

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2024DR001
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Name of Service:	Play and Learn Childcare and Education
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Address of Service:	Glenamuck Manor, Carrickmines, Dublin 18, Co. Dublin
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Eircode:	D18 H57X
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Name of Registered Provider:	Allison Farrell
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Service type:	Full Day
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Date 1 of Inspection:	03/06/2025
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Date 2 of Inspection:	04/06/2025
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No of pre-school children: Day 1	AM	65	PM	67
No of pre-school children: Day 2		61		58

Address of the Early Years Inspectorate:	The Early Years Inspectorate, Tusla, Child and Family Agency, Loughlinstown Health Centre, Loughlinstown, County Dublin.
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Inspection undertaken by:	O. Quill and R. Duff
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Title:	Early Years Inspectors
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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

Play and Learn Childcare and Education is one of four services operated by the registered provider in the Dublin and Kildare regions. The service is registered to provide full day care for pre-school children and operates Monday to Friday between the hours of 07:30 -18:30.

The premises is located in a purpose-built facility at ground floor level in a residential development in Carrickmines south county Dublin. Six care rooms are available and five care rooms were in operation on both days of inspection. The Wobbler 2 room caters for children aged 1 year. The Wobbler 1 and Butterflies rooms cater for children aged 1 to 2 years of age. The Toddler room caters for children 2 to 3 years of age. The Pre School room caters for children aged 3 to 5 years of age. A separate cot room was provided. The children have access to a fully enclosed outdoor play area which is directly accessed from three of the care rooms.

Staffing

Twenty adults are employed in the service including a cook. The operations Manager was present for both days of inspection. 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

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

Compliance was assessed under the following regulations.

9(1)(a), (b), (2) (a)-(d) and (4) Management and Recruitment

10 Policies

11(1), (2), (8)(a) Staffing Levels

15(f) Record of pre-school child

16 (1) (i), (j) and (k) Record in relation to Pre-School Service

19 (1)(b) Health, welfare and development of child

23 Safeguarding health, safety and welfare of child

25(1), (2)(a), (b) First Aid

32 (1) (a)-(c), (2)(a) and (b) Complaints

However, on inspection additional non-compliance which posed a risk was identified under Regulation 24 Checking in and out and record of attendance. These findings are outlined within the relevant regulations within this report.

A sampling process was used to assess compliance under regulations 10, 15(f), 16(k), 19(1)(b) and 23. As a result, the scope of the inspection included Wobbler 1, 2, the Butterflies and Pre-School rooms and did not include the Toddler room.

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

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

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

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

Additional Information

This inspection was triggered following information received by the Early Years Inspectorate on the 29th of May 2025.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the registered provider, operations manager, person in charge, staff and children who were present on the days of inspection.

Part III – Management and Staff

Regulation 9 – Management and recruitment

(1) A registered provider shall ensure that-

- (a) the service has a designated person in charge and a named person who is able to deputise as required,*
- (b) at all times during the period when the pre-school service is being carried on, the designated person in charge or the named person referred to in subparagraph (a) is on the premises, and*

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

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

(4) A registered provider shall ensure that, without prejudice to the generality of paragraph (2) and subject to paragraphs (5) and (6), each employee working directly with children attending the service holds at least a major

award in Early childhood Care and Education at Level 5 on the National Qualifications Framework or a qualification deemed by the Minister to be equivalent.

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

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

Compliance Information

(1)(a) The service had a person in charge and a named person to deputise.

(b) The person in charge and a named deputy were always on the premises during the inspection. The staff roster provided for the person in charge or a person who could deputise to be present at all times of opening.

The inspection focused on regulations (2)(a)(b), (d), and (4) for ten new adults who had commenced employment since the previous inspection on the 24 October 2024 and included three additional files for adults who were present from other childcare services operated by the registered provider to provide relief. Records for all adults were inspected for regulation 9(2)(c).

- (2)
- (a)(b) Of the twenty-six references that were required, twenty-one were from a past employer and four were available from a reputable source.
- (c) Garda vetting disclosures were available for all adults. 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) Police vetting was available for ten adults employed in the service who had lived outside the State for a period of longer than six consecutive months as an adult.
- (4) Records were available evidencing that twelve adults who were employed to work directly with the children held the required qualification or equivalent. One of these adults held a letter of qualification recognition from the Department of Children, Disability and Equality (DCDE).

Non-Compliance Information

(2)(a) A second written past employer reference for one adult was not validated.

(7)(a)(b)(c) Significant levels of non-compliance were found during the inspection across several regulations. The registered provider did not demonstrate that they had taken all reasonable measures to ensure that all employees were appropriately supervised and provided with sufficient information and training to safeguard the health, safety and welfare of children attending the service and to comply with the regulations as follows.

1. Through a review of documentation, observations of practices and conversation with staff and management the inspectors were not assured that all employees had sufficient training regarding the services policies and procedures to ensure the safety and wellbeing of all children. Although the training policy stipulates that all staff will receive an induction training programme, there was no available evidence to substantiate that this had been implemented. Additionally, while the policy specifies that induction must be documented using the designated "induction record form," there was no completed forms available for any staff members. The manager confirmed to the inspectors this form had not been completed for staff.
2. Care practices observed during the inspection did not align with the policies and procedures in place in the service indicating a gap in staff training and understanding as detailed under regulation 16, 19 and 23. While staff reported receiving the relevant policies via email, there was no follow-up from management to review the content with them and ensure the policies were understood.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(2)(a) The manager validated the 2nd reference on Monday the 9th of June 2025. Going forward, the manager will ensure that all references are validated before an employee commences employment. Two people will be appointed, the Centre Manager along with the Creche Supervisor, to cross check this to make sure that all references are validated on time and that nothing is missed.

(7)(a), (b) and (c)

1. Since the inspection, management have put together an intensive induction training pack for all employees. Management have provided this intensive training workshop to our current employees at the beginning of this week to retrain all of our current staff members. Management now have a group training pack that includes more generic information re Play and Learn and then individual classroom packs that we will use with each classroom going forward. Going forward, when a new employee starts with us, management will ensure that the new employee receives a full and thorough induction training, as outlined in our new training and induction pack.

2. Management have reviewed and updated our policies and procedures as advised by the inspectors and all staff have received a copy of these and have been given sufficient time to review. When completed, staff will then sign to confirm they have received and understood our policies and training. Care practices have been one of the areas of focus within our training programme.

Going forward, all new employees will still receive our policies and procedures prior to starting with us to familiarise themselves with them. When the new employee starts with us, we will ensure that the staff member has sufficient time to read through our policies and procedures along with availing of our induction training programme within the first 4 weeks of employment, as per our policy.

Management will ensure to check that the new employee understands our policies and procedures and give them time to ask questions. Extra training will be given if required. For example, we will have individual one: one meetings and/or small team meetings to ensure that our staff care practices align with our policies and procedures. All new staff will be required to sign and confirm that they have received and understand our policies and procedures.

Supporting documentation submitted

Copy of updated staff training policy. Copies of training packs for the Pre-school, Toddler and Wobbler rooms.

Summary Comment

Evidence was submitted and reviewed by the early years inspector and deemed to meet the regulatory requirement.

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

Written policies, procedures and statements specified in Schedule 5 were in place for the service. The following written policies, procedures and statements, as specified in Schedule 5 were reviewed as part of the inspection process.

- Accident and incidents
- Risk management
- Healthy eating
- Administration of medication
- Staff training
- Staff supervision
- Complaints

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) An adequate number of adults were working directly with the children at all times during the inspection.
- (2) The minimum ratio of adults to children for full day care services was adhered to at all times during the inspection. On the first day of inspection there were 14 adults working directly with 65 children. On the second day of inspection there were 14 adults working directly with 61 children.
- (8)(a) There were at least two adults on the premises at all times of the inspection. The manager provided the inspector with a copy of the staff roster which demonstrated that there are at least two adults on the premises at all times

Part IV – Information and Records

Regulation 15 – Record of pre-school child

- (1) A registered provider of a pre-school service other than a pre-school service in a drop-in centre or a temporary pre-school service shall ensure that a record in writing is kept in respect of each pre-school child attending the service containing the following particulars:*
- (f) details of any illness, disability, allergy or special need of the child, together with all the information relevant to the provision of special care or attention;*
 - (i) written parental consent for appropriate medical treatment of the child in the event of an emergency.*

Compliance Information

The inspection focused on the records of five children attending the service who were reported to have an illness or allergy.

- (i) Written parental consent was available for medical treatment of children in the event of an emergency.

Non-Compliance Information

- (f) There was insufficient detail recorded about the illness, allergies or special care or attention that may be required in relation to four of the five children.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

Management have gathered all of the relevant information that we needed from the inspector's recommendations. Management have reviewed and updated our plans to reflect this. Examples of this include receiving a GP letter for any child with an allergy or needing medication. A parent signature is on each care plan now and we will ensure that the enrolment form information matches with the care plan, unless anything changes. If there are changes, we will ensure that the enrolment form is updated and signed by both parent and service.

Going forward, we will ensure all of these procedures stated above are followed – Parent's will be required to sign the care plan and we will ensure that the enrolment form information matches with the care plan, unless anything changes. If there are changes, we will ensure that the enrolment form is updated and signed by both parent and service. Parents will also be required to provide us with a GP letter to confirm that a child has an allergy and/or if a child requires medication.

Supporting documentation submitted

Copy of updated Medication Management Policy.

Summary Comment

Evidence was submitted and reviewed by the early years inspector and deemed to meet the regulatory requirement. The procedures and practices outlined by the registered provider will be reviewed on the next inspection of 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:

(k) details of any accident, injury or incident involving a pre-school child attending the service.

Non-Compliance Information

(k)

1. In the Butterflies room the inspector observed three separate incidents in which pre-school children aged (1-2 years) either fell or sustained injuries as a result of interactions with other children. In each case, staff did not complete the required incident documentation. This practice was not in line with the service policy which states

“All accidents / incidents even minor ones, are recorded in an accident record sheet with details on how they are dealt with or treated.”

2. A sample of forty-five accident and incident forms were reviewed. Of these, six forms were not signed by parents to confirm they were informed. One form was incomplete, and one form was not signed by a manager. This was contrary to the accident and incident policy and posed a potential safety risk.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(k)

1. Management have reviewed and updated our Accidents/ Incidents Policy and submitted a copy as evidence. Staff members have received extra training this week as part of our training workshop in relation to accidents/incidents and responding to them appropriately.

Going forward, all accidents/incidents will be responded to appropriately as per our updated Accidents/Incidents policy. Minor accidents/incidents do not need to be documented but will be monitored. We will document any accidents/incidents above the minor level i.e a visible injury such as a scratch or swelling or any bump to the head.

2. The six accident forms have now been signed by parents. One form was incomplete, so we have explained to staff members the importance of completing all accidents reports properly within our training workshop. Accident/Incident books are now stored in the office and management will ensure to double check. Accident/Incident book weekly going forward to ensure that they are being completed appropriately to double check Accident/Incident book weekly going forward to ensure that they are being completed appropriately.

Staff members have received extra training this week on the importance of completing all accidents reports properly and we will ensure any new staff members receive the same. Accident/Incident books are now stored in the office and management will ensure to double check Accident/Incident book weekly going forward to ensure that they are being completed appropriately.

Supporting documentation submitted

Copy of updated accident and incident policy.

Summary Comment

Evidence was submitted and reviewed by the early years inspector and deemed to meet the regulatory requirement. The procedures outlined will be reviewed on the next inspection of the service.

Part V - Care of Child in Pre-school Service

Regulation 19 - Health, welfare and development of child

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

(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)

Meals and snacks were offered to the children regularly throughout the day and these provisions were prepared on site by a cook, including a hot meal. Younger children were provided with bibs to protect their clothes from becoming soiled or wet when eating. Staff members sat with children during mealtimes and encouraged younger children to feed themselves. Drinking water was accessible to the children at all times. The children's nappies were changed routinely and in between when required. Staff used these opportunities for warm one-to-one interactions. Babies and younger children were provided with the opportunity to sleep at a designated time. Staff reported children can sleep outside these times if they are tired. Rest areas were available in each care room to allow children take a break from activities as they wished. All children were given the opportunity for outdoor play. Staff spoke respectfully to the children and demonstrated warmth and kindness during interactions observed by the inspectors. Staff described how they record information about each child's day using an online application detailing information on food, sleep, nappy changes and activities. Parents were observed in the service during drop off and collection times and staff shared information about the children with their parents at these times.

Non-Compliance Information

(1)(b)

1. In the Butterflies room there was inadequate attention by staff to planning activities and limited responsiveness to children's engagement levels. When children showed signs of disinterest or disengagement, alternative choices or modifications to the activity were not consistently provided.

(a) For example, staff invited the children to dance to music. Children who were not interested in this activity were observed banging toys, running around the room falling and physically hurting each other. Five children became very upset and were crying. Staff were observed to continue to try to get these children to dance and responded by raising their voice and singing louder.

(b) On another occasion children were provided with a drawing activity and given paper and crayons. After approximately two minutes some of the children started pulling crayons off each other and started getting upset. An alternative activity was not provided.

2. Transitions between activities were poorly managed by staff as evidenced by the following examples.

(a) The transition to outdoor play in the Preschool room was observed to be disorganised and overly energetic. There was a high level of noise, with children shouting and running around the room. Twenty-one pre-school children were present. Two staff members were positioned at the doorway attempting to organise the children in a line, with one staff member bending down while children climbed and jumped on him. It is acknowledged the manager arrived during this time and provided assistance to help support the transition.

(b) In the Butterflies room the transition from lunch to sleep time was observed to be unsettled and disorganised. Several children were crying, while others remained awake and were climbing on beds. The environment lacked a calm and structured approach conducive to supporting children's rest.

(c) In the Wobbler 1 room staff prompted the children to begin tidying up for lunch. During this time some children were observed climbing on the furniture, wandering around the room and engaging in disputes over toys.

It is acknowledged that five staff members were absent from the service on this day.

3. In the Butterflies room four children who required help to clean their noses were left unaided by staff until prompted by the inspector.

4. In Wobbler 2 room one child was observed to be upset and crying. Staff told the inspector that the child had not eaten his dinner. When asked whether an alternative had been offered, the staff member responded that it had not. After being prompted by the inspector the staff member stated she could provide something. The child was subsequently given a yogurt, which he ate, and then appeared settled.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1)(b)

(a), (b) Management has made changes to the staff within each classroom. Management have designed training packs to support each of the areas that are needed for improvement, focusing on the care of the child, interactions and curriculum and activities. All staff have received this training this week. Since the inspection, management have been monitoring staff interactions and have been providing support to staff members. Examples of this include regular support and role modelling in the classroom, one: one meetings, classroom meetings and other training workshops.

2.

(a) Management have provided further training and support around transitions as part of our intensive training programme.

(b) Management have provided further training and support around supporting children's sleep as part of our intensive training programme. It is important to note that in order to provide a calm and structured environment that supports children's rest, a number of strategies are used daily to promote sleep. These include organisation in that the children's beds are organised and ready to go before dinnertime commences, blackout blinds and calming music.

(c) Management have provided further training and support around managing children's behaviour and promoting.

(a), (b) and (c) Management will ensure all new employees receive our intensive training programme as part of our induction period and ensuring that staff know to call management if they need help or support.

3. Good hygiene practices and measures were emphasised to all staff members and also included in our workshop training. Good hygiene practices and measures will be thoroughly outlined in our induction training.

4. Alternative meals/snack are always offered in Play and Learn. This has always been our practice. Management met with the staff member from this situation to figure out what happened in this scenario. Management emphasised the importance of children always being offered alternative meals/snacks if they don't eat in creche and we have retrained staff on this as part of our training workshop. Again, we have retrained all of our staff members this week on the importance of good care practices and the care

of the child. All staff members will know the importance of never letting a child go hungry and to call management for help if a parent needs to be contacted.

Supporting documentation submitted

Copy of updated general training packs and induction training packs for the Wobbler, Toddler and Preschool rooms.

Summary Comment

The corrective and preventive practices as stated by the registered provider have addressed the non-compliance. Practice will be reviewed on next inspection.

Part VI - Safety

Regulation 23 - Safeguarding health, safety and welfare of child

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

Compliance Information

General Safety:

The entrance door into service was adequately secured to ensure the safety of the children within and to avoid unauthorised persons accessing the service or children exiting unsupervised. All blind cords were made safe and secured. Cleaning agents and medications were safely stored out of reach of children. The kitchen was inaccessible to children.

Infection Control:

Each child was provided with their own bed linen, which staff stated was laundered weekly and stored individually between uses. Pedal operated bins were provided in the care rooms and sanitary areas.

Administration of Medication:

A sample of medication records were reviewed. The forms were completed correctly. This included ensuring written consent was obtained from parents or guardians, having a second staff member present as a witness during administration, and maintaining detailed records shared with parents or guardians upon collection.

Safe Sleep:

Sleep logs were maintained in the dedicated sleep room and care rooms where children slept, and individual children's observations recorded room temperature, breathing, colour, and position every ten minutes. The required temperature range of 18 - 22°Celsius was maintained while children slept.

Fire Safety:

The designated fire escape routes were clearly indicated and free from obstruction on the days of inspection.

Non-Compliance Information

The inspectors found by observation of practice, review of documentation, discussion with staff, and inspection of the premises that the registered provider did not ensure that reasonable measures were taken to safeguard the health, safety and welfare of children in attendance and that the environment of the service was safe as follows.

General Safety:

1. A child with a known medical condition was prescribed two auto-injector pens as part of their emergency care plan. However, only one auto-injector was available on-site, which posed a potential safety risk in the event of a medical emergency. It is acknowledged that the service took steps on the day of the inspection to address the issue, and a second auto-injector pen was provided to the service
2. In Wobbler 1 room at lunchtime a meal intended for a child with a known food allergy was not placed on a designated placemat, as required. This action was not in accordance with the allergy management plan implemented following a risk assessment conducted after a previous serious allergic reaction with another child. Staff were asked why the placemat was not provided and they responded that this child usually attends the Butterflies room.
3. Medication provided for one child had no label detailing medication instructions and was written in a foreign language, making it difficult to verify its contents and administration instructions. This posed a potential safety risk to the child's health and safety. It was not in line with the medication policy which states "Medicines must be in their original packaging clearly labelled with the child's name, the current date, expiry date, storage instructions and dosage, method of administration, plus the name of the health care provider that recommended the medication."
4. In the Wobbler 1 room care plans available for two children had not been signed by the parents to confirm their acknowledgement and agreement with the content discussed.

5. In the Butterflies room a child was observed by an inspector to open a cupboard with a child proof-lock. The staff did not witness the child opening the lock but was informed by the inspector that the child had accessed it. The staff member acknowledged awareness that the child had previously demonstrated the ability to open such locks. The inspector noted that a pair of sharp scissors was stored inside the cupboard and alerted the staff member to remove them.
6. The inspector observed a staff member from the Preschool room leaving a child unattended on the nappy changing station while proceeding to wash their hands. This practice posed a significant safety risk, potentially leading to a serious injury.
7. In the Wobbler 1 nappy changing area a metal frame from a sensory table was stored on the floor posing a potential injury risk.

Infection Control:

Inspectors observed a number of practices which posed a risk of transmission of infection within the service:

8. In Wobbler 2 room staff did not wash their hands after cleaning children's noses. This was not in line with the infection control policy which states "Staff must wash their hands after handling secretions e.g. from a child's nose or mouth, from sores or cuts."
9. In the Butterflies room toys that had been mouthed and showed signs of nasal secretions were not appropriately sanitised or removed by staff. This was not in line with the infection control policy which states "In order to reduce the risk of cross infection, all toys are cleaned on a regular basis i.e. as part of routine cleaning schedule and toys that are shared are cleaned between uses by different children."

10. Nappy changing practice in Butterflies room was observed staff did not wash their hands between changing three children's nappies. This was contrary to the infection control policy which states "Staff must always wash their hands after every nappy change using warm water and liquid soap."
11. Staff from Preschool room did not wash a child's hands after nappy changing. Upon inquiry, the staff member explained that the child is not yet able to wash their hands independently and that a wipe will be used upon returning to the care room.

Safe Sleep:

12. There were no documented sleep plans that included a risk assessment for the 14 children, approximately aged from 15 months and under 2 years, who were sleeping on floor beds.
13. In the cot room 50 cm spacing was not maintained between two cots as required.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. When it was noted that the child only had one auto-injector pen the managers acted on it immediately and ensured that the parents brought in another. The managers will make sure two people are now checking the medication press to ensure the correct medication is there.
2. The only reason why this child was moved to a different classroom was to ensure that every room was in ratio. Going forward, staff will ensure that placemats are moved with the children if they need to move rooms.
3. The parent has provided us with the medication in English, in line with our newly updated Medication Management policy.
4. The two care plans have since been signed by the parents. Going forward, management will ensure

that all care plans include parent signatures.

5. The staff member informed the manager. The scissors was removed from the press. The manager reminded the staff member of the importance of letting management know if they feel that there are any risks in the classroom. Management have since changed the locks in the Butterfly classroom to locks inside the press door. These locks are ones that the children cannot open. Management will monitor the situation and insure this will not happen again.

6. Training has been provided to all employees for our Nappy Changing procedures. There is also a visual schedule in each nappy changing area to remind staff of these procedures, broken down step by step. Management have explained to staff the dangers of leaving children unattended on the nappy changing station and we focused on this as part of our training workshop. Management have also created a risk assessment on this to highlight the risk. Going forward, to ensure that this does not happen again, a risk assessment will be displayed in the nappy changing area and will be discussed as part of our training. Management will ensure to do regular checks of nappy changing procedures to make sure that this does not happen again.

7. We have cleared the nappy changing area to ensure that the area is free from clutter and any risk. Management will ensure to keep nappy changing areas free from clutter and any potential hazards.

Infection Control:

8. Management have provided extra training on infection control as part of our training workshop. We have also reviewed and amended our infection control policy. Going forward, management will ensure to provide adequate infection control training as part of our induction programme or when required.

9. Management have provided every classroom with a storage box for mouthed toys. To prevent cross infection, Staff will put any mouthed toys into this box during the course of the day and the mouthed toys will be appropriately sanitised and cleaned every evening.

10. Training has been provided to all staff regarding our nappy changing procedures and infection control. There is also a visual schedule in each nappy changing area that breaks the procedure into a step-by-step format, from start to finish. Management provided extra training on this as part of our training workshop. Again, we will ensure

to provide thorough training as part of our induction programme and to carry out regular checks that staff are following our nappy changing and infection control procedures. All children will be supported to wash their hands with soap and water. Staff will try different strategies with children who require additional support.

11. Management will support all children to wash their hands with soap and water by trying different strategies. Staff know that they can come to management for help and support if needed. All children will be supported to wash their hands with soap and water. Staff will try different strategies with children who require additional support.

Safe Sleep:

12. Sleep plans and a risk assessment have been done for the 14 children who sleep on floor beds. Going forward, we will ensure that all children under two years of age that sleep on a floor bed will have a safe sleep plan along with a risk assessment.

13. Management have met with staff and provided extra training as per our safe sleep policy and ensuring that 50cm spacing is maintained between cots. We will ensure that there will be 50 cm spacing in between cots going forward. Management will ensure that staff understand and know the importance of same.

Supporting documentation submitted

General Safety:

Written and photographic evidence.

Infection Control:

Copy of updated Infection Control Policy.

Safe Sleep:

Written evidence.

Summary Comment

Supporting documentation was submitted and reviewed by the early years inspector. The implementation of the corrective and preventive actions outlined will prevent the re-occurrence of the non-compliances identified. These actions will be assessed on the next inspection of the service.

Part VI - Safety

Regulation 24 - Checking in and out and record of attendance

(3) A registered provider shall ensure that-

(a) no person other than-

(i) pre-school child attending the service,

(ii) a person dropping or collecting such a child,

(iii) an employee, or

(iv) an unpaid worker, can enter the premises without his or her entry being approved by an employee, and

(b) a daily record in writing is kept of the entry on the premises of any such person.

Non-Compliance Information

(3)(a)(b) The registered provider did not ensure that a written record was maintained of persons, other than those specified in Regulation 3(a) (i)-(iv), who entered the premises. On the first day of inspection, a yoga teacher entered the premises, but no such record was kept.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(3)(a)(b) Management will ensure that all visitors sign in and out going forward.

Supporting documentation submitted

Written evidence.

Summary Comment

The corrective and preventive actions have addressed the non-compliance meeting the regulatory requirement.

Part VI - Safety

Regulation 25 - First aid

(1) A registered provider shall ensure that a person trained in first aid for children is, at all times, immediately available to the children attending the pre-school service.

(2) A registered provider shall ensure that a suitably equipped first aid box for children-

(a) is safely stored in an easily accessible and conspicuous position on the premises, and

(b) is available to the children attending the pre-school service at all times.

Compliance Information

(1) Adults trained in First Aid Response were present and immediately available to the pre-school children at all times on the days of inspection.

(2) (a) The first aid box for children was safely stored in an accessible and conspicuous position in the service.

(b) At all times the first aid box was available to the children attending the pre-school service.

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) The registered provider ensured the complaints policy was in place in the service and adequately outlined the following.

(a) Details of the procedure to be followed by a person for the purposes of making a complaint in relation to the service.

(b) Details of the manner by which a complaint will be dealt with by the service.

- (c) Details of the procedures in place outlining how the person who makes such a complaint in relation to the service will be informed of the manner by which the complaint is being dealt with.
- (2) (a), (b) The person in charge stated that no complaints had been made directly to the service since the service opened in August 2024. The person in charge detailed the procedures in place in the service for dealing with complaints, including maintaining a record in writing, in line with the complaints policy in place.