



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

Issued by the Chief Inspector

Name of designated centre:	Stella Maris Nursing Home
Name of provider:	Stella Maris Residential Care Limited
Address of centre:	Cummer, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	02 February 2022
Centre ID:	OSV-0000396
Fieldwork ID:	MON-0035748

About the designated centre

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

Stella Maris Nursing Home is purpose built centre located in a rural setting near Cumber in County Galway. The centre is registered to accommodate 43 residents over the age of 18 requiring 24 hour nursing care with a range of medical and social care needs. All resident areas are located on the ground floor and office and storage areas are located on the first floor. Communal space comprised a large central day room and several smaller sitting rooms. Bedroom accommodation comprises 21 two bedded rooms and one single room. All bedrooms have en suite toilet and shower facilities. There is a driveway and walkway around the building and a number of small garden areas one of which is a safe enclosed area. Ample parking was available to the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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 2 February 2022	09:30hrs to 16:10hrs	Fiona Cawley	Lead
Thursday 17 February 2022	09:20hrs to 16:50hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents living in this centre were well supported to live a good quality of life by a dedicated team of staff who knew them well. There was a friendly, warm atmosphere throughout the centre and the feedback from the residents who spoke with the inspector was that they were happy and content.

This unannounced inspection took place over two days. There were 32 residents accommodated in the centre on the days of the inspection and eleven vacancies. On arrival the inspector was guided through the infection prevention and control measures in place which included temperature checks, hand hygiene and face covering before entering the centre.

On both days of the inspection, the inspector completed a walk around of the designated centre. Overall, the premises was laid out to meet the needs of the residents. The day room and the dining area were bright and spacious. Hallways and corridors were decorated with pictures and artworks. Bedrooms were appropriately decorated with many residents personalising their rooms with pictures, books and furniture. The building was warm and well ventilated throughout. There were grab rails on corridors to assist residents to mobilise independently. Call bells were available throughout the centre. Residents had safe unrestricted access to outdoor areas. There was a designated smoking area which was adequate in size and well ventilated.

Over the two days of this inspection the inspector spoke with individual residents and also spent time in communal areas observing resident and staff interaction. Residents were seen to be up and about and all the residents appeared well dressed and groomed. The general feedback from the residents who spoke with the inspector was one of satisfaction with the care and the service provided. The inspector spoke with a total of nine residents. One resident told the inspector that the 'staff were very good to them' and they were 'very happy in the centre'. They described how they liked to spend their day and how the staff always accommodated their choices and preferences. Another resident told the inspector that the centre 'was like a five star hotel' and that they 'loved it and would not change it for the world'. A number of residents were unable to communicate verbally and were observed to be content and comfortable in their surroundings.

The inspector also spoke with four visitors who all spoke very positively about the care and support received by their loved ones. 'Great staff and management', 'great care' and 'staff are great and always keep us up to date on everything' were among the positive comments made to the inspector.

The provision of activities was under review and the registered provider representative informed the inspector that they were actively looking to recruit an activities co-ordinator. Throughout the inspection the majority of residents sat

together in the day room watching television, reading the newspaper or chatting to one another and to the staff. There were no scheduled activities planned on day one of the inspection. On day two, the inspector observed a lively exercise class in the day room in the afternoon. Those residents who chose to participate appeared to be enjoying themselves.

Residents told the inspectors that they had a choice of meals and drinks available to them. On both days of the inspection the mealtimes were observed by the inspector. Food was freshly prepared in the centre's own kitchen and the meals served were well presented. The residents were complimentary about the food in the centre.

Residents had unlimited access to telephones, television, radio, newspapers and books. Visiting was facilitated in line with current guidance (Health Protection Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

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 being delivered.

Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in December 2020. Notwithstanding the above positive feedback from the residents, the findings from this inspection were that the management structure and oversight of this service required further improvement as there were a number of areas of non-compliance identified during the inspection which had also been identified on the previous inspection including governance and management

The registered provider was Stella Maris Residential Care Ltd. The company had two directors one of whom was nominated to represent the registered provider and was involved in the day to day operation of the centre. There was a person in charge in post who was supported in their role by an administrator and a full complement of clinical and support staff. The person in charge facilitated the first day of the inspection. The company director was unavailable on the first day of the inspection and the person in charge informed the inspector that they could not access a range of documents requested in relation to the care and welfare of the residents, as part of the inspection process. As a result, the inspector was unable to review the documentation required to judge compliance with the regulations. This information

included documentation such minutes of staff meetings, management meetings, policy documents, staff files, risk register and clinical audit information. . The organisational structure and the governance systems in place did not provide assurance that the service provided was safe, appropriate, consistent and effectively monitored.

The failure of the provider to make the required documentation available for inspection resulted in a second day of inspection being scheduled. The company director facilitated the second day of the inspection and the inspector was provided with a number of items of the information requested to support the inspection process. The inspector was told by the company director that regular management meetings had taken place in the centre and that a range of audits had been carried out in the previous year. However, neither the minutes of these meetings nor the audits were not available to the inspector on the second day of the inspection. This lack of documented evidence of oversight of the service had also been identified during the previous inspection.

The team providing direct care to the residents consisted of one registered nurse on duty at all times and a team of healthcare assistants. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Staff, whom inspectors spoke with, demonstrated their understanding of their role and responsibilities. The number and skill mix of staff on duty was appropriate meet the needs of the current residents on the day of inspection.

While there was adequate staff on duty on days of the inspection there was no contingency plan in place outlining the staffing arrangements in the event of an outbreak of COVID 19 occur. This was a repeated finding from the previous inspection.

Inspectors reviewed the policies required by the regulations and found that all policies were reviewed and up-to-date. However, these policies were not readily available to the staff on duty on the first day of the inspection as required under Regulation 4: Written policies and procedures. This meant the staff on duty could not reference guidelines on best practice necessary to guide and support staff in the safe delivery of care.

A sample of four staff personnel files were reviewed by the inspector and found not to have all the information required under Schedule 2 of the regulations. This will be discussed further under Regulation 21: Records.

Staff had access to education and training appropriate to their role. Staff with whom the inspectors spoke with were knowledgeable regarding fire safety, protection of vulnerable adults and infection prevention and control.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. Information regarding the process was displayed in the centre.

Regulation 15: Staffing

The number and skill mix of staff on duty during the inspection was appropriate to meet the direct care needs of the residents. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. This included Infection Prevention and Control, Manual Handling, Safeguarding and Fire Safety Training.

Judgment: Compliant

Regulation 21: Records

The record keeping and file management system in the centre required improvements. For example;

- A sample of staff files was reviewed by the inspector and found not to have all the required information as set out in Schedule 2 of the regulations. For example, two files did not contain the required up-to-date employment history.
- Residents' records were stored unsecured in the day room. Therefore, the inspector was not assured that resident records were securely maintained in accordance with the regulatory requirements.
- The training records reviewed by the inspector showed that there were gaps in training attended by staff members.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that the organisational structure in place did not support the

person in charge to carry out their role and meet regulatory requirements.

The inspector was not assured that the governance and management arrangements in place were appropriate and effective. The provider did not provide assurance that adequate oversight of the service was maintained. For example there was no evidence that audits were being completed or that governance meetings were being held .

There was no staff contingency plan in the COVID emergency plan.

There was no annual review of the quality and safety of care in the centre carried out for 2021 or a quality improvement plan for 2022 available.

Judgment: Not compliant

Regulation 34: Complaints procedure

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements. These policies were not readily available to the staff on duty on the first day of the inspection.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found the care and support provided to the residents of this

centre to be of a satisfactory standard.

The residents' health and social care needs were assessed using validated tools which were used to inform care planning. Each resident had care plan in place with information regarding each individual's needs. While each resident had a variety of assessments and care plans, a number of care plans did not contain up-to-date information to guide staff in their care needs.

Residents had access to medical care with the residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

The provider promoted a restraint-free environment in the centre in line with local and national policy.

There were opportunities for residents to consult with management and staff on how the centre was run. The inspector looked at minutes of residents' meetings and a wide range of topics were discussed including COVID-19, physiotherapy, painting and decoration, food and new residents. Residents had access to an independent advocacy service.

The inspector observed staff engaging in kind and positive interactions with the residents. However, the inspector observed that some practices required review to ensure the choice, privacy and dignity were maintained for all the residents at all times. This will be discussed further under Regulation 9: Residents rights.

There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and the majority of staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. While the centre had a COVID-19 contingency plan in place, this plan did not include staffing arrangements in the event of an outbreak. In addition, this document required updating to reflect the latest public health advice and guidance. The inspector observed that some improvements were required to ensure the premises and lived environment supported appropriate infection prevention and control practices. This will be discussed under Regulation 27: Infection control.

A review of fire safety systems in the centre found that there was good practice in the centre. Staff were knowledgeable and clear about what to do in the event of a fire. Evacuation equipment was available and accessible in the event of an emergency. Firefighting equipment was in place throughout the centre. Fire exits were clearly visible and free from obstruction. Personal evacuation plans were in place for each resident. Fire safety training and evacuation drills were carried out to provide assurance that residents could be safely evacuated in the event of an emergency. The company director informed the inspector that some fire safety work

in relation to containment, remained outstanding.

Regulation 11: Visits

Visits were facilitated in line with the current guidance.(Health Protection Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

A number of improvements were required to ensure compliance with regulation 17. For example;

- The housekeeping room was used to store multiple supplies and, as a result, it was cluttered, disorganised and unclean on both days of the inspection.
- A number of light switches in resident bedrooms were in a poor state of repair.
- There was inappropriate storage of furniture in front of grab rails on one corridor thereby restricting access for the residents.
- The communal bathroom was used as a storage area, impeding residents' access to this bathroom.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 .

Judgment: Compliant

Regulation 27: Infection control

Areas for improvements to ensure the centre was in compliance with infection prevention and control standards were identified by the inspector on the days of the inspection including:

- A number of ensuite facilities in twin bedrooms did not have sufficient storage facilities available for residents' personal property resulting in residents' toiletries stored on the toilet cisterns which was a risk of cross contamination.
- Residents' personal wash basins were stored on the floor in a number of bathrooms which created a risk of contamination.
- A number of the fixtures and furnishings were in a state of disrepair throughout the centre and therefore this meant they could not be cleaned properly.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Installation of fire dampers in the attic spaces had not been completed and there was no date available for commencement of this work.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector observed that a number of improvements were required to ensure care plans were reviewed in line with the assessed needs of the residents. For example;

- A number of care plans had not been reviewed at least four monthly, in line with regulatory requirements.
- One resident did not have their current medical care needs integrated into their care plan.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that the residents had access to medical assessments and treatment by their general practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, psychiatry of old age and palliative care. In addition, the inspectors found that advice received from healthcare professionals was followed which resulted in positive outcomes for the residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the resident's rights were not upheld in the following areas;

- The inspector observed staff using a mobility aid to assist a resident to transfer in a manner which compromised their privacy and dignity.
- Medication administration took place in the dining room during mealtimes and in view of other residents and staff, compromising the residents' mealtime experience.

Judgment: Substantially 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Stella Maris Nursing Home OSV-0000396

Inspection ID: MON-0035748

Date of inspection: 02/02/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A secure filing cabinet is provided in the dayroom, each resident personal information will be protected and respected and any personal information is treated as confidential. The roles and responsibilities reference confidential information regarding residents personal choice reiterated and files to be stored away in cabinet after use. This will be monitored by the staff nurses daily and person in charge.</p> <p>Staff files have been reviewed and gaps in employment is being addressed.</p> <p>A review of the staff training matrix is undertaken post inspection and those staff requiring training will be captured</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Adequate oversight of service will be maintained by effective management systems. These have been put in place to ensure that the services provided are safe and consistently monitored. These will include spot checks of staff practices, clinical and environmental audits, reviews of care provision and risk management. An annual review of the quality and safety delivered will be monitored by the registered provider representative. Governance meetings will be recorded and minuted monthly by registered provider representative.</p> <p>Audit planner for 2022 has been completed by Person in Charge. PIC to allocate audits to</p>	

nurses. Regular meetings with management to address issues identified in the audit will be organised.

Staff contingency plan has been added to the Covid-19 emergency plan.

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Policies required by Schedule 5 are readily available for staff on duty to access at main nurses station since inspection and all staff have been notified.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
Housekeeping informed of their roles and responsibilities regarding ongoing cleaning and monitoring of housekeeping room. This is reviewed and audited daily and each individual staff member is appraised of issues noted that require immediate attention.

The electrician has been contacted with regard to light switches in resident’s bedrooms that are in need of repair to the dimmer knobs.

Inappropriate storage of furniture in front of grab rails – these have now been removed. Monitoring and supervision of all corridors to ensure free access to grab rails daily by PIC/staff nurses.

PPE storage in the communal bathroom has been removed

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
Extra storage equipment has been ordered for each ensuite to provide sufficient storage

for residents personal belongings. An audit has been carried out with regard to fixtures and furnishings that need to be replaced and an order has been placed with a supplier. A review of equipment has been completed and any equipment that is unfit for purpose has been disposed of.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Due to the current climate with materials and skilled labour less readily available the remaining fire work has been delayed. There is ongoing communication with the Fire company to have all works carried out as soon as possible. It is intended to be completed by the end of the year.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 Feedback meeting with nursing staff following HIQA inspection held and findings of report discussed. Roles and responsibilities regarding residents care reiterated. Leadership on the floor and delegation of duties discussed and outlined as an important duty of the nursing charge. All nursing staff to receive training on care planning. Care plans to be reviewed by PIC and discussed at nurse meetings. Care plan audit has been devised and implemented. This will be reviewed by person in charge and an action plan devised and reviewed continuously to ensure the care and welfare of residents is appropriately documented.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: A privacy screen has been ordered from a supplier in order to provide privacy and dignity when transferring residents. Ongoing supervision on the floor by senior staff to monitor and observe safe practice between residents and staff to ensure residents are treated with dignity and respect.

Medication administration processes will be reviewed with nursing staff and guidance obtained from the pharmacy. Each resident's preference will be taken into account and documented in their care plan.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2022
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 and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/05/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	31/05/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined	Not Compliant	Orange	31/05/2022

	management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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	31/05/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	30/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	31/05/2022

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	21/03/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/06/2022
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 Compliant	Orange	31/05/2022

	not interfere with the rights of other residents.			
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.	Substantially Compliant	Yellow	31/05/2022