



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Beach Hill Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Lisfannon, Fahan, Donegal
Type of inspection:	Unannounced
Date of inspection:	06 September 2024
Centre ID:	OSV-0000320
Fieldwork ID:	MON-0044802

## About the designated centre

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

The designated centre is a 48 bedded purpose built nursing home. Bedroom accommodation consists of 34 single and seven twin bedrooms with en suite shower facilities located in three distinct areas; Camlen, Foyle and Swilly. Assisted toilets and bathrooms are available and spacious communal areas, including foyer/ reception and dining facilities. Residents have access to outdoor facilities. The philosophy of care is to create a home for residents who are valued and cared for with dignity and respect.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	47
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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
Friday 6 September 2024	10:30hrs to 17:00hrs	Gordon Ellis	Lead

## What residents told us and what inspectors observed

This was an unannounced one day inspection to monitor compliance with the regulations, to follow up on the previous inspection findings and the progress of the subsequent fire safety works carried out in the centre following a fire safety risk assessment (FSRA) report dated from December 2021.

Beach Hill Manor Private Nursing Home is a purpose built single storey designated centre located near Lisfannon and Buncrana Beach. The centre is registered to accommodate up to 48 residents. The centre has bedroom accommodation consisting of 34 single and seven twin bedrooms with en suite shower facilities located in three distinct areas; the Camlen, Foyle and Swilly. On the day of the inspection, 47 residents were accommodated in the centre.

The inspector was met by a member of staff who facilitated the inspection. This inspection was based on a focused review of fire precautions. Following an introductory meeting with a senior staff member, the inspector began a walk around the entire designated centre. During this time, the inspector identified the provider had carried out a significant quantity of fire safety works that had been identified in the FSRA report dated December 2021 and had improved the safety of the residents living the centre.

The provider had also fulfilled the commitments in regards to premises and fire precaution findings from a previous inspection. Notwithstanding the efforts of the provider, findings from the providers own FSRA had not been resolved which included a number of high risks and one extreme rated risk. These and other additional fire risks identified on the day are outlined in detail in the following sections of this report.

The centre was clean, tidy and overall well maintained. Areas of the centre were bright, warm and appeared to be a comfortable environment for the residents to enjoy. The residents were observed to be out of their bedrooms and relaxing. The majority of residents spent their time in the centre's main lounge and in the two-day rooms located in the Swilly and Foyle corridors.

Since the previous inspection, the provider had carried out works to improve the premises. These works were in respect of addressing a number of internal cracks to walls, replacing damaged flooring to residents' areas and a review of storage arrangements.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The Brindley Manor Federation of Nursing Homes Limited are the registered provider. The purpose of this unannounced inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), to follow up on the previous inspection findings and subsequent fire safety works carried out by the provider following the findings of a FSRA report dated December 2021.

The management structure had clearly defined lines of authority and accountability. The provider had carried out significant fire safety works in the centre. Prior to the inspection, the provider had submitted confirmation that all fire risk identified in the FSRA had been resolved bar one, which was in regards to evacuation floor plans. At the time of the inspection, while a significant quantity of fire safety works had been completed, the inspector observed that not all fire rated risks had been completed. These included a number of high risks and one extreme fire risk.

The commitments made by the provider from the previous inspection with regards to fire precautions had been actioned. Notwithstanding this, further improvements were required to achieve regulatory compliance in relation to fire precautions in the centre. These risks are discussed under the quality and safety section of this report.

This inspection found that the governance and management of fire safety in Beach Hill Manor Private Nursing Home was of a good standard and systems in place were effective in the maintenance of fire safety systems. However, the oversight of fire safety management and the processes to identify, and manage fire safety risks required improvement to ensure the safety of residents living in the centre. This was evidenced by the fire risks identified on the day of the inspection. These are outlined in detail in the quality and safety section of the report and under Regulation 28.

## Regulation 23: Governance and management

While governance and management systems supported a good standard of maintenance of effective fire safety systems and a number of good fire safety management system were in place, some management systems were not sufficiently robust and required action

- Some fire policy documentation were not reflective of the designated centre or up to date. For example, one fire evacuation policy stated "Phase 3 & 4 involves lateral and vertical movement in the case of upper storeys". The centre is a single-storey nursing home.
- The provider had not recognised some of the fire risks found on the inspection and additional fire precautions were required to ensure that residents were protected from the risk of fire as detailed under regulation 28.

- Some fire risks identified in the provider FSRA dated December 2021 were found on this current inspection.

Judgment: Substantially compliant

## Quality and safety

It is acknowledged the provider had completed a significant quantity of works. Remedial works had been carried out to a number of fire doors, additional emergency lighting had been fitted to external areas, fire sealing and compartmentation deficiencies had been addressed in the attic spaces. In a sitting room, non-fire rating glazing had been addressed and additional fire detection had been fitted to a number of areas, all in order to improve the fire safety measures throughout the centre.

While progress had been made since the previous inspections, the inspector noted some findings from the providers own FSRA dated December 2021 had not been resolved, which included a number of high risks and one extreme rated risk. These were in respect of the following:

- Storage of materials next to an ignition source beside bedroom C1 in a store room. This was identified as a high risk item.
- Compartmentation deficiencies were found in the kitchen. A servery hatch was fitted with a set of double doors. The double doors were absent of door closing mechanisms linked back to the fire detection alarm system to ensure containment of fire and smoke in the event of a fire. This was identified as part of an extreme risk item.
- Fire action notices throughout the centre were inconsistent as some were missing information and did not give clear instructions for staff to follow in the event of a fire. This was identified as a high risk item.
- Deficiencies to fire doors were found in respect of fire seals, missing door closers, non-fire rated ironmongery and non-fire rated glazing. This was identified as a high risk item
- A number of fire exits had a steep change in gradient from inside to the outside. As a result these external routes may not be suitable to evacuate residents with medium to high dependencies. This was identified as a high risk item.

Furthermore, a final sign-off from the providers a competent fire person that all fire safety works had been completed to their satisfaction was not available on the day of the inspection.

It is acknowledged commitments in regards to fire precautions had been fulfilled by the provider from the previous inspection. However, the inspector found additional fire safety risks on the day of the inspection. A number of actions were required in

relation to fire precautions, fire training, fire drills and evacuation floor plans. These and other fire safety concerns are detailed further under Regulation 28: Fire Precautions.

The provider had engaged with an engineer to review the building's structural integrity following the previous inspection held in September 2022. The engineer's report recommend that the building structure be reviewed every five years or sooner if required. Following this, the provider assured the Chief Inspector in May 2023 that building works were required on the outer structure of the building and that there was no obvious damage to the internal structures.

In a previous inspection in August 2023 the inspector found several cracks in the interior walls of several bedrooms in the centre. Furthermore, the internal premises of the centre was found to be poorly maintained, walls and door frames of several bedrooms were visibly damaged. On this current inspection, the inspector acknowledges the improvement works that have been carried out by the provider to address these issues and the effort to improve the resident's environment.

Due to the nature of the structural issues with the building, the inspector observed significant cracks on the outside of the building. These cracks were being maintained by maintenance staff on an on-going basis. The buildings structural integrity was under constant review and the provider had arranged for quarterly assessments by a competent engineer to review the on-going structural issues.

The records provided on the day of inspection showed the fire detection alarm systems, emergency lighting, kitchen extract ducting, gas systems, laundry equipment and fire extinguishers were being adequately serviced. While in-house checks of fire doors were being carried out and recorded, the checks by staff had failed to identify deficiencies to a number of fire doors in respect of cold smoke seals and the storage of flammable materials next to an ignition source.

Staff spoken with were familiar with the fire evacuation policy in place and the location of the fire compartments for progressive horizontal evacuation. While most staff were up-to-date with fire training, a small number were due refresher fire training.

Fire documentation in the majority was found to be very comprehensive and detailed. The person in charge informed the inspector a new and improved fire register was being developed.

Overall this inspection found significant progress had been made by the provider to address the fire risks in the centre since the previous inspection and had fulfilled their commitments from the previous inspection. Notwithstanding this, more progress was required in regards to fire precautions and completing all fire risks identified in the providers FSRA. Appropriate effort and resources were now required by the provider to bring the centre into compliance with Regulation 28: Fire Precautions.



## Regulation 17: Premises

The centre was found to be clean, clutter free and maintained to a good standard.

The registered provider having regard to the needs of the residents had mostly provided premises which conformed to the matters set out in Schedule 6. Actions committed to from the previous inspection had been completed.

However, the following areas were identified on this inspection that required improvements in regards to Schedule 6:

- A call bell was absent from a residents hair salon room.
- Penetrations around services were noted in some store rooms that required sealing.
- Two external storage buildings were not part of the designed centres registered area.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Overall this inspection had found that good progress had been made by the provider to address the majority of the fire risks in the centre since the previous inspection. Notwithstanding this, more progress was required as some additional risks had been identified and not all fire risks identified in the providers FSRA had been resolved.

Day-to-day arrangements in place in the centre did not provide adequate precautions against the risk of fire.

- An undesignated residents smoking area located at the front entrance to the centre was absent of an appropriate fire extinguisher, a metal ashtray, a fire blanket, a chair that was fire retardant and a call bell. This created a potential risk to residents using this area for smoking purposes.
- Fire action notices throughout the centre were inconsistent as some were missing information and did not give clear instructions for staff to follow in the event of a fire. This had previously been identified in the providers FSRA in December 2021.
- In a storage room, the inspector observed inappropriate storage of flammable items next to an ignition source. This had previously been identified in the providers FSRA in December 2021. Furthermore, an external electrical room was found to be used as a storage room. This was highlighted to the senior staff member.

The provider needed to improve the arrangements for maintaining the means of escape and the building fabric. For example:

The inspector was not assured that all external evacuation routes were suitable for residents as a means of escape. A number of fire exits had a steep change in gradient from inside to the outside and some pathways appeared to be narrow to facilitate residents with a range of evacuation aids. As a result some external routes may not be suitable to evacuate residents with medium to high dependencies. Some of which would require walking aids or wheelchairs to evacuate in the event of a fire. This risk had previously been identified in the providers FSRA in December 2021.

This could delay or inhibit staff and/or residents from egressing from fire exits in the event of an evacuation and presented a potential risk of slips or falls, especially in icy conditions.

The inspector noted an external electrical room and an internal storage room area in the centre were noted to have utility pipes or ducting that penetrated through fire rated ceilings (ceilings built in a way to provide a certain amount of fire resistance time), and these required appropriate fire sealing measures. Furthermore, the sealing materials used to fill around some penetrations did not appear to be a suitable fire sealing product.

While it is acknowledged the provider had fitted additional emergency lighting to external routes, there was an area at the rear of the centre that required an additional emergency light in order to illuminate the evacuation path in the event of an emergency.

The provider needed to adequately review fire precautions throughout the centre. For example

The inspector noted some findings from the providers own fire safety risk assessment dated December 2021 had not been resolved which included a number of high risks and one extreme rated risk. Following extensive fire safety improvement works, a final sign-off from the providers competent fire person that all fire safety works had been completed to their satisfaction was not available on the day of the inspection.

While in-house checks of fire doors were being carried out and recorded, the checks by staff had failed to identify deficiencies to a number of fire doors in respect of cold smoke seals partially missing, defected or in poor condition.

Arrangements for staff to attend fire training required improvement by the provider.

From a review of fire training records, the inspector noted a small number of staff were due refresher fire training. The person in charge informed the inspector a course had been scheduled in September for these staff members to attend.

The registered provider need to improve by means of fire safety management and fire drills at suitable intervals, that the persons working in the designated centre

and, in so far as is reasonably practical, residents are aware of the procedures to be followed in the case of fire.

While fire evacuation drills based on day and night staffing levels were taking place on a regular basis, they were focused on the largest compartment. External evacuation had not been tested considering the risks found in respect of the external steep gradients from some fire exits and the narrow external evacuation routes in some areas.

Furthermore, it was not clear from a review of the drill records if arrangements were in place for the; adequate supervision of the remaining residents in the centre during an evacuation, for a staff member to meet the fire brigade, and for a staff member to supervise residents in other areas of the centre and at the assembly area.

Further fire drill practice is required in order to further support staff to protect residents from the risk of fire.

The registered provider needed to review the arrangements for the containment and detection of fire. For example:

Some of the fire doors were noted to have deficiencies in respect of partially missing cold smoke seals, some were heavily painted over or in poor condition. This made them ineffective to contain the spread of smoke. Of the fire doors sampled some were missing a closing device to ensure containment of fire. These were noted to be absent in some store rooms, a linen store and a laundry room. In addition, the inspector was not assured the ironmongery fitted to a number of fire doors was of the required fire rating and assurances were required as number of attic access hatches did not appear to be of the required fire rating.

In the kitchen, the inspector observed a servery hatch that was fitted with a set of double doors. The double doors were absent of door closing mechanisms linked back to the fire detection alarm system to ensure containment of fire and smoke in the event of a fire. Compartmentation deficiencies in the kitchen had previously been identified in the providers FSRA in December 2021.

Above a number of fire compartment cross-corridor fire doors, the inspector was not assured the georgian glazing units fitted above these elements were of the required fire rating.

While there was a fully addressable L1 category fire detection alarm system operating in the centre, the inspector noted some areas of the centre were absent of fire detection. This was noted in kitchen store rooms, residents' en-suites and some external storage buildings used for the day-to-day running of the centre. This required a review by the providers competent person to ensure the current detection was in line with the requirements of an L1 category system.

The displayed procedures to be followed in the event of a fire required a review by the provider. The fire evacuation plans required a review as they were out of date and required more detail. For example, there was no indication of the location of fire

compartments. Some external storage buildings were being used for the day-to-day running of the centre, however they were not included in the registered area of the designated centre and a store room accessed externally at the rear of the centre was not indicated on the floor plans.

Judgment: Not 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for Beach Hill Manor Private Nursing Home OSV-0000320

Inspection ID: MON-0044802

Date of inspection: 06/09/2024

## 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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>Identified fire risks have been actioned and works will be fully completed by 31/12/2024</p> <p>The fire risk assessment has been reviewed to ensure all risks have been addressed- complete</p> <p>Fire safety documentation was reviewed and updated to reflect the designated centre- complete</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A call bell has been installed into the hair salon- complete</p> <p>All identified penetrations in the store rooms have been sealed- complete</p> <p>The floor plans for the centre have been updated to include the two external storage buildings- complete</p> <p>A review of the audit programme will be completed by 31/12/2024 to ensure that environmental audits identify and action areas (including premises and fire safety) for improvement in a timely manner. This will be overseen by the Regional Director at the monthly governance meeting.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The area outside the front door is no longer used for smoking and the resident concerned has been reminded of the location of the designated smoking area- complete</p> <p>Staff have been reminded to monitor residents who smoke to ensure that they redirect them to designated areas- complete</p> <p>Fire action notices have been reviewed and updated- complete</p> <p>The fire risk assessment has been reviewed to ensure all risks have been addressed- complete</p> <p>The identified flammable items were removed on the day of inspection- complete  The external electrical room has been decluttered and all storage items removed- complete</p> <p>A review of the audit programme will be completed by 31/12/2024 to ensure that environmental audits identify and action areas (including premises and fire safety) for improvement in a timely manner. This will be overseen by the Regional Director at the monthly governance meeting.</p> <p>A review of the pathways around the home has been completed. An improvement project is underway to ensure a suitable surface for residents with limited mobility and will be completed by 31/12/2024</p> <p>Following inspection, penetrations in the external electrical room and internal storage room area has been fire sealed with an appropriate product- complete.</p> <p>An emergency light at the rear of the center has been fitted to provide illumination in the event of an emergency- complete</p> <p>The fire door audit has been reviewed to ensure any defects or missing smoke seals are identified and actioned in a timely manner. This will be overseen by the Regional director at the monthly governance meeting- complete</p> <p>Additional refresher fire training for staff has been scheduled and will be complete by 30/10/2024</p> <p>Fire drills in the home have been reviewed and from 1st November 2024, will include a range of scenarios including external evacuation, day and night time staffing levels, evacuation from different compartments.</p> <p>The Director of Nursing has agreed with the residents to provide an education session with residents on fire procedures. Residents have agreed to participate in at least 1 drill before the 31/12/2024.</p>	



As part of the monthly fire simulation drills, from 1st October 2024, the Director of Nursing will ensure that all staff receive education on the supervision requirements for residents during an evacuation

Resident PEEPs have also been updated to guide staff on individual resident supervision needs in the event of an evacuation- complete

A review was completed on all fire door seals. Any defective, missing or painted fire seals have been replaced- complete

A review of fire door closures was completed and additional fire door closures are now in place in the identified areas- complete

A review of door ironmongery is underway. All handles will be replaced with fire rated handles by the 31/12/2024.

Attic access hatches are fire rated and assurance was sent to the Authority on 17/10/2024

The server hatch has been sealed to ensure containment of fire and smoke in the event of a fire- complete

The georgian glazing units above the fire doors have been removed and replaced with fire rated plaster board- complete

New smoke heads have been installed and will be connected to the system by the 25/10/2024

A sign off by a competent person for the L1 alarm will be completed by 31/12/2024.

The Fire Plan evacuation plans are currently have been review by the architct to include the identification of the fire compartments- complete

## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	10/10/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	10/10/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	31/12/2024

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	10/10/2024
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/10/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means	Substantially Compliant	Yellow	10/10/2024

	of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	25/10/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/11/2024