



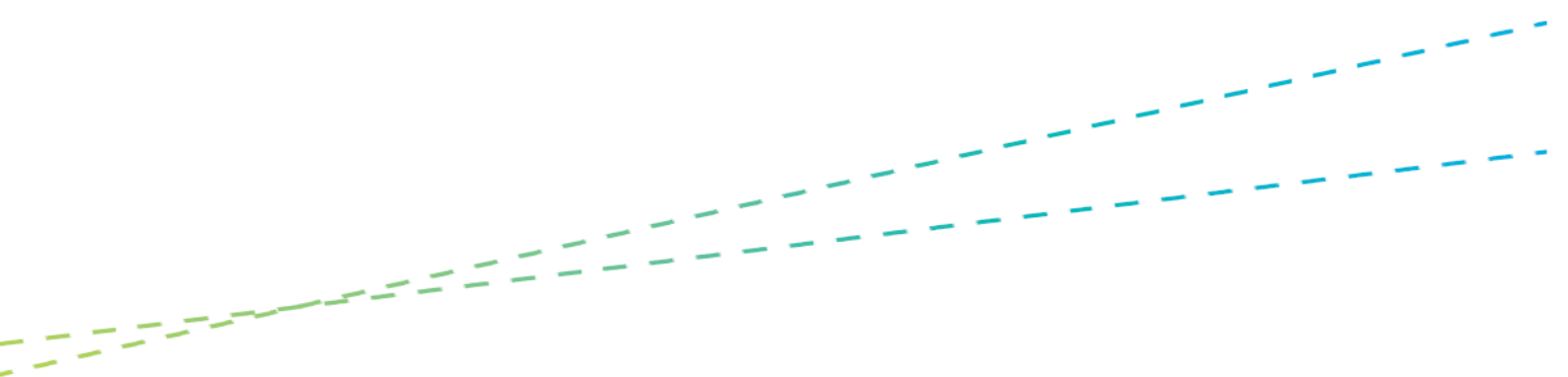
**An Ghníomhaireacht um
Leanaí agus an Teaghlach**
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number:137

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Ashdale Care
Registered Capacity:	Two young people
Dates of Inspection:	10th and 23rd April 2019
Registration Status:	Registered from 06th July 2018 to 06th July 2021
Inspection Team:	Michael McGuigan Linda Mc Guinness
Date Report Issued:	31st May 2019

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in July 2018. At the time of this inspection the centre was in its' first registration and in year one of the cycle. The centre was registered without attached conditions from the 06th July 2018 to 06th July 2021.

The centre's purpose and function was to accommodate two young people of both genders from age eleven to seventeen on admission. At the time of inspection there was one young person residing in the centre and another was temporarily receiving residential specialist support in another centre with a view to them returning to this centre. Their model of care was described as providing specialist residential care for young people with complex emotional and behavioural issues who could not be adequately cared for in a mainstream residential setting. The centre aimed to provide a responsive, specialist service as an alternative to more secure forms of care to meet the social, emotional, behavioural, therapeutic, health and educational needs of the young people. This was through a person-centred therapeutic service that had clinical direction and was based on emotional containment and positive reinforcement. The environment was designed to support young people in developing internal controls and promoting resilience and responsibility.

The inspectors examined aspects of standard 2 'management and staffing', standard 4 'children's rights', aspects of standard 5 'planning for children and young people' and standard 6 'care of young people' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 10th April with a follow up arranged on 23rd of April 2019.

1.2 Methodology

This report is based on a range of inspection techniques including:

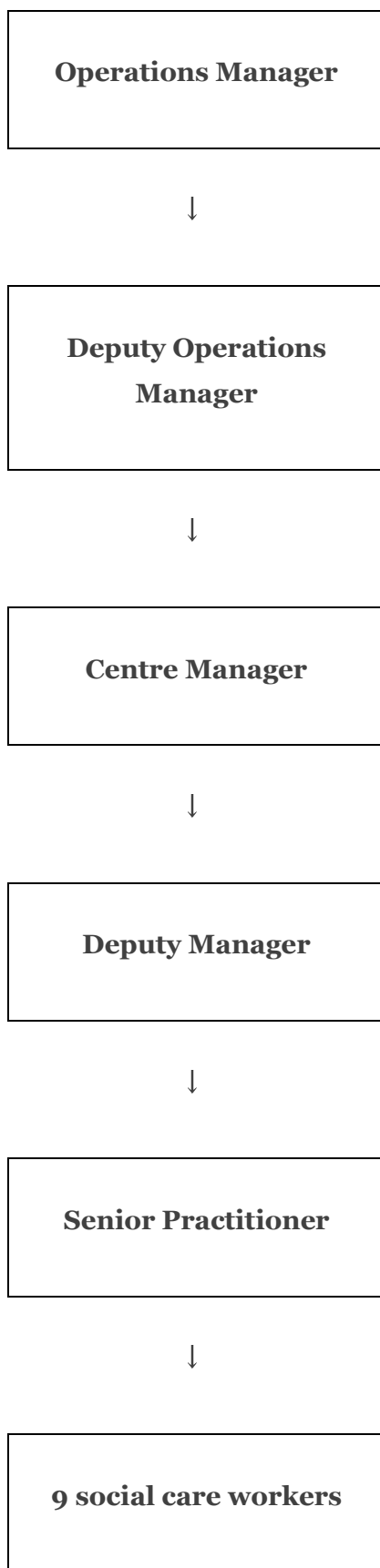
- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) Seven of the care staff
 - b) Both young people
 - c) The home manager
 - d) The deputy manager
 - e) One of the social workers with responsibility for a young person residing in the centre
- An examination of the centre's files and recording process including:
 - The young people's care files
 - Staff supervision records
 - Personnel files
 - Handover records
 - Management meeting records
 - Team meeting records
 - Young people's meeting records
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The senior practitioner
 - c) The senior operations manager
 - d) Three social care staff
 - e) The social worker and line manager for one of young people
- ◆ Observations of care practice routines and the staff/young person's interactions.

The young person in the centre declined the opportunity to meet with inspectors.

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 15th of May 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 20th of May and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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: 137 without attached conditions from the 06th July 2018 to 06th July 2021. pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Management

The centre had a full time manager who had been in post for nine months and held a qualification in health and social care. This person had previous experience as a manager in other children's residential centres within the organisation prior to taking up this role. The manager was present during office hours and had overall responsibility for the day-to-day running of the service. There was evidence that the social care manager reviewed young people's daily logs, care files and centre registers as part of their governance within the centre. They also chaired staff team meetings, handover meetings and attended child in care reviews and professionals meetings. The manager was supported in their role by a deputy manager who worked office hours. A senior social care practitioner was also allocated to the centre in February of this year. There was an out-of-hours on-call service to support staff if required at evenings or weekends.

There was dual supervision process in place whereby the centre manager reported to the deputy operations manager and received supervision from this person and also from the organisation's training officer. Inspectors found there were clearly specified roles identified for each. The organisation had recently established new governance structure and was in the process of formalising new processes and adjusting recording and reporting systems if required. The previous system saw annual audits of the centre. However, the new system had a regular schedule of announced and unannounced audits against national standards. These audits required the creation of an action plan and the implementation of this was overseen by the deputy operations manager. The centre manager also created a weekly operations report which was forwarded to the deputy operations manager. These were reviewed and inspectors found they included information relating to young people and also reflected operational and organisational issues. These reports included details on the placements and outcomes for young people, staffing, child protection and health and

safety. Centre records reflected seven operations manager visits to the centre and there was substantial communication between the centre manager and senior management. There was evidence that the operations managers were taking an organisational approach to responding to the findings of recent inspections. There was evidence of effective governance in that improvements which had been recommended in respect of placement planning, supervision and staffing were being implemented in each of the organisation's centres. The organisation also held regular managers' meetings and inspectors found that these were well attended. There were a wide number of operational and service delivery issues addressed at this forum and records also reflected discussions related to risk management, care practice and the planning of care for young people.

Staff team meetings in the centre were held fortnightly and these alternated between individual development plan (IDP) meetings which addressed the planning of care for young people and staff team meetings that focused on operational and centre issues. The team meeting also had a strong focus on training and up-skilling the staff team and providing guidance in respect of managing current issues with young people. The recording template for team meetings had been amended for each of the centres in the organisation following recent inspections. This new template ensured that actions agreed and outcomes from previous meetings were always reviewed. Inspectors observed that team meetings were generally well attended and that there was improved detail in the records following recent recommendations. There was a clear link between team meetings and young people's meetings.

Staffing

This centre had a staff complement of the social care manager, deputy manager, a senior practitioner and nine social care workers. With the exception of one staff member who was studying to obtain a social care qualification the team were all qualified in social care or a related field. Three staff members had youth work, mental health and counselling qualifications. There was evidence that the centre manager aimed to have a senior experienced staff member on shift each day where possible. Inspectors found that there were enough staff to meet the centre's purpose and function and while there had been a number of changes to the staff team in the months prior to the inspection, the core team remained stable. While there was a balance of experience among the staff, a number of the team were still on probation and there was evidence of comprehensive induction programmes, continuing practice support from centre managers and senior staff and on-going review of performance. The operations manager informed inspectors that the organisation was continuing to place a strong emphasis on recruitment and retention as this had been an issue in the

past. While inspectors acknowledge that there have been improvements in this respect, it must remain a focus for the organisation to ensure that young people are cared for by staff that they know and that understand their needs. Through interview and the questionnaires completed, inspectors noted that staff had an awareness of the needs of young people and were familiar with care practices and operational policies.

The organisations' HR person was responsible for staff personnel files and these were well organised and managed professionally. Inspectors conducted a review of a sample of these files and found that they contained CVs, up-to-date Garda/Police vetting and three references (one from the most recent employer) which had been verbally verified as required. There were also copies of qualifications which had been verified and details of all mandatory and other training on file.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

Inspectors noted there was a comprehensive organisational induction programme and evidence of probationary reviews at three months and six months for staff members. The centre had a policy that stated supervision would be conducted every two weeks during the first six months of employment for new staff and four weekly thereafter. Inspectors found that supervision generally took place within the required time frames for both established and new staff members. The function of supervision of the team was split between manager and deputy manager. Both were trained in the provision of supervision through a recognised model.

Inspectors reviewed a sample of supervision records including contracts that contained agreements on the structure and purpose of supervision, expectations of both parties and the content and storage of records. Inspectors found some deficits in the standard of supervision within the centre. The records showed that the process was not consistent and improvement was required by both supervisors. At times the records reflected good work on placement planning and care practice with clear direction and actions agreed for staff. However, other supervision records contained limited discussion on key working and placement planning. It was also noted that some supervision records contained substantial narrative and a number of these did not have specific actions agreed or decisions recorded. The agenda varied frequently between supervisions and inspectors recommend that the structure is reviewed and improved to better facilitate individual and team development. The

centre manager must also ensure that a review of the previous decisions agreed takes place during each supervision session to ensure effective tracking and follow up.

Inspectors reviewed the records for handover meetings and found these to be child focused and that they facilitated the effective exchange of information and planning of care for young people. Handover records reflected plans for key working and demonstrated creative and proactive approaches to supporting young people with their emotional needs. Shift plans were created for each day and these were developed to maximise contact with young people and facilitate their activities and access arrangements.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)

Required Action

- The supervision process and records must be reviewed and improved to ensure they are action focused, evidence consistent of application of organisation policy and meet the requirements of national standards.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

This centre had a policy on consultation that defined it as young people's involvement in individual decisions about their own lives, as well as collective involvement in matters that affect them. The policy stated that staff would create a culture of

listening which would enable young people to have input regarding decisions and also influence change within the organisation. There was a booklet given to young people upon admission which stressed that they were the most important person at meetings concerning their care.

There was evidence that young people's views were sought on decisions affecting their future and their day-to-day care. From a review of the care files and interviews with staff members it was evident that they were actively encouraged to consult with young people depending on their age and level of understanding. Inspectors found that there was good work being carried out formally and informally in relation to consultation. Young people were assisted through keyworking to prepare for child in care review meetings and were supported to attend. If they chose not to there was evidence that their voice was brought to the discussion with keyworkers advocating on their behalf.

Young people's meetings were held regularly, however, staff acknowledged that at times there was only one young person present and they were reluctant to engage in a formal process. Inspectors recommend that the format for these meetings is reviewed to possibly include using tools and resources to encourage discussion relating to issues which impact young people such as internet safety, bullying and diversity for example. There was evidence that young people were made aware of organisations and people who could advocate on their behalf.

Access to information

This centre had an appropriate policy which advised young people and their parents/guardians of their right to access their information. This was also detailed in the young person's booklet which was provided and explained to them upon their admission to the centre. They were informed that they could have open access to records and reports that are written about them within a structured and supported space. The policy also outlined that young people had a right to appeal the accuracy of any information about them. There was staff guidance in respect of report writing which stressed the importance of records being accurate, concise and free from value judgements, flippant remarks or colloquialisms. Inspectors found that opportunities offered to young people to access information were not always recorded especially when they chose not to do so and it is recommended that this is addressed.

Complaints

There was a complaints policy and procedure which was clearly laid out and made available to young people, their parents and any professionals with a relevant interest

in the service. There was evidence from review of the admissions process that young people were made aware how to make a complaint and that they were informed of the right to appeal. They were informed of persons and organisations who could advocate on their behalf if they so wished.

There had been no complaint entries in the centre complaints register since the centre opened in July 2018. There was evidence that non notifiable complaints were managed effectively in the centre through negotiation and compromise and inspectors found that there was appropriate oversight of the register. The centre manager was the designated complaints officer and the operations manager was the external complaint's officer who monitored the incidence and outcomes of complaints.

3.4.2 Practices that met the required standard in some respect only

None identified

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People*

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Supervision and visiting of young people

There was evidence that social workers visited young people in line with statutory requirements and a record of each visit was held on the case file.

Social work role

Inspectors found that allocated social workers provided sufficient background information about the young person and that they convened care plan (Looked after Child - LAC) review meetings and reviews in line with requirements. They had visited the young people in the centre and there was space where they could meet with them privately. There was evidence that they had reviewed records created in the centre. Each social worker was promptly made aware of all significant incidents involving their young person and there was evidence of appropriate responses on receipt of written notifications. They were satisfied that the young person was safe and well cared for in the centre.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and reviews

Both of the young people who had been placed in the centre had been referred by one of the Health and Social Care Trusts in Northern Ireland. It had been assessed in July 2018 that one young person really struggled to manage a group dynamic, that it was high risk and that a dual occupancy centre would be best suited to their needs. This decision was made by the supervising social work department in consultation with organisational management based on the high risks associated with group living. Inspectors reviewed the minutes of a care plan meeting which had taken place on 30/10/18 at which time it was indicated that the young person was to continue to reside in the identified therapeutic placement and to continue to engage with community resources. The young person's view in respect of their planning was not noted in this record only that they 'presented well'. All statutory visits to the young person had taken place in line with regulations and care planning (Looked after Child LAC) meetings were also held in a timely manner. Review of the care files showed that subsequent LAC review meeting took place five months after the first one on 14/03/19. At this meeting it was determined that the young person would be moved to a mainstream multi occupancy residential placement within the Trust within a two month timeframe. While it is acknowledged that the Trust has ultimate responsibility for the statutory care planning in respect of this young person and the aim was to eventually successfully reintegrate the young person within their local community it did not appear that this decision was fully needs led at this time. It could not be assessed that the young person's capacity for group living had improved at this time. Furthermore, a number of professionals interviewed raised concerns with inspectors that the move to a multi occupancy centre at this time could be detrimental to the young person and result in high risk situations. While the young person had made significant improvements with the input of the staff team and the clinical direction

they had only shared their living space with one other young person for approximately four months since their admission to the centre. Supervising social work departments must ensure that decision making in respect of care planning is consultative, takes the opinions of other professionals and issues of risk into consideration and that suitability of move on placements are fully in line with young people's assessed needs. It was assessed that the young person would only be informed of the move to another service a short time before the move so it was not possible for inspectors or the guardian ad litem to speak with them about the proposed plan. A transition plan had been agreed with all parties. There was evidence that the centre had created an individual placement plan to address issues arising in the care plan. These plans were reviewed and updated regularly and guidance and input from the clinical team was evident from the IDP meetings. The positive outcomes for the young person were evident across many aspects of planning including behaviour management, education, and involvement in the community.

3.5.3 Practices that did not meet the required standard

None identified

Required Action

- Supervising social work departments must ensure that decision making in respect of care planning is consultative, takes the opinions of other professionals and issues of risk into consideration and that suitability of move on placements are fully in line with young people's assessed needs.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

The centre was a large detached building in a rural area of county Monaghan. The young people each had a bedroom to themselves that they could decorate to their own

tastes. There were communal areas for young people to meet with family and friends in private. Young people had allocated key workers who facilitated the placement planning work with them and also built relationships with them through activities and individual support. Staff members who were interviewed during the inspection process demonstrated an understanding of the needs of the young people and there was evidence that residents were provided with opportunities similar to that of their peers. Young people were involved in sporting clubs in the locality and their health and well-being was promoted through this. Inspectors observed warm and friendly interactions between staff and young people, achievements and special occasions were celebrated.

Provision of food and cooking facilities

Inspectors found that there were adequate cooking facilities in the centre and that there was a supply of nutritious food. The placement plans for young people encouraged them to develop healthy eating habits and they were consulted about menu planning and food shopping. There was evidence that young people shared meals with the centre staff and these were positive social experiences.

Race, culture, religion, gender and disability

The centre had appropriate policies in respect of recognising diversity, anti-bullying and anti-discrimination. There was evidence that these were being implemented in day to day practice, and through opportunity led work and keyworking. The policy stressed the importance of education relating to diversity and recognising all types of bullying. There was a strong focus on developing positive affirming relationships. Young people were facilitated in the practice of their religion if they so wished and were supported to celebrate anniversaries of significant persons in their lives. Inspectors found that young people were encouraged to attend local youth and sports clubs and were afforded the same opportunities as their peers. Placement planning focused on identity and the importance of family with young people as required and this was evident through key-working. Families were valued and kept updated in respect of progress young people were making through the course of their placements. The centre policies had a focus on supporting young people to develop self-esteem, become resilient, and contribute to their communities.

Restraint

Each young person had an individual crisis management plan (ICMP) that contained relevant information and direction for staff on how to manage outburst behaviours. The ICMP for one young person did not reference if there was any contra-indication to restraint and this should be included as a matter of course. The centre used a

recognised model of physical intervention and de-escalation. All staff had received the appropriate training and refresher courses were rolled out within the required timeframes.

While there was a separate log to record any incidences of restraint inspectors found that restraint and physical intervention was not a feature for any of the young people in the centre at the time of this inspection.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The centre had a policy on behaviour management that provided guidance to staff on how challenging behaviours were to be addressed. They were using and effectively implementing a recognised behaviour management system. There was also a policy on sanctions and consequences. Each of the young people had up to date and regularly reviewed individual crisis management plans as required. While individual risk assessments guided decision making in respect of behaviours of concern there were no behaviour support plans to direct staff on how to manage challenging behaviours not related to outburst and crisis. While these behaviours were noted in placement plans and there were risk assessments inspectors recommend behaviour support plans or behaviour management plans to guide staff practice. These would also help evidence progress young people were making with staff support and interventions.

A review of the sanctions used in the centre was conducted and inspectors found the sanctions used were sometimes not age appropriate and related to behaviours such as using early to bed as a consequence. Also some sanctions had been repeated without any evidence of efficacy. These sanctions had been signed off as appropriate by senior management through review processes. Management must conduct a review of the sanctions system; how it has been implemented and ensure that it is subject to regular robust review through checks and audits as the current system had not effectively picked up deficits.

Absence without authority

The centre had a practice policy and guidance and arrangements for dealing with any unauthorised absence of a child or young person from the home. The policy and guidance referred to 'Children missing from care -A joint protocol 2012'. Inspectors found that the young people had absence management plans; however, these were not being updated monthly as required by the protocol and this should occur.

Unauthorised absences from the centre were not a regular feature at the time of this inspection.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Actions

- Centre management must conduct a review of the sanctions system; how it has been implemented and ensure that it is subject to regular robust review through checks and audits.
- The centre manager must ensure that absence management planning is in keeping with the requirements of Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Service Executive, Children and Family Services, 2012.

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The supervision process and records must be reviewed and improved to ensure they are action focused, evidence consistent of application of organisation policy and meet the requirements of national standards.	At a management meeting on the 13.5.19 it was agreed that a new supervision template was required across the organisation. A template has been constructed and will be ratified at the management meeting on the 10.6.19, so that it will be implemented with immediate effect.	A more robust review of supervision will be conducted by managers. An audit of supervision records will be conducted by the Operations team twice yearly. Supervision process and recording will be discussed at management meetings and actions taken if issues arise.
3.5	Supervising social work departments must ensure that decision making in respect of care planning is consultative, takes the opinions of other professionals and issues of risk into consideration and that suitability of move on placements are fully in line with young people's assessed needs.	Centre management will ensure that they collaborate with supervising social workers in respect of same. No response received from the social work department.	Any issues of concern will be escalated within the social work department.

<p>3.6</p>	<p>Centre management must conduct a review of the sanctions system; how it has been implemented and ensure that it is subject to regular robust review through checks and audits.</p> <p>The centre manager must ensure that absence management planning is in keeping with the requirements of Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Service Executive, Children and Family Services, 2012.</p>	<p>An immediate review has been conducted by centre management on how responses are recorded within team meetings and sanction logbook.</p> <p>An immediate review has been conducted and a review template is now on file. IAMP documents will be reviewed monthly in line with national protocol.</p>	<p>Centre management will ensure that this is kept under review at team meetings and record as same. Centre management will ensure to complete regular audits regarding this documentation.</p> <p>A file audit will be conducted on a monthly basis to ensure compliance.</p>