

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2023KE002
--------------------------	-------------

Name of Service:	Little Harvard Childcare Ltd
-------------------------	------------------------------

Address of Service:	The Way, Ledwill Park, Kilcock, Naas, Co. Kildare
----------------------------	---

Eircode:	W23 X2IV
-----------------	----------

Name of Registered Provider:	James Hargrave
-------------------------------------	----------------

Service type:	Full Day, Part Time, Sessional
----------------------	--------------------------------

Date(s) of Inspection:	06/08/2024
-------------------------------	------------

No of pre-school children:	AM	62	PM	62
-----------------------------------	----	----	----	----

Address of the Early Years Inspectorate:	Early Years Inspectorate, Tusla Child and Family Agency, Suite 7, Vista Primary Care, Ballymore Eustace Road, Naas, Co. Kildare, W91 X38W
Inspection undertaken by:	E. Mulhern & F. Maher
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
---------------------------------	----------------

Description of service

Little Harvard, Ledwill Park, Kilcock opened in 2023. It is one of twenty early years services operated by the registered provider and is registered to accommodate up to 132 children aged between one and six years. It operates from 7am to 6:30pm, Monday to Friday offering full day, part-time and sessional education and care.

The service operates from a purpose-built two-story building within a housing development on the outskirts of Kilcock, Co. Kildare. The accommodation consists of nine care rooms with adjoining sanitary facilities, one cot room, a lift from the ground to first floor, a kitchen, staff rest area and an office. Two outdoor play areas are available in front of the premises. Six of the care rooms were operating on the day of inspection. Children were allocated to the rooms according to their age and stage of development.

Staffing

There are 18 staff members employed to work in the service including the service manager, two cleaners and a chef. Fourteen staff members are employed to work directly with the children, ten of whom were working on the day of inspection. An additional staff member (from one of the registered providers other services) had also been allocated to work with the children. The regional manager was present on inspection and reported she is working full time in the service on a temporary basis. The service manager and regional manager provided cover for staff breaks.

During the inspection the regional manager arranged for three additional staff members from the registered providers other services to come and work directly with the children. The service manager, regional manager and the Child Protection and Compliance Officer were present for the inspection closing meeting.

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 areas of governance/ health, welfare and development of child/ safety/ notifications and complaints. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under the following regulations:

Regulation 9 (1), (2), (4) - Management and recruitment

Regulation 11 (1), (2) & (8) (a) - Staffing levels

Regulation 16 (1) (i) – Record in Relation to Pre-School Service

Regulation 19 (3) – Health, Welfare and Development of Child

Regulations 23 – Safeguarding Health, Safety and Welfare of Child (Infection Control)

Regulation 32 - Complaints

However, on inspection additional non-compliance which posed a risk was identified under Regulation 27 - Supervision. These findings are outlined within the relevant regulation within this report.

A sampling process was used to assess compliance under regulation 19(3) Health, Welfare and Development of Child and regulation 23 (Safeguarding Health, Safety and Welfare of Child - Infection Control). As a result, the scope of the inspection included the Toddler 1 and 2 rooms.

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

decisions about compliance with regulatory requirements. Where the registered provider fails to meet the statutory requirements an escalation process may be commenced.

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

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

Additional Information

The inspection was undertaken due to information received by the inspectorate relating to the service on 2 August 2024.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the regional manager, person in charge, Child Protection and Compliance Officer, staff and children who were present on the day of the inspection.

Part III – Management and Staff

Regulation 9 – Management and recruitment

(1) A registered provider shall ensure that-

- (a) the service has a designated person in charge and a named person who is able to deputise as required,
- (b) at all times during the period when the pre-school service is being carried on, the designated person in charge or the named person referred to in subparagraph (a) is on the premises, and
- (c) there is a clear management structure in the service that identifies the lines of authority and accountability in the service and the specific roles and responsibilities of each employee and unpaid worker.

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

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

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

Compliance Information

- (1)
- (a) The service had a person in charge and a named person to deputise.
 - (b) Both the person in charge and a named person who could deputise were on the premises during the inspection.
 - (c) The service had a clear, documented management structure.
- (2) The registered provider ensured that all staff were suitable and competent prior to employment as outlined:

- (a) & (b) It was evident that adequate consideration had been given to references for all staff members. References had been sourced from their past employers and from another source where they had only one or no previous employers. All references had a record of verification checks carried out.
- (c) Garda vetting disclosures were available for all staff members. Garda vetting disclosures had been renewed in accordance with the Early Years Inspectorate Regulatory Notice, which requires services to renew Garda vetting every three years.
- (d) International police vetting had been sourced for all staff members who had lived in another state for more than six months as an adult.
- (4) All staff employed to work directly with children held at least a major award in Early Childhood Care and Education at Level 5 on the National Framework of Qualifications or a qualification deemed equivalent by the Minister.

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

(8) (a) There were always at least two adults on the premises throughout the inspection. The staff roster provided for at least two adults to be present at all times of opening.

Non-Compliance Information

(1) An adequate number of adults were not allocated to work directly with the children during staff breaks. The Regional Manager informed the inspectors that she and the Person in Charge were required to work directly with the children to facilitate staff breaks. She stated that she was going to arrange for an extra staff member to come from another service to cover staff breaks so that she could facilitate the inspection instead. Three additional staff members arrived at different times during the inspection. The Regional Manager was still required to provide break cover.

The inspectors observed that despite the additional staff brought in during inspection there was still not an adequate number of staff working directly with the children. This is outlined under regulation 11(2) below.

(2) The minimum ratio requirement of adults to children was not maintained during staff break times. Children from four rooms were accommodated in the Wobbler 1 and Toddler 2 rooms at this time. Details are outlined in the charts below. The minimum ratio requirement of adults to children attending on a full-day-care basis age 1-2 years is 1:5 and age 2-3 years is 1:6.

Adult to Child ratio – Wobbler 1 room - 6 August 2024

Time	Number and age of children	Number of adults available	Minimum number of adults required
11:30 - 12:00	15 (14 age 1-2 years; 1 age 2-3 years)	2	3
12:00 - 12:30	16 (15 age 1-2 years; 1 age 2-3 years)	2	4

Adult to Child ratio - Toddler 2 room - 6 August 2024

Time	Number and age of children	Number of adults available	Minimum number of adults required
11:45 - 12:00	16 (3 age 1-2 years; 13 age 2-3 years)	2	3
12:00 - 13:05	15 (2 age 1-2 years; 13 age 2-3 years)	2	3

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

The service has recruited additional staff. A new roster has been drawn up to ensure that an adequate number of adults are always available to work directly with the children, including during staff breaks. The roster outlines the specific number of staff required at all times to maintain the proper adult-to-child ratio. All staff will be trained on the importance of maintaining the required ratios. The manager will contact one of the registered providers in other facilities to request additional staff as soon as it has been noted that insufficient staff are in attendance to meet ratio requirements. Ongoing monitoring will be conducted to ensure compliance with staffing requirements. Any shortages will be addressed immediately to prevent future occurrences. Local and senior management will ensure compliance with all aspects of Regulation 11.

Supporting documentation submitted

Supporting documents were submitted in keeping with the actions stated.

Summary Comment

The actions submitted have been deemed to address the non-compliance.

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;

Compliance Information

(1)(i) A staff roster was available outlining the staff members and person in charge's daily start and finish times.

Non-Compliance Information

(1)(i) The staff roster did not include the start and finish times of the Regional Manager who was working directly with children on the day of inspection. The Regional Manager reported she was working full time in the service on a temporary basis. However, the roster documented that she was available from 7:00 to 18:30 over the phone Monday to Friday.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

The staff roster has been updated to accurately include the start and finish times of all staff members, including the Regional Manager when working directly with the children. This will ensure transparency and compliance with staffing documentation requirements. The roster will be reviewed and updated regularly to ensure that all staff working directly with children are properly recorded with the start and finish times, preventing future discrepancies. Local and Senior Management will ensure compliance with all aspects of Regulation 16.

Supporting documentation submitted

Supporting documents were submitted in keeping with the actions stated.

Summary Comment

The actions submitted have been deemed to address the non-compliance.

Part V - Care of Child in Pre-school Service

Regulation 19 - Health, welfare and development of child

(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

(3) Staff demonstrated respect for the children through their language and manner. The service had a Behaviour Management policy which included positive procedures for managing challenging behaviour. This outlined appropriate steps to take according to the child's age and stage of development. Staff demonstrated an awareness of the steps including engaging with the child's parent/guardian when required. The policy outlined practices which are prohibited and could be harmful to a child. Staff demonstrated an understanding of these, and the inspectors did not observe any practices which could be harmful to a child.

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

Infection Control:

Measures were taken to reduce the risk of infection spreading. Children were required to wash their hands at appropriate times including after using the toilet and before meals. The premises and equipment were visibly clean and well-maintained. Sterilising equipment was readily available for use as needed. Children's nappies were changed in accordance with infection control procedures to reduce the risk of cross contamination.

Waste management practices included the use of pedal-operated lidded bins to ensure proper containment. Individual bed linens were provided, and comprehensive cleaning schedules provided for these to be laundered at least weekly. The service had an infection control policy which specified criteria for exclusion to prevent the

spread of infections. Staff were aware of the guidelines for when children and staff should stay home due to illness, including symptoms such as fever, vomiting, diarrhoea, and contagious conditions.

Non-Compliance Information

Infection Control:

Children's drinking beakers were not appropriately managed in the Toddler 1 room. The beakers in use were not individually labelled. The inspector observed the beakers being placed in a cupboard after use and being given to different children to drink from without being washed in between. This practice posed a risk of spreading infections amongst the children.

Action submitted by the Registered Provider

Corrective & Preventive Action

Infection Control:

All children's drinking beakers in Toddler Room 1 have been labelled with their names to ensure that each child uses only their designated beaker. Staff have been instructed to ensure that the beakers are correctly always labelled. The staff will also ensure all beakers are washed thoroughly after each use and stored in a designated clean area, ensuring they are ready for the next use without any cross-contamination.

Regular inspections will be conducted to ensure compliance, and local and senior management will do spot checks to ensure compliance with all aspects of Regulation 23.

Supporting documentation submitted

Infection Control:

Supporting images were submitted in keeping with the actions stated.

Summary Comment

The actions submitted have been deemed to address the non-compliance.

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

The inspector observed the children in the Toddler 2 room were not always appropriately supervised as follows:

1. At the children's sleep time (11:45am) two staff members were allocated to supervise 16 children aged 1-3 years. One of the staff members was working her first day in the service. The second staff member arrived during the inspection from another of the registered providers services. Four of the children had been brought in from the Toddler 1 room. Neither of the staff members could confirm the names of the children from the Toddler 1 room who they had been tasked with undertaking and recording sleep checks for.
2. The children were not appropriately supervised when eating their dinner (14:06 to 14:19). There were two staff members allocated to supervise 12 children aged 1-3 years. After the first children had finished eating both staff members engaged in duties including cleaning the table, floor and dishes. During this time the inspector observed one child wandering away from the table without finishing their meal whilst another child sat in the vacant seat, picked up their spoon and finished the first child's meal. As well as the staff not being able to respond appropriately to children's needs at mealtime, the inadequate supervision at this time posed a risk of delay in providing first aid if a child were to choke on their food.

Action submitted by the Registered Provider

Corrective & Preventive Action

1. Local Management will ensure that an adequate number of experienced staff members are allocated to supervise the children during sleep time. Staff ratios will be strictly maintained, and only staff familiar with the children will be assigned during sleep time. All new staff to the service will be paired with staff already working in the service who are already familiar with the children and their routines, needs etc. As stated under regulation 11, additional staff have been recruited which will ensure compliance going forward. Local and Senior Management will ensure compliance with all aspects of Regulation 27.
2. Staff have been instructed in the appropriate supervision of children when eating their meals and that they should engage with the children during mealtimes to include sitting with them and providing them with support

when necessary. Staff have been spoken to in respect of the importance of supervision at all times during mealtimes and to prioritise supervision over cleaning during this time to ensure that children are properly monitored while eating and prevent incidents like children wandering or eating each other's food.

Cleaning duties will begin after all children have completed their meals and have been safely transitioned to another activity. This will ensure that staff remain available to respond to any needs or emergencies during mealtime. Local and senior management will regularly and closely monitor these procedures to ensure that supervision during mealtimes is consistently maintained at a high standard, reducing risks and ensuring children's safety.

Supporting documentation submitted

Supporting documents were submitted in keeping with the actions stated.

Summary Comment

The actions submitted have been deemed to address the non-compliance.

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 service had a complaints policy which outlined the following:

- (a) The procedure to be followed by a person to make a complaint in relation to the service.
- (b) The way the complaint will be dealt with.
- (c) The procedures for keeping the person who makes the complaint informed of the way it is being dealt with.

(2)(a) Records in writing were available of complaints made in relation to the service.

Non-Compliance Information

(2) (b) The inspectors requested the records relating to two documented complaints which the Regional Manager reported had been investigated and closed out. These were dated 18 October 2023 and 15 January 2024. It could not be evidenced that the complaints had been duly dealt with in accordance with the complaints policy as the management team could not locate the records for inspection.

(3)

- (a) Records were not available including the manner in which the complaints were dealt with.
- (b) Records were not open to inspection on the premises as required.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Notes of the complaints which were not available on the day of the inspection, have now been added to the files concerned. Staff have been instructed to ensure that complaints files are kept up to date at all times. Senior management will inspect the complaints files on a regular basis to ensure compliance.

Supporting documentation submitted

Two records titled 'log of the complaint'.

Summary Comment

(2)(b) The documents submitted did not evidence that the complaint dated 18 October 2023 was duly dealt with in accordance with the service's complaints policy. The record submitted did not evidence that an investigation was carried out or relevant staff were consulted with in relation to the complaint.

(3)

(a) The records submitted did not include the manner in which the complaint dated 18 October 2023 was dealt with.

(b) Records relating to the complaint dated 18 October 2023 were not submitted for inspection.

The regulatory requirement has not been met.