



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

Issued by the Chief Inspector

Name of designated centre:	Rainbow Lodge
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Monaghan
Type of inspection:	Short Notice Announced
Date of inspection:	15 January 2025
Centre ID:	OSV-0008895
Fieldwork ID:	MON-0045243

About the designated centre

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

This is a respite service providing short respite breaks to children under 18 years of age. It can provide services to five children at any given time. The centre comprises of a large detached two-storey house and within that house, there is a separate one bedroom self contained apartment. Each resident has their own large ensuite bedroom during their stay in the centre. Communal facilities include a fully equipped kitchen/dining room, a sun room, a sitting room, a play room, a sensory room and a bathroom (with a bathtub). There is also a utility facility, a small toilet and a staff office. There are large garden areas to the front and rear of the property with ample space for parking cars. There are two playground facilities to the rear of the house with trampolines, swings and football sets available for the children to play with. The centre is staffed on a 24/7 basis by a person in charge, a team of social care workers, a team of nursing staff and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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
Wednesday 15 January 2025	10:30hrs to 16:20hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). At the time of this inspection, there were three children residing in this respite service and the inspector met with all three of them prior to the end of the inspection process. The inspector spoke with one family representative over the phone so as to get their feedback on the quality and safety of care provided in the service.

The centre comprised of a large detached two-storey house in a quiet rural location in Co Monaghan with care and support being provided for up to five children at any given time, on a respite basis. Within the property, there was also a stand alone one-bedroom self-contained apartment. Large garden areas were provided to the front and rear of the property for the children to avail of in times of good weather.

On arrival to the centre the inspector observed that the garden areas were secured and well equipped for the children to play in. For example, the children had access to a playground area that contained swings and trampolines. Goalposts and footballs were also available to the children.

While each child was provided with a respite break for two nights at a time, one child was residing in the centre on a temporary basis until a more suitable long-term placement was secured. On reading some of their support documentation the inspector noted that this child liked to watch television (in particular nursery rhymes), paint, play with Lego, make jigsaws, spend time in the playground and play with sensory toys. All these items and activities were available to the child in this service. The staff also ensured this child was supported to go to school each day

On the upper floor of the house a sensory room (with soft lighting and sensory toys) and a play room was available to the children to both relax and play in. The inspector also noticed that there were pictures of the children on the walls in the kitchen enjoying social outings to parks, activity centres and restaurants. In all the pictures the children were smiling and appeared very happy and content.

The three children were at school on the day of this inspection however, the inspector reviewed some of their documentation to include the assessment for admission forms. These forms collected important information on each child to include, their family details, personal and healthcare-related needs, likes and dislikes, preferred style of communication and daily routine. Additionally, a person centred plan was also developed (or in development) for each child which also provided important information on their support needs, intimate care needs and how to keep each child safe.

The inspector viewed the five bedrooms of the house and noted that they were all spacious with ensuite facilities. They were also suitably equipped to meet the needs of the children and were suitably decorated. For example, pictures of animals were on the walls. It was also observed that in the hallway, all the children's birthdays were displayed on the wall. This created a brightly coloured 'birthday display' for all the children to look at and enjoy. Additionally, easy to read information (to include the use of pictures) was on display in the centre.

Later in the day the inspector met with the three children on their return from school. One child said hello, shook the inspectors hand and smiled. Another child also shook the inspector hand while the third child went into the kitchen for something to eat. The inspector spent some time in the kitchen with the resident and staff team and observed that staff were kind and caring in their interactions with the child. They were also attentive to their needs ensuring the child was provided with food items they liked and with their favourite cup for their drink. The children appeared comfortable in their surroundings and relaxed in the company and presence of the staff team. Prior to the end of the inspection process staff accompanied the children on a drive to a park/playground area for them to play in and have fun.

A relative of one of the children was spoken with over the phone by the inspector as part of this inspection process. They were positive about the quality and safety of care provided to their child. They said that they were very happy with the service and that there was good communication from the centre on how their child was getting on during their respite breaks. They also said that staff were very capable, anything they had asked for was provided and that their child was now settled in the house. They explained to the inspector that prior to their child staying on their first overnight in the house, they visited it first for a number of days for an hour at a time so as to get familiar with it and the staff team. These visits were facilitated at the pace of the child and, when they were ready, they spent their first overnight in the centre. Since then, the child had also availed of a two-night respite break in the centre. The relative also said that the food options were good and they had no complaints about the quality or safety of care provided in the house.

Towards the end of the inspection process, the inspector read a sample of the children's meetings with staff in the centre. At these meetings staff used easy-to-read information and pictures so as to include the children in the decisions and plans made around their respite breaks in the house. For example, with staff support the children chose and agreed their own meals during their stay and what social activities to engage in. Staff also used easy-to-read information with the children to explain the importance of treating each other with respect and to be nice to each other.

While some issues were identified with aspects of the risk management process and fire precautions, the three children met with on the day of this inspection appeared happy and content in the house. They also appeared relaxed and comfortable in the company and presence of the staff team. Staff were also observed to interact with the children in a kind and caring manner. Additionally, feedback from one family representative on the quality and safety of care provided in the house was both

positive and complimentary.

The next two sections of this report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the children.

Capacity and capability

The children met with on the day of this inspection appeared settled and content on their respite breaks and systems were in place to meet their needs.

The centre had a clearly defined management structure in place which was led by a person in charge and two senior social care workers. The person in charge was an experienced and qualified social care professional with an additional qualification in management.

They also demonstrated a good knowledge of the children's needs and were aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters from December 2024 indicated that there were sufficient staff on duty to meet the needs of the children as described by the person in charge.

One staff member spoken with had a good knowledge of one of the children's individual care plans. From reviewing three staff files on the training matrix, the inspector observed that staff were provided with training to ensure they had the necessary skills to respond to the needs of the children.

Additionally, from reviewing two staff files the inspector observed that they contained the information and documents as specified in Schedule 2 of the regulations.

Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were a qualified social care professional with an additional qualification in management. They demonstrated a knowledge of their legal remit to the

Regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the centre to include the supervision and management of staff members.

They also demonstrated a knowledge of the needs of the children in their care.

Judgment: Compliant

Regulation 15: Staffing

The staff team in this service consisted of a person in charge, two social care worker leads, social care workers, nursing staff and direct support workers.

A review of a sample of rosters for the month of December 2024 indicated that there were sufficient staff on duty to meet the needs of the children as described by the person in charge on the day of this inspection.

For example, there were five staff on each day (one of which was always a qualified nursing professional) and two waking night staff on each night (again, one being a qualified nursing professional). This meant that there was a qualified nurse on duty on a 24/7 basis in this centre.

The person in charge maintained actual and planned rosters and from reviewing two staff files the inspector observed they contained the required information and documents as specified in Schedule 2 of the regulations. This included references and vetting.

One staff member spoken with was able to talk the inspector through one of the care plans in place for a child with diabetes. However, they also said that each time a child availed of their respite break in the house, all staff reviewed their care plans prior to admission. This was to ensure they once again familiarised themselves on the assessed needs of each child, prior to admission.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the records of three staff members, the inspector found that they were provided with training to ensure they had the necessary skills to respond to the needs of the children.

For example, staff had undertaken a number of in-service training sessions which

included

- infection prevention and control
- assisted decision making
- communication skills
- diabetes/insulin training
- epilepsy awareness and administration of emergency medication
- feeding, eating, drinking and swallowing difficulties (FEDs)
- first aid
- human rights
- percutaneous endoscopic gastrostomy (PEG)
- medication management
- positive behavioural support
- professional management of complex behaviours
- people handling/moving handling
- safety awareness
- understanding autism
- supporting a person with autism
- trust in care
- fire protection
- Children's First
- safeguarding
- food safety
- communicating effectively through open disclosure.

It was observed that some staff were due training in PEG however, they were scheduled to attend this training in March 2025 and, the person in charge informed the inspector that there was always a staff member on duty on a 24/7 basis with this training and, there was always a qualified nursing staff on duty on a 24/7 basis.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service and the centre was resourced to ensure the delivery of care and support in line with the statement of purpose.

There was an experienced and qualified person in charge managing the day-to-day operations of the centre. They were supported in their role by an experienced and qualified assistant director of services, two social care worker leads, nursing staff, social care workers and a number of direct support workers.

The provider also had systems in place to monitor and audit the service. However, at the time of this inspection the annual review of the service and first six-monthly unannounced visit were not due for completion. Notwithstanding, the assistant

director of services confirmed with the inspector that the person in charge conducted a suite of audits each month in the centre on a monthly basis and, any actions identified from those audits were addressed promptly.

Notwithstanding, the person in charge had systems in place for the development and performance management of their staff team. Systems were also in place to support staff to raise any concern about the quality and safety of care provided to the children. One staff member spoken with informed the inspector that they could speak to the person in charge at any time if they had any concerns.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the children.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations) the regulations.

Judgment: Compliant

Quality and safety

The children living in this service were supported to live their lives based on their needs and individual choices (with family input and support) during their short breaks in this respite facility. However, some issue were identified with the fire

precautions and aspects of the risk management process.

Prior to availing of this respite facility an assessment for admission was carried out for each child. This process captured important information relevant to the child to include their family details, educational details, what adaptations may be required to the centre prior to admission and if there was a need for any specialised equipment (for example a hoist or special bed). Additionally, it also captured the healthcare status, their likes and dislikes, their preferred style of communication, their daily routine and intimate care support needs. This meant that the centre and staff team could ensure that adequate supports and resources were in place in advance of each admission to the centre.

Systems were in place to safeguard the children however, at the time of this inspection there was no safeguarding concerns. Systems were also in place to manage and mitigate risk and support the children's safety. However, aspects of the risk management process required review.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. However, aspects of the fire safety precautions required review.

The house was found to be clean, warm and welcoming on the day of this inspection with the provision of a two playground areas for the children to play in.

Overall this inspection found that the individual choices and preferences of the children (with input and support from family members) were promoted in this service. On the day of this inspection the children appeared settled and content in the house and staff were observed to support them in a caring, kind and person centred manner.

Regulation 13: General welfare and development

The children availing of respite in this centre had access to facilities for education, learning and recreational activities.

Opportunities were provided for each child to participate in activities in accordance with their interests, capacities and needs. While on their respite breaks each child had opportunities for play time in the centre and to go for drives to local playgrounds, go shopping, go to play zones and activity centres and go for walks in parks.

Pictures of the children engaged in these activities were on view in the house and they appeared to have enjoyed themselves very much.

All of the children were supported to attend school while on their short breaks in the

house.

Judgment: Compliant

Regulation 17: Premises

The house was found to be spacious, clean, warm and welcoming on the day of this inspection.

Each child had their own large double ensuite bedroom during their short respite break in the centre. Communal facilities included a large well-equipped kitchen cum dining room, a sun room, a sitting room, a play room, a sensory room, and a bathroom with a bathtub for those children that preferred baths over showers.

There was also a one-bedroom self contained apartment within the main building of this centre which consisted of an ensuite bedroom, a sitting room/dining room and a small kitchenette.

To the rear of the house there were two playground areas for the children to play in. There were swings and trampolines available to the children as well as footballs and football nets. Additionally, there were toys, sensory toys/items, jigsaws and games available for the children to enjoy.

It was observed that the location of the utility room required review however, the assistant director of services informed the inspector this issue had already been noted prior to this inspection and, plans were in place to relocate the utility facility to a different location within five working days of this inspection.

Overall the premises were observed to be well maintained on the day of this inspection and appropriately equipped/resourced for the children to enjoy their short respite breaks in this service.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support the children's safety in the house.

There was a policy on risk management available and each child had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a risk related to behaviour was identified, the following control

measures were in place

- staff had training in positive behavioural support
- the children where required, had positive behavioural support plans and/or guidelines in place
- where required, 2:1 staff support was provided for during the day
- staff had training in first aid.

Additionally, so as to support the children's safety while in the centre the person in charge informed the inspector that each child had 1:1 staffing support throughout the day.

It was observed however, that aspects of the risk management process required review. For example:

- some of the control measures in place to manage a risk associated with aspiration were not explicitly stated in one child's risk assessment (for example, specialised training of staff, 24/7 nursing staff available in the centre)
- in one child's individual risk assessments it was reported that they required 2:1 staffing support each day however, in other risk assessments for the same child, it was reported that they only required 1:1 staffing support each day.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example, the fire alarm system had been serviced in November 2024 as well as the emergency lighting system. The fire extinguishers had only been installed in 2024 and were due for a service in 2025.

Staff also completed as required checks on all fire equipment in the centre and from reviewing three staff files, they had training in fire safety precautions. Fire drills were being conducted as required and each child had an up-to-date personal emergency evacuation plan in place.

For example, a fire drill facilitated in October 2024 at 10pm informed that 2 children and 2 staff were able to evacuate the building and reach the assembly point in one minute. Another drill facilitated on January 2025 also informed that it took one child and six staff 1 minute to evacuate the building and reach the assembly point. It was also recorded that this fire drill was successful.

On review of one personal emergency evacuation plan the inspector observed that two staff were required to support this child out of bed at night time. As only 2 staff worked at night time and the house had the capacity to support five children, this arrangement required review so as management could be assured all children could be evacuated from the centre in a safe and timely manner at night time during fire drills.

It was also observed that the bedroom of the apartment within this centre was a room within a room which meant that there was inadequate means of escape in the event of a fire. However, this apartment was not in use at the time of this inspection and the assistant director of services provided written assurances to the inspector that this issue would be addressed within seven days of this inspection and until then, the apartment would remain unused.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Prior to admission to this centre an assessment for admissions form was completed for each child.

These forms collected important information on each child to include their family details, personal and healthcare-related needs, likes and dislikes, preferred style of communication and daily routine.

Additionally, a person centred plan was also developed (or was in development) for each child which also provided important information on their support needs, medications, intimate and personal care needs and how to keep each child safe.

From this process where required, care plans were compiled for each child (to include behavioural support guidelines if required). This meant that prior to admission, staff were aware of the assessed needs of the children.

One staff member spoken with was able to talk the inspector through one of the care plans in place for a child with diabetes. However, (and as noted above) they also said that each time a child availed of their respite break in the house, all staff reviewed their care plans prior to admission. This was to ensure that they once again familiarised themselves on the assessed needs of each child, prior to admission.

While on their respite breaks staff ensured each child was supported to attend school. Additionally, the children had access to a range of recreational and play activities of their choosing.

Judgment: Compliant

Regulation 8: Protection

Policies, procedures and systems were in place to safeguard the children however, at the time of this inspection there were no safeguarding concerns on file.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a concern to management if they had one
- easy-to-read information on advocacy, safeguarding and the complaints process was available in the centre
- feedback from one family member on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided to their relative
- the person in charge informed the inspector that there were no complaints about any aspect of the service to date.

From a sample of three files viewed, staff had training in the following:

- Children's First training
- safeguarding
- communicating effectively through open disclosure
- trust in care.

The inspector also observed two staff files and found that they contained the information and documents as specified in Schedule 2 of the regulations to include references and vetting.

Additionally, the person in charge informed the inspector on the day of this inspection that all staff had up-to-date training in Children's First and safeguarding.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rainbow Lodge OSV-0008895

Inspection ID: MON-0045243

Date of inspection: 15/01/2025

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in Charge and Assistant Director of Services (ADOS) have reviewed all care plans and risk assessments to ensure all appropriate control measures are documented and in place to provide a safe service. These control measures are reviewed in line with residents individual needs and discussed regularly with staff at team meetings.</p> <p>There is a comprehensive system of audits in place which are designed to ensure staff interrogate individual care plans and risk assessments. The registered provider will continue to utilise this system to identify actions and continually improve the quality of care provided.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>To ensure the centre has adequate arrangements for the safe evacuation of all residents, a review of the centre's emergency evacuation procedures and personal emergency evacuation plans (Peeps) was completed by the Person in Charge (PIC) and Assistant Director of Service (ADOS) . These have all been updated to ensure that all residents can evacuate the building in the event of an emergency. The centre now has a clear phased/staggered evacuation approach, that is effective and staff are familiar with.</p> <p>The Provider made arrangements for an extra fire door, including door leaf (the entire door that opens and closes), frame, closers, ironmongery, hinges, smoke seals and intumescent strips) to be installed in the apartment, to ensure there was appropriate fire containment measures in place in the event of a fire.</p>	



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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	22/01/2025
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	22/01/2025
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	22/01/2025