Early Years Inspectorate Regulatory Report
Pre-School

TUSLA Identifier:	TU2015DY350
Name of Service:	Ringsend Creche Ltd
Address of Service:	Thorncastle Street, Ringsend, Dublin 4.
Eircode:	D04 P4F3
Name of Registered Provider:	Karen Talbot
Service type:	Full Day, Part Time, Sessional
Date of Inspection:	15/06/2026

No of pre-school children:	AM	56	PM	33

Address of the Early Years Inspectorate:	Early Years Inspectorate Area 1 2nd Floor, Unit 4/5 The Nexus Building Blanchardstown Corporate Park Ballycoolin Dublin 15 | D15 CF9K
Inspection undertaken by:	T. Nelson and C. Harte
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).

Description of service

Ringsend Creche Ltd is a full day care service located in a residential area of Dublin 4 and is registered to provide early childhood care and education to a maximum of 73 children aged 1 to 6 years old, Monday to Friday on a full time, part-time and sessional care basis.

The service operates from a ground floor premises adjacent to a community centre and has six care rooms. In the main building is the Wobbler Room (12 to 18 months old), Toddler room (1 to 2 years old), Toddler room 2 (2 to 3 years old), Toddler room 1 (2 to 4 years old) and Playgroup room (3 to 5 years old). A prefabricated building to the rear of the premises houses the Preschool room (4 to 5 years old). There are sanitary facilities located off the main corridor and a cot room located off the Wobbler room. Further sanitary facilities are available for staff both in the premises and in the community centre.

A fully enclosed outdoor area is located to the rear of the premises.

Staffing

The registered provider employs 24 staff to work in the service, including the person in charge, two cooks, and 21 staff who work directly with the children. There were 14 staff present on the day of the inspection including the person in charge and a cook. 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

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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 and premises and facilities. The inspection may also focus on other areas as required.

The inspection focused on an examination of compliance under regulations 9, 11, 19, 21, 23 and 29; however, on inspection an additional non-compliance was identified under Regulation 27. These findings are outlined within the relevant regulations within this report.

A sampling process was used to assess compliance under the following:

- Regulation 19 (1)(b)-Health, Welfare and Development of child
- Regulation 21 – Equipment and Materials
- Regulation 23 – Safeguarding Health, Safety and Welfare of Child

As a result, the scope of the inspection included the Toddler room, Toddler 1 room, Toddler 2 room and Playgroup room and did not include the Wobbler, and Pre-School rooms. Regulation 11 was inspected across all 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.

Acknowledgments

The inspectors wish to acknowledge the cooperation of the person in charge, all 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.

(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;

(c) these Regulations.

Compliance Information

(1) The registered provider ensured that;

(a) The service had a designated person in charge and named person to deputise as required.

(b) A review of the roster showed either the person in charge or the deputy person in charge were rostered to be present during the operational hours of the service.

(c) There was a clear management structure in place, and staff reported being aware of this.

(2) Following a review of previous inspection information, information available on inspection and discussion with the person in charge it was determined that three new staff members had been employed since the previous inspection and these new staff members work directly with the children. A total of three files were reviewed. In addition, Garda vetting for 20 staff members whose disclosures were identified as due for renewal were requested for review.

The registered provider had completed the following checks:

(a) Two validated written references were available from recent past employers.

(b) Two validated written references were available from a source other than a past employer.

(c) Garda vetting disclosures had been obtained for 23 staff. However, the service did not adhere to the re-vetting timeframes as outlined in the Early Years Inspectorate Regulatory Notice, requiring services to renew Garda vetting every three years. Please refer to the information outlined under regulation 23 of this report.

(d) Documentary evidence was available that established that no adults required international police vetting.

(4) There was documentary evidence available that the three staff who worked directly with children attending the service held at least a major award in Early Childhood Care and Education at Level 5 or above on the National Framework of Qualifications.

Non-Compliance Information

(2) The registered provider did not complete the following checks:

(a) One written reference from a recent past employer had not been validated.

(b) One written reference from a source other than a past employer had not been validated.

Verification checks on adults must be completed prior to them having access to the children in order to establish they are appropriate to have access to children.

(7) The registered provider did not ensure the following:

(a) There was not sufficient documentary evidence available to establish that all new staff and existing staff received adequate information, training and supervision on the policies and procedures required under Schedule 5. For example,

- Of the three new staff who commenced since the last inspection, there was documentary evidence available of an induction for one staff member.
- Of the 24 staff who work in the service, there was documentary evidence of ongoing support and supervision for one staff member.
- No training records were maintained.

(c) There was not sufficient documentary evidence available to establish that all new staff and existing staff received adequate information, training and supervision on the appropriate practices related to the requirements of these regulations. For example,

- Of the three new staff who commenced since the last inspection, there was documentary evidence available of an induction for one staff member.
- Of the 24 staff who work in the service, there was documentary evidence available of ongoing support and supervision for one staff member.
- No training records were maintained.

This was not in line with the service staff training and supervision policies which were reviewed on the day.

This had been identified as a non-compliance on the previous inspection, and the actions submitted failed to prevent a recurrence.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(2) (a)(b) Evidence was submitted that the references were verified and a manager verification checklist is now in use to ensure references are checked.

(7) (a) The registered provider reports that they have completed and fully documented the mandatory induction process for the remaining 2 new staff members and that they are currently completing on going one to one supervision sessions for all remaining active staff members to review service policies. The service induction process with new induction checklist for all new staff will be completed, signed by management. All staff

members will receive formal supervision at scheduled intervals throughout the year, scheduled in a supervision calendar.

(c) The registered provider reports that they conducted a whole in service training day to cover Tusla regulatory practices, room standards and compliance expectations. They have reviewed their practices with in line with their Staff Training & Supervision Policy. The manager is strictly now accountable for updating the training log immediately upon completion of any training session.

Supporting documentation submitted

(2) (a)(b) Photographic and documentary evidence.

(7) (a) Photographic and documentary evidence.

(c) Photographic and documentary evidence.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliances identified under Regulation 9 has been addressed.

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.

Compliance Information

(1) On the day of inspection there were an adequate number of adults available to the children attending the service to meet their care needs. There were 13 staff available to 56 children present on the morning of the inspection, and 11 staff available to the 33 children present on the afternoon of the inspection.

Non-Compliance Information

(2) The registered provider did not ensure that the minimum ratio of adults to children was maintained in the service. Observation on the day, a review of the roster and a review of previous attendance showed there was an insufficient number of adults available to the children in the Toddler room. One adult was rostered

and was present to care for the six children in the one to two years age range who attend the room. Two adults are required for this number of children in this age range.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(2) The service report that when the issue was identified, the ratio was adjusted to 1:5. This had been an oversight due to change over happening in this room. The roster for the remainder of the week was immediately reviewed and amended to make sure that a minimum of two staff members were assigned to the Toddler Room whenever it was needed. They have updated roster procedure to allow a signed off for management to check it weekly in accordance with child to adult ratios. Staff have also been reminded of required ratios.

Supporting documentation submitted

Documentary evidence.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 11 has been addressed.

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) The registered provider ensured the following practices were in place:

- Documentary evidence, discussion with staff and observation established that nappy changing and toileting practices were regular and timely. These practices were observed to be respectful experiences for the children, where children were invited for nappy change or reminded to use the toilet.
- Documentary evidence, discussion with staff and observation established that mealtimes were regular and pleasant experiences for the children. Dinner time was observed to be relaxed where children were observed to eat their meal at their own pace where children were encouraged to participate in the mealtime experience.

- Drinks of water were available and accessible to the children throughout the day.
- Staff were familiar and responsive to the needs of the children, they were familiar with their interests and were observed to engage with them in a comforting, playful manner.
- Staff were observed to use positive verbal and nonverbal strategies such as song, dance, repetition, active listening and encouragement to facilitate positive behaviours in children.

Non-Compliance Information

(1) (b)

There was a lack of appropriate planning and organisation for sleep in the Toddler room which resulted in an environment that was not conducive to sleep and a prolonged transition to sleep. The transition to sleep was observed to commence at 12.35pm, and a review of documentation indicated that the three children did not go asleep until times ranging between 1.20 and 1.50pm. Children require planning and organisation to facilitate an established sleep routine to meet their need for rest.

This had been identified as a non-compliance on the previous inspection, and the actions submitted failed to prevent a recurrence.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(1) (b)

The registered provider reports they have introduced a reviewed procedure to make the room more conductive to rest by changing the sleep room to a darker room. The children after dinner will now initiate a gradual wind down period to reduce restlessness and promote relaxation before children are placed in their beds. They report they have implemented sleep plans for all the children who will be sleeping and will reduce high energy activities in advance of sleep time to ensure better transitions all around.

Supporting documentation submitted

Documentary evidence.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 19 has been addressed and will be reviewed on the next inspection.

Part V - Care of Child in Pre-school Service
Regulation 21 – Equipment and materials
A registered provider shall ensure that there is adequate and suitable furniture, play and work equipment and materials available on the premises of the pre-school service.

Compliance Information

The service ensured there was adequate and suitable furniture and equipment available, for example:

- The furniture and equipment in the rooms was observed to be adequate for the number of children in the rooms, it was appropriate for the age range and stage of development of the children, and was well maintained, durable and easy to clean.
- The toys and equipment were laid out on low level shelving, visible and accessible to the children.
- There was a variety of play materials and equipment available to the children according to their age and stage of development.
- There was adequate and suitable equipment for the age range and number of children in the outdoor play area. Equipment included balance bikes, rockers, slides, ride on toys and a sand tray with associated props.

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 inspectors were asked to show identification and sign in the visitor book on arrival.
- Toys and equipment used by the children were observed to be well maintained and in a good state of repair.
- Flexes and cables were observed to be out of reach of children.

Infection Control:

- Liquid soap and single use hand towels were available at all wash hand basins used by the children and the staff members.
- Children's soothers were observed to be stored in individual lidded containers.
- Nappy mats and units were observed to be clean and in good condition.

Safe Sleep:

- Staff were observed to complete physical checks on the colour, breathing and position of sleeping children every 10 minutes, and a log was maintained of these checks.

Non-Compliance Information

General Safety:

1. The door to the Toddler room did not close securely. A child was observed pushing the door which reopened. This posed a potential finger-trap injury.
2. The recording of important information regarding the health and safety of children was incomplete and inconsistent. This could result in miscommunication or a delay in providing effective care for a child following an incident or the administration of medication. the following was observed:
   - Of the 18 accident and incident forms reviewed, 15 were incomplete. Four records required information such as evidence the parent had been informed of the incident, three did not include dates of birth of the children and seven did not record the date parents had been informed of the incident.
   - Of the four medication administration forms available, one did not have evidence the parents had been informed of the administration of the medication.

   This was identified as a non-compliance on the last inspection and the actions submitted failed to prevent a recurrence.
3. There was no documentary evidence that risks assessments and cleaning checks had been completed on a daily basis in the Playgroup room in recent weeks, which posed a risk of potential hazards not being identified. The impact of this can be seen in the non-compliances detailed under points 4, 6, 14.
4. A cleaning agent was accessible to children by the sink in the Playgroup room which posed an injury risk.
5. Garda vetting was available for a staff member. However, this vetting disclosure was not dated within the previous three years in adherence with the Early Years Inspectorate Regulatory Notice 'EYI-RN12.3 Renewal of Garda Vetting'.

Infection Control:

6. There were no covers on two cushions in the Playgroup room, which leaves a surface that can't be adequately cleaned.
7. Children's snacks comprising of fruit and crackers was observed to be served directly onto the table in the Toddler 1 room which posed an increased risk of cross-contamination.

Administration of Medication:

The administration of medication was not sufficient to support effective safe practice and was not in line with the service policy on the administration of medication.

8. There was no care plan available for a child who required a specific type of medication. It is acknowledged that this child was not present on the day of the inspection. This was identified as a non-compliance on the last inspection and the actions submitted failed to prevent a recurrence.
9. Prescription medication was observed to be stored unlabelled in a child's cubby, with no details of the name of the child or the dosage required. It is acknowledged that this child was not present on the day of the inspection.

Safe Sleep:

The following practices were not in line with safe sleep practice:

10. The temperature of the rooms was not maintained between 18-22°C whilst children over one year were sleeping. Temperatures ranging between 23.9 - 24.6°C were recorded by the inspector.
    The following documentation to facilitate safe sleep for children under two years old in line with current safe sleep guidance was not available:
11. There was no agreed sleep plan available which detailed a plan for moving a child from a cot to a floor bed, including the developmental considerations for the move. It is acknowledged there was parental consent for children under two years to sleep on a floor bed.
12. A documented sleep risk assessment had not been carried out prior to children under the age of two years sleeping on floor beds. An assessment of the potential hazards in the care room while children sleep on low beds should be carried out prior to sleep-time to mitigate any potential risks.
13. The service safe sleep policy had not been updated to include reference to current safe sleep guidance. Staff require clearly documented guidance on the procedures to be followed to facilitate safe sleep practice.

Fire Safety:

The following impeded the safe evacuation of children in the event of an emergency:

14. The fire exit in the Playgroup room was obstructed by a bin and an air cooler unit. It is acknowledged that these were easily movable objects which had been placed there to facilitate supervision of a child.
15. The details of the attendance of the six children present in the Toddler room were not recorded as present in the attendance book when reviewed by the inspector at 10.40am.

Action submitted by the Registered Provider

Corrective & Preventive Action

General Safety:

1. A safety gate was fitted to the doorway, minimising the risk of finger trap injury. Staff have been informed to use the gate at all times.
2. The service report they have updated all incomplete forms. Staff were informed of the importance of completing medical consent forms, accident reports. Management will review and sign every form within 24 hours of incidents to verify its completion before it gets archived.
3. The service report they have updated all incomplete forms. Staff were informed to ensure all required daily risk assessments and cleaning checklists are completed and recorded going forward. These will be reviewed by Management via a new management checklist.
4. The cleaning agent was removed and will be stored out of reach of children. Staff were informed of the importance of completing room risk assessments.
5. The garda vetting application was resubmitted and the service have completed a risk assessment ensuring the staff member will not have unsupervised access with children at any time. The service will ensure re-vetting will happen in a timely manner.

Infection Control:

6. The cushions were removed from the Playgroup room floor on the day of inspection. They have been replaced with cushions fitted with wipeable covers that comply with standard infection control. The service report daily checks will be in place.
7. The service ensures the practice of serving food directly on to the table surface was stopped. All staff were informed of the risk of cross contamination.

Administration of Medication:

8. Evidence was submitted that a care plan was developed, and the service will ensure that care plans will be developed before children commence in the service.
9. The medication was immediately removed from the open cubby area on the day of inspection and was properly labelled with the child's full name, prescribed dosage, and expiry date. All staff have been re-trained on medication safe storage at a staff meeting.

Safe Sleep:

10. The service report they have purchased cooling fans to actively manage air circulation and to help lower temperature down to mandatory 18 - 22 bracket in the summer months and digital thermometers to monitor

the temperatures. Staff have been reminded to do regular checks of the temperature to ensure it does not go over 22.

11. Individualised sleep plans were developed detailing developmental considerations. These will now be in use for all children under the age of two years moving from a cot to a floor bed.
12. A new sleep risk assessment template was developed for use prior to sleep, and this have been updated in the service sleep policy.
13. The service sleep policy was updated with reference to the current sage sleep guidance. This was shared with staff.

Fire Safety:

14. The service reports the bin and air cooler unit were immediately removed from the fire exit path in the Playgroup Room. Both have been permanently relocated to a safer position of the room. A sign was placed instructing staff to keep the fire exit clear.
15. The service report that once flagged this issue was immediately updated in the attendance book. The management check list introduced has a check to review the attendance of children in line with the attendance log.

Supporting documentation submitted

General Safety:

1. Photographic evidence.
2. Documentary evidence.
3. Documentary evidence.
4. Photographic evidence.
5. Documentary evidence.

Infection Control:

6. Photographic evidence.
7. Photographic and documentary evidence.

Administration of Medication:

8. Documentary evidence.
9. Documentary evidence.

Safe Sleep:

10. Documentary evidence.

11. Documentary evidence.
12. Documentary evidence.
13. Documentary evidence.

Fire Safety:

14. Photographic evidence.
15. Documentary evidence.

Summary Comment

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

Part VI - Safety

Regulation 27 – Supervision

A registered provider shall ensure that pre-school children attending the service are supervised at all times.

Non-Compliance Information

Children in the 3 to 6 years age range were observed to be unsupervised while using the toilet. This posed a potential risk to the children due to the following hazards which were identified:

- The kitchen door was not fully secured throughout the inspection, with the handle of the door to the kitchen within reach of the children. On occasions the door was observed to be open. This was not in line with the service policy on the supervision of children which stated staff will always be within hearing range of the children, which was not observed on inspection.
- The door to the Toddler 1 room was propped open, and the emergency exit which was in the care room was propped open for a period of time as children went to the outdoor play area. There was potential risk that the children could have exited the service unsupervised. It is acknowledged that staff were monitoring the door as children made their way to the outdoor area.

The risks identified with the kitchen being accessible had been identified as a non-compliance on the previous two inspections and the actions submitted failed to prevent a recurrence.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

A gate has been installed on the kitchen door; this will restrict access to the kitchen. Staff have been informed to ensure that the doors within the service are secured, and to be within hearing range of the children while they independently use the toilet.

Supporting documentation submitted

Photographic evidence.

Summary Comment

The inspector has reviewed the actions and evidence submitted. The non-compliance identified under Regulation 27 has been addressed and will be reviewed on the next inspection.

Part VII - Premises and Space Requirements

Regulation 29 - Premises

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

(b) safe and secure,

(c) kept adequately lit, heated and ventilated

(d) cleaned, maintained and repaired, as required, and

(e) equipped with adequate and suitable sanitary facilities.

Compliance Information

(b) The front entrance to the service was observed to be secured on arrival and throughout the inspection.

(c) The sanitary areas appeared to be appropriately ventilated.

Non-Compliance Information

(d) The registered provider did not ensure the premises was cleaned, maintained and repaired as required.

The following was observed:

1. Rubbish and debris was observed in the outdoor play area and the route from the main building to the Preschool room to the rear of the premises. The outdoor risk assessment had not been completed since the week ending 22 May 2026.
2. The door to the Preschool building appeared to be damaged and was sticking.

In the playgroup room the following was observed:

3. The plaster on the walls was damaged with holes evident; leaving an unfinished surface.
4. The paint on the windowsills was peeling and chipped; leaving an unfinished surface.

In the sanitary area the following was observed:

5. There was a build-up of what appeared to be dead insects in the light fitting.
6. There was a build-up of dust on extractor van on the left side of the room.
7. Sections of the radiator were rusted, leaving an un-wipeable surface. This was identified as a non-compliance on the last inspection and the actions submitted failed to prevent a recurrence.

(e) The water temperature in the wash hand basin used by the children in the Toddler 2 room exceeded the recommended temperature of 43°C. A temperature of 44°C was recorded by the inspector at 11.12am.

Corrective & Preventive Action submitted by the Registered Provider

Corrective and Preventive Action

(d)

1. The outdoor area is now clear of rubbish and debris. Staff were reminded to ensure they complete the outdoor risk checks which will be reviewed by management.
2. The service report that the door was repaired and is now closing effectively. This will be monitored.
3. Management report the walls have been sanded and will ensure monthly inspection will be carried out on walls, skirtings and window sills.
4. Management report the sills have been painted and will ensure monthly inspection will be carried out on walls, skirtings and window sills.

5. The management company of the building were informed of this issue, and evidence was submitted that a pest control company has been engaged. The service report they will fit light fittings with insect proof seals and the pest control company check will now monitor for and prevent pest entry.
6. Management report the ventilation unit was cleaned and will ensure weekly inspection will be carried out.
7. Management report the radiators have been sanded, painted and treated and will ensure monthly inspection will be carried out.

(e) Thermostatic Mixing Valve connected to the wash and hand basin in Toddler 2 room was adjusted and recalibrated to restrict the maximum hot water output. The service will ensure the water is checked by staff.

Supporting documentation submitted

(d)

1. Photographic evidence.
2. No evidence submitted.
3. Photographic evidence.
4. Video evidence.
5. Documentary evidence.
6. Photographic evidence.
7. Photographic evidence.

(e) No evidence submitted.

Summary Comment

The actions taken by the registered provider address seven of the eight non-compliance's identified. The finding documented at point 5 remains non-compliant as the registered provider's response did not provide adequate assurance that the non-compliance had been rectified. This will be reviewed on the next inspection.