

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2018LH505
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Name of Service:	Pugwash Bay Ltd
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Address of Service:	Aston Village Green, Aston Village, Newtownstalaban, Drogheda, Co. Louth
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Eircode:	A92 N60W
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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:	20/05/2025
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No of pre-school children:	AM	24	PM	21
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Address of the Early Years Inspectorate:	Meath Child & Parent Support Hub, Commons Road, Navan, Co. Meath C15 CP23
Inspection undertaken by:	S Taaffe and AM Coyle
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. in Aston Village is one of a chain of five Pugwash Bay services operated in Co Louth and Co Meath, in addition to a further 9 early years services operated by the registered provider throughout the country. This service was established in 2018 and is conducted from 4 care rooms on the ground floor of a 2-storey premises which is located on a corner site in a residential housing estate on the outskirts of Drogheda in Co Louth. Ancillary accommodation includes sanitary facilities, a sleep room which adjoins the Little Lions care room, an office, kitchen and staff room. Private residential accommodation with separate entry is provided on the first floor of the premises. The service accommodates pre-school children from 1 to 6 years of age on a sessional, part-time, and full day care basis, in addition to school-aged children up to 12 years of age. The service currently operates from Monday to Friday between 8.00am and 6.00pm for 51 weeks each year. Eligible children participate in the state funded early childhood care and education (ECCE) scheme from 9.30am – 12.30pm from Monday to Friday for 38 weeks of the year.

Staffing

There are 18 staff members employed in this service comprising of the service manager, the deputy manager and a further 13 staff members who all work directly with the pre-school children, 1 staff member who works with school aged children only and 2 staff members employed to carry out housekeeping and cleaning duties. Two of the company's area managers were present during the inspection. The company's general manager was also present for the closing meeting in the service on 28/05/2025. The registered provider does not work directly with the children in the service and is not based in this service.

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
- Review of CCTV

This inspection was unannounced and focused on the area of governance/ health, welfare and development of child/ safety. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under regulations 9, 10, 11, 16, 19, 23, 27 and 32. However, on inspection additional non-compliance which posed a risk was identified under Regulation 31. These findings are outlined within the relevant regulation 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

The inspection was triggered on receipt of information received to the early years' inspectorate.

An immediate action notice was issued to the registered provider on 22/05/2025 in relation to pre-school children being inappropriately handled in the service on 30/04/2025. The registered provider responded to the immediate action within 24 hours of issue.

A regulatory compliance meeting was held on 06/06/2025 during which Deirdre Duffy Inspection and Registration Manager discussed with the registered provider and the company's general manager the level of concern that exists in the Inspectorate regarding the concern received and the extent of non-compliances identified on inspection in the service on 20/05/2025.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the person in charge, the two area managers, staff and children who were present on the day of the inspection, and the company's general manager and area manager who were present in the service for the closing meeting which took place with the inspectors in the service on 28/05/2025.

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.

(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

Staff files were reviewed at the last inspection on 19/09/2024. Following a review of the records compiled by the inspectors on the last inspection on 19/09/2024, it was confirmed that there were 2 new members of staff employed in this service since then. These files were reviewed on the day of this inspection, in addition to the files maintained for one of the company's area managers and the file maintained for the company's General Manager who commenced employment since the last inspection. These 4 full staff files were reviewed, in addition to a review of the references and Garda vetting disclosures held on file for the registered provider.

(2)(a)(b) Two written, validated references were available for the registered provider and for 3 of the 4 staff members whose files were reviewed. One written, validated reference was available for 1 of the 4 staff members whose files were reviewed.

(a) Five written references were from past employers.

(b) Four written references were from sources other than a previous employer.

(c) Garda vetting disclosures were available for the registered provider and for the 4 staff members whose full files were reviewed.

The service demonstrated compliance with the Early Years Inspectorate Regulatory Notice requiring services to renew Garda vetting every three years for the registered provider and for all staff members employed in the service.

(d) International police vetting was available for 1 of the new staff members who had lived outside the State as an adult for more than 6 consecutive months.

(4) The 2 staff members who commenced employment in this service since the last inspection and who work directly with pre-school children held a major award in Early Childhood Care and Education at Level 6 on the National Framework of Qualifications (NFQ).

In respect of the 2 staff members who were found on the last inspection in September 2024 not to hold the required qualification and who are still in employment in the service, records provided for review on this inspection confirmed that both these two staff members held a qualification deemed by the Minister to meet the regulatory requirement.

Non-Compliance Information

(1)(a) The service did not have an alternative person in charge in the absence of both the designated person in charge (the service manager) and the deputy person in charge (the deputy manager).

(b) When the inspectors arrived unannounced to the service at 8.15am on the day of inspection they were informed by a staff member that “no one was in charge” in the absence of the designated person in charge and the deputy person in charge. The deputy manager arrived to the service at 8.50am and identified herself as the nominated deputy person in charge.

(c) The service did not implement clearly defined governance arrangements and structures to ensure continuity in the lines of authority and accountability, facilitating the management of the service in the absence of the person

in charge. For example, there was a delay in communication with parents and with Tusla the Child and Family Agency in relation to safeguarding concerns.

(2)(a)(b) The statement of employment document presented for inspection as a reference for one staff member contained no details apart from the staff member's name and dates of employment within an organisation but did not outline any personal attributes or information regarding the staff member's suitability for employment. The written validation record, maintained in respect of this statement of employment, also confirmed that the previous employer had provided no further supporting information verbally, when contacted for validation purposes, in order to provide this service with assurances that the staff member was appropriate for employment. This was not considered an acceptable reference.

(7)(a)

1. It was not evident in the documentation reviewed by the inspectors that the registered provider had ensured that all staff members were provided with relevant information and training when commencing employment in the service in relation to the service's policies and procedures. This was evidenced in incomplete induction records maintained for staff members. For example, one staff member did not document on her induction record that she had received, understood and agreed to follow the company's policies and procedures. Furthermore, separate documentary evidence in the service confirmed that this staff member had recently acknowledged that she had subsequently not read the service's policies and procedures despite working in the service for a period in excess of 6 months.
2. Documentation was not available in the service to demonstrate that the service's recruitment policy was adhered to in relation to ensuring that all new employees were subject to satisfactory completion of a period of probation. The recruitment policy detailed that new employees are subjected to a probationary period of between 6 and 11 months with reviews carried out after 3 weeks, mid-way and at the end of the probation period to give the service an opportunity to assess the suitability of a new worker to work with children and to implement the organisation's policies on safe practices. However, these records were not available for inspection.
3. The service's staff supervision policy was not adhered to in respect of the provision of regular formal appraisal for all staff members in the service. Staff supervision records were not provided for inspection and the inspectors were informed by a staff member that she had not undergone any support and supervision sessions throughout her employment over a number of years in the service. The staff

supervision policy stated that all staff members must have access to regular and consistent supervision to ensure the quality of service to children and families, while the staff induction records detailed that support and supervision would be provided every 6-8 weeks.

In the event that staff members do not receive appropriate supervision, training and information, this poses a potential risk to the children attending the service due to inappropriate or unsafe care practices.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action:

(1)(a) The service is currently advertising for a supervisor in order to avoid not having an alternative person in charge in the absence of both the designated person in charge (the service manager) and the deputy person in charge (the deputy manager). We are now at interview stage. In the interim since May 20th both the Area Manager and the General Manager are onsite supervising the service in order to ensure smooth operations on a daily basis.

(b)&(c) The service has implemented clearly defined governance arrangements and structures to ensure continuity in the lines of authority and accountability, facilitating the management of the service in the absence of the person through weekly training and daily onsite mentoring by the Area Manager and the General Manager to include Children first and safeguarding so that all members of staff are clear on structure of reporting and support requests as needed.

(2)(a)&(b) A further reference was sought in order to demonstrate personal attributes and information regarding the staff member's suitability for employment. This was then validated by telephone as truthful and legitimate.

(7)(a) As a control of error our newly appointed HR Manager has taken on the responsibility of ensuring that all induction forms are completed and maintained for all staff members. Our new HR Manager will also inspect each services support and supervision records to include Probationary reviews following the current inventory of all documentation for each staff member.

Preventive Action:

We have increased our direct support and supervision with all of the team to ensure on open communication both ways and create a more supportive environment so that we are enabling the team to care and educate the children in their care to the best of their abilities. The training will remain ongoing for the foreseeable also. Also our newly appointed HR Manager has taken over the responsibility to ensure that all induction and training is

complete for all existing on new starters that we have coming onboard over the summer months. We have increased our direct support and supervision with all of the team to ensure on open communication both ways and create a more supportive environment so that we are enabling the team to care and educate the children in their care to the best of their abilities. The training will remain ongoing for the foreseeable also. Also our newly appointed HR Manager has taken over the responsibility to ensure that all induction and training is complete for all existing on new starters that we have coming onboard over the summer months.

All areas of HR and induction training has been taken over by our newly appointed HR Manager, who has now created excel workbooks to record the information as received from managers, as a control of error and oversee all staff supervisions and review processes s per our new policies put in place January 2025

Supporting documentation submitted

Job Advertisement for position of supervisor
Copy of Staff roster
Staff supervision list
References x2

Summary Comment

The evidence submitted by the registered provider has been reviewed, the regulatory requirement for the non-compliances identified under regulation 9 (1)(a)(b) &(c) & (7) (a)(1)(2) & (3) have been addressed. However, as the 2 references that were forwarded as part of the corrective and preventative action are the same references that were reviewed and did not meet the regulatory requirement on the day of inspection the regulatory requirement for regulation 9 (2)(a)(b) has not been addressed and remains outstanding. This will be reviewed at the next inspection.

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

The content of the following policies was reviewed and met the requirement of the regulations:

- Recruitment policy

- Staff supervision policy
- Accident and incident policy
- Behaviour management policy.
- Complaints 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.

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

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

Compliance Information

(1) During the 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 8.15am on the day of inspection and remained correct throughout the inspection.

The following adult to child ratios were observed when the highest numbers of children were present in the 2 care rooms which were in operation during the inspection:

- In the Little Lions room there were 7 children aged 1 year 1 month to 2 years being cared for by 2 staff members.
- In the Zebra room there were 17 children aged 2 years 1 month to 2 years 11 months being cared for by 3 staff members.
- The Giraffe room and the Tigers room were not in operation on the day of inspection due to staffing shortages.

The deputy manager and a staff member were available to assist in the 2 operating care rooms during the inspection, including for nappy changing and break cover.

(8)(a) The registered provider ensured that 2 adults were present on the premises at all times, verified by 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:

(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.

Non-Compliance Information

(i) There was no documented up-to-date staff roster available in the service on the morning of inspection.

(k) Although records were maintained of accidents and incidents that occurred at the service, these were not always provided to and signed by the child’s parent or guardian in a timely manner, to document that they had been informed and were aware of the incident that had occurred. For example, an incident occurred in the service on 30/04/2025 which was documented as required on an accident and incident report form, yet the child’s parents were not informed of this incident until 15/05/2025 and the parents signature had not been obtained by the day of inspection.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action

(1)(i) Rosters are completed on a weekly basis. This task has been taken over by the Area Manager

(k) Further re-training on how to complete accidents and incident forms was given online on the day of closure, previous to the inspection. Contant supervision of these forms has been taken by the Area and General Manager onsite daily

Preventive Action

Training was implemented and will be revisited on a bi-monthly basis as part of our ongoing training

Supporting documentation submitted

Copy of staff roster

Outline of training programme for the completion of Accident & Incident forms.

Summary Comment

The inspectors reviewed the corrective actions and supportive documentation submitted by the registered provider after the inspection.

The registered provider demonstrated that the non-compliances identified under regulation 16 – Record in relation to pre-school service has been adequately addressed. This will be reviewed 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

(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

(1)(b) In the two rooms which were operating on the day of inspection, the Little Lions room and the Zebra room, the staff members were observed treating the children with positive regard during the inspection as evidenced by the staff members' use of soft vocal tones, calling the children by name and providing encouragement and praise to the children for engaging in activities and completing tasks. The children's care needs were attended to promptly by the staff members caring for them. Bibs were used to protect the children's clothing during mealtimes and the children in the Little Lions room who were able were encouraged to feed themselves and were fed, assisted and supervised by the staff as necessary. Parents provided the children's morning and afternoon snacks from home while pasta and a tomato-based sauce was served for dinner. Staff members informed the inspectors that food supplies including tinned spaghetti, toast and fruit were available in the service kitchen for children who needed or

requested more food. The staff members were observed using a gentle approach when cleaning the children's faces after mealtimes. The children's water bottles were available to them throughout the day and the inspector was informed that younger children in the Little Lions room who still took bottles of milk were provided these in line with the home routine, in collaboration with the parents. Nappies were changed regularly and when needed during the day with positive interactions observed taking place between the staff members and children during these procedures. The children attending the Little Lions room were observed being placed to sleep in cots when they showed signs of tiredness during the day and staff members remained with the children to help them settle when placed to sleep. The inspectors were informed that children attending the Zebra room were facilitated to sleep on floor mats or stackable beds in the care room at the service's designated sleep time after dinner on a daily basis. The cot room and Zebra room temperature was maintained between 18-20°C for the comfort and safety of sleeping children. A softwear App was used to communicate children's care routines and activities to parents and guardians on a daily basis. Parents and staff members were also observed exchanging information verbally in a friendly manner at drop-off and collection.

(3) During the inspection the staff members in both care rooms were observed approaching children's behaviour in a supportive manner, promptly re-directing and distracting the children at the earliest signs of conflict whilst showing respect for the children involved. This prevented any escalation or upset on the children's part. The staff members, in conversation with the inspectors, were clear on what are and are not acceptable and appropriate ways of responding to and caring for children and described how they would comfort and reassure any child if they became upset, tired or distressed. In discussion with the inspectors, the staff members present on the day of inspection demonstrated that they were aware of the prohibited practices including the use of physical punishment, shouting, threatening, intimidating, the use of bullying behaviours or time out.

Non-Compliance Information

(1)(a)

There was a delay in staff communicating relevant information to parents regarding their children in relation to a significant event that occurred in the service. An incident occurred in the service on 30/04/2025 where inappropriate handling occurred by a staff member towards two children. The parents of one child were not informed of this incident until 15/05/2025 and the parents of the second child were not informed until 22/05/2025. This was also at variance with the service's accident and incident policy which stated that parents/

guardians will always be contacted and informed immediately of any relevant accidents or incidents involving their child in the service.

(1)(b)

The children in the Zebra room were not settled to sleep in a timely manner at their sleep time following their dinner. At 12:35 pm one staff member placed the stackable beds and sleep mats in position whilst also trying to settle the children to sleep, a second staff member was attending to the personal care needs of some of the children while another staff member was engaged in cleaning the room. The children were eventually placed to sleep at 1:35pm, this delay in placing the children to sleep resulted in the children being overtired and experiencing difficulty in settling.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action

(1)(a) Further re-training on how to complete accidents and incident forms was given online on the day of closure, previous to the inspection. Contant supervision of these forms has been taken by the Area and General Manager onsite daily.

(b) Further training of the staff in the BR in recognising the needs of the child and the signs of tiredness. There have been significant investigations, mentoring and additional team support brought into the room to include team members from other services in support of the gaps of training needed.

Preventive Action

An increase in staff supervision on the floor, reviews of CCTV and Staff supervisions will remain in place for the foreseeable.

Supporting documentation submitted

Signs of tiredness in children policy.

Summary Comment

The inspectors reviewed the corrective actions and supportive documentation submitted by the registered provider after the inspection. The registered provider demonstrated that the non-compliances identified under regulation 19 - Health, welfare and development of child has been adequately addressed. This will be reviewed 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

The following are examples of the measures undertaken by the staff members to safeguard the health, safety and welfare of the pre-school children attending the service:

Child Safeguarding:

- A Children First training programme was in place in the service with training certificates available for the majority of staff members employed in the service. The requirement for the service to provide induction training to all staff and students in order to ensure that they understand their obligations as a mandated person under the Children First Act 2015 was outlined in the service's safeguarding policy

General Safety:

- The entrance doors leading into the premises and the garden gate were appropriately secured to prevent the children from exiting unsupervised and to restrict unauthorised persons from gaining access to the premises. Glass panels were in place on the entrance door which allowed staff members to see parents and visitors on their arrival to the service and facilitate their entry if appropriate.
- The water temperature at the hot taps in the sanitary accommodation and at the wash hand basins in the care rooms did not exceed the recommended maximum water temperature of 43°C. This reduced the risk of scalding for the children in attendance.
- Cleaning agents were stored safely and out of children's reach.
- Emergency exits were clear and unobstructed.

- The kitchen was inaccessible to the children during the inspection which reduced the risk of children gaining access to items that would pose a risk to their safety, including the oven, kettle, cutlery and sharp utensils.

Infection Control:

- Thermostatically controlled warm water, liquid soap and paper hand towels were provided to support effective hand hygiene in the sanitary accommodation and at the wash hand basins in the care rooms in the service.
- The children were facilitated to wash their hands before eating, after using the toilet, after nappy changing and following messy play and outdoor play.
- The service's nappy changing policy was observed to be implemented when staff members changed children's nappies during the inspection. Appropriate disposable gloves and disposable aprons were available and observed being worn for each individual nappy change.
- Pedal operated lidded nappy bins were provided for the disposal of nappies. This reduced odour emissions and the risk of cross-infection.

Administration of Medication:

- Medication was stored out of the reach of children. No child was observed having medication administered on the day of inspection.

Safe Sleep:

- All children aged less than 2 years slept in a standard cot on the day of inspection.
- The inspectors observed that 10-minute sleep check observations noting each child's colour, position and breathing pattern were being performed and documented on all sleeping children during the inspection.

Fire Safety:

- The designated emergency exit doors were clear and unobstructed.

Outings:

- The inspectors were informed that pre-school children were currently not taken on outings from the service.

Non-Compliance Information

Child Safeguarding:

1. It was not evident that management and staff, including the company's senior management team, were aware of their roles as mandatory persons under the Children First Act as a referral was not made to Tusla's social work department in respect of a safeguarding incident that had arisen in the service on

30/04/2025. This contravenes professional obligations and is at variance with best practice guidelines and with the service's safeguarding policy which clearly confirms that all staff members have a mandated requirement to report safeguarding concerns.

Safe Sleep:

2. Three cot mattresses in the sleep room off the Little Lions room had no safety standard labels attached. A similar non-compliance in relation to this safety risk was found on the last inspection on 19/09/2024. Furthermore, another three cot mattress covers were found to be torn and worn leaving the inner mattress material exposed. This posed a safety risk and also a risk of cross infection as the surfaces could not be cleaned appropriately.
3. Inadequate space was left between some of the mats and stackable beds set up in the Zebra room for the children to sleep after dinner. Spacing between some beds was found to be less than the recommended distance of 50cm apart. The inadequate space could potentially delay staff from accessing children in the event of an emergency and also increased the risk of cross infection.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action:

Child Safeguarding:

1. In order to re-affirm the management teams safeguarding knowledge, there was further training both and Senior and Junior levels. Senior management retook the Children First Training and All staff members attended several training sessions in Safeguarding and the reporting of an incident. the Safeguarding Statement was revisited from a training perspective also.

Safe Sleep:

2. New Mattresses had been purchased for cot room with safety labels attached.
3. Cots room layout has been reorganised in order to facilitate the 50cm distance requirement.

Preventive Action:

A new quality Audit has been developed in order to maintain all regulatory requirements.

Supporting documentation submitted

Child Safeguarding:

Children First Training record for one member of the management team.
Internal safeguarding training for staff.

Safe Sleep:

Photograph of cot mattresses with safety labels attached and receipt for the purchase of 5 new cot mattresses.
Photograph of cots positioned in cot room with 50cm distance maintained.

Summary Comment

The inspectors reviewed the corrective actions and supportive documentation submitted by the registered provider after the inspection. The registered provider demonstrated that the non-compliances identified under regulation 23 - Safeguarding health, safety and welfare of child has been adequately addressed. This will be reviewed at 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.

Non-Compliance Information

Although it is acknowledged that the inspectors observed the staff members appropriately supervising the children both indoors and outdoors on the day of the inspection, the following findings demonstrate that children were not appropriately supervised at all times.

1. An incident of rough handling of two children which occurred on the 30/04.25 was viewed on CCTV by Inspectors despite staff being present at the time. This footage demonstrated shortcomings in supervision
2. A review of accident and incident reports demonstrated that supervision of children to ensure a child would not experience harm from peer-to-peer incidents, including incidents of biting and scratching, was not effective. For example, the records indicated at least 13 incidents of biting occurred in the Tigers room from 08/01/2025 to 06/05/2025.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action

1. At the time of the incident, viewed by Tusla inspectors on CCTV on the day of the inspection, an auxiliary staff member notified the service manager of what was taking place. The staff member in question was removed from the situation immediately and the supervision of the children was taken over by another member of the Childcare team appointed by the manager. The area manager was phoned and arrived a short time later to assess the situation.

An internal investigation ensued, and due process was then followed in order to fully investigate the

incident. The conclusion led to termination of the staff member involved in the incident.

At the same time an immediate action plan was created and rolled out by the Area Manager and General Manager of the service in form of the following actions -

Immediate Staff Review and Accountability

There was an Emergency staff meeting called in order to address the incident and outline and re-iterate what had been breached, what is expected of staff and what legal responsibilities are taken on in their positions as an early years educator. This was then followed up with individual support and supervision through formal review and corrective discussions.

Staff Re-Training

Conducted mandatory refresher training for all staff on child supervision standards, child protection.

Enhanced Monitoring

Increased management walk-throughs and spot checks in classrooms and outdoor areas.

CCTV review protocol put in place (random checks by management weekly) to ensure adherence to supervision standards.

Supervision and management update since last inspection

We discussed in our previous meeting we have moved senior management on a daily basis, An additional Area Manager has been appointed to Pugwash Bay. The new area manager is on the premises daily in a supervisory capacity. We have also hired a new Manager - and appointed a supervisor on the floor. We have also added our Early Years Educator team with 2 new experience and highly qualified team members.

2. In order to further address some behavioural concerns throughout the facility, there have been new Behaviour Management programme, training on same and further supervision of any child needing support. Parents have also been met with and advised of the new programme and communication has been increased with parents.

We have also brought in another management member with expertise in the area to support and supervise both in and out of the classroom with the team and the children. and appropriate intervention strategies.

Training emphasized vigilance, immediate response, and proactive supervision in both indoor and outdoor settings.

Preventive Action

1. Policy Reinforcement

Updated the Supervision and Child Protection Policy to clearly define expectations, response protocols, and consequences of lapses.

Shared the revised policy with all staff and obtained signed acknowledgement of understanding.

Ongoing Training & Development.

Scheduled quarterly supervision and safeguarding sessions for continuous staff development. (every 6 months)

Scenario-based training introduced, where staff role-play handling supervision challenges.

Staffing and Positioning Protocols

Introduced formal supervision zoning (assigning staff to specific areas indoors/outdoors to eliminate blind spots).

Daily room leader checklists to confirm adequate staff positioning and visibility.

Management Oversight

Monthly review meetings added to analyse supervision effectiveness, with documented outcomes and action items.

Continuous improvement loop established: feedback from inspections, parent feedback, and internal audits feed into supervision practices.

2. Continuous training and mentorship in place.

Supporting documentation submitted

Copy of CCTV risk assessment.

Copy of staff roster for 25/08/2025.

Copy of induction training record.

A copy of the services behaviour Management Programme.

Summary Comment

The inspectors reviewed the corrective actions and supportive documentation submitted by the registered provider after the inspection. The registered provider demonstrated that the non-compliances identified under regulation 27 – Supervision has been addressed. This will be reviewed 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:

(c) an incident that occurs in the service and that results in the service being closed for any length of time

Non-Compliance Information

(e) The service did not submit a notification of incident form to the Early Years Inspectorate within 3 working days of the service being closed on 19/05/2025 due to a water outage.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action

All HR and Management staff have been informed of informing Tusla when the service has to close on the basis of water outages etc.

Preventive Action

This is being added as a note for the forthcoming staff meetings throughout the company.

Summary Comment

The inspectors reviewed the corrective actions submitted by the registered provider after the inspection.

The registered provider demonstrated that the non-compliances identified under regulation 31 - Notification of incidents has been adequately addressed.

Part VIII - Notifications and Complaints

Regulation 32 – Complaints

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

Compliance Information

- (1)(a) The service had a complaints policy in place which detailed the procedure a person should follow in order to make a complaint in relation to the service.
- (b) The process of making a complaint was outlined in the complaints policy, as was how the complaint would be dealt with by the service.
- (c) The policy detailed how the complainant would be kept informed of the complaints procedure.
- (2)(a) The inspectors were provided with written records of 4 separate complaints made to the company's management team in respect of the service, of which 3 were submitted in May 2025 and one of which was undated.

Non-Compliance Information

- (2)(b) Records were not made available to the inspectors to show that complaints, including those reviewed by the inspectors, were investigated, managed and reported in accordance with the service's complaints policy. For example, records were not available to show that investigations had been undertaken in relation to complaints, including a number of written complaints submitted to the company's management team on dates between 14/05/2025 and 19/05/2025, all in respect of safeguarding concerns relating to an incident that took place in the service on 30/04/2025.
- In addition, the service's safeguarding policy stated that if a complaint involves a child safeguarding concern, the reporting procedure will be followed in line with the service's child safeguarding policy which did not occur in this instance.

Corrective & Preventive Action submitted by the Registered Provider

Corrective Action

(2)(b) Complaints procedure has been in place and adhered to since the beginning of May. Complaints received were addressed by way of email

Preventive Action

(2)(b) Complaints policy has been adhered to under the new management and will continue to do so.

Supporting documentation submitted

Copy of e mail acknowledging a complaint.

Summary Comment

The inspectors reviewed the corrective actions and supportive documentation submitted by the registered provider after the inspection. The registered provider demonstrated that the non-compliances identified under regulation 32 – Complaints has been adequately addressed.