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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:	Carndonagh Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Convent Road, Carndonagh, Donegal
Type of inspection:	Unannounced
Date of inspection:	10 December 2021
Centre ID:	OSV-0000616
Fieldwork ID:	MON-0034830

## About the designated centre

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

Carndonagh Community Hospital is a designated centre registered to provide health and social care to 46 male and female residents primarily over the age of 65 who live in the Inishowen area.

It is a single-storey building, located a short drive from the shops and business premises in the town. There are three units Oak and Elm providing general and respite care and Ard Aoibhinn a dementia specific unit. The Oak and Elm units are part of the original building that dates from 1956. Accommodation for residents is provided in single, twin and four bedded multi-occupancy bedrooms. Ard Aoibhinn is a more recent addition that was opened in 2007 and where care is provided for people with dementia, in single and twin bedrooms. There are several communal seating and dining areas where residents can spend time during the day around a central courtyard. A day care service that is separate from the residential area is provided on-site.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	23
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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
Friday 10 December 2021	10:45hrs to 17:30hrs	Nikhil Sureshkumar	Lead
Friday 10 December 2021	12:50hrs to 17:30hrs	Ann Wallace	Support

## What residents told us and what inspectors observed

The inspectors found that residents were well cared for by staff who knew them well. Overall, the residents' feedback was positive regarding their lives in the centre. They confirmed that the centre was a good place to live in, and they were well cared for. Staff were knowledgeable about the residents' needs, and the residents praised the staff for the care they received in the centre.

The inspectors found that residents were aware of the refurbishment works being carried out in the centre. Those residents who spoke with the inspectors told them that they were looking forward to moving to the centre's newly refurbished unit.

On arrival at the centre, the inspectors were guided through the centre's infection prevention and control procedures, which included hand hygiene and temperature checks before entering the centre and residents' accommodation. After a short introductory meeting, the inspectors carried out a walkabout of the centre with the person in charge.

The inspectors observed that there were sufficient staff on duty and that residents call bells were answered promptly. Staff were seen chatting with residents about local and national issues, and there was a welcoming and homely atmosphere. Staff were seen to offer choices at drinks and meal times and respected residents' rights when they declined care or services. Staff were attentive to residents' needs for assistance and were kind and gentle in their interactions with residents.

The designated centre has three units: Elm Ward, Oak Ward, and Ard Aoibhinn, the dementia-specific unit. While the refurbishment works in Elm ward were completed and had been carried out to a high standard, some final finishes were outstanding. These included the installation of privacy curtains in multi-occupancy rooms and ceiling hoist in some rooms. The provider had assured inspectors that the outstanding works would be completed before 31 December 2021 and that the photographic evidence of the works would be submitted to the inspectors when completed. Satisfactory evidence was submitted following the inspection that all works were completed to a good standard.

Inspectors observed that while major refurbishment works were carried out in the Elm ward, the essential maintenance works to keep up the fabrics of the centre's other units were not carried out. The physical environment of the Oak ward was dull and required major refurbishment. The walls were cracked, ceiling tiles were missing in some corridors, and many areas, including residents' bedrooms, required fresh paint. In addition, the outdoor garden that was easily accessible to the residents was not sufficiently maintained. On the day of inspection, the inspectors noticed several trip hazards in the garden, which posed safety risks to the residents.

Furthermore, the inspectors noticed that the centre's general storage required improvement to ensure the safe storage of equipment. Inspectors found that some

wheels chairs and assistive equipment were stored in communal bathrooms. This arrangement had hindered residents from safely accessing the communal bathrooms, including the hand wash and toilet areas.

A number of residents' bedrooms were found to be personalised with the resident's personal possessions arranged to their taste. However, some bedrooms had very limited space for the residents to display their personal belongings. On Ard Aoibhinn, residents' wardrobe space was insufficient to store their clothes, and on Oak ward, the inspectors observed several broken wardrobes in bedrooms. A number of rooms did not have lockable storage space for residents to keep their valuables.

The inspector observed that newspapers and magazines were available for residents to read. Inspectors observed that whilst the refurbishment works had been going on, a four-bedded room was utilised as a sitting room. This room had been suitably laid out, with a television and comfortable seating. However, residents were looking forward to moving into the new lounge on Elm ward and decorating it for Christmas.

Inspectors observed that some residents sitting in the sitting room on Oak ward who did not want to watch the main television were given small televisions and headphones so that they could watch their program of choice without disturbing the other residents in the day room.

Staff were seen assisting residents during lunch in a patient and respectful way. Residents were complimentary about the quality of food and the choices offered in the centre, and residents were seen enjoying their meals. Staff were observed chatting with residents while they assisted them with their meals. Residents were engaging with staff and appeared to be enjoying these personal interactions.

Residents expressed their satisfaction that restrictions had been eased and now their visitors could come into the centre to see them. There was a visitor's room available. In addition, staff were seen supporting residents to use the tablet and their phones to face time and ring family and friends. One resident told the inspectors how much he had enjoyed a chat with his daughter on face time earlier that day.

An activities person was observed supporting residents with their social care needs. Most of the residents were provided with opportunities to participate in social care activities during the day. However, inspectors were not assured that those residents who expressed a preference to go out into the community were supported to do so in line with their care plans. This is discussed under Regulations 6 and 9.

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 the quality and safety of the service being delivered.

## Capacity and capability

Overall, the inspectors found that the governance and management of this designated centre had improved since the last inspection. However, the oversight of the physical environment in the centre was not robust and did not assure inspectors that all areas of the premises would be maintained to a high standard. This risk-based short announced inspection was carried out to review the refurbishment works that had recently been carried out in the centre and to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). Inspectors reviewed the actions from the compliance plans of the last inspection, the information submitted by the provider and the person in charge, and other unsolicited information.

The Health Service Executive (HSE) is the registered provider for the designated centre. As a national provider providing residential services for older people, the designated centre benefits from access to and support from centralised departments such as human resources, accounts and information technology. The provider had appointed a person to represent them. On the inspection day, the service manager was available and supported the person in charge with the inspection.

Inspectors noticed that the systems in place to monitor the quality and safety of the service had improved since the last inspection. Arrangements to consult with residents were in place, including two-monthly residents' meetings.

There were a small number of accidents and incidents involving residents in the centre. Arrangements were in place to ensure appropriate actions were taken to investigate how the incident happened and to mitigate the risk of recurrence. Records showed that any areas of learning identified were communicated to the relevant staff and were implemented. All incidents were notified to the Health Information and Quality Authority as required by the regulations.

#### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider had submitted a complete application to vary Conditions 4 of the designated centre's conditions of registration. The prescribed information, including a revised statement of purpose and revised floor plans, had been submitted. The application fee had been submitted in line with regulatory requirements.

Judgment: Compliant

#### Regulation 23: Governance and management

While improvements were noticed since the last inspection, some additional improvements were required in the overall governance and management of the centre, for example:

The oversight of the physical environment was not robust and did not ensure that when furniture, walls, floors and equipment were broken or worn that this was addressed promptly. For example, the environmental audits carried out by the person in charge had not identified a number of issues that were found on this inspection.

The inspectors were not assured that the provider had identified resources to ensure that the physical environment in all areas, both inside and outside of the designated was maintained to a satisfactory standard.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A statement of purpose was available in the centre. Following the inspection, the provider updated the statement of purpose to reflect the completed refurbishment of Elm ward.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the staff provided a good standard of care for the residents. This was reflected in the residents' very positive feedback on the care they received. Overall, care plans were comprehensive and gave clear and up to date information about the care interventions that were required for each resident. However, some improvements were required to the documentation of social care needs, preferences and the interventions required for the residents. This is further discussed under Regulation 5.

Since the last inspection, extensive refurbishment works have taken place in the centre to improve the living environment of the residents. The newly refurbished Elm ward was found to be warm, well decorated and homely. There was a sufficient number of bathrooms, toilets, and clinical hand wash sinks in the newly refurbished area.



While most of the bedrooms in the newly refurbished area of the centre were spacious, inspectors identified two four-bedded rooms in the centre that did not meet regulatory requirements. This is further discussed under Regulation 17.

The positioning of the television in the multi-occupancy rooms required review to ensure that all residents would have access to the television. In addition, the inspectors noticed that further improvements were required to improve the privacy and dignity of residents in the centre. This is further discussed under Regulation 9.

Inspectors observed that some residents in the centre did not have sufficient space to store their clothes, and this is discussed under Regulation 12.

While the residents in the centre had regular access to their general practitioners and allied health specialists as and when required, inspectors observed that some improvements were required, which is discussed in Regulation 6.

Furthermore, on the day of inspection, inspectors noticed that the fire safety precautions in the centre required some improvements, which is further discussed under Regulation 28.

### Regulation 11: Visits

The centre had arrangements to ensure that visiting did not compromise residents' safety. 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

Some residents did not have sufficient storage space for their belongings. For example, residents on the specialist dementia unit were supplied with compact units consisting of a cupboard size wardrobe and two drawers. These units did not provide sufficient space for residents to store their clothes and other belongings. In addition, there were no wardrobes in some rooms, and the provider had assured inspectors that they placed orders for new wardrobes.

Judgment: Substantially compliant

### Regulation 17: Premises

The layout of some four-bedded rooms did not meet the assessed needs of the residents. For example:

- The layout of one four-bedded room on the Oak ward meant that the position of the one hand wash basin in the room was inside the bed-space of a resident and was close to the resident's bed. This did not support the privacy of the resident when other residents or staff were using the hand wash facility.
- In the four-bedded room in the newly refurbished Elm ward, one bed space did not have sufficient space around the bed to enable the resident accommodated in the bed to mobilise safely and access their wardrobe or to use assistive equipment safely without encroaching on the next bed space. This was because the bed was close to the wash hand basin, and the arrangement of the privacy curtains to allow access for staff to use the hand wash basin reduced the overall bed space.
- In one twin bedroom on Ard Aibhinn ward, the second bed was located against a wall and did not have privacy screening in place. In addition, the bed space being used did not have a bedside light and a nurse call bell.

There were no grab rails installed in some toilets on the Oak ward, which did not support independent and safe mobility for the residents while accessing these bathrooms.

There were not enough storage facilities in the centre to store equipment, and inspectors observed that specialist wheelchairs were being stored in communal bathrooms.

Inspectors noticed that some of the wardrobes in residents' bedrooms were broken and had not been replaced or repaired in a timely manner.

Judgment: Not compliant

## Regulation 28: Fire precautions

Inspectors were not assured that the provider had sufficiently reviewed the fire precautions in the centre to ensure the safety of the residents and staff. For example:

- Access to a fire exit door in a room adjacent to the chapel was blocked with some furniture on the day of inspection. The provider was required to take immediate action to move the obstruction. This was completed at the time of the inspection.
- The inspectors observed that the hinges of the fire doors were weeping in many areas. Inspectors reviewed the fire door record maintained in the centre, and the records had mentioned some fire doors requiring repair. The person in charge had confirmed that those works were completed recently.

However, there was no record that the work had been completed and signed off by a competent person.

- The evacuation times recorded in the fire drill record maintained in the centre did not assure the inspectors that the residents could be safely evacuated in a fire emergency. The provider undertook to complete further drills in the centre. Satisfactory fire drill records were submitted following the inspection.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

This regulation was not inspected in full.

The inspectors reviewed the assessments and care plans for one resident. While the inspectors found that the care plans were person-centred, some information was missing or required clarity. For example,

- The personal assistant hours approved for the resident who required specific social care support were not accurately detailed in the care plan.
- The social care activities provided for the resident in the centre had not been clearly documented, and as such, the provider could not be assured that residents were able to participate in activities in line with their capacity and preferences.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

While the staff supported most residents to participate in social and recreational activities in line with their capacity and choices, inspectors were not assured that residents with complex care needs and who wished to go out into the community were supported to do so. For example, one resident had additional personal assistant hours funded. However, these were not in place at the time of the inspection.

Furthermore, the inspectors were not assured that the privacy and dignity of residents were respected in the designated centre at all times. For example:

- The inspectors noticed that a resident in a double-bedded room on Oak ward could not access their bed space without going through the bed space of another resident. In addition, the bedroom door opened directly onto this resident's bed space and inhibited the closing of the privacy curtains around their bed. This arrangement did not ensure the privacy and dignity of a resident in the bedroom and required review.

- One single bedroom had no shower facilities close to the bedroom, and the residents had to go through communal areas to access the shower facility.
- The residents were provided with cubicle type communal toilets in the Oak ward, which did not ensure the privacy and dignity of residents while using those communal toilets.
- Privacy curtains were not installed in some newly refurbished multi-occupancy rooms.

In addition, the television in some of the multi-occupancy bedrooms was not always placed in an accessible location for residents. This arrangement had made it difficult for residents to access their television program of choice in private.

The inspectors also found that staff had not considered the rights of a resident who had been the only resident in a twin room on Ard Aibhinn ward but who was now sharing the twin bedroom with another resident. The second resident displayed responsive behaviours at night, and the first resident had had several disturbed nights. It was not clear that the first resident had been consulted about whether they wanted to share a bedroom, and secondly, staff had not taken any actions when it became evident that the new arrangements were impacting this resident's quality of sleep.

Judgment: Not compliant

## Regulation 6: Health care

This regulation was not inspected in full.

The records reviewed for one resident showed that overall the resident received good access to health and nursing care in line with their needs and had made significant progress since their admission to the centre. However, the resident had not been supported to access a specialist review which had been recommended by their general practitioner (GP).

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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 9: Residents' rights	Not compliant
Regulation 6: Health care	Substantially compliant

# Compliance Plan for Carndonagh Community Hospital OSV-0000616

Inspection ID: MON-0034830

Date of inspection: 10/12/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The areas identified in the report were due to be closed off for refurbishment following the inspection, with the transfer of residents to the newly refurbished area and complete full refurbishment. The transfer of residents was completed on the 21/12/2022 following the outcome of the Inspection. General maintenance is carried out of all areas, where required. Due to the pending closure and full refurbishment of the Oak ward, general painting and minor repair works were delayed.</p> <p>Costings and a plan for the refurbishment of the outside areas have been requested from Estates and submitted to the Service for funding approval. In the interim one garden area has been reviewed and cleared for works to commence.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Wardrobes have been ordered for the areas identified in this report. Bedrooms with no wardrobes are not in use. Wardrobes are scheduled for installation on the 27/03/2022.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Oak ward has been closed for total refurbishment. The refurbishment, due for completion end of May 2022, will address any shortfalls in this area. Occupancy of the 2 bed spaces in the Elm ward, which is the short stay ward, will be dependent on the dependency assessment of a resident. Storage has been increased in the Elm area to accommodate the storage of equipment. This will further be enhanced in the Oak ward, after refurbishment. The use of new overhead hoists will also decrease the need for free standing equipment which will enhance the storage space available and the workspace available at resident's bed spaces.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire doors are inspected weekly and maintained by the General Operative. Any faults/damage are reported to MasterFire and logged in the Fire Register. These issues are addressed urgently. All Fire doors are replaced, in the new, as part of the Refurbishment plans. Actions taken for any issues identified will be documented at the time of repair in the Fire Register.</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:  A referral has been resent to a HSE external service for support for a shared plan of care to address the specific needs of a resident. Nursing staff and the Activity Coordinator have reviewed the participation of residents in activities and included, more specifically, these in the resident's care plans. A shared plan of care will address the needs of one resident to participate in activities outside the Residential Care Facility, safely. Implementation of a shared plan of care will also be dependent on discussions with the resident, the resident's family, nursing staff, GP and the external service. A follow up has been completed with the acute services in regard to an orthopedic review.</p>	



Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  In the refurbishment of the Oak ward, bedrooms have been reviewed for space. The identified bedroom in the report has been reviewed with estates and will be reduced from a two bedded room to a one bedded room, to address the issues identified. This will be included in the revised Statement of Purpose and floor plan. Individual TV installation will be completed for 2 residents. In the interim, all residents have access to TV's in the day room and access to a mobile screen with headphones.  Referral has been made to a HSE external service for support in the management of residents with complex needs.  A review was completed on all the residents in Ard Aoibhinn, by staff, in relation to responsive behaviours and sharing of rooms. This has been updated and documented in the resident's care plan. Pre-admission assessment and information will be considered where there is a possibility that residents may be sharing a bedroom.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  A request and application have been sent to a HSE external service for support for a shared plan of care to address the needs of a resident. This had been previously sent to an external service but unfortunately constraints on the availability of safely identifying and accessing a person during the COVID pandemic and Infection control guidance a person could not be identified to carry out the supports. This application is currently being processed with the external HSE service for a safe, shared plan of care. A date for review has been scheduled for the 31/03/2022. Implementation of a shared plan of care will also be dependent on discussions with the resident, the resident's family, nursing staff, GP and the external service.</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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/04/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared	Substantially Compliant	Yellow	30/05/2022

	under Regulation 3.			
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.	Not Compliant	Orange	30/05/2022
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.	Substantially Compliant	Yellow	30/05/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	25/02/2022
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	30/04/2022

Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30/04/2022
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	30/04/2022
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.	Not Compliant	Orange	30/05/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/05/2022
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	30/04/2022

	practical, ensure that a resident radio, television, newspapers and other media.			
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