

Early Years Inspectorate Regulatory Report

Pre School

TUSLA Identifier:	TU2024LH002
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Name of Service:	Cuddles Creche P&S Ltd
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Address of Service:	Tallanstown, Co. Louth
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Eircode:	A91 D825
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Name of Registered Provider:	Pamela Kelly, Sophie Kimmins
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Service type:	Full Day, Part Time, Sessional
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Date(s) of Inspection:	13/03/2025
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No of pre-school children:	AM	21	PM	17
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Address of the Early Years Inspectorate:	Early Years Inspectorate Child Wellbeing Centre Castleblayney Co. Monaghan
Inspection undertaken by:	M. Flood & S. Skinnader
Title:	Early Years Inspectors

Authority to Inspect

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

Conditions if applicable	Not Applicable.
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Description of service

Cuddles Creche P&S Ltd is a privately owned service that is in operation since October 2024. The service provides full day care, part-time and sessional care and education to pre-school children aged from 0 to 6 years. The service operates from 08.00am to 5.45pm Monday to Thursday and from 08.00am to 5.30pm on Fridays. The setting caters for a maximum of 34 preschool children.

The service operates from a 2-storey attached building situated in the small village of Tallanstown in Co. Louth. There is street parking for drop off and collection. The premises includes 2 rooms which are located on the ground floor, the preschool room which has 2 sections and a 2nd large playroom which is sub-divided into 2 areas, namely the Toddler Room, and a separate sleep area. Ancillary accommodation consists of sanitary and nappy changing facilities, a kitchen area and a second storey which is used as office and storage. There is an outdoor play area to the rear of the building.

Staffing

The 2 registered providers and 5 childcare staff are currently employed to work directly with the preschool children.

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.

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 carried out following receipt of unsolicited information by the Feedback and Concerns department

Acknowledgments

The inspectors wish to acknowledge the cooperation of one of the registered providers, service manager, 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.

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

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

Compliance Information

(1)(a) & (b) The service had a designated person in charge and named deputy person to deputise as required. The deputy person in charge was on the premises when the inspectors arrived at the premises and was present throughout the inspection. The designated person in charge who is also one of the registered providers arrived on the premises at approximately 11.40am and was present for the remainder of the inspection.

(2)(a)&(b) Following a discussion with the registered provider and a review of the staff roster, 2 new members of staff have been employed since the last inspection on 20/01/2025.

These staff files were available for inspection and reviewed:

(a) & (b)

- There were 2 written references from a past employer or an alternative source available for 2 new members of staff. All written references available were validated as required.

(c) A processed Garda Vetting Disclosure was available for the 2 new members of staff.

Garda vetting disclosures were also reviewed for the other staff members employed in the service. The registered providers adhered to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years.

(d) International police vetting was available for 1 new staff member who had resided outside the Irish jurisdiction for a period of 6 months or more as an adult.

(4) Documentary evidence was available to confirm that the 2 new members of staff who work directly with the children held at least the minimum required level 5 childcare qualification on the National Framework of Childcare Qualifications or a qualification deemed equivalent.

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) The adult to child ratios were correct in the service when the inspectors arrived unannounced at 10.55am and remained so throughout the inspection.

(2) The following adult to child ratios were observed during the inspection:

- In the Toddler Room there were 10 preschool children aged 1 to 2 years being cared for by 2 staff members.
- In the Preschool Room there were 11 preschool children aged 3 to 4 years being cared for by 1 staff member.

The service manager was also present in the service and provided assistance between the 2 care rooms and also carried out catering duties. One of the registered providers arrived on the premises at 11.40am and provided assistance in the Toddler area.

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;
- (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;

(2) A registered provider shall ensure that-

- (a) all documents and records relating to references and Garda and police vetting obtained under Regulation 9(2) are retained for a period of 5 years from the date on which the person to whom the document or record relates commences working in the service, and
- (b) a record referred to in subparagraph (h), (j) or (k) of paragraph (1) is retained for a period of 2 years from the date on which the child to whom it relates ceases to attend the service, or in the case of a preschool service in a drop-in centre or of a temporary pre-school service, for a period of 2 years from the date on which the child attends the service.

Compliance Information

(1)(h) Documentary evidence was available of the daily attendance of each child in the service and included the arrival and departure times of each child. This information is recorded on the services record and communication tablet.

(i) Up to date daily/weekly staff rosters were available in the service and were reflective of the staff present in the service, including start times and break cover.

Non-Compliance Information

(1)(a)

1. One staff member did not have a Curriculum Vitae available for inspection.

(g) The following policies and procedures were reviewed and were not in keeping with the requirements of Regulation 10:

1. Two copies of The Risk management document/Health and safety statement were provided to the inspectors. The 1st copy was submitted via email and was a template document which did not detail the name of the service or detail the identified risks specific to the service. The 2nd document which was reviewed on the day of inspection was dated 2019 and the Health and Safety statement referenced the contact person as someone who is no longer employed in the service.
2. The complaints policy was out of date as it referenced the contact person as someone who is no longer working in the service.
3. The safe sleep policy was incomplete and did not detail;
 - SIDS prevention guidance and protective measures for children under 12 months
 - What supervision is provided to sleeping children,
 - The procedures for managing a sleep related emergency.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Actions

(1)(a) Curriculum Vitae printed and placed in individual staff file. The registered providers will ensure all staff have an up-to-date Curriculum Vitae on the premises for Tusla compliance.

(g)

Health & Safety Statement updated

Complaints policy updated

Safe Sleep Policy updated, and SIDS prevention guidance & Emergency Management procedures created.

All policies are up to date and will be reviewed annually by management. Management will provide thorough induction covering all core policies with new staff members. Existing staff members were given training to refresh staff knowledge & to highlight new policies that have been updated

A staff handout provides information about the implementation of policies and the role the service providers,

service manager & staff have to ensure these are implemented on a daily basis. A staff induction sheet has been created & signed by staff to acknowledge that they have been given induction on core policies of the service. The management and staff have engaged the support of an external quality development agency to help develop policies tailored to the specific practices of our setting.

Supporting documentation submitted

- Staff curriculum vitae.
- Introduced a staff induction sheet for all staff commencing in the service. Template submitted.
- A copy of the updated policies. Staff handout on daily implementation of policies.
- Confirmation of engagement with an external quality development agency.

Summary Comment

The registered providers submitted details of the corrective and preventative actions taken in the service to address the non-compliances together with documentary evidence. Based on the information submitted the non-compliances identified under Regulation 16 have been addressed.

Implementation and sustainment of the corrective and preventative actions detailed will require assessment at the next inspection.

Part V - Care of Child in Pre-school Service

Regulation 19 - Health, welfare and development of child

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

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

Non-Compliance Information

The registered provider did not ensure that each child's learning, development, and well-being was facilitated within the daily life of the service in relation to the following:

1. During the inspection, the Toddler Room was chaotic and noisy for periods of time. For example;

At 12.35pm when the children were getting ready for bed or to go outside, this transition time was protracted and took until 1.20pm approximately. During this time noise levels were elevated, some children were observed running around. One child was observed sitting on the floor with their head down on their blanket as staff were getting the other children ready to go outside. The 5 children who required a sleep were eventually settled in their cots at 1.20pm.

2. Child led sleep needs were not facilitated. For example; at 12.40 pm one child (aged 1 year 6 months) who was observed displaying signs of tiredness was not put down to sleep. This child was observed sitting at the table after dinner rubbing their eyes, requested their soother and was hugging their 'comfort blanket'. At 1.00pm this child was observed down on the floor with their head lying on their comfort blanket. At 2.30pm this child still had not been put down for sleep. While it is acknowledged that the staff reported that this child does not usually sleep, the child was not offered age-appropriate sleep facilities to encourage sleep.
3. There was no evidence of planned strategies being implemented on the day of the inspection to support a child who required additional supports in the service.
4. Communication within the service was inconsistent. For example, a recently installed parent/staff interactive 'APP' was not functioning properly. Staff when questioned stated that "they were not sure how to work it" and did not know how to send some information or if the parents received the information. One staff confirmed that she was not sure if the parents had received an accident and incident form that was sent.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Actions

To prevent future noncompliance related to the health, welfare & development of children, we have taken a number of corrective and preventative actions;

1. To help reduce the chaotic environment in the Toddler Room, a new room for over 2's has opened and in full operation. This holds a max of 6 children per day. A consistent routine has been implemented to help children transition more smoothly between activities or environments.
2. Individual care plans have been developed to support each child's unique sleeping habits. Risk assessments have been conducted for the use of day beds, and parental consent has been obtained for children for whom cot sleeping is deemed unsafe. All children are offered a place to rest / sleep daily should they choose to do so or not. Individual care plans have been created to accommodate each child's

individual sleep needs. This approach ensures that appropriate sleep facilities are available to all children throughout the day, accommodating their individual needs and allowing them to rest whenever required. The sleep policy has been updated to inform parents in cases where their child is not cot trained prior to starting with us. This ensures that high-quality, individualized sleep practices are implemented in line with each child's established routine and developmental needs.

3. Planned strategies have been implemented for children requiring additional support. These include measures such as applications for external support and supported room transitions with less children. The staff will review and update individual care plans to ensure they reflect each child's current needs, increasing staff awareness through training on child development and wellbeing, and enhancing communication with parents regarding any changes or concerns. We have also introduced more consistent documentation and monitoring of children's progress and strengthened our policies and procedures for identifying and responding to additional support needs in a timely manner.
4. All staff have been trained on the newly installed APP with each staff member having their own login address and password.

Supporting documentation submitted

- Care plans for children who require additional supports.
- Up dated sleep policy.
- Staff handout on daily implementation of policies and procedures.

Summary Comment

The registered providers submitted details of the corrective and preventative actions taken in the service to address the non-compliances together with documentary evidence. Based on the information submitted the non-compliances identified under Regulation 19 have been addressed.

Implementation and sustainment of the corrective and preventative actions detailed will require assessment at the next inspection.

Part V - Care of Child in Pre-school Service

Regulation 20 – Facilities for rest and play

- (1) Subject to this regulation, a registered provider shall ensure that-
- (b) there are adequate and suitable facilities for a pre-school child to rest during the day.

Non-Compliance Information

(1)(b)

1. Insufficient cots were available to meet the needs of the children who required sleep in the service. At 12.40pm one child (aged 18 months) who was displaying signs of tiredness did not have access to a cot at this time. All 5 cots at this time were occupied by children aged 1 year.
2. No sleep facilities were set up for the children over 2 years to access for a rest during the inspection.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Actions

1. A designated sleep area separate from care room is provided for children under 2 years. A sufficient amount of cots are available ensuring one per child during peak rest times. Appropriate sleep equipment per child – clean, firm mattress with a fitted sheet – no pillows (reduce the risk of SIDS). Cots are spaced 50cm's apart, room is temperature controlled, well ventilated & dim lighting
Physical Sleep checks are carried out every 10 minutes monitoring this on our app.
The purchase of extra sleep equipment which will be on standby in case of illness or unexpected overlap in sleep times. A cleaning protocol in place to quickly sanitize and rotate cots when needed. Fresh bed sheets / blankets laundered and kept as spares should we need it.
Individual care plans are created to accommodate each child's individual sleep needs. Sleep Policy was reviewed & updated where necessary. All staff were re-trained on this core policy. Monitoring & supervision by the service manager on a daily basis and a sleep checklist created.
This approach ensures that appropriate sleep facilities are available to all children throughout the day, accommodating their individual needs and allowing them to rest whenever required.
2. Sleep facilities are set up for the children over 2 years old to access should they want to rest / sleep. The sleep policy has been updated to inform parents in cases where their child is not cot trained prior to starting with us. This ensures that high-quality, individualized sleep practices are implemented in line with each child's established routine and developmental needs.
Ongoing Review and Quality Assurance; The registered providers will regularly review sleep room usage, logs to spot trends or changes in sleep needs. Audits will be conducted to ensure no child is left without

appropriate sleep space, even during busy periods. Feedback will be gathered from staff and parents to improve sleep routines. Individual care plans will be created (when needed) to determine a child's individual sleep needs and how we can best support the child in the learning environment.

Supporting documentation submitted

- Updated safe sleep policy.
- Checklist for sleep facilities.
- Staff handout on daily implementation of policies and procedures.

Summary Comment

The registered providers submitted details of the corrective and preventative actions taken in the service to address the non-compliances together with documentary evidence. Based on the information submitted the non-compliances identified under Regulation 20 have been addressed.

Implementation and sustainment of the corrective and preventative actions detailed will require assessment at the next inspection.

Part V – Care of Child in Pre-school Service

Regulation 22 – Food and drink

A registered provider shall ensure that adequate and suitable, nutritious and varied food and drink is available for each pre-school child attending the pre-school service.

Non-Compliance Information

1. The dinner observed on the day was considered inadequate for the following reasons:
There were no vegetables provided, and the portion sizes were considered too small. For example, one child who knocked their dinner on to the floor was only able to get chopped up sausage and gravy as a replacement. In addition, a number of the children in both rooms requested more food and were only provided with 1-2 pieces of chopped up sausage or a 2nd portion or yoghurts.
2. The children's drinks bottles in the Toddler Room were locked away in a press and were therefore not accessible to the children at all times.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

1. Every child is consistently provided with an adequate portion of food at every mealtime to ensure their nutritional needs are met. Sausages have been removed from the menu and replaced with another nutritious dinner. Vegetables are added to all meals not already containing them. The registered providers are committed to making sure that no child goes without and that each child feels supported and cared for during mealtimes.
2. New self-care stations have been set up in each room, providing children with constant access to drink bottles, wipes, tissues and bibs to encourage independence and support their self- help skills. Self-care stations are in full operation to ensure children have access to water bottles at all times.

Supporting documentation submitted

- Photographic evidence of new self-care stations

Summary Comment

The registered providers submitted details of the corrective and preventative actions taken in the service to address the non-compliances together with documentary evidence. Based on the information submitted the non-compliances identified under Regulation 20 have been addressed.

Implementation and sustainment of the corrective and preventative actions detailed will require assessment at the next inspection.

Part VI - Safety

Regulation 23 - Safeguarding health, safety and welfare of child

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

Compliance Information

It was observed that the registered provider has taken the following measures to safeguard the health, safety and welfare of the pre-school children attending the service including:

General Safety:

- The external doors were appropriately secured to prevent children from exiting the service unsupervised.
- All emergency exits were clear and unobstructed.

- Cleaning equipment was stored out of reach of the children.
- The kitchen area was inaccessible to the preschool children.
- Sharp corners were observed to be protected to prevent injury.

Infection Control:

- There was a constant supply of thermostatically controlled warm water, liquid soap and single use paper towels in the service to support hand washing.
- Pedal operated waste bins were observed in use and were appropriately maintained on the day of the inspection.
- Tabletops were cleaned down after messy play and prior to dinner time.
- Nappy changing procedures were carried out in accordance with the services nappy changing policy and best practice guidelines.

Non-Compliance Information

The Inspectorate is not assured that adequate steps have been taken to ensure the health, safety and welfare of the pre-school children attending the service. The following observations were made:

General Safety:

1. A child was observed to play with a broken spindle of the wooden gate at the front of the service, which is a potential injury hazard. In addition, the managers written morning checklist did not identify the broken gate.

Infection Control:

The following infection control risks were observed

1. In the Toddler Area the children's hands were not washed when they returned to the care room from outdoor play.
2. A soother was observed lying uncovered on the window cill in the preschool room. The staff member was observed to then offer it to the wrong child. This is at variance with the services management of soother policy.

Corrective & Preventive Action submitted by the Registered Provider

Corrective & Preventive Actions

General Safety:

- The entrance gate to the service was immediately replaced with a child safety gate designed to be unbreakable ensuring it poses no risk or harm to any child. Plywood was also used to build a stud wall to cover off the bars on the railing beside the gate. This enhances safety and privacy for the children.

Infection Control:

- Hand washing policy was given to all staff to re-read again after the inspection. Demonstrations show when children should wash their hands and the importance of this.
- A new soother policy was created and given to all staff to follow to ensure this does not happen again.

Managers risk assessments were moved back to paper and other staff members to complete on the tablet. This will ensure that risk assessments are complete even if there is trouble with the WIFI and that risks are identified by staff. The management will provide thorough induction covering all core policies with new staff members. Existing staff members were given training to refresh staff knowledge & to highlight new policies that have been updated. Daily supervision by management and service providers to ensure all policies are being implemented properly and efficiently. Open communication and staff to voice concerns/ suggestions is encouraged. The service manager will model transparency, active listening & respectful dialogue. An open door Policy is in place to discuss concerns, ideas or feedback. The management will ensure that policies are not just “on paper” but is actively encouraged and practiced. Bi- weekly team meetings online will be arranged to discuss challenges, and gather staff input. Introduce new policy changes and allow staff to ask questions or express concerns. Weekly team meetings will be arranged online with manager & service providers.

Supporting documentation submitted

- Photographic evidence of new gate.
- Updated policies and procedures.
- Service safety statement.
- Staff handout on daily implementation of policies.

Summary Comment

The registered providers submitted details of the corrective and preventative actions taken in the service to address the non-compliances together with documentary evidence. Based on the information submitted the non-compliances identified under Regulation 23 have been addressed.

Implementation and sustainment of the corrective and preventative actions detailed will require assessment at 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*
- (d) cleaned, maintained and repaired, as required,*

Compliance Information

(b) On arrival to the service the external doors were secured with a thumb turn lock and the staff were required to let the inspectors in to the service.

(d) The premises including the care rooms and sanitary areas were visibly clean on the day of the inspection.

Non-Compliance Information

- (c)
1. At 11.00am the care rooms felt cold. At this time the following temperatures were recorded:
The Toddler Room temperature was recorded at 14.4°C at 11.05am
The Preschool Room was recorded at 14.1°C and the adjoining middle room was recorded at 14.8°C at 11.09am.
When questioned the staff informed the inspectors that “the oil had run out” and there was no heating. The low room temperatures were not identified on the daily risk assessment check list for the service.
 2. There was a foul lingering odour in the toilet off the Toddler Room. This went unnoticed by the staff and the registered provider.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Actions

1. Since the inspection, the room temperatures throughout the service will now be recorded on a Daily Room Temperature Log. This will ensure that the temperatures remain at acceptable temperature ranges. A temperature monitoring policy was also created for the service detailing its purpose in ensuring temperatures are maintained at a safe and comfortable temperature in accordance with child safety and welfare standards. The service have implemented a weekly oil checklist for the assistant manager to monitor daily, ensuring that oil levels remain within the required range. In the event that levels are low, our service providers are promptly informed so that top ups can be rescheduled accordingly. The issue had not occurred before, and we are committed to ensuring it does not happen again.

A weekly oil checklist has been created to monitor oil levels
2. Upon further inspection, a blockage was identified in the toddler toilet. This toilet was not in use as all children are in nappies. A local plumber was contacted, and the blockage was successfully removed. Staff are encouraged to report abnormalities or equipment failures immediately.

Supporting documentation submitted

- Photographic evidence of daily temperature logs.
- Weekly oil check log.
- Health and safety statement for service.
- Staff handout on daily implementation of policies

Summary Comment

The registered providers submitted details of the corrective and preventative actions taken in the service to address the non-compliances together with documentary evidence. Based on the information submitted the non-compliances identified under Regulation 29 have been addressed.

Implementation and sustainment of the corrective and preventative actions detailed will require assessment at the next inspection.

Part VIII - Notifications and Complaints

Regulation 32 – Complaints

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

Compliance Information

- (1) The complaints policy was available for inspection and was found to include the following requirements:
- (a) The procedures to be followed by person making a complaint in relation to the service.
 - (b) The manner in which the complaint shall be dealt with
 - (c) The procedures for keeping a complainant informed about how the complaint is being dealt with.

Non-Compliance Information

(1) and (3)(a&b)

1. No documentary evidence was available detailing the nature of a complaint made to the service or how it was dealt with by the registered providers. This is also at variance with the services complaints policy. It is acknowledged that 2 written staff statements were available.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

The complaints policy has been updated to include clear procedures on how complaints and to whom will be managed going forward. It outlines the steps for handling concerns, the documentation process, and how records will be securely maintained for future reference and continuous improvement.

Policies relating to sleep, complaints & individual care practices have been reviewed and updated to align with regulatory standards. Staff have received targeted training to reinforce their relevant policies and procedures and their own personal responsibilities. Introduction of documenting and monitoring individual care needs, and for ensuring parental communication and consent are consistently recorded. Risk assessments are now reviewed more frequently and internal audits to support ongoing compliance and continuous quality improvement across the service.

Supporting documentation submitted

- Updated complaint policy.
- Staff handout on daily implementation of policies

Summary Comment

The registered providers submitted details of the corrective and preventative actions taken in the service to address the non-compliances together with documentary evidence. Based on the information submitted the non-compliances identified under Regulation 32 have been addressed.

Implementation and sustainment of the corrective and preventative actions detailed will require assessment at the next inspection.