

# Early Years Inspectorate Regulatory Report

## Pre School

<b>TUSLA Identifier:</b>	TU2021DR002
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<b>Name of Service:</b>	Little Rainbows Santry
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<b>Address of Service:</b>	The Ashes, Santry Place, Santry, Co. Dublin
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<b>Eircode:</b>	D09 F620
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<b>Name of Registered Provider:</b>	Anne Campbell
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<b>Service type:</b>	Full Day, Part Time, Sessional
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<b>Dates of Inspection:</b>	15/01/2024
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<b>Date 2 of Inspection:</b>	07/02/2024
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<b>No of pre-school children:</b>	AM	69	PM	72
<b>Day 2</b>	AM	70	PM	68

<b>Address of the Early Years Inspectorate:</b>	Early Years Inspectorate 2 <sup>nd</sup> Floor, Unit 4/5 The Nexus Building Blanchardstown Corporate Park Ballycoolin Dublin 15   D15 CF9K
<b>Inspection undertaken by:</b>	T. Nelson and E. Hosford – Day 1 T. Nelson – Day 2
<b>Title:</b>	Early Years Inspectors

### Authority to Inspect

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

Conditions if applicable

Not applicable.

### Description of service

Little Rainbows Santry is a full day care service located in a residential apartment complex in the Dublin 9 area of north County Dublin. Established in 2021, Little Rainbows is one of two services owned by the registered provider and delivers early childhood care and education to children aged one to six years of age. The service participates in the Early Childhood Care and Education (ECCE) programme which is delivered from 9.00am to 12 noon and offers a part-time service.

This purpose-built premises is on the ground floor of the building. There are five care rooms running off the main corridor to include Little Bunnies (1 to 2 years), Little Monkeys (18 months to 3 years), Little Bears (2 to 3 years), Little Explorers (2 years and 8 months to 3.5 years) and Busy Bees (2 years and 8 months to 4 years). There are sanitary facilities directly located off each of the care rooms, and the cot room is located off Little Bunnies.

There is a kitchen, an office and staff facilities with sanitary accommodation available, and an area designated as a sensory space for children to take a break from the care rooms.

The outdoor play area is situated to the rear of the premises.

### Staffing

Little Rainbows employs a total of 20 staff, including a chef, and the person in charge and deputy person in charge who work in the service in a supernumerary capacity managing the oversight of the service and provide support where needed across the rooms. There were 17 staff present on day 1 of the inspection and 16 staff present on day 2 including the chef, the person in charge and the deputy person in charge. The registered provider does not work in the 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

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.

On Day 1 the inspection focused on an examination of compliance under:

- Regulation 9(1),(2)(a)(b)(c)(d), (4) Management and Recruitment
- Regulation 11(1),(2),(8) Staffing Levels
- Regulation 16 Records in relation to Children
- Regulation 23 Safeguarding the Health, Safety and Welfare of the Child
- Regulation 29 Premises

A sampling process was used to assess compliance under these regulations. As a result, the scope of the inspection included Little Bunnies, Little Monkeys, Little Bears and Little Explorers and did not include Busy Bees.

Day 2 focused on an examination of compliance under:

- Regulation 10 Policies and Procedures of the Pre-school Service.
- Regulation 11(1),(2) Staffing Levels
- Regulation 17 Information for Parents
- Regulation 19(a) Health, Welfare and Development of the Child.
- Regulation 32 Complaints.

A sampling process was used to assess compliance under these regulations. As a result, the scope of the inspection included, Little Monkeys, Little Bears and Little Explorers and did not include Busy Bees and Little Bunnies.

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

Day 2 of the inspection, 7 February 2024, was triggered as a result of information received to the inspectorate.

### Acknowledgments

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

#### Compliance Information

The registered provider ensured the following was in place:

- (1)(a) The service had a designated person in charge and named person to deputise as required.
- (b) The person in charge was present during the inspection.

The files of all 20 staff were reviewed on Day 1 and the following checks to ensure the staff members were suitable and competent were completed:

- (2)
- (a) Thirty validated written references were available from recent past employers.
- (b) Ten validated written references were available from a source other than a past employer.
- (c) Completed Garda vetting disclosures were available in respect of the twenty staff members which had been dated within the previous 36 months.

(d) Documentary evidence showed that six adults had lived outside of the state for six months or more as an adult and international police vetting from that state was available for inspection.

(4) The 20 staff who worked directly with children attending the service held at least a major award in Early Childhood Care and Education at Level 5 or above on the National Framework of Qualifications or a qualification deemed eligible by the Department of Children, Equality, Disability, Integration and Youth Affairs.

### 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 registered provider ensured that the written policies and procedure and statements specified in Schedule 5 were in place in the service.

The inspector focused on a review of the policies and procedures for Complaints, Behaviour Management, Inclusion, Settling-in and Supervision and found these to meet the requirements set out in Schedule 5.

### 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) On both days of inspection there was an adequate number of adults working directly with the children attending the service to meet their basic care needs.

Day 1: There were 16 staff available to the 69 children in the morning and 72 children in the afternoon.

Day 2: There were 15 staff available to the 70 children in the morning and 68 children in the afternoon.

(2) The adult to child ratios were correct when the inspectors arrived unannounced to the service and throughout the two days of inspection.

Day 1:

Thirteen staff were allocated to work directly with the 69 children who were present on the morning of the inspection with a breakdown as follows:

- Little Bunnies room - 2 adults to 7 children aged between 1-2 years old.
- Little Monkeys room - 2 adults to 10 children aged between 20 months -3 years old.
- Little Bears room - 3 adults to 13 children aged between 2-3 years old.
- Busy Bee's room - 3 adults to 17 children aged between 2 years 8 months-4 years old.
- Little Explorers room - 3 adults to 22 children aged between 3-5 years old.

Day 2:

Thirteen staff were allocated to work directly with the 70 children who were present on the morning of the inspection with a breakdown as follows:

- Little Bunnies room – 2 adults to 8 children aged between 1-2 years old.
- Little Monkeys room – 2 adults to 9 children aged between 20 months – 3 years old.
- Little Bears room – 3 adults to 17 children aged between 2-3 years old.
- Busy Bee's room – 3 adults to 19 children aged between 2 years 8 months-4 years old.
- Little Explorer's room – 3 adults to 17 children aged between 3 – 5 years old.

(8)(a) The review of the staff roster provided for a minimum of two adults to be on the premises during the service's operational hours.

### Part IV – Information and Records

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

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

- (a) the name, position, qualifications and experience of the person in charge and of every other employee, unpaid worker and contractor;*
- (b) details of the class of service and the age profile of children for which the service is registered to provide services;*
- (c) details of the adult:child ratios in the service;*
- (d) the type of care or programme provided in the service;*
- (e) the facilities available;*
- (f) the opening hours and fees;*
- (g) the policies, procedures and statements the service is required to maintain in accordance with Regulation 10;*
- (h) details of attendance by each pre-school child on a daily basis;*
- (i) details of staff rosters on a daily basis;*
- (j) details of any medication administered to a pre-school child attending the service with signed parental consent;*
- (k) details of any accident, injury or incident involving a pre-school child attending the service.*

*(3) A record referred to in paragraph (1) shall be open to inspection on the premises, and the documents and records referred to in paragraph (2)(a) shall be open to inspection whether on the premises or elsewhere, by an authorised person.*

#### Compliance Information

(1) The registered provider ensured that a record in writing was kept of the following information in relation to the service:

- (a) Details of the name, position, qualifications, and experience of the person in charge and of every other employee were maintained within the staff files.
- (b) The service Tusla certificate was displayed within the service and detailed the class of service and the age profile of children for which the service is registered to provide services.
- (c) (d) (e) The statement of purpose and function outlined the adult: child ratios, the type of care or programme provided and the facilities available within the service.
- (f) The opening hours and fees of the service were displayed on the noticeboard in the entrance hall of the service.
- (g) The registered provider maintained all of the policies required in accordance with Regulation 10.

(h) Attendance records detailing the arrival and departure of the children on a daily basis were maintained.

(i) A record was maintained of the staff roster which was reflective of the staff present on the day.

(k) Following a review of a sample of 15 records, the registered provider ensured a full record in writing was maintained for accident and incidents.

(3) All of the records were available to review on the premises.

## Non-Compliance Information

(1)

(j) Following a review of a sample of 15 records of the administration of medication, the registered provider did not ensure a full record in writing was maintained. For example:

- Nine of the 15 records reviewed did not have a record of the signature of the parent acknowledging the child had received the medication. The record keeping system used for these records did not allow for this to be recorded.
- In three of the 15 records reviewed, the surname of either the child or the staff was not recorded.
- In two of the 15 records reviewed, the date of the administration of the medication was incomplete.

Accurate and complete records must be maintained to support the safe administration of medication.

## Corrective & Preventive Action submitted by the Registered Provider

### Corrective Action

Staff Training has been updated for all staff regarding the use of medication and filling record forms. The service has replaced all old record forms with new updated medication forms which parents complete and sign. Staff have signed off on these new changes.

### Preventive Action

New documents are now in place, regular training, Management to regularly check.

### Supporting documentation submitted

Updated medication form.

Updated medication training attendance form for staff.

## Summary Comment

The inspector has reviewed the corrective and preventive actions taken and evidence submitted. The non-compliances identified under Regulation 16(1)(j) have been addressed.

### Part IV – Information and Records

#### Regulation 17 – Information for parents

*A registered provider shall ensure that a parent or guardian of a child proposing to attend the service is provided with the information referred to in subparagraphs (a) to (g) of Regulation 16(1).*

#### Compliance Information

The registered provider ensured the following information was available to parents;

- Information on the staff, type of service, age range of children, type of care programme, facilities and the opening hours were available in the parents' handbook.
- A synopsis of the required policies was available in the parents' handbook with full copies available on request in 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.*

#### Compliance Information

(1)(a)

On day 2 of the inspection, the following was in place to ensure the child's learning, development and well-being was facilitated in the service:

- Staff were observed to engage with the children in a warm, sensitive, respectful manner using strategies such as low tones; respectful body language; mirroring and modelling behaviours, songs and repetition. These communication strategies can bolster confidence and a child's sense of wellbeing.
- The children were observed to have access to the outdoor play area on a least one occasion in the day to engage to gross motor play, which can facilitate the development of fundamental movement skills.
- Staff reported being aware of positive strategies to support children's behaviours such as distraction; observation; one to one support; the use of toys to develop social stories; clear description of unacceptable boundaries; encouragement and praise. These strategies were observed in practice.
- There is a designated space available in the service where children can have a break from their room and staff reported this is used for children to engage in a one-to-one activity with a staff member, or a paired activity with a friend. This can enable children to regulate their behaviour if they get overwhelmed in a large group setting.

- Children were observed to be invited to participate in large group activity but had the freedom to move about the room and choose an alternative individual activity if they chose not to participate. This can support children to engage in social play at their own pace.
- Staff reported information on the child's day such as toileting, diet and the child's mood and behaviour was shared with the parents on a daily basis, through conversation at drop-off and collection.
- The layout of the rooms facilitated the children to engage in individual, small and large group activities, according to their age and stage of development. This promotes social skills.
- There were visual displays using imagery and text in the rooms such as routines and feelings charts. Knowing what will happen next can promote a sense of comfort and security, and visual indicators of feelings can promote emotional development and support behaviour regulation.

### Non-Compliance Information

#### (1)(a)

1. The registered provider did not follow their service policy on behaviour management to support children to positively regulate ongoing unwanted behaviours effectively. A review of documentation showed a trend of ongoing challenging behaviour. There was no documented review of a programme of care, there was no documented behaviour support plan developed in line with parents, and no documented risk assessments put in place. This was not in line with the service policy and can negatively impact a child's successful engagement in the daily experiences of the service.
2. Documented individual care planning for children who had additional care needs was not maintained and reviewed on a consistent basis.
  - There was no documented care plan available for a child who had additional care needs.
 Individual care plans detail the child strengths, challenges, and goals. These allow for the monitoring and evaluation of practices which can support the child within the service and assist in identifying additional resources and supports for the child.

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

#### (1)(a) Corrective Action

1. The service updated their Behaviour management policy and included a step-by-step plan on how to deal with ongoing challenging behaviour for staff to follow. These steps include strategies for working with children and communicating with families. The service has also introduced a risk assessment for ongoing challenging behaviour.
2. The service has held meetings with staff to develop care plans for children who may require them. These detailed the child's strengths and challenges, and specified goals were identified. They have also introduced a diary for children who may have additional care needs where information on the child's day is detailed. This is shared between the home and the service to develop communication with families.

### Preventive Action

1. The service commits to follow their policy and procedures and step by step guidance, including developing a behaviour management plan and risk assessment and to document all meetings and plans.
2. The service commits to monitoring, evaluating and reviewing these goals every two months, with a focus on what works well and what doesn't for each child. They will also update required equipment for the child's needs.

### Supporting documentation submitted

1. Updated behaviour management policy.  
Step by step process of managing behaviour.  
Risk assessment for ongoing challenging behaviour and biting.
2. Evidence of care plans detailing goals.  
Evidence of care diaries.

### Summary Comment

The inspector has reviewed the corrective and preventive actions taken and evidence submitted. The non-compliances identified under Regulation 19 have been addressed and will be reviewed on 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 registered provider took the following reasonable measures to safeguard the health, safety and welfare of children attending the service demonstrated by the following:

#### **General Safety:**

- There was up to date documented risk assessments in place where the rooms and outdoor area were checked for hazards.
- All cleaning agents and sharp equipment were stored out of reach of the children in locked presses or on high shelves.
- The kitchen was inaccessible to the children on the day of the inspection.
- Radiators were up high out of reach of the children.
- Blind cords and cables were all observed to be secured or out of reach of the children.

#### **Infection Control:**

- The premises were in a clean and hygienic condition and documented up to date cleaning records were available and displayed in the premises.

- Staff were observed supporting children to hand wash before and after mealtime. There was a checklist in place to support this practice and this was up to date.
- Children's sleep mats were stored covered in the hallway and children's bed linen was stored individually. There was a clear plan in place for the laundry of bed linen.
- Children were provided with individual cubbies for their nappies, and all nappy creams and lotions were labelled.

### Safe Sleep:

- A log was maintained where the colour, breathing and position of sleeping children was checked every 10 minutes.

### Fire Safety:

- Fire evacuation plans were displayed throughout the premises, and fire exits were unobstructed.

### Non-Compliance Information

#### Infection Control:

The following increased the potential risk of infection:

1. Hand drying facilities throughout the service were not appropriate to support effective hygienic practice. The paper towels used to dry hands were not hygienically dispensed, and the paper roll available required repeated hand touch. This increased the potential for cross contamination.
2. The nappy changing practice was not carried out according to the service nappy changing procedures which were displayed in the room and as a result posed a risk of cross-contamination. The following practices were observed:
  - The gloves used for nappy changing were not appropriate. They were of a polyethylene material and there was a risk they would leak or tear.
  - The same apron, which was torn, was retained for the duration of four nappy changes.
  - The clean nappy was placed under the child prior to the child being cleaned.
  - The gloves were not removed prior to the child being dressed and were worn to support the child during hand washing.
  - Repeated hand touch of the lid of the bin was observed during the disposal of the soiled nappies.
  - The changing mat was not consistently cleaned after each nappy change.

#### Administration of Medication:

3. The administration of medication was not sufficient to support effective safe practice. For example:
  - It is acknowledged care plans were available on file for children requiring medication, however the procedures for when to administer medication were not clearly outlined in these care plans. Individual care plans with easy-to-read procedures were not displayed in the care rooms. As a

result, staff were not aware of the practice around the administration of a medication of a child who required a specific medication.

- The details of the consent and dosage for two medications were detailed on the one consent sheet for one child. There was a risk the dosage could be mis-read. The consent and details for how to administer the medication must be clearly detailed for each medication.

### Safe Sleep:

4. Sleep practices were not in line with current safe sleep guidance. The following practices were observed:
  - Children under two years old were observed to sleep on sleep-mats which were placed directly on the floor. These are not suitable sleep facilities for children under two years old.
  - There was no agreed sleep plans available with a risk assessments in place. A sleep plan, incorporating a risk assessment of the sleep environment should be completed before moving a child from a cot to a sleep-mat.

It is acknowledged that the registered provider is in the process of updating the service safe sleep policy in line with current best practice and sleep plans for use with under twos were under development and draft copies were available for review but were not in use. It is also acknowledged that the service is awaiting the delivery of new appropriate sleep mats for under two's which had been ordered on the 8 January 2024.

### Action submitted by the Registered Provider

#### Corrective & Preventive Action

#### Infection Control:

##### Corrective Action

1. All Blue hand roll dispensers have been serviced, filled, and blue roll properly inserted.
  2. All polyethylene gloves have been replaced with appropriate ones.
- Staff in question were given retraining on the steps of how to change a nappy correctly.

##### Preventive Action

1. Blue hand roll dispensers will be used correctly.
2. Correct equipment has been put in place for nappy changing use

#### Administration of Medication:

##### Corrective Action

3. The service has updated care plans for children requiring specific medication including specific details, when and why the medication needed and where it is stored. Meetings were held with staff on the procedures of administering different types of medication. Each updated care plan is displayed in every room. The medication administration forms have been updated to correctly detail specific medication.

## **Preventive Action**

3. The service commits to keeping care plan updated on a regular basis, to check expiry dates on all medication, to keep staff updated on training and to get as much information from parents regarding children requiring medication.

## **Safe Sleep:**

### **Corrective Action**

4. Appropriate new mats, cocoon beds have been delivered and are in full use for children under 2 years old in the service. Safe Sleep policy was developed for children under two years old with a risk assessment maintained on file.

### **Preventive Action**

4. New mats are in use in line with new safe sleep care plan and risk assessment is updated on the policies.

## **Supporting documentation submitted**

### **Infection Control:**

1. Photographic evidence of dispensed hand drying paper.
2. Photographic evidence of new gloves.

### **Administration of Medication:**

3. Updated care plans, photographic evidence of care plans displayed, staff acknowledgement of received updates on the procedures of administration of medication.

### **Safe Sleep:**

4. Updated sleep policy, newly developed sleep plan, new developed sleep risk assessment, photographic evidence of adequate sleep facilities for children under 2 years old.

## **Summary Comment**

The inspector has reviewed the corrective and preventive actions taken and evidence submitted. The non-compliances identified under Regulation 23 have been addressed and will be reviewed on the next inspection.

### Part VII - Premises and Space Requirements

#### Regulation 29 - Premises

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

- (b) safe and secure,*
- (c) kept adequately lit, heated and ventilated*

#### Compliance Information

The registered provider ensured the premises were safe, secure and adequately lit and ventilated:

- (b)
  - Entry and exit to the service was managed and monitored by staff to restrict unauthorised persons from gaining access to the premise and to prevent children from exiting the service unsupervised.
  - The outdoor play area was fully enclosed.
- (c)
  - Windows provided natural lighting to all the care rooms, which was augmented with artificial ceiling lighting as required.
  - Sanitary accommodation was fitted with a working mechanical ventilation system.

### 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)(a)(b)(c) There was a complaints policy available detailing the procedures to be followed for making a complaint, the manner in how the service deals with a complaint, and the procedures for keeping the complainant informed of this process.

### Non-Compliance Information

The registered provider did not ensure the following:

(2)(b) Although it is acknowledged that there was a record maintained of a complaint that was made. Following discussion with staff and a review of documentation the inspector found that a complaint was not dealt with in accordance with the service complaints policy.

- There was no evidence of an acknowledgement that a complaint was received with an agreed timeline of a response given.
- There was no evidence of an investigation to see if service policy had been breached.
- There was no record maintained of meetings and agreed decisions.

(3)(a) Although it is acknowledged that all records were made available to the inspectors, a complete record in writing was not maintained of the way the complaint was dealt with. The record reviewed did not demonstrate that complaint made had been closed out. There was no final review with the outcome recorded and recommendations including any required changes to policy in line with the service policy.

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

#### Corrective Action

(2)(b) The service has reviewed and updated their Complaints policy. They have developed a step-by-step guidance on how they deal with complaints.

(3)(a) The service developed a review on how they dealt with complaints.

#### Preventive Action

(2)(b) The service complaints policy has been updated. Following any complaints; the service commits to follow this and other relevant policies. All complaints made will be documented, with a time frame of 10 working days response. All parents are to receive a copy of the new complaints policy.

(3)(a) The service complaints policy has been updated. Following any complaints; the service commits to follow this and other relevant policies. All complaints made will be documented, with a time frame of 10 working days response. All parents are to receive a copy of the new complaints policy.

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### **Supporting documentation submitted**

Updated complaints policy, step-by-step guidance, a review of a recent complaint.

### **Summary Comment**

The inspector has reviewed the corrective and preventive actions taken and evidence submitted. The non-compliances identified under Regulation 32 have been addressed.