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Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Sancta Maria Nursing Home
Name of provider:	Compóird Teoranta
Address of centre:	Parke, Kinnegad, Meath
Type of inspection:	Announced
Date of inspection:	13 & 14 March 2018
Centre ID:	OSV-0004589
Fieldwork ID:	MON-0020930

About the designated centre

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

Sancta Maria Nursing Home provides accommodation for a maximum of 78 residents, over 18 years of age, in recently extended single-storey premises. Residents are admitted on a long-term residential, respite, convalescence, dementia and palliative care basis. Care is provided for residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff. The provider states that the centre's ethos is to provide individualised care, encouraging and fostering a caring atmosphere. The main objective of the service is to ensure continued delivery of high-quality and consistent person-centred care to all residents.

The following information outlines some additional data on this centre.

Current registration end date:	23/08/2018
Number of residents on the date of inspection:	48

How we inspect

To prepare for this inspection the inspector or 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
13 March 2018	09:25hrs to 17:40hrs	Catherine Rose Connolly Gargan	Lead
14 March 2018	09:40hrs to 14:30hrs	Catherine Rose Connolly Gargan	Lead

Views of people who use the service

The inspector spoke with several residents on the days of this inspection. Eight residents completed pre-inspection questionnaires which were reviewed by the inspector. Overall, residents commented in positive terms about the service they received. They expressed their satisfaction with the food they received, the comfort of the centre and the activities provided to meet their interests and capabilities. Most residents were happy with how their care needs were met and singled out various staff members who were particularly kind to them and attentive to meeting their needs. A small number of residents were dissatisfied with staff availability at night and said they were waiting for prolonged periods for assistance. Residents said they felt safe in the centre. However, two residents had concerns regarding safeguarding issues which were being currently investigated by the person in charge.

Capacity and capability

There were effective systems in place to promote continuous quality improvement and provide a high standard of care. This inspection was completed in response to an application to register the centre with a new provider named Ronnach Teoranta. The current provider has employed Complete Healthcare Services Limited to manage the day-to-day running of the centre on their behalf and this arrangement will continued under the new provider. There was no change in personnel managing the centre. The service was adequately resourced and the provider employed a strong management team.

There was evidence of effective monitoring of the service and continuous quality improvement, with several examples of actions taken to positively impact on residents' safety and quality of life in the centre. Areas needing improvement were identified by analysis of information collated in service audits, and action plans were put in place to address these areas. There was a robust process in place for progressing and tracking action plans to completion. The inspector followed up on progress with completion of the 12 actions required from the last inspection in November 2017. Findings confirmed that, with the exception of one action regarding completeness of emergency evacuation drills, all other actions in the action plan were completed. An annual review of the quality and safety of care delivered to residents for 2017 had been completed and forwarded to HIQA. This review set out the priorities for 2018.

From discussion with residents and review of the residents' meeting minutes, there was good consultation with residents and relatives evident. The provider visited the

centre regularly, spoke with residents and attended quarterly governance and management meetings. This assured that the provider maintained oversight of the quality and safety of the service provided on their behalf. This arrangement also ensured the provider of the service was accessible to residents.

There were policies and procedures to inform all areas of practice in the centre. They were regularly reviewed, evidence based and reflected practice in the centre; however, they required review to ensure they are specific to the centre.

The new provider had prepared a statement of purpose describing the service provided to residents in the centre. The governance and management arrangements described reflected practice in the centre. The organisational structure was clearly outlined and the roles and responsibilities of clinical and management staff were defined. Staff spoken with could describe their roles and reporting relationships. The person in charge reported to a healthcare manager who reported to the director of care services and the provider representative. The provider representative reported to the provider.

The inspector found that staffing numbers and skills were regularly reviewed to ensure residents' needs were met. The inspector noted that the provider had recently increased staffing levels in the evening by rostering an additional carer from 19:00 to 23:00hrs. This was primarily to improve safety and reduce the risk of residents falling. While most residents were satisfied with staffing levels, a small number of residents told the inspector that they were often waiting for prolonged periods for assistance in the evenings and during the night. For this reason, a further review of staffing arrangements was recommended by the inspector.

Staff were facilitated to attend mandatory training and professional development education to ensure they were knowledgeable and skilled to provide evidence-based care for residents. All staff were supervised appropriate to their roles and the person in charge completed annual appraisals with staff.

Regulation 15: Staffing

A review of staffing during the evening and at night time was required to ensure residents were provided with timely assistance to meet their needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The action from the last inspection requiring access for all staff to appropriate mandatory training was completed. Staff were also facilitated to attend professional

development training in dementia care and management of responsive behaviours.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure the quality and safety of the service were safe, appropriate, consistent and effectively monitored. There was improved oversight by the provider and evidence of continuous quality improvement.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose document was prepared for the service by the new provider. It detailed all information as required by schedule 1 of the regulations. Arrangements were in place to ensure it was regularly reviewed.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints process in the centre which included an appeals process. The person in charge was the designated person to manage complaints in the centre. Records of complaints were appropriately maintained. These records confirmed that all complaints raised had been addressed in a timely manner. Complainants were communicated with throughout the process, and their satisfaction with the outcome of investigations was recorded. Residents and visitors who spoke with inspectors were aware of the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were policies and procedures to inform all areas of practice in the centre. These were regularly reviewed, evidence based and reflected practice in the centre. However, policies and procedures were developed by an external agency and were

not specific to the centre.

Judgment: Not compliant

Quality and safety

Overall, the inspector was assured that residents were safeguarded from abuse and their healthcare needs were met to a good standard. The variety of meaningful activities provided facilitated residents to participate in activities that interested them and met their capabilities. However, improvements were required to ensure residents' choice, autonomy, privacy and dignity needs were met in a small number of twin bedrooms. While emergency evacuation drills were completed, assurances that all residents could be evacuated in the event of a fire were not provided.

The provider extended the centre in 2017, increasing the number of bedrooms and sitting, dining and recreation areas for use by residents. A hairdressing room, palliative care suite and a spacious new entrance and reception area was also provided. The centre was in a good state of repair with appropriate assistive equipment provided. The person in charge and staff team worked with residents to ensure the new extension was comfortable and homely. Residents' accommodation was arranged in single and twin bedrooms at ground floor level throughout the centre. The inspector observed various communal rooms which gave residents choice as to how and where they wished to spend their time. The bedrooms in the new extension were spacious, had sufficient storage facilities and were each fitted with en-suite facilities.

With the exception of some twin bedrooms in the older part of the premises, the layout and design of the centre promoted residents' independence, choice and quality of life in the centre. Some twin bedrooms in the older part of the premises did not meet residents' privacy and dignity needs. There was limited facilities for residents to store their clothing and shelf space to display their personal items such as photographs and ornaments. One television was provided for use by two residents; however, view of the television was interrupted for one or other of the residents when bed screens were closed. There was no discreet listening equipment provided. This arrangement did not support residents' choice to view and listen to television programmes as they wished. There was insufficient space available between beds and bed screen curtains to ensure privacy for residents who require assisting chairs and lifting hoists. The layout of these bedrooms also impacted on residents' access to, and privacy while using, the sinks in their bedrooms. These findings did not ensure positive outcomes for residents in terms of their quality of life in the centre.

Closed circuit television (CCTV) monitoring was in place on entrances and in corridors. Although CCTV cameras were located in communal sitting and dining areas, the inspector was told they had been deactivated since the last inspection to ensure residents' privacy in these areas. A policy was available to inform management of CCTV monitoring in the centre. Residents' care records were stored electronically and were password protected. Since the last inspection, arrangements were put in place to ensure residents' paper-based records were stored securely at all times.

The centre was visibly clean and cleaning procedures reflected evidence-based practices and procedures. An infection prevention and control policy was available which included management of infection outbreaks. This had been demonstrated in practice since the last inspection. Hand hygiene facilities were provided throughout the centre and staff were observed to complete hand hygiene procedures as necessary. Staff had access to appropriate personal protective equipment. Controlled access to the kitchen and potentially hazardous areas such as sluice rooms and clinical areas had been implemented since the last inspection.

There was a variety of safe enclosed external courtyards with outdoor seating, raised flower beds, small trees and shrubs. A small number of residents were seen by the inspector walking with family members in the courtyards. However, residents could not access outdoor areas independently without the assistance of staff to open the electronic key-coded doors for them. This impacted on residents' right to freedom of movement and did not encourage or optimise their independence and enjoyment of outdoor areas.

The measures in place to ensure residents' safety needs were met in the centre had been strengthened since the last inspection with a review of the risk management policy and hazard identification and assessment. The person in charge and management team told the inspector that the fire safety training contract had been reviewed. The training records and staff spoken with confirmed that all staff were facilitated to attend training in fire safety and to participate in an evacuation drill. The risk management policy had been reviewed since the last inspection and it reflected the requirements of the regulations. All hazards including those described in the action plan from the last inspection were identified and risk assessed with controls described to mitigate the level of assessed risk. Procedures were in place to ensure the safety needs of residents assessed as being at risk of leaving the centre unaccompanied were met.

Fire safety checking procedures were completed. All residents had evacuation risk assessments completed. These risk assessments were also used to inform evacuation drills to ensure residents could be provided with timely and safe evacuation in the event of an emergency. The records of the fire drills completed confirmed they simulated day and night time conditions including residents' needs and staffing resources. However, improvement was required to ensure that residents in an area of the centre with 14 beds could be safely evacuated in an emergency. In response to this finding, an evacuation drill was scheduled by the management team for 20 March 2018.

A significant amount of work had been completed to ensure residents' assessed needs were addressed by person-centred care plans. Residents' needs were regularly assessed, including any changes in their health status. A focus on residents' individuality was demonstrated in care plans and reflected how residents wanted the service to meet their needs. The sample of residents' care documentation examined by the inspector evidenced appropriate and timely access to medical and other healthcare services. This was confirmed by residents. Recommendations and specific instructions made by allied health professionals were reflected in care plans. Residents, or families on their behalf, were involved in developing their care plans and were consulted regarding subsequent reviews.

Residents were protected by safe medicines management in the centre. The actions from the last inspection had been completed and procedures were checked to ensure the improvements were sustained. Medicines were administered as prescribed. The pharmacist who dispensed residents' medicines was facilitated to meet their obligations. The pharmacist provided clear administration and precaution instructions for each resident's medicines. This promoted safe medicine administration.

A small number of residents displayed episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Each of these residents had a person-centred behaviour support plan that clearly identified their support needs and informed prevention management strategies. Since the last inspection in November 2017, all staff were facilitated to attend training on supporting and assisting residents who experienced responsive behaviours. Staff were observed to be compassionate, sensitive and supportive in their care of these residents, which was positively impacting residents' wellbeing and quality of life in the centre. No residents experienced responsive behaviours on the days of the inspection.

There were measures in place to ensure residents were protected and safeguarded from abuse. Residents told the inspector that they felt safe in the centre. However, during the inspection two residents reported issues regarding their safety in the centre. These issues were being appropriately investigated at the time of inspection. All interactions between staff with residents, as observed by the inspector, were respectful, empowering and kind. Since the last inspection, staff had been facilitated to attend training in safeguarding and protection of residents from abuse. Staff spoken with confirmed they attended this training and were aware of the various types of abuse and their responsibilities to report. A restraint-free environment was promoted.

The inspector spoke with the activity coordinator. She demonstrated a commitment to ensuring residents were supported to participate in meaningful activities that interested them and suited their capabilities. Residents were assessed individually and group or individual activities were scheduled to meet their specific needs. The inspector observed that Cheltenham horse racing was of interest to a number of residents. The activity coordinator and staff ensured that residents could view the races and had newspapers with the details to hand. A live music session was

facilitated for residents during the inspection. This was well attended by residents and some family members. Records were maintained of each resident's level of participation and engagement in each activity. This provided assurances that all residents had access to varied and meaningful activities that interested them and optimised their quality of life in the centre.

Regulation 17: Premises

The size and layout of a small number of twin bedrooms was not appropriate to the number and needs of the residents residing in them, in accordance with the centre's statement of purpose.

Judgment: Not compliant

Regulation 26: Risk management

The risk management policy had been updated to include identification and assessment of all hazards, including those described in the action plan from the last inspection. Controls to mitigate the assessed risk were described. Procedures were in place to ensure the safety needs of residents assessed as being at risk of leaving the centre unaccompanied were met. The risk posed by a wooden floor in the smoking room had been identified and assessed. Arrangements to replace this flooring were in progress.

Judgment: Substantially compliant

Regulation 27: Infection control

The standards for infection prevention and control were implemented in practice by staff in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

An evacuation drill had not been completed to ensure residents in an area of the

<p>centre with 14 beds could be safely evacuated within recommended timescales.</p>
<p>Judgment: Not compliant</p>
<p>Regulation 29: Medicines and pharmaceutical services</p>
<p>Residents were protected by safe medication management procedures and practices that were in line with the legislation and professional guidelines. The actions from the last inspection had been completed.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and care plan</p>
<p>Residents' needs were assessed and a person-centred care plan was developed to address all needs identified. Residents or their family on their behalf were consulted regarding development of their care plan and regular reviews completed thereafter.</p>
<p>Judgment: Compliant</p>
<p>Regulation 6: Health care</p>
<p>Residents were provided with timely access to medical and allied health specialists to meet their needs. Recommendations made regarding residents' care and treatment plans were documented in care plans and implemented.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>Systems were in place to ensure residents were safeguarded and protected from abuse.</p>
<p>Judgment: Compliant</p>

Regulation 9: Residents' rights

Each resident had opportunities to participate in activities in accordance with their interests and capabilities.

A small number of residents' privacy, dignity, choice and autonomy was negatively impacted by the layout and space in a small number of twin bedrooms.

Judgment: Not compliant

Regulation 12: Personal possessions

Some residents in twin bedrooms were not provided with sufficient storage space for their personal possessions and their control over their personal belongings was compromised by the size and position of wardrobes in their bedrooms.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

All staff were facilitated to attend training in caring for residents with medical conditions that predisposed them to responsive behaviours. A restraint-free environment was promoted. Documentation was in place confirming assessment of need for full-length bedrails. A safety assessment was completed to ensure bedrails were safe for individual residents to use before they were introduced. While staff confirmed that they completed safety checks when bedrails were in use, documentation did not support this.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 12: Personal possessions	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Sancta Maria Nursing Home OSV-0004589

Inspection ID: MON-0020930

Date of inspection: 13/03/2018 and 14/03/2018

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Staff rosters have been reviewed and shift patterns adjusted to ensure that there is an appropriate number of staff available to meet the assessed needs of the residents with regard to the layout of the nursing home. Staffing will be reviewed and changed as necessary, on an ongoing basis dependent on the needs and numbers of residents. This compliance plan has been completed.</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The policies and procedures that are in place will be reviewed and updated to ensure that they are fully compliant with regulation 4. This compliance plan will be completed by 30th June 2018.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The design and layout of the identified twin bedrooms has been reviewed. Alterations and adjustments will be undertaken in the most appropriate manner to meet the numbers and needs of the residents accommodated in that area. Works will commence by 31st May 2018.</p>	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The flooring in the residents designated smoking room was identified and assessed as a hazard. The flooring has been replaced with an appropriate tiled floor. This compliance plan has been completed.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire safety drills have taken place and the evaluation documents forwarded to the Inspector.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The design and layout of the identified twin bedrooms has been reviewed. Alterations and adjustments will be undertaken in the most appropriate manner to ensure that privacy, dignity, choice and autonomy of the residents accommodated in these rooms will be met. Works will commence by 31st May 2018.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Alterations and adjustments to include furniture, will be undertaken in the most appropriate manner to meet the needs of the residents accommodated in the twin rooms identified. Furnishings will be designed in such a way that allows residents to have sufficient storage space for their personal possessions. Works will commence by 31st May 2018.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Documentation has been introduced which records the safety checks carried out for residents who use bed rails. This compliance plan has been completed.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	30 Sep 2018
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated	Substantially Compliant	Yellow	30 Mar 2018

	centre concerned.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30 Sep 2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	20 Apr 2018
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.	Not Compliant	Orange	30 Mar 2018
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	30 Jun 2018
Regulation 7(3)	The registered provider shall	Substantially Compliant	Yellow	30 Mar 2018

	ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30 Sep 2018
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30 Sep 2018