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**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Castleturvin House Nursing Home
Name of provider:	Castleturvin Home Limited
Address of centre:	Athenry, Galway
Type of inspection:	Unannounced
Date of inspection:	29 January 2020
Centre ID:	OSV-0000327
Fieldwork ID:	MON-0028407

About the designated centre

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

Castleturvin Nursing Home is registered to provide care for 42 residents. It is purpose built and located in a rural setting a short drive from the town of Athenry. The building was laid out over two storeys with lift access provided to the first floor. Accommodation is provided in 22 single and 10 double rooms all of which have en-suite facilities. There are communal areas on both floors. Externally there are extensive grounds with a large garden area that is accessible to residents. Many rooms have doors that lead directly onto the garden. Residents that have high, medium or low care needs are accommodated and care is provided on a long or short term basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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
Wednesday 29 January 2020	09:00hrs to 18:30hrs	Catherine Sweeney	Lead
Wednesday 29 January 2020	09:00hrs to 18:30hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

Overall, residents were happy with their individual bedrooms. Inspectors observed that residents rooms were personalised with photographs and other personal possessions. Inspectors spoke with multiple residents throughout the day. Residents expressed satisfaction with the care they received, describing staff as caring. Residents told inspectors that the staff were always very busy. Several residents said the food was good and said that staff gave alternative meals if the choice available was not something they liked. However, one resident told inspectors that he had not received an evening cup of tea on multiple occasions because of staff shortages.

Inspectors noted that a common theme emerged from talking to residents in relation to the activities in the centre. Inspectors did not observe any scheduled activities on the day of inspection. Multiple residents openly told inspectors that they were not satisfied with the activities held. For example; one resident told inspectors that he goes to bed early because of boredom. Another resident told inspectors that she was grateful that she slept for long periods during the day as there was no activity held that was of interest to her. Inspectors acknowledge that a new staff member has been recruited to address the current gaps.

Capacity and capability

Inspectors found that there was inadequate governance and management arrangements, coupled with poor oversight in place, to ensure that the service provided to residents was safe, appropriate, consistent and met regulatory requirements.

The last inspection of this centre was on 18 September 2019 during which concerns regarding fire safety, staffing, premises and governance and management in the centre were identified. Following that inspection, a request for an immediate action plan to address the identified fire safety concerns was issued to the provider.

This was an unannounced inspection. The inspectors followed up on action plan responses. Overall, inspectors found that the centre had not made sufficient progress to bring the centre into regulatory compliance. This was evidenced by:

- Multiple risks that were identified during this inspection were not identified on the risk register. For example; the risk associated staffing shortages and gaps in staff training.
- Information requested at the start of the inspection was not made available for review. For example: the training matrix and staff meeting notes were

requested but not available.

- The centre is moving away from overall compliance with regulations. Insufficient progress had been made following the last inspection. There are restated actions from the last inspection in the areas of staffing, records, fire safety, residents rights, and governance and management.
- Inspectors were concerned that the governance and management systems in place had not identified the issues relating to fire safety that were identified during the course of this inspection. For example, multiple fire doors did not seal.
- The management have not completed any audits of the centre since the last inspection to evidence that they are aware of the issues.
- The direct negative impact the staffing shortages are having on the daily lives of residents, for example, the lack of provision of an activity schedule.
- Failure of the provider to recognise that all parts of the registered centre must be linked to the call bell and fire alarm.

Following a review of the premises, the documentation available for inspection including training records, the risk register, various fire safety provisions and fire drill records, the inspectors were not assured that appropriate management systems were in place to ensure the service provided was safe. As a direct result the inspectors issued an immediate action plan specific to fire precautions. At the feedback meeting, the provider representative agreed to increase the night time staffing compliment until the non-compliance found under Regulation 28 Fire precautions could be fully addressed.

The governance and management structure was clearly outlined in the Statement of purpose. From discussions with staff and observations, inspectors concluded that significant improvement is required to ensure that the management team are monitoring the service and have the necessary oversight to ensure that residents are receiving a safe and appropriate service.

Regulation 15: Staffing

There were 37 residents accommodated in the centre on the day of inspection. Of these, eight residents were assessed as having maximum dependency needs, 11 high dependency, 11 medium dependency and seven had low dependency needs. One resident was in hospital on the day of inspection.

There are two staff nurses and up to five care assistants on duty during the day time between 8am and 8pm. An extra care assistant was on duty between 5pm and 11pm.

The number of residents had increased by eight since the last inspection. It was noted that staffing levels had not increased with resident occupancy. There was no evidence that staffing levels were calculated based on assessed needs of the

residents, nursing home staffing models or the size and layout of the centre. There was no activities coordinator employed in the centre on the day of inspection.

The impact that the staffing levels had on residents was evidenced by

- complaints by residents and staff in relation to the time residents had to wait to be attended to
- lack of supervision in the day rooms
- lack of facility to have drinks and snacks throughout the day
- lack of activities or opportunity for social engagement

The provider had a recruitment plan in place to increase the number of care assistants and activity coordinators. An activity coordinator was due to commence employment the week following the inspection. A plan was in place to also recruit a social care practitioner to work in the dementia care wing of the centre.

It was noted that there were three staff on duty at night time after 11pm. Due to the physical size and layout of the centre coupled with the lack of assurance on the likely fire performance of fire doors to seal the Inspectors were not assured that the number of staff on night duty would be able to conduct a safe and effective phased evacuation of the building. The provider committed to increasing the night time staffing level to three staff.

Judgment: Not compliant

Regulation 16: Training and staff development

An action plan submitted by the provider from the last inspection that stated that a training matrix for staff would be updated was not completed. There was no training matrix available for review. The provider had a new electronic system of documenting staff training, however, a copy of the new staff training record could not be printed out and was not available for inspection. A review of training records in a sample of staff files confirmed that staff had attended manual handling and fire safety training. It was difficult to assess if all staff had received mandatory training.

The person in charge had delivered safeguarding and fire safety training. However, the content of the course and a breakdown of the information given was not available for review.

Staff confirmed that training had been scheduled and delivered in fire safety, including evacuation of residents in the case of an emergency. However, staff spoken with remained inconsistent on how they would respond on the sounding of the fire alarm.

In addition, there was a significant gap in the number of staff that had up-to-date Cardio-Pulmonary Resuscitation (CPR) training. This posed a risk to residents who may have required emergency medical treatment including resuscitation. Inspectors

acknowledge that the person in charge is a trained instructor and plans are in place to deliver the training.

Judgment: Not compliant

Regulation 21: Records

A number of staff files were viewed. Inspectors found gaps in the documentation that is required by Schedule 2 requirements. For example: there was no documentary evidence of the relevant qualifications for two staff.

Gaps in the records is a restated non-compliance from the last inspection.

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors were not assured that appropriate management systems were in place to ensure that the service provided was safe, appropriate to the needs of the residents and effectively monitored by the provider. This is evidenced by;

- deficiencies in the maintenance and performance of fire doors throughout the premises had not been identified.
- poor documentation of fire safety system maintenance certificates
- the management had not completed any audits monitoring the care since the last inspection.
- failure of the management to review the activities in the centre and ensure that there was meaningful activities for residents.
- multiple days when residents did not get an evening cup of tea due to staffing shortages.
- poor documentation and management of complaints.
- repeated non-compliance's in governance and management, staffing, records, residents rights and fire precautions.

The fire survey conducted on 7th October 2019 documented comprehensive fire risks and action plan in place. Documentation for daily, weekly and monthly fire checks was present in the fire safety log.

The provider informed the inspectors that a comprehensive management system of audits, staff management and quality improvement plans had been sourced and ordered and would be in operation from February 2020.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the complaints log found that a complaint that had been made of the person in charge had not been documented in line with the centres policy or procedures. No detail of the investigation or outcome had been recorded.

The complaints procedure had not been updated to reflect the organisational structure in the centre. The complaints procedure was not displayed in an accessible area of the centre.

Judgment: Not compliant

Quality and safety

Overall, the non-compliance found in the area of quality and safety on the inspection on 18 September 2019 are re-stated in this report.

The provider had applied to include a conservatory into the footprint of the designated centre in a recent application to renew the centres registration. The conservatory was on the grounds of the designated centre, but was not part of the designated centre. The conservatory was not connected to the call bell system or the fire safety system. This area had not been included in a recent fire risk assessment commissioned by the providers. The conservatory remains unsuitable for use by residents.

Fire safety management and risk management required review. An immediate action plan was issued following the inspection to address risks relating to the procedures to be followed in the event of an emergency, floor plans to guide residents, staff and visitors to the nearest emergency exits, and a review of the fire doors to ensure that fire and smoke could be contained within compartments in the centre. A comprehensive action plan was submitted by the provider.

The risk register in the centre had not been reviewed to update risks that had been identified on the previous inspection. Inspectors found a number of risks in the centre that had not been identified in the risk register. Inspectors were not assured that issues, such as, staff shortages impacting the needs of the residents, had been appropriately identified and addressed by the provider.

The residents quality of life in the centre was affected by the shortage of staff. Residents reported feeling bored and having nothing to do. The privacy and dignity of residents was also compromised by the continuing monitoring of the communal

day room with closed circuit television (CCTV) and the storage of incontinence wear on open shelves in the communal toilets.

Regulation 26: Risk management

A review of all risk identified within the centre was required. The person in charge had responsibility for the management of risk within the centre. Risk identified on this inspection that were not included or updated appropriately on the live risk register included the risk associated with

- the conservatory not being linked to the call bell and fire alarm system.
- the availability of staff to provide meaningful activities for residents
- the gaps in documentation on staff records.
- significant gaps in training for staff in Cardio-Pulmonary Resuscitation (CPR).
- fire doors that did not fully close or would not seal in the event of a fire. The risk is that, in the event of a fire, the fire doors would not contain the spread of smoke or fire.
- the call bell system was difficult to hear in all parts of the centre, especially when the radio was on in the downstairs communal room.
- some areas of the centre were in a poor state of repair, for example, the toilet seat in the day room was broken, posed an infection control risk and hand-rails in the corridors had broken areas posing a risk to residents skin.
- the conservatory was not connected to the call bell system or the fire safety system in the centre.
- availability of staff to supervise residents in communal areas.

Judgment: Not compliant

Regulation 28: Fire precautions

An immediate compliance plan submitted following the inspection on the 18 and 19 September 2019 had been partially addressed.

The provider had taken the following action to address issues of non-compliance found on the last inspection. For example,

- fire fighting equipment was in place in the smoking room.
- fire safety training was delivered to all staff members
- bedroom doors have been identified with numbers
- simulated drills that include compartment evacuation have been completed by

all staff

- a wooden walkway, not part of the designated centre, connecting the dementia care unit to the conservatory has been removed
- an independent fire consultant had completed an assessment of the designated centre
- the documented fire procedure has been reviewed to provide clear instruction to staff on how to respond to a fire alarm activation

However, a number of issues remain outstanding. For example,

- the updated fire safety floor plan had not been replaced on the ground floor of the building
- staff remain unclear in relation to the action to be taken in response to the fire alarm activation.

Further issues of concern were noted on this inspection.

- fire doors separating compartments did not close correctly. Large gaps were noted between doors which should be sealed to prevent the spread of smoke in the event of a fire.
- staff spoken to were not clear about the procedure to be followed in the case of the fire alarm activated.
- fire safety system maintenance documentation was not filed appropriately. Copy of certificates were emailed to the provider on the day of inspection and made available to the inspectors.
- some fire door were damages and altered to allow them to close fully when released. A bedroom fire door had a piece removed so that it could pass by a wardrobe handle unimpeded.

A further immediate action plan was requested from the provider. The provider responded with an appropriate plan to address the non-compliance's in this regulation.

Judgment: Not compliant

Regulation 9: Residents' rights

There were significant gaps in the opportunities for residents to participate in meaningful occupation and recreation. Multiple residents voiced dissatisfaction with the schedule. The poor provision of activities was also a concern for the staff delivering the care. From conversations had inspectors surmised that the staff knew the residents well and had good knowledge of their likes and dislikes. However, staff reported that due to the increase in the resident numbers and the decrease in staffing they did not have time to provide activities. Inspectors acknowledge that staff were observed to be respectful, kind and patient in their interactions with the residents. In addition, residents had high praise for staff.

Residents had the facility to vote in the upcoming election through the special register. Voting was taking place on the day of inspection. All residents spoken with confirmed that they had the opportunity to vote. Residents had access to newspapers, television and radio in their room and in the communal areas.

Inspectors were concerned that individual residents rights to maintain their privacy at all times was compromised by the use of closed circuit television cameras (CCTV) in the communal sitting room. Inspectors were informed that the recordings were only viewed if required to assist in an investigation. However, the monitoring cameras were intrusive as they were used in areas where residents and visitors would have a reasonable expectation of privacy. While action had been taken by the provider in relation to the use of CCTV since the last inspection, a further review of camera use in the day rooms was required.

Incontinence wear was left in full display in the day room toilet impacting on the dignity and privacy of the residents. Inspectors also noted the use of shared toiletries in the communal bathroom.

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
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Castleturvin House Nursing Home OSV-0000327

Inspection ID: MON-0028407

Date of inspection: 29/01/2020

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider has recruited an Activity Co-ordinator and a Social Care Practitioner. An additional catering assistant has been recruited to support the healthcare assistants in the provision of drinks and refreshments. As part of a recruitment plan from last year two new nurses are due to begin in March and April and they will be in addition to the full compliment of nurses.</p> <p>A review of staffing needs analysis will be undertaken to reflect the ongoing changing needs of the residents.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The provider has arranged for all training to be monitored on an electronic system to ensure full compliance with the regulations.</p> <p>CPR training was planned and took place on the 07/02/20. 16 Staff members attended this training.</p>	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All staff files have now been audited and contain the records required under schedule 2 of the regulations.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider has put into place a new electronic management system that will incorporate management of complaints, audits, risk register, training records and incidents which will allow the provider and person in charge to have a complete oversight of the service and actions required.</p> <p>Training has provided to management and admin in this new system and will be rolled out to the staff nurses and other appropriate staff in the coming weeks.</p> <p>A comprehensive selection of audits has been carried out to keep an oversight of the Centre.</p> <p>The provider is committed to reviewing and increasing staffing levels as the resident dependency levels require.</p> <p>The Provider confirms its commitment to engage appropriately qualified and competent personnel as it continues to improve the government and management structure and an additional manager has been recruited to assist with this process.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints system has been updated to an electronic system for more robust management.</p> <p>The complaints procedure has been updated to reflect the changes in the organizational structure.</p>	

Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The risk register is now managed on an electronic management system that is kept live. The provider and Person In Charge utilize this system to put interventions in place so that risks can be managed appropriately.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The fire floor plans on the ground floor have been updated are now accurate.</p> <p>Fire training and drills was supplied by an external fire training company to staff in the evacuation procedures on 11 February 2020.</p> <p>The progressive horizontal evacuation of the largest compartment was carried out in 2m50 seconds with the night staff level. Regular drills will continue to increase staff performance and knowledge in this area.</p> <p>The fire system maintenance records are now filled in the fire safety folder in a fire proof box.</p> <p>The provider has arranged for a fire door audit which took place on the 17th February and a complete fire survey of the building which took place on the 06th March 2020. The provider is committed to following up any actions or recommendations from these reports.</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 provider is committed to providing a comprehensive schedule of activities as it recognizes that all staff have an important role in engaging in meaningful activities and will continue to monitor this through auditing and feedback from residents and families.</p> <p>A risk assessment has been undertaken in relation to the use of CCTV in the dayrooms and control measures are in place to minimize any potential breaches to the privacy of the residents. Residents will be consulted with at the next residents' forum meeting on</p>	

13th March 2020 as to any concerns they may have.

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 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 centre concerned.	Not Compliant	Orange	09/03/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Yellow	07/02/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Yellow	01/04/2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Not Compliant	Orange	01/04/2020

	and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	13/04/2020
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.	Not Compliant	Orange	13/04/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Yellow	05/02/2020
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	Not Compliant	Yellow	05/02/2020

	control the risks identified.			
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.	Not Compliant	Red	11/02/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	04/05/2020
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a	Not Compliant	Yellow	30/01/2020

	prominent position in the designated centre.			
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	30/01/2020
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	03/02/2020
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	03/02/2020
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	Yellow	13/03/2020