



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 040**

**Year: 2020**



## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Gateway Children's Services Ltd</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Announced Themed Inspection</b>
<b>Date of inspection:</b>	<b>23<sup>rd</sup>, 24<sup>th</sup> and 25<sup>th</sup> November 2020</b>
<b>Registration Status:</b>	<b>Registered from 13<sup>th</sup> January 2019 to 13<sup>th</sup> January 2022</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Anne McEvoy</b>
<b>Date Report Issued:</b>	<b>9<sup>th</sup> March 2021</b>

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## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996.

Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

## National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 14<sup>th</sup> January 2013. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from 13<sup>th</sup> of January 2019 to the 13<sup>th</sup> January 2022.

The centre was registered to accommodate two young people of both genders from age thirteen to seventeen years on admission. The centre provided medium term care placements. The centre aimed to help children recover from adverse life experiences and its work with children was based on a team approach to assessment and provision of care. The approach to working with young people was informed by attachment and resilience theories and an understanding of the impact of trauma on child development. There were two children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following theme and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews via teleconference with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 14<sup>th</sup> January 2021 and to the relevant social work departments on the 14<sup>th</sup> January 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 12<sup>th</sup> February 2021. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 040 without attached conditions from the 13<sup>th</sup> January 2019 to the 13<sup>th</sup> January 2022 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 8: Accommodation**

**Regulation 13: Fire Precautions**

**Regulation 14: Safety Precautions**

**Regulation 15: Insurance**

**Regulation 17: Records**

**Theme 2: Effective Care and Support**

**Standard 2.1 Each child's identified needs inform their placement in the residential centre.**

The centre had a written policy on admission that was up to date and reflected the requirements of the National Standards for Children's Residential Centres, 2018 (HIQA). The policy outlined a clear admissions process from the initial screening of referrals by the intake team to the admission of the young person to the centre. The inspectors found there were robust gatekeeping processes in place and managers were clear on the cohort of young people they could care for in line with the centre's statement of purpose. The policy outlined the importance of providing safe care in line with national guidelines and legislation and the importance of matching the needs of children referred with children already placed in the centre. The policy outlined the information required by the centre to assess the suitability of the referral and the pre-admission risk assessments and collective risk assessments to be undertaken prior to admission. All admissions to the centre to date were in line with the centre's policy on admission and managers interviewed by the inspectors displayed strong values and a clear ethos in relation to protecting the young person currently in placement.

The inspectors examined the admission documentation on file for both residents. There was evidence that managers secured relevant information to make informed decisions about the suitability of referrals. There was a wide range of reports on file with detailed information on presenting behaviours that informed how the centre would meet the needs of the children. Placement proposals were developed that set out what supports and interventions the placement could provide. There was evidence that the parents of young people admitted to the centre were consulted and involved in the admission process and provided the manager with information about their child. The social work team and key staff participated in pre-admission



meetings however the minutes of these meetings for the young person recently admitted had not been forwarded by social work to the centre at the time of the inspection. The inspectors recommend that the centre manager maintain their own record of admission meetings. There was a clear transition plan in place to support the young person recently admitted. The young person and their parent visited the centre prior to admission and inspectors found that the admission process was sensitively managed to take into account the specific needs of the child. The young person interviewed confirmed that they were provided with written information about the centre and the care provided and that key workers talked to them about the information in the booklets. The centre's information booklet was recently updated and outlined how children would be supported on admission. Planned key work evidenced that this information was revisited with the young person to ensure they fully understood the care routines and the goals of their placement. The young person was also consulted about personalizing their bedroom prior to admission. There was evidence the young person who lived in the centre for a number of years was prepared and informed about the new resident prior to their admission. Staff interviewed were knowledgeable about the admission process and were fully consulted and involved in planning for the new admission and this was reflected in the minutes of team meetings.

Young people considered for admission to the centre were subject to a pre-admission risk assessment, including a collective impact risk assessment. There were safeguards identified to manage potential risks and concerns and these were evident on the documents reviewed by the inspectors. The inspectors found that the collective impact risk assessment as it is currently structured, was written in a narrative format, that did not clearly separate out the identified risks from the intervention strategies to minimise these risks. The identified risks must be evaluated on the centres risk matrix with interventions strategies clearly identified to evidence harm reduction. The centre manager must ensure the structure of the collective impact risk assessment is aligned to the recently developed risk assessment framework.

Social workers interviewed confirmed that information from pre-admission and impact risk assessments was shared with them. There was evidence of effective communication between the young people's allocated social workers and the staff team to ensure the placements continued to meet the young people's needs. Social workers told inspectors they received regular updates on the young people's progress and were notified promptly of any issues arising.

## **Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.**

Inspectors found there was an up-to-date care plan on file for one of the two young people in placement. The centre manager had not yet received the care plan for the young person recently admitted following their initial statutory care plan review. The care plan review meetings for both young people were carried out in line with statutory regulations. Young people were facilitated to participate in care planning forums including participation in meetings that were held remotely in more recent times due to Covid 19 restrictions. There was evidence that social workers and care staff were strong advocates for the young people and provided them with feedback on decisions taken at the care plan review. This was confirmed by both young people who spoke with the inspectors.

The care plans on file in respect of one young person living in the centre were comprehensive and outlined clear goals based on their individual needs and how best they might be achieved. The centre manager had a system in place to ensure updated care plans were on file in line with the regulations and where care plans were not on file efforts to secure the care plan by the centre manager was evidenced.

Placement plans were on file for both young people and these plans were developed from the needs identified in the young people's care planning and admission documentation. An individual monthly planning document was developed from the placement plan that set out specific work to be undertaken and the desired outcome each month. A monthly progress report was then completed to record and track the progress the young person had made within the month. The young people were also encouraged and supported to participate in activities relevant to their interests and hobbies in order to maximize their wellbeing and personal development and these were also set out in the placement plans. The young people were familiar with the goals of their placement and outlined these to the inspectors. Staff interviewed were knowledgeable about the needs of the young people and how these needs were being met through the placement plan.

Inspectors reviewed key work and individual work records and found they were aligned to the goals set out in the placement plan. However, the inspectors noted that a serious incident occurred for one of the young people and the placement plan was not updated to reflect this. The centre manager and key workers must ensure that new and emerging needs as they arise for the young people are reflected in the current placement plans.

The inspectors reviewed a sample of staff supervision files and found the records did not evidence a robust review of the young people's placement plan or of the key work/ individual work completed by staff. Within the supervision process the centre manager must ensure that placement plans and individual work/key work is reviewed to ensure accountability. The centre's new placement plan template had a closing sheet to verify that the plan had been discussed with the young person, their family and social worker. However, the closing sheet on the placement plans on file did not evidence that this consultation process had occurred. The centre manager and key workers must ensure the closing sheet is signed off on the placement plans.

There was evidence that the centre manager regularly liaised with each young person's social worker to implement the care and placement plan. Weekly reports, significant event notifications and the placement plan documents were forwarded to social workers. There was effective communication between the staff in the centre and the allocated social worker to ensure continuity of care and adherence to each child's care and placement plan. A parent interviewed by the inspectors confirmed that the centre staff provided them with regular updates on their child's progress.

The manager and staff confirmed that the young people in placement had access to the required specialist services including mental health services. Staff were alert to the mental health needs of the young people and had strategies in place to monitor mental health. Both young people also met with the organisation's clinical psychologist and this work was agreed in consultation with the placing social work teams.

**Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.**

The premises were suitable to provide safe and effective care. The layout and design of the accommodation was suitable to meet the needs of the young people. The premises were comfortable, clean, well maintained and in a good state of repair. The centre was adequately heated, lit and ventilated. Bathroom facilities were adequate and afforded privacy for each of the young people. Each young person had their own bedroom that was nicely decorated and personalised. The young people informed the inspectors that they liked the house and it felt homely. The centre had facilities for young people to safely store expensive or personal items in the staff office or in their bedroom. The young people had photographs displayed in the centre and had suitable games in the centre based on their hobbies and interests such as x-box and a key board. The grounds around the centre had limitations in terms of suitable spaces

for outdoor recreation, however, the inspectors found that amenities within the community were utilised for recreation and play.

A maintenance log was held in the centre and staff confirmed that maintenance issues were rectified in a prompt manner. A weekly site specific health and safety audit on the premises was completed by staff and was evident on file. The inspectors recommend that the centre manager evidence in a more consistent manner their oversight of these audits.

Fire safety was adequate in the centre and there was a fire safety policy in place. The centre had an appointed fire safety representative and all staff interviewed identified that person in their role. The centre had a written report from a qualified architect that confirmed the building was in compliance with fire safety and building regulations. Fire fighting equipment was in place, and appropriate checks were carried out on a set basis. The fire register contained records of fire drills involving staff and young people. The new resident had undertaken a fire drill in the centre and a fire drill had been undertaken during the hours of darkness. The centre's fire register was completed and up to date. Evacuation plans were displayed in the centre and the fire precautions in place ensured the centre was sufficiently prepared in the event of a fire. Fire safety and health and safety were discussed at team meetings. Fire safety training had occurred remotely due to Covid-19 restrictions.

The centre had recently employed health and safety consultants to develop a site specific health and safety statement and an accompanying health and safety risk assessment. These documents were forwarded to the inspectors at the time of the inspection and managers planned to induct staff members in relation to these documents and ensure their implementation. Inspectors found there were procedures in place for managing risks to the health and safety of staff, young people and visitors. The centre had a system in place to record accidents or injuries that was reviewed by the inspectors. The inspectors found that some accidents had occurred that were not input on the log and for most accidents logged on the register there was insufficient details recorded in relation to how the incident occurred and how it was managed. Where a significant event has been recorded following an accident this must be referenced in the accident log. The centre manager must ensure that where an accident/incident does not meet the threshold for a significant event notification a more detailed report must be maintained and kept on the young person's individual care file and the location of the report is referenced in the accident log book.

The inspectors received evidence that the organisation had adequate insurance in place and the centre was identified on the organisation's insurance schedule.

All staff were fully trained in an approved behaviour management technique for the safe management of young people presenting with challenging behaviour. Appropriate mentoring or structured conversations were held with the young people to explore serious incidents and what could be different in the future.

Staff indicated that health and safety risks posed by the recent pandemic associated with Covid 19 were comprehensively responded to by management. The centre maintained a Covid 19 folder that contained advice, guidance and protocols for staff to follow in relation to deep cleaning schedules, physical distancing, hand hygiene, coughing etiquette and visitors to the centre. Contingency plans were in place in the event that staff or young people contracted Covid 19. Staff confirmed they were provided with ample supplies of PPE, hygiene products and hand sanitizers. While staff were aware of deep cleaning procedures and were observed carrying out these procedures in the premises there was no system in place to document and verify that deep cleaning had taken place.

Records indicated that each centre vehicle was appropriately serviced and assessed on a regular basis. All centre vehicles were roadworthy and had valid tax and insurance details on file. A staff member was assigned responsibility to monitor the centre vehicles on a weekly basis. All staff were required to have a full driving licence to drive the centre vehicles and a copy of driving licences was maintained on personnel files. The inspectors found that the driving licence for one staff member had expired. Evidence was provided that the staff member had applied to renew their licence however due to an oversight there was a delay to secure their renewed licence in a timely manner. The director of services must ensure that this staff member has a valid driving licence if transporting the young people. The centre manager must also have a system in place to monitor the status of all staff member's driving licences.

**Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.**

An individual care file was maintained for each young person in the centre. Files were up to date, however, the centre manager must ensure that a hard copy of all care records are placed on the individual care file and stored in the correct section of the file. The inspectors found that some key reports were misfiled and hard copies of key documents were not transferred onto the care file. The inspectors recommend that

the centre manager undertakes regular audits on the care files to ensure all the required information is transferred onto the care file and located in the appropriate section.

There were standard templates to record specific events and care practices and these were written to a good standard. All regulatory information was evident on the individual care files such as birth certificates and care orders. As previously stated the care plan for one of the young people was not on file in the centre. The inspectors found that care files were stored confidentially and all staff had signed a confidentiality agreement on employment. Staff had a good understanding of the principles of data protection and were knowledgeable about holding and disseminating information electronically. The centre had a data protection policy and there were no noted breaches of data confidentiality.

The organisation had systems in place to archive files of former residents and ensure they were maintained in perpetuity. Individual care files and centre records were maintained confidentially in the staff office in appropriately secured cabinets.

**Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.**

The centre had a discharge policy that accounted for both planned and unplanned discharges. Inspectors examined the care files of one young person who was recently discharged from the service since the last inspection. There was evidence of care plans, reviews and professionals' meetings being held to support good outcomes for the young person. Inspectors found the centre manager and staff facilitated a good quality programme of care for the young person as they prepared for discharge from the centre. There was evidence that the discharge plan was effectively co-ordinated between various services and the placement they were being discharged to and the transition plan for discharge evidenced that the move from the centre was carefully managed with the required supports identified for the young person. There were key conversations with the other resident to support them as this young person moved on.

The inspectors found that managers and staff worked hard at every level in the organisation to solidify the aftercare plan for one resident who was leaving care in the coming months.

An aftercare needs assessments was undertaken by the placing authority earlier in the year and the organisation's clinical psychologist had commenced work with the young person in relation to assessment and identification of their aftercare needs. From these assessments the staff had implemented a comprehensive leaving care programme and staff had been working on this with the young person. The young person was very clear on what work they had to complete and why it had to be completed as part of their leaving care programme. Staff were aware of the young person's particular vulnerabilities around leaving care and were good advocates to ensure they received an appropriate aftercare service. Work completed by key workers through the placement planning process complemented the work identified by the placing authority in relation to aftercare.

There was good communication with the social worker/aftercare workers for the other young person in placement. End of placement reports were completed and relevant information was transferred to the social worker and the young person's carer when they were discharged.

Inspectors found that feedback was sought from young people through sessions with their key worker. There was evidence that the key worker helped one young person reflect on the benefits of their placement and how this learning would help them in the future. Significant pieces of life story work were concluded before the young person left the centre. The young person was encouraged to express their views on their experience of care in the centre and they were provided with a memory box of their time in the centre as they moved on. The organisation have developed a pro forma for acquiring feedback from young people, social workers and parents and this structured evidenced based feedback process will be implemented in due course.

**Standard 2.6 Each child is supported in the transition from childhood to adulthood.**

Staff were familiar with Tusla's National Aftercare Policy, 2017. The centre manager had a working knowledge of the policy including the referral process, allocation of aftercare workers, the needs assessment and aftercare planning process. The relevant young person in placement had an allocated worker from the 16+ team to lead in the development of the aftercare plan.

The centre staff were focused on promoting positive outcomes, independence and life skills for the young person, particularly in relation to transitioning to an aftercare programme. There was evidence the young person was listened to in relation to where they wished to live when they moved on from the residential centre. Each goal

was set out in detail on placement plans, as well as the supports required in achieving these goals. Care records demonstrated that direct work or mentoring was undertaken with the young person to achieve their goals in relation to life skills and independence living skills.

Integrated care planning was supported by input from various services and professionals. There was evidence of aftercare planning meetings scheduled in November and December to develop a concrete plan for aftercare.

Inspectors found evidence that young people were involved in the decision making process in relation to their future plans and this was evidenced in planning meetings and key work sessions. There was a policy on access to records but some further work needed to be done to encourage and support the young people to access their records. The centre manager must ensure that staff are more proactive to ensure daily logs are offered to the young people to read and they have the opportunity to discuss with staff the content of the records held on them.

The centre manager stated that young people were provided with copies of important documents such as their birth certificate, medical records and education records upon discharge in line with the National Standards for Children’s Residential Centres, 2018 (HIQA).

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.4</b> <b>Standard 2.5</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.1</b> <b>Standard 2.2</b> <b>Standard 2.3</b> <b>Standard 2.6</b>
<b>Practices did not meet the required standard</b>	<b>None</b>



## Required actions

- The centre manager must ensure the structure of the collective impact risk assessment is aligned to the recently developed risk assessment framework.
- The centre manager and key workers must ensure that new and emerging needs of the young people are reflected in the current placement plans.
- The centre manager must ensure that placement plans and individual work/key work is discussed and reviewed in formal staff supervision to ensure accountability.
- The centre manager and key workers must ensure the closing sheet on the placement plans are signed off to evidence the consultation process with relevant parties in relation to the child's placement plan.
- The centre manager must ensure that where an accident/incident does not meet the threshold for a significant event notification a more detailed report must be maintained and kept on the young person's individual care file and the location of the report is referenced in the accident log book.
- The centre manager must ensure that staff are more proactive to ensure daily logs are offered to the young people to read and they have the opportunity to discuss with staff the content of the records held on them.
- The centre manager must have a system in place to document and verify that daily Covid-19 deep cleaning procedures are undertaken as required.
- The centre manager must ensure there is a system in place to monitor and verify that staff members have a valid and in-date driving licence.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
<p><b>2</b></p>	<p>The centre manager must ensure the structure of the collective impact risk assessment is aligned to the recently developed risk assessment framework.</p> <p>The centre manager and key workers must ensure that new and emerging needs of the young people are reflected in the current placement plans.</p> <p>The centre manager must ensure that placement plans and individual work/key work is discussed and reviewed in formal staff supervision to</p>	<p>The Centre Manager will ensure going forward that the structure of the collective impact risk assessment is recorded in the same format as the latest risk assessment framework.</p> <p>The Centre Manager will ensure that placement plans are discussed at team meetings and updated appropriately to include new and emerging needs.</p> <p>The Centre Manager will ensure that placement plan's and individual work/key work is a standing item for supervision discussion.</p>	<p>The Director of Services and Senior Services Manager, as part of the referral process, will review the impact risk assessment ensuring it is recorded in the latest format.</p> <p>The Senior Service Manager and Quality Assurance Coordinator will review placement plans, team meeting minutes and the agenda as part of their bimonthly audits, as well as regularly attending team meetings.</p> <p>The Senior Service Manager and Quality Assurance Coordinator will review these documents as part of their bimonthly audits.</p>

	<p>ensure accountability.</p> <p>The centre manager and key workers must ensure the closing sheet on the placement plans are signed off to evidence the consultation process with relevant parties in relation to the child's placement plan.</p> <p>The centre manager must ensure that where an accident/incident does not meet the threshold for a significant event notification a more detailed report must be maintained and kept on the young person's individual care file and the location of the report is referenced in the accident log book.</p> <p>The centre manager must ensure that staff are more proactive to ensure daily logs</p>	<p>The Centre Manager and Keyworkers will ensure that the placement plans are offered to all relevant parties for the consultation process to be signed off.</p> <p>The Centre Manager will ensure that where an accident/incident does not meet the threshold for a significant event notification that a detailed report will be compiled and kept in the young persons file in location 4.5 (Incident report section – miscellaneous). Accident/injury log will be amended to include same.</p> <p>The Centre Manager will ensure that daily logs are discussed with the young people whether physically showing the logs or</p>	<p>The Senior Service Manager and Quality Assurance Coordinator will review these documents as part of their bimonthly audits.</p> <p>The Director of Services will add this to the agenda for the next Managers Meeting to discuss and have it relayed to all Centre Managers ensuring that it is included in each Centre's next team meeting. Keyworkers will review their young person's files regularly ensuring all is recorded in the appropriate areas.</p> <p>The Senior Service Manager and Quality Assurance Coordinator will review individual work / keywork as part of their</p>
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	<p>are offered to the young people to read and they have the opportunity to discuss with staff the content of the records held on them.</p> <p>The centre manager must have a system in place to document and verify that daily Covid-19 deep cleaning procedures are undertaken as required.</p> <p>The centre manager must ensure there is a system in place to monitor and verify that staff members have a valid and in-date driving licence.</p>	<p>individual work discussing same.</p> <p>The Centre Manager will compile a deep clean checklist, to include are all areas of the Centre.</p> <p>The Centre Manager will regularly audit staff files, including drivers licences to ensure all are valid and in date or have a justifiable reason as to why they may be out of date (COVID-19 extension) with official documentation stating same.</p>	<p>bimonthly audits.</p> <p>Deep clean checklist will be added to the daily handover checklist. Centre Manager will regularly review this checklist to ensure completion.</p> <p>The Senior Service Manager and Quality Assurance Coordinator will review these documents as part of their bimonthly audits.</p>
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