated that the service will maintain a comprehensive log/record of all child safeguarding and welfare concerns within the service. There was no record or log of child safeguarding or welfare concerns available within the service. The person in charge confirmed they had no record of a child safeguarding concern available.
3. The service did not display their Child Safeguarding Statement in a prominent and public place, as is required under the Children First Act 2015. The service did have a Child Safeguarding Statement dated February 2024. The person in charge stated they had removed the service's display copy when it was being amended and did not put it back up on display.

#### Safe Sleep:

4. There were four mattresses without appropriate fitting sheets observed in the service, as follows:
  - The fitted sheets on two cot mattresses in the designated sleep room were too tight, causing the mattress ends to curl up.
  - At sleep time in the Mayflower room, one of the sheets on a mattress on one of the stacking beds was tight and resulted in lifting at the side opposite to where the child was sleeping.
  - An adult sized sheet was observed on a mattress under one of the sleeping children on a stacking bed in the same room.

Not ensuring all mattresses have appropriate fitting sheets poses a risk to the sleeping child.

### Action submitted by the Registered Provider

#### Corrective & Preventive Action

#### General Safety:

1. The written response received stated the sectioned-off area utilized as an office in the Violets room has been removed, eliminating any possible hazards for the children.

### Safeguarding:

- The written response received stated the service maintains a secure online up to date record system for documenting and tracking child safeguarding or welfare concerns. The management team will continue to provide ongoing training to the person in charge. Monthly meetings will be held to provide continuous support and professional development, ensuring the person in charge remains equipped with the necessary skills and knowledge in relation to documentation, recording and filing of child safeguarding and welfare concerns.
- The written response received stated the child safeguarding statement is now displayed in a public area, making it visible to both staff and visitors. This ensures that all relevant parties are informed about the service's commitment to safeguarding children.

### Safe Sleep:

- The written response received stated, the person in charge will ensure a sufficient supply of spare sheets is always available at the centre. This provision ensures that, should the sheets provided by parents not fit the cots or beds appropriately, staff can promptly replace them with the centre's spare sheets.

### Supporting documentation submitted

#### General Safety:

- Photographic evidence of the Violets room with office space removed was submitted.

#### Safeguarding:

- The statement from the registered provider is accepted as evidence
- Photographic evidence of the displayed child safeguarding statement was submitted.

### Safe Sleep:

- Photographic evidence of a correct fitting sheet on a cot mattress and on a bed mattress were submitted

### Summary Comment

Based on the actions outlined by the registered provider and the supporting documentation submitted, the requirements of Regulation 23 have been met. The record system for documenting and tracking child safeguarding or welfare concerns will be reviewed on the next inspection.

### Part VI - Safety

#### Regulation 27 – Supervision

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

#### Compliance Information

- Staff were observed to supervise children adequately in each area of the service during the inspection. Children were directly supervised by staff members in both the indoor and outdoor play environments.

### Part VIII - Notifications and Complaints

#### Regulation 32 – Complaints

- (1) *A registered provider shall ensure that the complaints policy of the service specifies-*
- (a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service,*
  - (b) the manner in which such a complaint shall be dealt with, and*
  - (c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with.*
- (2) *A registered provider shall ensure that-*
- (a) a record in writing is kept of a complaint made to the provider in respect of the pre-school service, and*
  - (b) the complaint is duly dealt with in accordance with the provider's complaints policy.*
- (3) *A record in writing referred to in paragraph (2)(a) shall-*
- (a) include the nature of the complaint and the manner in which the complaint was dealt with, and*
  - (b) be open to inspection on the premises by an authorised person.*

#### Compliance Information

- (1) The Complaints policy of the service specified:
- (a) the procedure to be followed by a person for the purposes of making a complaint in relation to the service; this is detailed in a section titled How to Make a Complaint.
  - (b) the manner in which such a complaint shall be dealt with; this was detailed in a section titled When a Complaint is received.

(c) the procedures for keeping a person who makes such a complaint informed of the manner in which it is being dealt with. The policy states the complainant will be kept informed regarding the progress of their complaint and will never be left more than one week without communication regarding the complaint.

(2) (a) A record of one complaint received in 2023 was held in the services designated complaints folder.

### Non-Compliance Information

(2) (b) One complaint held in the services designated complaints folder, from 2023, was not dealt with in line with the service's complaints policy. The record included:

- a written account of a complaint from a parent, about a staff member
- a record of a text message the parent sent about the complaint
- a sheet with a series of four questions that the manager had devised to ask a staff member while investigating the complaint

The service policy detailed that the parent would be sent an acknowledgement that the complaint had been received and told how it would be dealt with, and by whom. The person in charge stated there was no record available. The service policy detailed that the manager will arrange to meet with the staff member and keep an accurate and detailed account of what was discussed. The person in charge stated there was no record available. The service policy stated the manager will inform all parties involved of the outcome of the complaint made. The person in charge confirmed to the inspectors that this had not taken place. There was no evidence of keeping the complainant informed of the progress of their complaint on a weekly basis, in line with the service policy.

(3) (a)(b) The person in charge stated that the service maintained a designated complaints folder. While this had a record in writing of one complaint made to the service in 2023, this did not include a record of the way the complaint was dealt with, or the outcome of the complaint.

Furthermore, there was no record of a complaint the service had received in 2024. On discussing the status of a 2024 complaint, the person in charge stated she had not seen this complaint, and they were not maintaining a record of this complaint in the service.

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

#### **Corrective and Preventive Action**

(2)(b) The written response received stated that all complaint records previously stored in the designated hard copy complaint folder have now been securely transferred to an online system. All records related to the 2023 complaint, including how it was managed, the investigation steps, and the outcome, have now been added to the online complaint folder.

The service acknowledges the concern regarding the absence of a complaint record for 2024. All relevant documentation, including the complaint details and investigation process, are now in the online system, which is now accessible to the person in charge.

(3)(a)(b) The written response stated the complaint received in 2024 was thoroughly investigated and resolved by the management team. All relevant information, including the complaint details, investigation process, and outcome, are now documented and securely stored in the online complaint folder.

The service will reinforce to the person in charge the importance of clear and consistent communication particularly in sharing complaint information. This will ensure alignment and awareness between the person in charge and the management team regarding the status of each complaint. The service will continue to ensure that the final outcome of every complaint is thoroughly documented, including the actions taken, the resolution provided, and any improvements or changes resulting from the complaint. Records will be easily accessible to relevant parties. Regular training will be provided to all staff, especially those in leadership roles, focusing on the importance of proper handling of complaint documentation in the service and on inspection.

### **Supporting documentation submitted**

The statement from the registered provider is accepted as evidence.

### **Summary Comment**

Based on the actions outlined by the registered provider, the requirements of Regulation 32 (2) (b) and (3)(a)(b) have now been met. The procedures outlined under Regulation 32 will be reviewed on the next inspection of the service.