



**Health
Information
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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:	Caherciveen Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Caherciveen, Kerry
Type of inspection:	Unannounced
Date of inspection:	18 May 2022
Centre ID:	OSV-0000562
Fieldwork ID:	MON-0035710

About the designated centre

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

Caherciveen Community Hospital is a 33 bedded facility situated on the outskirts of the Cahersiveen town, in South Kerry. Bedroom accommodation comprises eleven single bedrooms, five twin bedrooms and four triple bedrooms. Two of the single bedrooms are reserved for palliative care purposes and are self-contained in a separate wing that also includes two bedrooms for relatives and a small sitting room with tea/coffee making facilities. The palliative care rooms and the relatives rooms are en suite with shower, toilet and wash hand basin. The centre has a large recreational/sitting rooms, a dining room and two internal courtyards. The service provides care for residents requiring long-term care, respite, convalescent or palliative care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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 18 May 2022	10:30hrs to 17:15hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over one day. The inspector spoke with several of the residents living in the centre and spent periods of time observing staff and resident engagement in communal areas. Overall, feedback from residents was that Cahersiveen Community Hospital was a pleasant place to live, and that they felt safe and well cared for by staff.

Cahersiveen Community Hospital is a designated centre for older people which is registered to accommodate 33 residents. There were 24 residents living in the centre, on the day of this inspection. The centre is set over two floors, the ground floor accommodating residents and on the first floor there are offices and staff facilities. The premises had undergone extensive refurbishment over the past two years, which was ongoing on the day of inspection.

Previous inspections of this centre had found that there was insufficient communal space for residents and inadequate storage space for residents personal belongings. In response to this, the provider had built an extension to the premises, which included five new en suite bedrooms, a sluice room, a store room, a recreation room and an internal courtyard. The inspector saw that the extension had been built to a very high standard and the design and layout of the building promoted residents' independence and safety. Residents spoke positively about the new sitting/recreational room, one resident stating that it was " lovely to have somewhere to sit and relax" . The inspector saw that this room was decorated with beautiful local art work on the walls, as well as comfortable seating, a piano and a flat screen television.

Bedroom accommodation within the centre comprises of eleven single bedrooms, five twin bedroom and four triple bedrooms. The inspector saw that the triple bedrooms had been recently refurbished and residents now had wardrobes and lockable storage. Residents accommodated in the new single en-suite bedrooms were very complementary about the size of their rooms and the decor. Many of these rooms were personalised with residents belongings, such as pictures and soft furnishings. The inspector saw that there were two secure indoor paved courtyards, one of which was new to the centre. Plans were being made for the purchase of garden furniture and plants. Residents and staff told the inspector they were looking forward to using this area in the summer.

Residents the inspector met with spoke of the kindness of staff working in the centre, one stating that they would " do anything for you". Another resident stated that "nothing is a problem here" and each of the staff is "nicer than the other". All residents told the inspector that they felt safe and that they rarely had anything to complain about, but if they did, they would be comfortable talking to the staff. The inspector observed a number of positive interactions between staff and residents on the day of inspection. It was evident that staff knew residents well and interactions

observed between staff and residents were courteous and relaxed.

The inspector spent time observing the lunch time meal being served on the day of this inspection. Some residents had their meals in the dining room, while others preferred to dine in their bedrooms. Residents confirmed to the inspector that they were offered choice, in where they had their meals. However, the inspector observed that meal times in the centre commenced very early, for example, residents were served their milk for their dinner from 11:30 am and brought to the dining room from 11:55 am. The inspector also observed that some staff practices at meal time were task oriented, and the dining experience for residents required review, this is further detailed under regulation 9.

Residents were facilitated to complete surveys in relation to their care and living environment. A review of these surveys found the feedback from residents was generally positive. The inspector observed some residents being assisted during the day, to maintain their independence and mobility, by walking around the centre. One resident told the inspector that they loved playing cards with a member of staff, and the inspector saw this resident enjoy a game of cards on the evening of this inspection. However, the inspector observed that for some residents their was limited social stimulation and they remained beside their bed throughout the day. Although there was a member of staff assigned to activities, residents were unaware if there were any activities taking place that day. This is discussed further under Regulation 9.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

There were effective management systems in place in this centre, ensuring the delivery of a good quality care to the residents. The provider ensured that the centre was adequately resourced, and the centre had a history of good compliance with the regulations. Overall, systems were supporting quality and safety improvements and there were good levels of compliance found on this inspection. Some improvements were required with regards to infection control, fire precautions, care planning and ensuring that residents were afforded a dining and recreational programme, which are further detailed under the relevant regulations, in this report.

The registered provider of this centre is the Health Service Executive (HSE). The organisation structure within the centre is clear, with roles and responsibilities understood by the management team, residents and staff. From a clinical perspective care is directed through a suitably qualified person in charge. The person in charge reports to a general manager for older person services. Regular management and staff meetings were scheduled. Issues such as staffing, risk

management and infection control were discussed and documented. Off site there also the additional support of a clinical development coordinator, human resources and an infection prevention and control specialist.

There were sufficient resources in place to ensure the effective delivery of care in the centre. Staffing arrangements were found to be in accordance with the centres' statement of purpose, and there was an adequate number and skill mix available to meet residents' needs. A comprehensive training matrix was in place, and it was evident that staff were facilitated and supported to attend training relevant to their role. All staff had attended up to date training in mandatory areas such as fire safety, safeguarding, manual handling. Some gaps were identified in the training on the management of responsive behaviours. There was good participation in COVID-19 related training, such as infection prevention and control, hand hygiene and donning and doffing of personal protective equipment.

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time, over the past two years, due to the global COVID-19 pandemic. The centre had recently experienced an outbreak of COVID-19, which affected both residents and staff. The centre had managed the outbreak of well, and it had implemented its comprehensive COVID-19 contingency plan.

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the inspection. The inspector viewed a sample of complaints and found that they had been managed in line with the centre's policy. Incidents had been reported to the Chief Inspector as per regulatory requirements.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required managerial and nursing experience specified in the regulations. They were actively engaged in the governance, day-to-day operational management, and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection having regard to the needs of the residents and the size and layout of the centre. The allocation of staff to cleaning required review, which is actioned under regulation 27.

Judgment: Compliant

Regulation 16: Training and staff development

There were some gaps found in the training records in relation to the management of responsive behaviours. The person in charge had recognised this gap in training and was putting a plan in place to address the issue.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management structure and lines of accountability were clear and allowed for good provider oversight of the operation of this designated centre. Arrangements were in place should the person in charge be unable to attend work, so that the operation of the centre and care and support delivery could be continued through deputising arrangements. Weekend and out of hours management cover was in place. There was good evidence of routine audits and oversight of the service, to ensure that the environment was safe and that staff were implementing the centre's policies and procedures.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had a written contract and statement of the terms and conditions agreed with the registered provider of the centre. Contracts clearly outlined the room the resident occupied.

Judgment: Compliant

Regulation 34: Complaints procedure

- A review of the complaints records found that complaints were promptly managed in line with the regulatory requirements. The outcome of all complaints was recorded, as was the complainant's level of satisfaction. The complaints policy and procedure was available and prominently displayed within the centre. There had been two recent complaints regarding the

internet facilities in the centre and these had been escalated to the estates department and were awaiting action.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures outlined in schedule 5 of the regulations were available for review. These had all been updated within the last three years, as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of care and services in Cahersiveen Community Hospital, and a number of residents told inspector that they felt safe and supported living in the centre. The inspector was assured that residents' medical and health care needs of residents were being very well met. However, some improvements were required in relation to infection prevention and control, care planning and residents rights. These findings are discussed under the relevant regulations.

As detailed in the first section of this report, the provider had made significant improvements to the premises since the previous inspection. It was evident that these improvements had had a positive impact on residents quality of life. With the addition and adaptations to the premises, residents now had adequate sitting, recreational and dining space other than their bedrooms in the centre.

The inspector acknowledges that the COVID-19 restrictions posed a challenge to residents and staff. Staff were committed to providing high standard care to residents. The centre was cleaned to a high standard with sufficient facilities for hand hygiene observed in convenient locations throughout the building. Personal protective equipment was readily available to staff, and was used in line with national guidance. Infection prevention and control practices within the centre were observed to be good and there was evidence of good oversight of cleaning of the premises and of equipment. However, the allocation of a member of staff to cleaning and catering required review, which is detailed under regulation 27.

The inspector observed that residents received a comprehensive assessment of their health, personal and social care needs on admission to the centre. This included the use of validated screening and assessment tools, and evidence of input from appropriate allied health care professionals where necessary. However, some areas

pertaining to care planning required to be addressed, which is detailed under regulation 5. Residents considered to be on an end of life pathway on the day of inspection were very well cared for. Care plans reviewed by the inspector indicated that there are advanced care planning in place for residents in relation to the care to be provided when a resident approaches his or her end of life. There was evidence of consultation and participation of residents, GP and family, when developing end of life care plans.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with meeting their hydration needs and with their meals. Residents with needs for special, modified and fortified diets were provided with meals and snacks prepared as recommended.

Adequate arrangements had been made for maintaining and servicing of all fire equipment, including the centre's L1 fire alarm system, the fire panel, emergency lighting and fire extinguishers. Records of daily and quarterly servicing records were complete up to date. The inspector noted many good practices in relation to fire precautions and escape routes and exits were noted to be free of obstruction. All bedroom doors were fitted with automatic self-closing devices. However, weekly checks of fire doors were not taking place, which required to be addressed.

The centre supported residents to be involved in the operations of the centre and resident meetings were taking place regularly. Residents were facilitated to meet with their families and visitors were seen to come to the centre on the day of inspection.

Regulation 11: Visits

Visiting for residents with their families was taking place in line with public health guidance for visitation in long term care facilities. The centre had arrangements in place to ensure that visiting did not compromise residents' safety and that all visitors continued to have screening for COVID-19 infection completed, in addition to completion of infection prevention and control procedures.

Judgment: Compliant

Regulation 12: Personal possessions

Significant improvements were noted since last inspection in relation to personal possessions. Residents were now supported to maintain control of their clothing and personal belongings. Residents' clothing was laundered on-site and returned to them. Residents had adequate storage space in their bedrooms including a lockable

space for their valuables if they wished.
Judgment: Compliant
Regulation 13: End of life
Residents received a end of life care in a dignified manner respecting their choice and wishes. Residents end of life care preferences were recorded in their care plans. Do not resuscitate status were reviewed and signed by respective GPs. There was evidence of consultation and participation of residents and family in end of life care process. The centre had access to specialised palliative care service if required.
Judgment: Compliant
Regulation 17: Premises
Significant improvement were found in relation to the premises since the previous inspection of this centre in April 2021. The premises now conformed to the matters set out in Schedule 6 of the Health Act (Care and Welfare Regulations 2013).
Judgment: Compliant
Regulation 18: Food and nutrition
Meal times were found to be early in the centre and information displayed on the door of the dining room confirmed these times. Breakfast was served at 08:00 am, lunch at 12:00 hrs and tea at 16:30 hrs. There was not evidence that residents had requested these times for meals.
Judgment: Substantially compliant
Regulation 27: Infection control
Improvements were required to ensure that procedures consistent with the standards for the prevention and control of health care associated infections were implemented. On the day of this inspection the same member of staff was allocated to cleaning and catering, which posed a risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall there was a positive focus on fire safety within the centre. However, this inspection found that weekly fire checks of fire doors in the centre were not taking place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

On review of a sample of care plans the inspector noted that residents' care needs had not been accurately reflected in all reviewed. For example:

- a communication care plan did not accurately reflect the residents care needs.
- a resident on a weight reducing diet did not have the frequency of weight monitoring identified in their care plan and it had not been updated after review by a dietitian.
- a breathing and circulation care plan did not reflect the frequency of monitoring blood pressure.

Judgment: Substantially compliant

Regulation 6: Health care

Residents in the centre had access to a general practitioner of their choice and a doctor attends the centre daily. The registered provider ensured that the centre had a pharmacy service to meet the need of the residents. There was evidence of referral to speech and language, dietetics, chiropody and physiotherapy as required.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from abuse. Staff were adequately trained and knowledgeable in relation to the detection

and prevention of and responses to abuse. There was a system in place to investigate any incident or allegation of abuse. There were robust measures were in place for the management of residents' finances. The centre acted as a pension agent for five residents and this service was managed by the finance department in the HSE.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that overall the residents' rights were generally upheld in the centre. However, the provision of opportunities to participate in activities for residents required action. On the day of the inspection there were a number of residents observed in their bedrooms for whom no activities were provided and group activities had not yet resumed. A review of residents meetings reflected that residents had requested more bingo and chair exercise classes. The dining experience for residents also required action, to ensure that residents were afforded an enjoyable dining 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially 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 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Caherciveen Community Hospital OSV-0000562

Inspection ID: MON-0035710

Date of inspection: 18/05/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A training schedule has been devised and commenced to ensure all outstanding responsive behaviour training will be completed by the 8th July 2022.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>A review of the dining experience has commenced in collaboration and consultation with all residents. Mealtimes have been rescheduled (breakfast 08.00, lunch 12.30 and evening meal 16.30) with scheduled refreshments offered throughout the day and also on request. Daily menus are displayed offering residents choice at all mealtimes in accordance with residents' preferences and dietary requirements. All orders for the dining room are served simultaneously ensuring a more enjoyable dining and social experience. WCCAT observations are being conducted to monitor this practice change and support a more enjoyable dining experience. In addition, a dining questionnaire has been devised and commenced to monitor residents' satisfaction with the new mealtimes and dining experience. Nursing management will monitor and review this practice change on a continuous basis in accordance with residents' feedback.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>To prevent a risk of cross contamination staff allocation and duties have been reviewed. Segregation of duties now ensures that the staff member assigned to the kitchenette assists with the serving of meals. This separation of duties ensure the prevention of cross contamination consistent with the standards for prevention and control of health care associated infections [Completed: 18/06/22].</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A new system and schedule has been commenced which will ensure weekly fire door checks are undertaken and documented on a weekly basis [Commenced: 06/6/2022]</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A review of all care plans has commenced to ensure each residents personal care needs and preferences are reflected accurately [Expected date of completion: 30/06/2022].</p> <p>The communication care plan which did not accurately reflect a resident care needs has been reviewed and updated [Completed: 01/06/22].</p> <p>The food and nutrition care plan which did not accurately reflect the frequency of weight monitoring advised by dietetics has been reviewed and updated [Completed: 15/06/22].</p> <p>The breathing and circulation care plan noted to not reflect the frequency of blood pressure monitoring has been reviewed and updated [Completed: 15/06/22].</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A review of the activity schedule has commenced to facilitate greater opportunity for residents to participate in both group and individual activities. The review is being undertaken in collaboration and consultation with residents. An activities questionnaire has been devised and commenced to capture residents feedback and activity preferences [Expected date of completion: 18/06/2022]</p> <p>The new activity schedule will be displayed clearly for residents to view and communicated on a daily basis to ensure all residents are aware of and afforded the opportunity to engage in scheduled activities. The new activity schedule will be guided by resident feedback obtained through the activities questionnaire and will offer an increase in scheduled sessions of bingo and chair exercise classes [Expected date of completion 22/06/2022].</p> <p>A review of the dining experience has commenced in collaboration and consultation with all residents. Mealtimes have been rescheduled (breakfast 08.00, lunch 12.30 and evening meal 16.30) with scheduled refreshments offered throughout the day and also on request. Daily menus are displayed offering residents choice at all mealtimes in accordance with residents' preferences and dietary requirements. All orders for the dining room are served simultaneously ensuring a more enjoyable dining and social experience. WCCAT observations are being conducted to monitor this practice change and support a more enjoyable dining experience. In addition, a dining questionnaire has been devised and commenced to monitor residents' satisfaction with the new mealtimes and dining experience. Nursing management will monitor and review this practice change on a continuous basis in accordance with residents' feedback.</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	08/07/2022
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	17/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	18/06/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all	Substantially Compliant	Yellow	06/06/2022

	fire equipment, means of escape, building fabric and building services.			
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(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	22/06/2022
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 interfere with the rights of other residents.	Substantially Compliant	Yellow	22/06/2022