Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Comeragh Residential Services Kilmeaden
Name of provider:	Corlann
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	12 March 2026
Centre ID:	OSV-0005094
Fieldwork ID:	MON-0045884

About the designated centre

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

In this centre, a full-time residential service is available to a maximum of five adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. This centre provides support for residents with high support needs. The number of days and number of hours each resident attends day service varies according to the individual needs and preferences of each of the five residents presently living in the designated centre. The house is staffed on a full time basis, which allows for flexibility around whether or not a resident goes to day service on any given day. Transport to and from this service is provided. Residents present with a range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory supports. The premises is a two storey residence. Each resident has their own bedroom and share communal, dining and bathroom facilities (two bedrooms are en-suite). The house is located on the outskirts of a village and a short commute from all services and amenities. The staff team is comprised of nurses and health care staff under the guidance of the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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
Thursday 12 March 2026	08:50hrs to 16:50hrs	Sarah Barry	Lead
Thursday 12 March 2026	08:50hrs to 16:50hrs	Marie Byrne	Support

What residents told us and what inspectors observed

This was an unannounced inspection which was carried out as part of the regulatory monitoring of the centre. It took place over one day and was completed by two inspectors. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspectors found that while residents were provided with person centred care, there were significant risks related to staffing levels in the centre. Inspectors required the provider to address these concerns via an urgent compliance plan, this was submitted to the Chief Inspector of Social Services the day after the inspection.

The designated centre comprised of a large two storey house located on the outskirts of a village in Co. Waterford. The house comprises five resident bedrooms (two of which were en-suite), a sitting room, kitchen, dining room, multiple bathrooms, storage rooms and a staff office. There was a large garden to the rear of the house. The centre was close to local amenities and services including shops and restaurants.

The inspection was facilitated by the centre's person in charge. On arrival to the centre, the inspectors were greeted by a member of the staff team. Residents were at various stages of their morning routines and two residents left the centre shortly thereafter to attend their respective day services. The three remaining residents engaged in activities in their home for the day, with one of the residents choosing not to attend day service.

Overall, the centre was clean and homely. Residents' bedrooms were decorated with items of their interest and residents were very comfortable in their bedrooms. However, works were required in one resident bedroom to address an infection prevention and control risk. This will be discussed further under Regulation 27: Protection against infection.

The inspectors met with all five residents at various points throughout the day. One resident in the centre communicated in their own style. The inspectors were unable to receive verbal feedback from this resident about their life in the centre and the care and support they received. The inspectors spoke with the other residents about their experiences living in the centre. The residents expressed that they were happy living in the centre.

An inspector had the opportunity to sit with two residents and two staff and chat about what was important to them and to chat about current affairs. They were both relaxing in the living room waiting for horse racing to come on the television. One resident spoke about how long they had lived in the centre, where they were born, the history of the local area, how they like to spend their time and what it is like to live in the centre. They stated they were happy living in the house and with

their staff supports. The other resident chose to mostly engage with staff and appeared very relaxed and comfortable in their company.

Residents spoke to the inspectors about their interests and things they enjoyed doing. One resident was an artist and created some drawings during the inspection. Residents' artwork was displayed throughout the centre and two residents had received certificates for achievements in art. Another resident had a large medal collection which they had won competing in two different sports. They were planning on attending a sporting competition in the coming months, where they would be representing their area.

Over the course of the inspection, the inspectors observed and heard staff supporting the residents in a professional, person-centred and caring manner at all times. The staff team in the centre comprised of nurses and health care assistants. Residents appeared to be relaxed and happy in the company of staff. There was a very relaxed, homely atmosphere in the centre. Two staff on duty and the person in charge who spoke with inspectors were found to be very knowledgeable in relation to residents' assessed needs and their likes, dislikes and preferences.

Residents were provided with opportunities to take part in activities which matched their interests and supported to develop and keep personal relationships and links with the wider community in line with their preferences. One resident was attending day services five days a week, two residents were attending day services three days a week, one resident had health appointments three days per week and was choosing what they wished to do on the other days and one resident was retired. One of the residents was also supported to attend training twice a week for a sport that they were involved in at a competitive level.

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 on the quality and safety of the service bring delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The inspectors found the current staffing levels in the centre at night time were not sufficient to meet residents' assessed needs. In particular, the staffing levels meant that the fire evacuation procedure for the centre was not fit for purpose. The night time evacuation plan could not be implemented. In addition, residents could not be

supported in the event of a medical emergency at night as a direct outcome of staffing levels.

Inspectors found that the provider's systems for oversight and monitoring were not effective in this designated centre. Audits completed in the centre were identifying issues with resources in the centre. However, the registered provider had not implemented the required measures in the centre.

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. Staff had received additional training to meet the needs of the people using the service.

Regulation 15: Staffing

During the inspection, significant concerns were identified in relation to the staffing arrangements in place in the centre at night time. There were not enough staff to meet the assessed needs of residents. Under this regulation, the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurances that the risk was adequately addressed.

The provider had implemented additional staffing in the evenings since the last inspection. However, based on what inspectors observed, read and were told, staffing numbers were not in line with residents' assessed needs. This was reflected across documentation reviewed during the inspection. For example, each of the five residents' had risk assessments which identified that additional control measures required were dependant on the presence of additional staff, particularly at night time. In addition, the risk register for the centre identified moderate risks relating to lone working, emergencies for residents at night, safeguarding, aspiration, residents' vulnerabilities to abuse and the risk of falls. A significant risk had been identified by the provider in relation to fire safety and supporting residents to evacuate in the event of an emergency.

The level of staffing at night in this centre meant that the night time fire evacuation plan could not be implemented. One staff member could not provide sufficient supervision of residents, in line with safeguarding plans, and also evacuate all of the residents safely. This is discussed further under Regulation 28: Fire Precautions. In addition, residents could not be supported with medical emergencies if they occurred at night. Residents in the centre had extensive healthcare needs and there were multiple occasions where residents were required to attend hospital in emergency situations over the previous 12 months.

One of these emergency admissions had resulted in a complaint being made to the centre as the resident was not supported in hospital by staff and this resulted in them being subjected to a procedure that was not in line with their assessed needs.

Inspectors also reviewed risk assessments for two residents which indicated they required the support of two staff for transfers and to support them with aspects of

personal and intimate care. Inspectors acknowledge there were risk assessments in place for them to be supported by one staff at night for transfers in the event of an emergency, but they both had risk assessments which identified that an additional control measure required was additional staff, particularly at night time.

Four residents had risk assessments in place relating to their vulnerabilities to incidents of a safeguarding nature with a peer. The additional control measure listed in some risk assessments stated "business proposal submitted for additional sleepover staff".

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to training and supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Inspectors reviewed the staff training matrix and found that staff had completed training listed as mandatory in the provider's policy, including fire safety, safeguarding, manual handling, and infection prevention and control (IPC). They had also completed four modules of training on applying a human rights based approach in health and social care. In addition, they had completed a number of area specific trainings such as diabetes, LÁMH (a manual sign system used by people with an intellectual disability in Ireland), and epilepsy awareness. The person in charge had requested additional bespoke training following adverse incidents, to help staff manage any future concerns.

A sample of minutes of four recent staff meetings were reviewed. Agenda items were varied and included discussions around residents' support needs and goals, incident review and learning, restrictive practices, safeguarding, risk management, staff training and fire safety.

Staff supervision records were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had systems in place to audit and monitor the quality and safety of care provided in the centre. However, these systems were not effective in addressing risk in the centre. The centre was also not adequately resourced to support the assessed needs of the residents.

The management structure in the centre matched what was outlined in the statement of purpose. The person in charge had commenced in this centre in 2024 and they received supervision and support from the service manager (PPIM). Based on a review of rosters and discussions with the person in charge, they were not always getting their assigned administration hours required as part of their oversight one day per week. While inspectors acknowledge this had arisen as an outcome of unplanned leave within the staff team, the provider had not demonstrated an adequate response to this which allowed for the leadership of the centre to operate effectively.

The provider was completing six monthly unannounced audits and the person in charge was completely monthly audits of the safety and care in the centre. Both of these audits were identifying that the staffing levels in the centre were not appropriate and that an additional staff member was required at night time. It had also been raised in the 2024 annual review of the centre regarding the safe evacuation of residents.

A review of records in the centre demonstrated that the person in charge had repeatedly escalated concerns related to safe staffing levels in the centre since 2024. It had been identified by the provider that an additional sleepover staff member would be rostered in the centre. This had also been an action identified as part of the outcome of a critical incident review which was held on January 23rd, 2026, relating to one resident's medical emergencies. However, on the day of the inspection, there was no start date for this staff to commence in the centre. The provider had failed to take timely action to address the risks the staffing levels posed in the centre.

In addition, improvements were required in the documentation that provided oversight in the centre. The last six monthly audit completed in the centre was in October 2025, actions were not assigned to any individual and no timeframe for completion was identified. Record sheets which tracked the fluid intake of two residents who were restricted in their fluid intake were not always completed and where they were completed, they were not being completed in full. It was not possible to identify how much fluid residents were consuming each day.

Judgment: Not compliant

Quality and safety

This section of the report details the quality and safety of the service provided for the residents who lived in this designated centre. Improvements were required to the fire safety and infection prevention and control (IPC) measures in the centre.

The inspectors found that the evacuation procedure for the centre was not fit for its intended purpose as it would not protect residents should a fire occur.

Improvements were also required to ensure that residents were fully protected by the IPC procedures and practices in this centre.

This inspection found that all residents were in receipt of person-centred care, and were supported to live healthy lives. For instance, the registered provider had provided appropriate healthcare supports for each resident. Residents who required it were supported to access medical professionals, dietician and speech and language therapy input, as required.

Regulation 11: Visits

The provider had a visitor's policy and the arrangements for visits were also outlined in the centre's statement of purpose and residents' guide. Based on a review of documentation and speaking with residents and staff, it was clear that residents were supported to develop and maintain relationships. They were visiting and spending time with their family and friends on a regular basis. For example, one resident spoke about spending time with their brother and sister-in-law on a regular basis. They described how important it was for them to spend time with the important people in their lives. Another resident showed inspectors their electronic tablet computer and mobile phone for keeping in touch with their family and friends.

There were a number of private and communal spaces available to residents to receive visitors. Visiting was unrestricted unless it posed a risk for residents or visitors, or at a resident's request.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents who required it were supported to access medical, dietician and speech and language therapy input, as required. Assessments and plans were updated in line with their advice. There was evidence that following an adverse incident, a resident was reviewed by the relevant health and social care professional and their care plan was reviewed.

Inspectors observed that the timing of meals and snacks throughout the day was led by residents. Residents were observed to have a lie in and then have breakfast at times that suited them. Throughout the day residents were observed having drinks, snacks and lunch also at times that they had chosen. An inspector had an opportunity to observe the mealtime experience for two residents on two occasions. There was a calm and relaxed atmosphere throughout each meal. For those who required assistance from staff with eating and drinking this was done in a respectful and dignified manner and in line with their assessments and plans. While some gaps

were noted in the recording of fluid intake for some residents and this is captured under Regulation 23: Governance and Management.

Based on observations, discussions with residents and staff and a review of documentation, inspectors found that residents were encouraged to eat a varied diet and their choices around food and nutrition were respected. Where residents had special dietary requirements they were supported to understand their plans, healthy food choices and the impact of unhealthy choices on their health and wellbeing. Residents were consulted with and encouraged to lead on menu planning. For example, an inspector heard a staff member ask a resident what they would like for lunch and they chose fruit, yoghurt and scrambled egg. Inspectors observed the evening meal being prepared using fresh ingredients such as vegetables. The meal was also accompanied by a fresh salad. Residents could choose to observe or take part in preparing the meal and chose not to on this occasion.

Judgment: Compliant

Regulation 27: Protection against infection

Residents were not fully protected by the infection, prevention and control (IPC) policies, procedures and practices in this centre.

Based on the layout of one residents' bedroom it was not demonstrated that there was suitable arrangements to protect them from infection. There was not sufficient division between the en-suite facilities and the bedroom. The storage of sterile dressings and other equipment required review. Infection prevention and control systems were inadequate in relation to the prevention and control of healthcare-associated infections. This had not been identified or risk assessed by the provider. Given the healthcare needs of the resident, this required review by the provider to demonstrate that sufficient guidance was in place to ensure that staff were aware of their responsibilities in relation to reducing the risk of infection in line with best practice (IPC guidance).

Inspectors identified a number of good practices relating to infection prevention and control such as colour coded mops, cloths and chopping boards. Staff had completed IPC training and refresher trainings including those relating to the use of personal protective equipment (PPE) and hand hygiene. There were suitable arrangements in relation to the disposal of waste and for linen and laundry management. In addition the house was found to be clean throughout.

Staff who spoke with the inspectors were aware of their responsibilities in relation to reducing the risk of infection through good IPC measures and practices.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The evacuation procedure for the centre was not fit for its intended purpose as it would not protect residents should a fire occur. Staffing arrangements in the centre at night time meant that the evacuation procedure at night could not be implemented.

In June 2024, a fire drill completed in the centre identified that the existing controls required review. This review was completed by the provider's health and safety and property and facilities team with an action identified to request outside egress to be installed in one residents' bedroom. In addition, in January 2025 the health and safety officer came to observe a simulated drill with the minimum staffing.

Inspectors reviewed records to show that the local staffing team had escalated their concerns relating to evacuations in the event of an emergency based on lone working arrangements. Inspectors reviewed risk assessments which demonstrated that the person in charge had requested an additional sleepover staff in October 2024.

In May 2025, specific training was sought and facilitated for staff on using a hoist alone to support residents in the event of an emergency evacuation. A further review was completed in late 2025 as there were night time evacuations recorded in excess of 10 minutes. Based on reviews by the property and facilitates team and the health and safety officer, a number of options were recommended including exit doors from two residents' bedrooms or additional staff on duty at night. None of these recommendations, dating back from the initial review in June 2024 and onwards, had been implemented at the time of this inspection.

A review of a sample of fire drills taking place in the centre demonstrated that regular fire drills were taken place in the centre. However, due to the safeguarding concerns in the centre, fire drills could not be completed with the lowest staffing levels. For example, the night time fire drill was completed when a second staff member was on shift, to ensure residents were protected. While one staff member completed the evacuations, the second staff member remained with residents, in line with the safeguarding arrangements in the centre.

During the inspection, inspectors observed that there was emergency lighting, smoke detectors, fire-fighting equipment and an alarm system in place. Fire doors were in place, as required and there were hold-open devices on some doors. 100% of staff had completed fire safety training and one staff who was due refresher training was booked onto the next available training.

Judgment: Not compliant

Regulation 6: Health care

The registered provider had provided appropriate healthcare for each resident. The person in charge had ensured that all residents had access to medical and health and social care professionals as required.

One inspector reviewed the healthcare plans for two residents and found that their healthcare needs had been identified and that they had good access to a range of medical and health and social care professionals. This included psychology, general practitioner (GPs), speech and language therapy and neurology.

Where residents had an identified healthcare need, there was a corresponding healthcare plan in place. These provided guidance to staff on how to support residents with their health. Staff spoken with during the inspection were very knowledgeable about residents' healthcare needs and the measures in place to support them with those assessed needs. There was evidence of the person in charge and staff advocating for residents in relation to their healthcare needs. For example, the person in charge was following up with a healthcare professional regarding a medical directive that was in place for a resident which the resident and their family felt was no longer appropriate.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant

Compliance Plan for Comeragh Residential Services Kilmeaden OSV-0005094

Inspection ID: MON-0045884

Date of inspection: 12/Mar/2026

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: •An additional sleepover staff member is now in place to support residents in the event of an emergency evacuation, for safeguarding purposes, or in the event of a fire or an unplanned emergency hospital admission of an individual supported.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: As per the compliance plan, an additional sleepover staff member is now in place to support residents in the event of an emergency evacuation, for safeguarding purposes, in the event of a fire, or where an unplanned emergency hospital admission of a person supported is required. • All PICs/PPIMs completing internal audits will be reminded at the PIC/PPIM meeting of the requirement to ensure that persons are clearly assigned to all actions arising from the six monthly internal audits. • The PIC will ensure oversight of all recording sheets used to track fluid intake and output for individuals supported. All staff members have been advised of the importance of accurately recording fluid intake and output on a daily basis, where required.	

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• All staff members have been reminded of their responsibilities in relation to Infection Prevention Control (IPC).
Storage of sterile dressings and other equipment has been relocated to a suitable designated area to ensure appropriate IPC.
An IPC risk assessment is now in place.
The facilities manager has reviewed the entrance from the bedroom to the ensuite and is currently obtaining quotes to place a suitable divider between theses two rooms to ensure IPC.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
•In line with the compliance plan, an additional sleepover staff member has been in place since 12.03.2026. The fire evacuation procedure has been reviewed and updated to reflect the revised staffing arrangements. A night time fire evacuation drill was successfully completed on 29.03.2026.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Red	13/Mar/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	13/Mar/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	13/Mar/2026

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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 published by the Authority.	Substantially Compliant	Yellow	31/Jul/2026
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	13/Mar/2026
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.	Not Compliant	Orange	13/Mar/2026