



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 260**

**Year: 2025**

## Inspection Report

<b>Year:</b>	<b>2025</b>
<b>Name of Organisation:</b>	<b>Ashdale Care Ireland</b>
<b>Registered Capacity:</b>	<b>Six young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>19<sup>th</sup> &amp; 20<sup>th</sup> February 2025</b>
<b>Registration Status:</b>	<b>Registered from 20<sup>th</sup> September 2024 to 20<sup>th</sup> September 2025</b>
<b>Inspection Team:</b>	<b>Catherine Hanly Lorraine Egan</b>
<b>Date Report Issued:</b>	<b>25<sup>th</sup> April 2025</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 and Regulation 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 20<sup>th</sup> September 2024. At the time of this inspection the centre was in its first registration. The centre was registered without attached conditions from 20<sup>th</sup> September 2024 to 20<sup>th</sup> September 2025.

This centre was registered to provide medium term care to separated children seeking international protection on a multi occupancy basis. It was registered to accommodate six young people aged sixteen to eighteen years of age. Exceptions to this age range were provided for via a derogation request process to the Alternative Care Inspection and Monitoring Service (ACIMS), and this process had been applied for one young person for their admission to this centre at fifteen years of age. There were six young people living in the centre at the time of the inspection, two of whom were 16 years old and four of whom were 17 years old. The aim of the home was identified as being able to provide a physically, emotionally, and psychologically safe space in which young people can heal, develop and move forward in their lives.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1, 1.4
5: Leadership, Governance and Management	5.2

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 with the relevant persons including senior management and staff. Various representatives from the dedicated social work department were interviewed due to a number of staff being allocated to the young people and a staff member being on leave during the time of this inspection. Wherever possible, inspectors will consult with children and parents. In this instance, none of the young people were available to meet with inspectors during their visit to the centre, although all completed and returned a questionnaire. None of the six had contact with 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 and to the relevant social work departments on the 4<sup>th</sup> of March 2025. 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 18<sup>th</sup> of March. 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: 260 without attached conditions from the 20<sup>th</sup> September 2024 to 20<sup>th</sup> September 2025 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

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

**Regulation 7: Staffing**

**Regulation 12: Provision of Food and Cooking Facilities**

**Regulation 16: Notification of Significant Events**

**Regulation 17: Records**

**Theme 1: Child-centred Care and Support**

**Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.**

There were six young people residing in this centre at the time of this inspection, all of whom had been admitted to the centre at the end of September 2024 on two dates, a few days apart. The centre had a policy in place for admissions, updated in February 2025, which outlined an admission meeting that was convened between centre management and the referring/placing social work department for the young people. One meeting had been convened for multiple young people with limited known information being provided by the social work department, including any pertaining to health or medical matters due to the nature and circumstances of the young peoples' arrival in this country.

Upon admission, information was provided to the young people on their rights as prescribed in the UNCRC. This was given to them in writing and had been translated into their native language where this was needed. Translators had been used, remotely, for some young people to receive this information. Staff held the view that the young people understood their rights and that these were upheld at the centre. For the most part, young people indicated on their questionnaires to inspectors that they were happy with all aspects of life at the centre although there were different areas, across the questionnaires, that young people were unsure about. There were records to support that further information-giving sessions had been held with young people to discuss their rights in the context of living in this centre and regarding aftercare entitlements. Communication records on file, evidenced more recently with the new centre manager, demonstrated efforts to engage with representatives of the social work department towards securing information on refugee status processes and securing access to aftercare workers and services.

Inspectors did not have the opportunity to meet with young people, however they did complete questionnaires for inspectors which gave some information. Detail in records would suggest to inspectors that some young people were unhappy with aspects of their care, for example routines such as bedtimes and curfew times. Other records indicated that one young person was unhappy with the expectations of a peer and related this to cultural expectations in their shared country of origin. This same young person was also unhappy at having to translate for their peer and named to staff that they were ceasing these practices due to their negative behaviour towards them. This matter was not reported to the link workers in the social work team and there was no evidence that the matter was being satisfactorily managed by the staff team or had been supported to a satisfactory conclusion. Records of individual work presented a one-way delivery of information rather than an interactive piece that young people were engaged with and active participants in. Placement plans on file also were not reflective of engaged input by young people. At a recent team meeting, the centre manager had given direction to the staff team to be mindful of how they spoke to young people, not to lecture them and to speak with them individually. Inspectors recommend that the staff team review their approach and processes in place that support young people to understand all aspects of their rights and to exercise their right to participate in decision-making to satisfy themselves that these are effective.

Inspectors were informed about routines within the house and activities that promoted respect for cultural difference, learning about and celebrating it. There were references in documents reviewed, and through staff interviews, to church and mosque visits. Management stated that young people were transported to and from these places of worship by staff. Whilst inspectors acknowledge the approach of staff in respecting the right of young people's privacy in practicing their religion, they should be attuned to a need to risk assess these trips, ensuring appropriate safeguards are in place. Inspectors did not have the opportunity to observe young people and staff interactions in celebrating culture and diversity, as was reported by staff. They did not observe evidence in the communal areas of the house demonstrative of countries or cultures of origin represented by both the staff team and cohort of young people living in the centre at this time. They were informed that there was no cultural or religious event at the time of the inspection but that at other times, such as Christmas and during Ramadan, there would be obvious signs of these events throughout the centre. Inspectors were informed that three of the resident young people attended Mosque on a regular basis which, they stated provided a forum for them to engage with people from their ethnic group. Two young people regularly attended church and on occasion each other's churches. Staff supported one

young person with receiving the sacrament of confirmation and attended and celebrated the event with them. Management reported that all of the young people regularly socialised with people from their country of origin via several different forums including school, places of worship, extra-curricular activities and friendships with others from their country of origin. They also acknowledged that is an aspect of care provision that needs to be developed in the centre.

There was good attention to upholding the young people's rights to good healthcare – GP and other specialist appointments were made and followed thorough, as well as dental and optical needs being provided for. Dietary requirements were given appropriate consideration and where an issue had arisen recently in the form of a concern expressed by a young person, this was promptly addressed. Staff informed inspectors that communal meals did happen, and that young people were encouraged to agree a weekly menu. Minutes of young people's meetings evidenced that this was an ongoing area of debate for them. Inspectors were informed that young people cooked independently on occasion. It was reflected on files that gym membership, participation in football clubs and other activities were supported by the staff team. Although no concerns had thus far been raised by young people directly with the staff team, some young people had named in their questionnaires that the location of the centre was *"far away from the city and other places I go regularly"*. With two cars and six young people to facilitate in different locations at different times, this should be kept under constant review given the rural location and remove from limited public transport options.

Inspectors noted across all six files reviewed, that individual work delivered as well as planning documents developed were quite generically applied and thus not allowing for distinction of individual needs, concerns, and goals and how these would be appropriately responded to. Although there had been a lot of information-giving sessions with young people and records of individual work, there was little evidence to indicate that strong, trusting relationships were being built by the staff team with the young people. This view was shared by a representative of the social work team who was of the view that there was no strong attachment to the centre demonstrated by the young people they had engaged with. Not all young people had 'Section 5 placement plans' on file. This is the responsibility of the social work team and was a matter that had been persistently pursued by the regional manager since the commencement of the placements in the centre. The new centre manager had taken up this task when they commenced their post in January 2025, and some were being developed at the time of the inspection. The overall approach to the delivery of key working and implementation of placement plans in this centre needs significant

development to ensure that individual identity is respected and that the best interest of each individual young person and their unique needs is prioritised and always promoted.

**Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.**

Inspectors found that interpreters were used only occasionally with staff reporting that most of the residents had a good level of spoken English. Two of the young people were named as having a lesser level of English and were identified as potentially requiring interpreters should inspectors meet with them. Information that was given in written format to young people was done so in English and in their native language. This included the young person's information booklet upon arrival to the centre and specific information on the complaints processes available to them – both internal to the centre and the Tusla 'Tell Us' mechanism, as well as a copy of the national standards. The questionnaires provided by the inspectors for young people had been translated using ChatGPT for some young people into their native language. The manager and staff team reported the regular use of google translate where needed and, where interpreters had been used, this was done over the phone. The use of translators should be documented, explaining when and why used and would support gathering information on young people's developing English language skills.

As stated above and earlier, young people had been provided with information on the centre and what they could expect whilst living there but there were records where young people were questioning the rules, and were noted as no understanding the consequences of not adhering to expectations indicating that these are aspects to be revisited to ensure clear understanding exists. A more robust admission process for young people coming to live in this centre, with the early development of formal planning documents from the social work department, would support young people's understanding of their placement.

Some of the young people had been given information on aftercare services that may be available to them and the centre manager was prioritising and advocating for young people in this regard, seeking to secure aftercare workers and trying to confirm that necessary assessments would be undertaken. The new manager had also secured dates for representatives from Empowering People in Care to visit the centre and meet with young people there. Some of the young people were involved themselves as volunteers with the Irish Refugee Council but there was limited information about

this known by staff. Establishing a solid bank of information on services and supports available to young people is an area for development for this centre.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 7</b> <b>Regulation 12</b> <b>Regulation 16</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 1.1</b> <b>Standard 1.4</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- Centre management must review their approach and processes in place that support young people to understand all aspects of their rights and to exercise their right to participate in decision-making.
- Centre management must undertake the necessary work to develop and implement a solid approach to the delivery of key working and implementation of placement plans in this centre to ensure that individual identity is respected and that the best interest of each individual young person is prioritised and always promoted.
- Centre management must implement a more robust admission process for young people coming to live in this centre.

**Regulation 5: Care Practices and Operational Policies**  
**Regulation 6: Person in Charge**

**Theme 5: Leadership, Governance and Management**

**Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.**

The centre manager, identified as the person in charge, had been in post approximately seven weeks at the time of this inspection. Although this was their first post as manager in a residential care setting, they were appropriately qualified and had the requisite years' experience post-qualification in a residential care setting in other centres operated by the company. They were present in the centre Monday to Friday during usual working hours. The manager clearly outlined to inspectors the approach they had taken to getting to know the centre, the young people and the staff team since coming into post. They had a clear plan, that they outlined verbally to inspectors, of delivering on their role as manager and providing leadership to the staff team. They were supported in their role by a social care leader who would be responsible for covering duties should the manager be absent for extended periods. The manager reported to a regional manager in the company who had dedicated responsibility for all separated children seeking international protection (SCSIP) centres in operation at this time. That regional manager had provided consistent oversight and input to service delivery from the outset. The registered provider ensured that service-level agreements and contracts were in place for the provision of the service as well as providing evidence to the funders of their compliance with relevant legislation and the National Standards.

There had been a number of changes to management within the centre since it commenced operations at the end of September 2024 – the named manager in place when the centre first commenced operations had left to manage another centre within the organisation less than three months later. Upon their departure, the social care leader in post at the time of this inspection acted as centre manager, convening strategy meetings with the social work department and covering other responsibilities. In addition to these changes at centre manager level, an additional five named staff, including a social care leader, had left this centre since it commenced operations. The majority of these went to work in other centres operated by the company. Inspectors did not see that any mitigating measures had been

implemented to negate the impact on this group of young people by the lack of a stable and consistent staff team. The Alternative Care Inspection and Monitoring Service (ACIMS) had not been notified of the staff changes by the company in line with the requirements of their registration. The ACIMS were notified of the change in manager when inspection notification had been issued to the centre, with the previous named manager listed. The registered proprietor must implement the necessary systems at a wider organisational level that will ensure consistent and stable management and staff teams within individual centres. These systems must also ensure that requirements related to registration are complied with.

The organisation had clearly established lines of accountability from centre manager to regional manager. The regional manager delivered a supportive and oversight role to the centre manager and its practices. They had been involved in communications with the dedicated social work team and had escalated matters for action – including the implementation of ‘section 5 placement plans’ for young people. They stated that had also been to the centre on eleven recorded dates since the centre opened and inspectors were provided with two completed audit/site visit reports that had been completed. Inspectors noted that several areas for action/further development noted in the December audit had not yet been fully realised. These included the development of positive working relationships with young people; key working; and continued need for the manager to role model for staff.

Inspectors were informed that the auditing system in place contributed to governance. One such audit had been convened in advance of this inspection examining the standards under review here and the manager informed inspectors that no actions were identified. Inspectors were informed that two audits per centre per year was the agreed approach. Inspectors raised with centre management the lack of follow through on actions commenced prior to the new manager taking up their position and this, alongside the implementation of audit findings, will need to be overseen and addressed when not acted upon in a sufficiently timely manner.

Staff described to inspectors a detailed induction process that they found of benefit but could not provide specifics on the areas covered within this or all the training completed. Staff demonstrated less clarity on tasks and areas of responsibility that they understood to be within their remit. Team meeting minutes reviewed showed a marked improvement in detail and discussion since January but still required significant improvement in detailing discussion on the areas of risk as well as reflecting ongoing learning. Inspectors noted a gap in knowledge and experience evidenced through interviews for this process and in records reviewed including key work, young people and team meetings. Some areas noted for development that



require prioritisation include understanding trauma – its impact and considerations in providing care; child protection responsibilities and reporting; and risk assessment and safety planning. Centre management must take the necessary steps to addressing the existing gaps in knowledge amongst the staff team.

The regional manager informed inspectors that policies and procedures specific to the organisations' separated children seeking international protection services had been developed and it was agreed at their application to review them six months post-implementation. There was no evidence in team meeting minutes reviewed to indicate that ongoing discussions were had regarding the centres purpose, the approach to working with young people, the policies or practices in place, or matters arising specifically related to the care of the young people. Inspectors identified several policies and practices that require immediate review and amendment, including the admission process, placement planning and key working, and preparation for independence. Centre management must ensure that team meeting discussions hold a central focus on provision of appropriate and safe care to young people through learning and implementation of sound policy and practice.

There was a risk management framework and supporting structures in place across the organisation and applied within this centre to ensure appropriate identification, assessment and management of risk for young people. In practice, there were individual risk assessments contained on each young person's care record. It was agreed at management level that these would be reviewed on a quarterly basis or sooner if required. The risk assessments reviewed were largely generic with the same core risks identified for each young person. This generalised approach was reflected across other aspects of care provision and must be addressed to ensure individualised care. The rationale for the generic determination of risk, as reported to inspectors, was that there was little initial information provided on each young person. The manager informed inspectors that they had overseen the review of these documents upon taking over the role in January and that they intended to review them again when they got to know the young people better. Inspectors found that the risk matrix was not well applied, despite sound known information on areas of risk assessed, for two young people where it related to safeguarding. This created a situation where risks had not been appropriately rated in accordance with the matrix and thus potentially leaving young people without the properly robust safeguards and planning in place. Inspectors found that risk was not well understood in the centre specifically in relation to safeguarding concerns with the absence of known risks on risk assessment documents and as referenced above, this area of practice requires immediate action.



<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The registered proprietor must implement the necessary systems at a wider organisational level that will ensure consistent and stable management and staff teams within individual centres.
- Centre management must take the necessary steps to addressing the existing gaps in knowledge amongst the staff team.
- Centre management must undertake a review of, and amend as necessary, the policies and procedures related to this centre.
- Centre management must ensure that team meeting discussions hold a central focus on provision of appropriate and safe care to young people through learning and implementation of sound policy and practice.
- Centre management must ensure that risk assessments are individualised, appropriately risk-rated in accordance with the centre's own matrix, and that the necessary safety measures are implemented to respond to presenting risk.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>Centre management must review their approach and processes in place that support young people to understand all aspects of their rights and to exercise their right to participate in decision-making.</p> <p>Centre management must undertake the necessary work to develop and implement a solid approach to the delivery of key working and implementation of placement plans in this centre to ensure that individual identity is respected and that the best interest of each individual young person is prioritised and always promoted.</p>	<p>With immediate effect the home manager will review all keywork and information sessions completed to date and complete a follow up piece with the young people to gauge their understanding of their rights and how they can participate in decision making. Any gaps in knowledge or understanding will be addressed through keywork.</p> <p>05.03.25 Review of placement planning and keywork was completed with staff at their team meeting.</p> <p>Home manager will continue to coach and guide staff on the process</p> <p>18.4.2025 Key working training scheduled to be completed by training department with the team.</p>	<p>Home manager will complete regular check ins with residents to satisfy self that they have a full understanding of their rights and involvement in decisions about their lives.</p> <p>As part of completing file audits, home management will satisfy themselves there is sufficient evidence of consultation with all young people within.</p> <p>Home manager will complete a monthly audit of the young people's keywork and placement plans to ensure they are focused on individual needs and reflective of each resident's voice as per policy.</p> <p>Regional manager as part of their visits will temperature check plans to ensure they are complete in line with policy.</p> <p>Quality assurance manager as part of planned audits in the home will review files to ensure all above is followed.</p>

	Centre management must implement a more robust admission process for young people coming to live in this centre.	With immediate effect, Home management will ensure that all admissions are processed in line with the organisations' Admissions Policy and is individualised to each new admission to the home.	All information gathered at pre-placement planning meetings to be detailed in the young person's admissions form, information record and a detailed meeting minute. This information will inform the placement planning process base on identified individual need.
5	<p>The registered proprietor must implement the necessary systems at a wider organisational level that will ensure consistent and stable management and staff teams within individual centres.</p> <p>Centre management must take the necessary steps to addressing the existing gaps in knowledge amongst the staff team.</p>	<p>With immediate effect, registered proprietor will ensure consistent management within the home and any requested changes are considered taking into account impact on the home. This will be reviewed as part of work force planning.</p> <p>With immediate effect, home management will identify gaps in knowledge and provide individual coaching to staff via supervision and team meetings.</p>	<p>Decisions relating to staffing will be discussed and agreed upon at workforce planning meetings, where focus will be given to the need for consistency amongst the staffing team with minimal changes where possible. Future changes to the staff team will be shared with the inspectorate as per conditions to the registration certificate</p> <p>Standing agenda on the staff supervision and team meetings are policy and legislation review. Policies and key legislation will be discussed at staff team meetings.</p> <p>A training needs analysis will be completed and identified trainings required will be</p>

	<p>Centre management must undertake a review of, and amend as necessary, the policies and procedures related to this centre.</p>	<p>By 31.04.25 home management will review all policies in conjunction with the regional manager.</p>	<p>facilitated.</p> <p>Regional manager as part of their scheduled visits will temperature check staff knowledge of policies, legislation and care plans.</p>
	<p>Centre management must ensure that team meeting discussions hold a central focus on provision of appropriate and safe care to young people through learning and implementation of sound policy and practice.</p>	<p>With immediate effect, home manager will facilitate team meetings with more of a focus of placement planning around preparation for independence that is in line with policy.</p>	<p>The policy and procedure committee will review all policies and update where required. Once ratified, all updated policies will be circulated to the home manager who in turn will share with the staff team. Management will satisfy themselves each staff members understanding of the policies.</p>
	<p>Centre management must ensure that</p>	<p>With immediate effect. The regional</p>	<p>Regional manager will complete a review of facilitation of team meetings with the manager to ensure they are focused on individual needs of the young people incorporating key policies.</p> <p>Regional manager will temperature check team meeting minutes as part of their visits to the home.</p> <p>Regional manager will complete</p>

	<p>risk assessments are individualised, appropriately risk-rated in accordance with the centre's own matrix, and that the necessary safety measures are implemented to respond to presenting risk.</p>	<p>manager met with the Home Manager on the 12.3.2025 and reviewed the facilitation and documentation of team meetings. A set agenda has been agreed going forward to ensure that all aspects of the young people's care is addressed</p> <p>12.3.2025 Home manager completed a review of all Risk management plans in the home and made updates where required in line with policy.</p> <p>Regional manager completed a review of risk management policy with home management on the 12.3.2025.</p> <p>19.03.25 Risk Management training will be completed with the team.</p>	<p>temperature checks of documents to ensure they are reflective of risks.</p> <p>Quality assurance manager as part of scheduled audits will review all risk management plans to ensure they are completed in line with policy.</p>
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