



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

Issued by the Chief Inspector

Name of designated centre:	The Residence Santry
Name of provider:	TLC Spectrum Limited
Address of centre:	Northwood Park, Santry, Dublin 9
Type of inspection:	Announced
Date of inspection:	10 June 2025
Centre ID:	OSV-0000184
Fieldwork ID:	MON-0039390

About the designated centre

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

TLC Centre Santry is a designated centre located in north Dublin, registered to provide care for 94 men and women over the age of 18 years in single and twin bedrooms across four storeys. The ethos of TLC Santry is to promote an individualised person-centred approach to care for residents and their families who choose to live in the designated centre. TLC Centre Santry aim to ensure freedom of choice, promote dignity and respect within a safe, friendly and homely environment. All staff encourage residents to maximise their independence, achieve their potential and maintain interests. We support residents to develop new friendships and participate in activities appropriate to their needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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
Tuesday 10 June 2025	09:00hrs to 17:00hrs	Sheila McKeivitt	Lead
Tuesday 10 June 2025	09:00hrs to 17:00hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

The inspectors met with many residents and visitors during the inspection to gain insight into their experience of living in The Residence Santry, and spoke more in-depth with 17 residents and five visitors. Generally, feedback was complimentary, and many residents spoken with expressed satisfaction about the standard of care provided. While inspectors found that improvements had been made since the previous inspection, further action was required to come into compliance with the regulations.

There was an ongoing schedule of works in place and inspectors saw most of the ground floor works had been completed. For example, the newly refurbished reception area had just been opened. It was a bright and inviting space and residents confirmed they liked to sit in the comfortable environment and read their newspapers. The bedrooms and corridors on the ground floor had been refurbished, with all the walls having been freshly painted, new flooring installed, new bedroom furniture and partially refurbished bathrooms.

The schedule of works was held-up due to works on the basement floor being delayed however, these works were in-progress on the day of the inspection. Work was scheduled to commence on the third floor in the coming weeks. Residents from the ground floor who had relocated to other rooms to facilitate the renovations, told inspectors that they were looking forward to going back to their newly refurbished bedrooms.

Acknowledging that building works were on-going, many aspects of the upkeep of the premises required attention. It was observed that a number of areas of the centre were visibly unclean during the inspection and will be discussed later in the report under Regulation 17: Premises.

Residents had easy access to an enclosed outdoor garden. Inspectors observed that in general this area was not maintained to a good standard. For example, a paved area had unclean paving stones and garden furniture was visibly unclean with some in poor condition. When inspectors highlighted this to management they were informed that new furniture had been ordered. Upon investigation, this furniture had been delivered to the centre the week before the announced inspection however, the furniture had not been assembled. A wooden cabin was used as a sheltered smoking area and the inspectors observed it being used by residents during the day. Inspectors were not assured that the structure was fire retardant and it was not clean. For example, the bins for waste were overflowing and the butt bins contained flammable items that may pose a fire safety risk.

Bedroom accommodation comprised of both single and twin bedrooms. Some residents chose to personalise their rooms with items of significance, including ornaments and pictures. The inspectors viewed the newly refurbished twin

bedrooms on the ground floor and were not assured that there was an adequate area of floor space for each resident.

Residents expressed overall satisfaction with food, snacks and drinks. Food was freshly prepared and cooked on site. Residents' dietary needs were met. Choice was offered at all mealtimes, and adequate quantities of food and drinks were provided. Residents had access to fresh drinking water and other refreshments throughout the day.

Residents informed the inspectors how they enjoyed life in the centre. Newspapers were delivered daily to the centre. There was a schedule of activities in place, and the residents told the inspectors that they particularly liked going on outings. The inspectors heard about a trip to their most-liked restaurant in the local area.

An activity staff was on site to organize and encourage resident participation in events and the inspectors observed various group activities during the inspection, which were well-attended. However, inspectors noted that outside of the group activities, there were long periods of time where some residents sat in their bedrooms or in the communal areas, with minimal opportunities for engagement and activation. Inspectors were informed that a second activity staff had been employed and due to commence imminently.

Residents had been informed of the complaints process and knew they could complain if they had an issue of concern.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an announced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). Overall, this inspection found that the management team were striving to improve practices and services. Inspectors followed up on the compliance plans from the previous inspection and acknowledged the improvements and positive changes. However, this inspection found that further action was required by the provider to bring the designated centre into compliance with the regulations.

The registered provider is TLC Spectrum Limited. A senior management team was in place to provide managerial support to the person in charge who was responsible for the day-to-day operations in the centre. The person in charge was supported in their role by a company director, who represented the provider, a regional manager, an assistant director of nursing and clinical nurse managers.

There was a clear governance and management structure in place in the centre and the registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. The senior management team met on a monthly basis to discuss all aspects of care and management in the centre. Minutes of these meetings were comprehensive and indicated that all notifications of serious incident were discussed and reviewed at these meetings. The annual review completed for 2024, included a detailed review of the care provided to residents in 2024, feedback from residents together with a quality improvement plan for 2025.

The oversight systems in place to ensure the service provided was safe, appropriate, consistent and effectively monitored were not effective. The audit tools in use were basic in content and the audits completed in 2025 had a high level of compliance. These audits had failed to identify findings identified on this inspection, as further outlined in this report.

The centre was resourced to meet the needs of the 54 residents in the centre on the day of inspection and the provider had voluntarily ceased admissions while refurbishment work was in progress.

Overall, the documents requested for review were found to be compliant with legislative requirements.

Regulation 15: Staffing

The number and skill-mix of staff on duty was adequate to meet the needs of residents living in the centre. There was at least one nurse on duty at all times.

Judgment: Compliant

Regulation 19: Directory of residents

The residents directory was reviewed and it was found to contain the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 21: Records

There were some gaps identified in nursing care records. For example:

- The date and time of referral to members of the multi-disciplinary team was not always evident.
- Referrals' to safe-guarding team were not always documented in the residents progress notes or safe-guarding care plan.

Judgment: Substantially compliant

Regulation 22: Insurance

The nursing home had insurance in place which met the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Gaps were identified in the management systems in place to ensure the service provided was safe, consistent and effectively monitored. The inspectors identified the following:

- Audits were found to be ineffective and did not always result in the development of a quality improvement plan. While auditing was taking place in the centre there was no detailed analysis of the information gathered or time bound action plan to deal with the findings of the information.
- Notwithstanding the progress of works, actions committed to by the provider following previous inspections, in relation to ensuring all areas of the registered premises was safe and fit for purpose, were incomplete. The provider stated that they had taken a phased approach to addressing premises-related issues as a least disruptive option for the residents living in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in accordance with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The service aimed to deliver good quality care to the residents. However improvements were required in several areas, specifically, in respect of individual care planning and assessments, managing behaviour that is challenging, infection prevention and control and the premises to ensure that the care provided was safe and appropriate at all times.

Care planning documentation was available for each resident in the centre and was overall person-centred. Nursing documentation was completed within 48 hours of admission to the centre, in line with regulatory requirements. Inspectors saw some good examples of care plans being updated after recommendations being made by members of the multi-disciplinary team. However, further improvement was required to ensure that they were accurate and up-to-date for staff to follow when caring for residents.

There were dedicated care plans in place, for residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These care plans identified triggers and distraction techniques that were in place to support each resident and contained information that was person-centred in nature. However, further improvements were required and this is further detailed under Regulation 7: Managing Behaviours that is Challenging.

A general practitioner (GP) service supported the residents living in the centre. There was a record showing when all residents were reviewed by their GP. The GP visited the centre twice weekly and medical cover was available daily, including out-of-hours. Residents' records showed that residents had access to specialist medical services including geriatrician and psychiatry of older age and allied health professionals as necessary.

Residents had access to radio, television, Internet and newspapers. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided. Residents had access to activities Monday to Sunday within the designated centre. However, further improvement was required as outlined under Regulation 9: Residents rights.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre. There was sufficient private and communal space for residents to relax in. Notwithstanding the ongoing refurbishment works in respect of premises, further improvements were needed as further detailed under Regulation 17: Premises.

Progress was being made in relation to fire. For example, a number of fire doors throughout the centre had been repaired and this work ensured the safe

containment and protection against the spread of fumes, smoke and flames in the event of a fire and the holes in a number of fire doors had been repaired.

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

Regulation 17: Premises

The following areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations:

- Twin bedrooms viewed on inspection were not a suitable size and layout to meet residents' needs. For example, the size of floor space surrounding each bed space could not be occupied by a bed, a chair and personal storage space for the resident.
- Residents' bedroom doors on the newly renovated ground floor had signs of wear and tear and unsightly markings and scuffs on the door and door frames.
- Residents' bedroom doors did not have a suitable lock system in place, which compromised residents' rights to privacy.
- Appropriate ventilation was not in place in all areas of the designated centre. For example, the clinical room on the refurbished ground floor did not have a ventilation system in place.
- Upkeep of the premises required attention. For example, the dining room floor on the ground floor was dirty and there was unsightly sticky residue noted on window frames. Residents were using this space for the morning breakfast club on the day of inspection.
- The outdoor enclosed garden required attention. The garden furniture, decking and paved area were all visibly unclean. Waste bins in the smoking cabin were over-flowing.
- The current floor space available in the laundry allowed for very little room to safely segregate the dirty and clean side of the laundry. The inspectors acknowledge that there was a plan to extend the laundry and was within the scope of current works planned.

Judgment: Not compliant

Regulation 27: Infection control

Notwithstanding that some areas of the centre required improvements in cleanliness as mentioned under Regulation 17, overall the provider met the

requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018). For example;

- The clinical rooms on the first and second floor had new ventilation systems installed and room temperature in both rooms had a temperature of below 25 degrees therefore, the environment was no longer too hot for the storage of medications.
- Infection control practices overall had improved in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding the work completed to date and the work in progress, the registered provider had a programme of works yet to be completed to ensure that residents were appropriately protected from the risk of fire. The provider identified the areas that were outstanding and assured inspectors the required action was in progress and would be carried out in due course to ensure that adequate fire safety precautions were in place in all areas of the centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicines controlled by misuse of drugs legislation were stored securely and balances were checked appropriately and correctly. Checks were in place to ensure the safety of medication administration. The pharmacist, in collaboration with the general practitioner (GP), had a comprehensive review system in place for all residents relating to the prescribing and administration of medication.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While, overall care plans were of a good standard, some gaps were identified which required action, for example:

- A safeguarding care plan was not completed for all residents who were vulnerable due to their diagnosis or for residents who had been involved in previous safeguarding incidents. This meant that staff were not aware of the protective measures in place to protect the residents and prevent recurrence.

- Some residents' care plans contained historical information which was no longer relevant and could lead to confusion regarding the most relevant and current plan of care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to all required allied health professionals services and that a variety of these practitioners were involved in caring for the residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Improvements were required to ensure that each resident experienced care that supported their physical, behavioural and psychological well being, as evidenced by;

- Some residents with restraint in use did not always have a restraint risk assessment in place. Some residents had a 'restraint assessment tool' and those assessments reviewed had only the criteria for restraint listed. Therefore, it was not clear what alternatives to restraint were trialled prior to restraint being used and whether the resident and if appropriate their representative had given consent.

Judgment: Substantially compliant

Regulation 9: Residents' rights

All interactions observed during the day of inspection were person-centred and courteous. However, one activity staff was not sufficient to provide meaningful activities and opportunities to all residents in accordance to their assessed needs, interests and capacities. While group activities were carried out, residents who could not participate in group activities or required one-to-one engagement could not exercise choice and had limited access to the required supports. Inspectors acknowledge that another activity staff was on-boarding at the time of inspection.

The twin bedrooms did not provide enough private space to meet the needs of each resident.

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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Residence Santry OSV-0000184

Inspection ID: MON-0039390

Date of inspection: 10/06/2025

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
Outline how you are going to come into compliance with Regulation 21: Records: 1. A Standard Operating Procedure for MDT referral is in place- Complete 2. An MDT referral tracker has been developed to oversee and monitor that all details are documented on our care platform – Complete and ongoing 3. A checklist has been introduced to ensure care plans are updated following each safeguarding incident, completion is monitored by the CNM/ADON- Complete and ongoing	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. A clinical audit training programme has been organised for the management team to improve their understanding of audit process and their ability to identify and effectively address findings from audit. This is scheduled to be completed by the 31st July 2025. This shall be overseen at the monthly governance meeting by the Regional Director 2. The provider remains fully committed to addressing all premises-related issues and has adopted a phased approach to the renovation works. The provider will continue to work through the phased plan with a clear focus on safety, regulatory compliance, and quality of life for all residents. The completed works will significantly enhance the living environment and reflect our ongoing commitment to maintaining a high standard of care and accommodation. It is currently projected that the renovation work in the home will be completed by 31st August 2026.	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. All rooms are currently used as single rooms. Following feedback from the inspector, twin rooms on the ground floor have been reconfigured as single rooms- complete 2. A plan of work is in place in line with the renovation schedule, this includes repair of doors and frames, this will be fully completed by 31st August 2026. 3. A plan of work is in place in line with the renovation schedule, this includes installation of an appropriate lock system for resident bedroom doors- this will be fully completed by 31st August 2025. 4. The temperature on the ground floor clinical room is being monitored and ventilation issues arising will be addressed as part of the renovation works. This will be completed by 30th September 2025. 5. Environmental audits are in place to identify any concerns with the upkeep of the premises. This will be changed from quarterly to monthly for the period of the renovation to ensure findings are addressed in a timely manner- complete. 6. A schedule is in place to maintain the outdoor area. The garden paving area has been power-hosed by the internal maintenance team. Additional garden furniture has been sourced and is in place. A daily cleaning schedule has been put in place to empty the waste bin in the smoking cabin. A schedule has been developed to paint the furniture in the garden. This will be overseen by the DON- complete 7. The laundry renovation will address the availability of floor space and will enhance segregation between dirty and clean areas in the laundry. This is scheduled to be completed by 31st August 2026. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A plan of work is in place in line with the renovation schedule, this includes work relating to fire safety- this will all be complete by 31st August 2026.</p> <p>In the interim, daily and weekly fire safety checks continue to ensure resident and staff safety- complete and ongoing</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> <ol style="list-style-type: none"> 1. A checklist has been introduced to ensure care plans are updated following each safeguarding incident, completion is monitored by the CNM/ADON- complete and ongoing 2. All care plans are currently being reviewed to ensure they are up to date and reflective of each individual residents' assessed care needs and preferences. A tracker has been created to monitor progress, the review will be completed by 30th September 2025. 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ol style="list-style-type: none"> 1. A robust Restraint Committee, chaired by the Person in Charge, has been established to oversee and review all restrictive practices within the centre. The committee is responsible for ensuring that a comprehensive assessment, evidence of alternatives trialled, informed consent and updated care plans are completed- complete and ongoing. 2. A restraint register and restraints audit tool will be used to monitor compliance- complete and ongoing. 3. The Restraint Committee will meet monthly until all actions are fully implemented and closed after which the committee will meet quarterly for ongoing governance. Actions are to be closed by 31st July 2025. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. Two dedicated activity staff will be assigned to develop and deliver a weekly activity programme tailored to meet the diverse needs of residents, including one-on-one sessions for those who do not participate in group activities. The programme will encompass a variety of activities across different areas to promote accessibility and inclusiveness for all residents- complete and ongoing 2. All rooms are currently used as single rooms. Following feedback from the inspector, twin rooms have been reconfigured as single rooms across all floors. On completion of the renovation works all rooms will be for single occupancy- complete 	

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.	Not Compliant	Orange	31/08/2026
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	21/07/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	31/08/2026

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/08/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/09/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/07/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in	Substantially Compliant	Yellow	31/07/2025

	accordance with their interests and capacities.			
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	31/07/2025
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	31/07/2025