



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Community Living Area J
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	15 November 2022
Centre ID:	OSV-0002722
Fieldwork ID:	MON-0029938

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Community Living Area J, Fountain View, is a large bungalow situated on the outskirts of a small town in a semi-rural setting. The centre provides residential support for up to four adults with an intellectual disability, both male and female. Residents may also present with physical disabilities and/or behavioural needs. The staff team consists of both social care workers and care workers and there was a minimum of two staff on duty at all times to support the residents. Residents also have access to nurse support if required and multi-disciplinary services including occupational therapy and behavioural support. Local amenities include a range of cafe's and restaurants, local parks, pubs, clubs, a hotel and leisure centre. Each Resident has a named key worker to support them with daily and lifelong planning.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 15 November 2022	09:00hrs to 17:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life and that they were assisted by a staff team who had a kind approach to care and who were also familiar with their individual needs.

This was an announced inspection to monitor the quality and safety of care which was provided and the inspection was conducted to assist in the renewal of the registration of this centre. The inspector met with all three residents who were availing of this service on the day of inspection and the inspector also met with four staff members. The inspection was facilitated by the centre's person in charge and a person who participated in the management of the centre also attended for a short period of time.

The centre was large and spacious and each resident had their own bedroom which was decorated with photographs of family and friends. Two of the residents' bedrooms had an en suite facility and the remaining resident had access to a large bathroom which was for their sole use. The centre also provided residents with ample space in which to relax as there was a large reception room and a separate dining/seating area for residents' use. On the morning of inspection residents congregated with staff in the open plan dining/seating area for breakfast and the inspector observed that there was a very homely atmosphere. On the day of inspection the person in charge outlined that a number maintenance works had occurred on the site with a number of large trees removed which allowed for more natural light. The person in charge also detailed that extensive maintenance of the driveway was to occur subsequent to the inspection.

There was a very pleasant atmosphere in this centre and residents freely went about their own affairs and they interacted with staff members in a warm and familiar manner. Residents had their own individual style of communication and they used a combination of gestures, sounds and some single words. Staff members who were supporting residents had a good understanding of residents' communication needs and they responded and interacted with residents in a warm and caring manner throughout the inspection. A staff member who spoke with the inspector for a period of time also had a good understanding of care practices such as safeguarding, behavioural support and fire safety.

Residents had good access to their local communities and on the day of inspection one resident had planned to go to the cinema, another attended a medical appointment and the remain resident travelled to their day service. From discussions with staff and from reviewing records within the service it was clear that residents were actively supported to engage in activities with their local community and overall they enjoyed a good quality of life.

Throughout the inspection the inspector observed staff members chatting freely with residents and discussing with them their plans for the day ahead. One resident was

reminded about their medical appointment and another was assisted to decide what they would like for breakfast. The remaining resident had previously organised a day out with a staff member to the cinema and the staff member reassured the resident that they would also be going for a cup of tea after which was an activity that the resident really enjoyed.

It was clear to the inspector that residents were supported to enjoy a good quality of life and that their welfare was actively promoted. Staff who were on duty had detailed knowledge of residents' needs and they had a warm and kind approach to care. However, this inspection highlighted that an action from the previous inspection in regards to supporting residents to evacuate the centre in the event of a fire had not been fully achieved and the provider's internal audits had not identified this as an issue. These issues will be discussed in the subsequent sections of this report.

Capacity and capability

The inspector found that the provider had governance and management arrangements in place which assisted in ensuring that residents enjoyed a good quality of life. The majority of the actions from the last inspection of this centre were also completed as required, however, issues in regards to the evacuation of residents were not fully addressed.

This inspection was conducted following the provider's application to renew the registration of this centre. The provider had submitted a complete application as required by the regulations and the inspector found that the centre was operated in accordance with this application. The inspection was facilitated by the centre's person in charge and they were found to have a good understanding of the residents' care needs and of the services and resources which were in place to support those needs.

The provider had completed all required audits and reviews as required by the regulations. The centre's annual review was robust in nature and took into consideration residents' views on the service. There was an overall positive response from residents in regards to the provision of care and the provider had considered some areas where the provider could improve upon. The centre's unannounced six monthly audits were also completed as required and they gave an in depth review of many of the areas of care which were examined. The centre's last unannounced audit had reviewed fire safety within the centre and although fire safety equipment and fire procedures were closely examined, the audit did not demonstrate that fire drill records were reviewed to determine if residents could evacuate the centre in a prompt manner.

The provider had resourced the centre with a staff team who had a good understanding of the residents' needs and throughout the inspection the inspector observed many warm and person centred interactions between staff and residents.

The person in charge highlighted that a consistent staff team had benefited the residents greatly. For example both staff and the person in charge detailed how a resident in recent years have become healthier, expanded their social outings and enjoyed heading out everyday on a social outing. Prior to this the resident could present with behaviours of concern and which limited their opportunities for social interactions.

The provider had also promoted safeguarding within the centre by ensuring that all schedule 5 documents were in place, including up-to-date vetting disclosures for all staff members. The provider also had a mandatory and refresher training programme in place which assisted in ensuring that staff could meet resident's individual needs. A review of associated records indicated that staff were up-to-date with their training needs. The provider also promoted an open culture of discussion within the centre by facilitating regular team meetings and also through the use of scheduled supervision sessions with individual staff members.

Overall, the inspection found that the governance and management arrangements promoted the welfare of residents; however, improvements were required in regards to supporting residents to evacuate in a prompt manner. This issue will be discussed in the subsequent section of this report.

Registration Regulation 5: Application for registration or renewal of registration

The provider was aware of their requirement to submit an application to renew the registration of this centre and a complete application had been submitted within the required timelines. The application was representative of the centre and the centre's statement of purpose clearly set out the services which were implemented to support residents' assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The provider had employed a staff team which had a good understanding of residents' needs and a review of the centre's rota indicated that residents were supported by a familiar staff team. A review of staff files indicated that all required information as set out in schedule 2 of the regulations was in place, including employment histories and vetting disclosures which assisted in promoting the safeguarding of residents in this centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a schedule of mandatory and refresher training in place and a review of associated training records indicated that all staff were up-to-date with their training requirements. These measures assisted in ensuring that staff members could meet the assessed care needs of residents. The person in charge also facilitated regular team meetings and there was scheduled staff supervision in place. The inspector found that these measures assisted in ensuring that an open and transparent culture was promoted and that staff members were able to bring concerns to the attention of the person in charge if required.

Judgment: Compliant

Regulation 19: Directory of residents

The action from the previous inspection had been completed and the directory of residents met the requirements of the regulations on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider had appointed a person in charge to manage and oversee the day-to-day operation of the centre. The person in charge had a good understanding of the service and also of the residents' care needs. The provider had completed all required audits and reviews as set out in the regulations and the person in charge had completed any actions which had been identified.

Some areas for improvement were identified from this inspection as the provider had not fully completed an action from the previous inspection as submitted in regards to fire precautions. In addition, the provider's six monthly audit had reviewed fire safety; however, this audit did not demonstrate that fire evacuation had been reviewed to determine if residents could evacuate the centre in a prompt manner.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications as set out in the regulations. A review of information indicated that all notifications had been submitted accordingly.

Judgment: Compliant

Regulation 34: Complaints procedure

Information on complaints was clearly displayed in the centre and a review of information indicated that there were no active complaints on the day of inspection. A review of the complaints procedure clearly identified the person nominated to manage any received complaints and the appeals procedure that residents could apply if they were not satisfied with the outcome of their complaint.

Judgment: Compliant

Quality and safety

The inspector found that residents enjoyed living in this centre and that they were supported to have a good quality of life. However, some improvements were required in regards to supporting residents to evacuate the centre in the event of a fire occurring.

As mentioned earlier in the report this centre was a pleasant place in which to live and residents were observed to enjoy the company of staff who were supporting them on the day of inspection. The inspector observed that staff consulted with residents throughout the inspection in regards to their care preferences and they kept them informed as to the overall plans for the day and occasions when they might need to assist them with personal care or with their nutritional needs. The staff team also conducted regular residents' meetings where they discussed social outings, upcoming maintenance and health and safety issues. The staff team conducted a separate weekly discussion in regards to their meal preferences. The above mentioned care practices assisted in promoting residents participation in relation to the operation of their home. Information in regards to rights and advocacy were also readily available and overall there was a real sense from within this centre that the rights of residents were actively promoted through the actions of the staff team and the provider.

The last inspection of this centre indicated that there were issues in regards to supporting residents to evacuate the centre in an efficient manner. The provider had taken this issue seriously and it was clear that fire safety was actively promoted. All fire equipment had a completed service schedule in place and staff were completing

regular checks to ensure that fire equipment was in good working order. Since the last inspection the provider had implemented a number of enticements to assist in the evacuation of some residents. Staff members had a good understanding of how to assist residents in the event of a fire and resident's individual evacuation plans were regularly updated to include additional enticements which residents had responded to when participating in a fire evacuation drill. However, fire drill records indicated that there remained an issue in evacuating residents. Subsequent to the inspection the provider submitted additional information and actions which were taken to promote fire safety and the evacuation of residents.

The provider had arrangements in place to promote infection prevention and control (IPC). Staff had undertaken additional training in relation to IPC, hand hygiene and the use of personal protective equipment (PPE). The centre had contingency plans in regards to the operation of the centre and also the care of individual residents should an outbreak of COVID 19 occur. A staff member who met with the inspector clearly outlined these arrangements and they discussed how these measures kept residents safe when the centre had previously experienced an outbreak of the disease. The centre itself was clean and many areas were well maintained and staff members had a good working knowledge of the cleaning and disinfecting arrangements. There was also a programme of maintenance work in place which highlighted that some flooring required an upgrade due to wear and tear and the person in charge was aware that these areas could not be thoroughly disinfected. In addition, the inspector did find that a cooking appliance also required an upgrade as it was damaged internally which also limited staff ability to clean and disinfect this item.

Two residents had an integrated service and the third resident attended day services. As stated throughout the report, residents had good access to their local community. The person in charge reported that residents enjoyed swimming, shopping, bowling and also going to the cinema. Staff members also explained that residents were planning to go on a two night break in the coming weeks when the exterior grounds of the centre were undergoing renovation works. A review of residents' personal plans showed that residents enjoyed day trips together and also that a resident had made and sold bird boxes in their spare time.

There was one active safeguarding plan in place on the day of inspection. A review of the associated safeguarding plan found that this document was robust and subject to regular review to ensure that safeguards were effective. A staff member who met with the inspector also had detailed knowledge of the plan and they clearly outlined how the safeguarding actions were implemented in every day practice. The requirement for a safeguarding plan was in direct response to a identified behaviour of concern and the inspector found that there was indepth guidance for staff in relation to this area of care. A behavioural support plan which was reviewed by the inspector was found to be updated on a regular basis and was reflective of staff knowledge in this area of care.

The inspector found that residents enjoyed a good quality of life and that they were actively supported and assisted to engage in activities and pastimes which they enjoyed. Although this inspection identified that improvements were required in

regards to promoting the prompt evacuation of residents, overall the provider promoted the rights and well being of residents.

Regulation 12: Personal possessions

Residents had access to all their personal possessions and the staff team maintained detailed logs of these possessions. Residents also required support in managing their finances and again the staff team maintained detailed records of any money which was spent on the residents' behalf. Residents were also supported to have financial accounts in a financial institution and the provider had engaged with additional financial institutions in relational to residents opening other financial accounts.

Judgment: Compliant

Regulation 13: General welfare and development

The residents were supported to engage in community activities on a daily basis and on the day of inspection residents went to the cinema, had tea out and one residents was assisted to attend a medical appointment. Residents were also supported to develop their interests in art and during the national restrictions a resident made and sold bird houses to the local community. One resident was also supported to attend their respective day service through the week where their training needs were catered for.

Judgment: Compliant

Regulation 17: Premises

The centre was large warm and comfortably furnished. Each resident had their own bedroom and there were suitable toilet and bathroom facilities in place. Residents also had access to laundry facilities and residents were assisted to wash their own clothes if they wished. Renovation works the the grounds of the centre were planned to occur in the weeks subsequent to the inspection and the new kitchen facilities were also due to be installed.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had a risk register in place which outlined all recorded risks in this centre. There were also additional individual risk assessments in place for issues which may impact upon residents such as safeguarding, choking and the use of restrictive practices. In addition the provider had risk assessments in place for issues which may impact on the provision of care such as COVID-19 and infection prevention and control. In addition, the provider had a system in place for monitoring and responding to incidents and a review of associated records indicated that all incidents had been reviewed in a prompt manner.

Judgment: Compliant

Regulation 27: Protection against infection

The centre appeared clean to a visual inspection and there was a programme of maintenance works in place which identified issues in regards to flooring, kitchen and bathroom facilities. The action from the last inspection had been implemented with an in depth cleaning programme in place; however, this programme failed to identify a damaged kitchen appliance and although the provider had identified that some flooring required replacement, general wear and tear meant that flooring could not be thoroughly cleaned or sanitised.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire precautions in place such as fire doors, detection system and emergency lighting. The provider had ensured that all equipment was serviced as required and staff were completing regular checks of equipment. Although regular checks were occurring, one fire door was not closing fully on the day of inspection, this was brought to the attention of the provider and this issue was rectified on the day of inspection. However, the action from the last inspection of this centre in regards to evacuating residents had not been fully implemented and although the provider had submitted additional information subsequent to the inspection, the evacuation of residents required further review.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had suitable medication storage facilities. A review of medication prescription sheets showed that sufficient information was in place to guide staff in the safe administration of medications. In addition, a review of records indicated that medications were administered as prescribed. Residents had also been assessed to manage their own medications which indicated that the provider was committed to supporting resident's independence.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to attend the general practitioner for a general health check up and also in times of illness. Robust health care plans were also in place to ensure that residents received a consistent approach in this area of care. A review of information indicated that residents attended scheduled reviews by allied health professionals such as occupational therapists, chiropodists and physiotherapists. The person in charge was also aware of the preventative health screening programme, however residents had not yet met the criteria for review.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were some restrictive practices in place which had a clear rationale for their use and they were also subject to regular review to ensure that these practices were warranted. There was one behavioural support plan in place which had been recently reviewed and gave clear guidance in regards to supporting this resident. A staff member who met with the inspector also had a clear understanding of this resident's support needs.

Judgment: Compliant

Regulation 8: Protection

Information in regards to safeguarding was readily available in the centre and there was one safeguarding plan in place on the day of inspection. This plan gave a clear outline of the safeguarding arrangements and there was a clear timeline for it's

review. A staff member also described the safeguarding arrangements which were implemented and a review of records indicated that this plan had effectively managed the safeguarding concern.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were actively supported to participate in the running of the centre and they attended scheduled meetings in regards to the operation of their home. Information on rights was also clearly displayed. The inspector also observed staff members interacting with residents in a warm and caring manner such as sitting with them for breakfast and chatting and reminding residents of the plan for the day ahead.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area J OSV-0002722

Inspection ID: MON-0029938

Date of inspection: 15/11/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will undertake a review of the 6 and 12monthly audit tools and will ensure that analysis of fire evacuations are included in the audit tool.</p> <p>To be completed by 13/01/23</p> <p>The fire evacuation reports for this designated centre have been reviewed by the fire officer/co-ordinator who was satisfied with the actions in place:</p> <ul style="list-style-type: none"> - Each person residing in this designated centre has a personal evacuation plan completed specific to their needs and abilities. The PIC ensures that plans are updated on a six monthly basis or sooner if required. Implemented - The PIC ensures that monthly fire drills are undertaken and reviewed by the designated fire officer/co-ordinator. Evacuations are currently reduced to 6 minutes at night time and 3.5 minutes for daytime evacuation. Implemented - The PIC will ensure that fire alarms and fire equipment will continue to be checked weekly. Implemented - The PIC will ensure that fire safety audits are completed each month and will implement any actions that arise from the audits. Implemented - All staff are aware of the contingency plan in the event of a fire in this designated centre. Implemented - The local fire station is located less than 5 minutes from this designated centre. 	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC will ensure that the damaged equipment in the kitchen will be replaced. Completed.</p> <ul style="list-style-type: none"> - The Provider will ensure that the worn and damaged flooring which was identified in the house's refurbishment plan will be replaced. To be completed by 31/1/23 <p>The PIC will ensure that all staff will be updated on the cleaning guidelines for the designated centre. To be completed by 31/1/23</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - Each person residing in this designated centre has a personal evacuation plan completed specific to their needs and abilities. The PIC ensures that plans are updated on a six monthly basis or sooner if required. Implemented - The PIC has acquired a wheelchair which will assist individuals who may require additional assistance to evacuate. Implemented - The PIC will arrange for purchase of a ski/rescue mat to assist an individual who may require additional assistance to evacuate. To be completed by 31/1/23 - The PIC will ensure that all staff will receive training on use of the ski/rescue mat. To be completed by 28/2/23. - The PIC has increased frequency of fire drills from once to twice monthly. This includes a day and night time drill. Implemented - The PIC has implemented a system to ensure that the evacuation times for each individual residing in this designated centre are recorded. This is reviewed by the PIC to identify any delays that can be addressed. Implemented - The PIC ensures that all fire equipment/fire doors are serviced on regular basis. Implemented 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	30/06/2023

	published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/03/2023