

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

## Issued by the Chief Inspector

Name of designated centre:	Skibbereen Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Coolnagarrane, Skibbereen, Cork
Type of inspection:	Unannounced
Date of inspection:	26 June 2025
Centre ID:	OSV-0000598
Fieldwork ID:	MON-0044334

## About the designated centre

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

The original Skibbereen Community Hospital was constructed around 1930, and was originally known as St. Anne's Hospital. More recently it is known as Skibbereen Community Hospital. The centre consists of a single-storey building located on a Health Service Executive (HSE) site. The centre provides long-stay, respite, community support and palliative care to the older population of Skibbereen and the surrounding area. The centre is registered to care for the needs of 40 residents in single, triple and four-bedded accommodation. There is also access to three internal courtyards.

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

Number of residents on the date of inspection:	39
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## How we inspect

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
Thursday 26 June 2025	09:25hrs to 17:20hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

This unannounced inspection, was conducted by an inspector of social services over one day. During the day, the inspector met with many of the 39 residents, staff and visitors to gain insight, into what it was like, to live in Skibbereen Community Hospital. The inspector spent time observing daily life in the centre to understand the residents' lived experiences. The inspector spoke in detail with nine residents and met with five visitors. Residents, who spoke with the inspector, were full of praise for the care and kindness, they received from staff. A resident told the inspector "I love it here, they are all fantastic." Another resident told the inspector "day and night, they are great to us." A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content in the company of staff.

Skibbereen Community Hospital is a single-storey designated centre laid out over one floor, which is registered for 40 residents. Bedroom accommodation in the centre was divided into named units, using names from the local areas around West Cork such as Glandore, Fastnet, Abbey, and Ilen. Bedroom accommodation consists of six four bedded rooms, one triple room and 13 single rooms. The inspector observed that the majority of residents' bedrooms were personalised with pictures and memorabilia from home. The layout of one of the four-bedded rooms, that was fully occupied, did not ensure that each resident had their own private space, with room for a chair, behind their privacy screens. The paint work in this room was also marked and chipped and required repair. This will be discussed further in the report.

There were a number of communal spaces in the centre and the inspector saw that these were decorated and furnished, with home style furniture and furnishings. There was easy access to the well maintained outdoor spaces in the centre that had seating, parasols, raised flower and plant beds, for residents to enjoy. As part of the social activities in the centre, a number of residents participated in the maintenance of the raised beds. The centre was painted with bright colours along with brightly coloured hand rails in each area, to help residents with way finding. There was plenty signage, to guide residents and visitors through the centre. Walls were decorated with landscape murals and butterflies, to give the space a calming effect. The inspector saw that there were a number of cosy spaces, that were nicely furnished with comfortable seating, lamps and music players, where residents could sit and rest, throughout the centre. One of the sitting rooms had two hoists stored there, which took from the homely feel of the room. The person in charge agreed to review where these would be stored. The inspector saw that there was an adequate number of housekeeping staff, to ensure residents' bedrooms and communal spaces were cleaned every day. There was easy access to hand hygiene facilities throughout the centre.

The inspector observed the lunchtime experience and saw that meals were served to residents in two dining rooms or in their bedrooms, depending on their choice. The inspector saw that tables were nicely decorated with table cloths, flowers and

condiments, with cutlery laid out before the meal. Residents who required assistance were seated together in one of the dining rooms, where an enable table meant that staff could sit in close proximity to residents, while assisting them with their meals. The inspector saw that staff assisted residents in an unhurried and respectful manner. The main dining room seated 16 residents and residents were seen chatting together and with staff during their meal, supporting a sociable dining experience. There was a choice of turkey and ham, beef and vegetable casserole and smoked haddock on the day of inspection. The majority of residents who spoke with the inspector spoke very positively regarding the food choices available. The inspector saw that texture modified diets were well presented. Residents also had a choice of desserts. Following the lunch time meal, many of the residents in the dining room joined in a sing song with staff and residents, which appeared to be great fun. The inspector was informed by the residents that this was a regular ritual, as many of the residents were great singers and knew lots of songs.

The inspector saw that there were alternatives to bed rails such as low beds and crash mats in use in the centre. The inspector saw that the front door was locked with a key pad code to enable access. The code for the key pad was displayed in a butterfly symbol, so that residents without a cognitive impairment, could independently come and go from the centre. Eight residents were also provided with swipe access cards, to make it easier for them to leave the centre independently.

The inspector saw that there was a schedule of activities over seven days in the centre and residents were able to choose which activities they liked to attend. There was one full time activity co-ordinator and a second member of staff was part-time. An external company, who provided activities such as arts and music therapies, also attended the centre, once a week. The inspector saw on the morning of the inspection, a group of residents were participating in a word game with the activity staff and this was followed by a review of a local paper for the community news. In the afternoon, an arts and crafts session was facilitated by a member of Arts for Health and many of the residents were seen to participate in the activities in accordance with their abilities. Activities in the centre included gentle exercises, puzzles and word searches, gardening, singing and traditional music and a knitting natter group. Visits by a local therapy dog were also welcomed by many of the residents. One-to-one activities were also facilitated. One of the residents, spent their days creating artwork, while another had been facilitated by staff to write poetry. Residents' views were sought through surveys and regular residents' meetings.

Visitors were welcomed in the centre and visitors who spoke with the inspector confirmed that there was no restrictions in place. Visitors were seen in residents' bedrooms and communal areas and also attended the family room, where there were tea and coffee making facilities available.

During the day, the inspector saw that staff interacted with residents in a respectful and kind manner and there were many examples of person-centred care evident. Residents who spoke with the inspector outlined how staff were attentive to their care needs and gave them great attention. During the morning, the inspector saw that some residents did not have their call bells within easy reach; this was brought

to the attention of the person in charge and these were observed to be available for the rest of the day.

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

## Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 and to follow up on the findings of the previous inspection. The inspector found that Skibbereen Community Hospital was a well-managed centre, whereby staff and management ensured residents were provided with a good standard of care.

The registered provider for Skibbereen Community Hospital is the Health Service Executive (HSE). There was a clearly defined management structure in place. The person in charge worked full-time in the centre and was supported by a clinical nurse manager and a team of nursing, health care, household, catering, activity and maintenance staff. The person in charge reports to a general manager in the HSE, who was available for consultation and support on a daily basis. The service is also supported by centralised departments, such as human resources, fire and estates and practice development. There was evidence of good communication, with monthly quality and patient safety meetings, to discuss all areas of governance and risk.

The provider had been granted a certificate of renewal of registration of the centre effective from June 2024. As part of this process the Chief Inspector assesses the governance and management arrangements of the registered provider. Although it was evident that there was a defined management structure in place and the lines of authority and accountability were outlined in the centre's statement of purpose, the senior managers, with responsibility for the centre, were not named as persons participating in management on the centre's registration. The provider was required to review these arrangements and was afforded until October 31st 2024 to do so. However, at the time of this inspection, these senior managers had yet to be named and the restrictive condition remained on the registration of the centre. This finding is actioned under Regulation 23; Governance and Management.

The person in charge was full time in position and was supported in their role by a full time clinical nurse manager, a team of nursing and care staff, administration, activity and household staff.

From a review of rosters and speaking with residents, it was evident that there was an adequate number and skill mix of staff available, to meet the assessed needs of the 39 residents living in the centre on the day of inspection. The care staff rosters

had been recently reconfigured and management informed the inspector that this was being kept under review. Recruitment was ongoing to ensure any vacancies were filled as they arose. From a review of the rosters, where gaps arose due to planned or unexpected leave, agency staff were employed to fill these gaps. These were closely monitored by the clinical nurse manager and person in charge.

The inspector saw that staff were appropriately supervised in their roles. Staff were provided with training appropriate to their role and it was evident that staff who spoke with inspectors, were knowledgeable regarding residents' assessed needs.

The provider ensured good oversight of the quality and safety of care whereby key risks to residents wellbeing were audited and action taken to drive improvement where required. A daily safety pause was held to ensure residents' risks and care needs were communicated among the nursing and care team.

There was a complaints procedure in place, which met the requirements of the regulations. A review of complaints records found that complaints were managed in line with the requirements of Regulation 34.

A record of incidents occurring in the centre was maintained and from a review of these incidents, it was evident that required incidents were notified to the office of the Chief Inspector.

An annual review of the quality and safety of care in 2024 had been prepared in consultation with the residents.

#### Regulation 14: Persons in charge

The person in charge had the required experience and qualifications required in the regulations. It was evident to the inspector that they were well known to residents and were knowledgeable regarding residents' assessed needs.

Judgment: Compliant

#### Regulation 15: Staffing

From review of rosters and speaking with residents and staff, the number and skill mix of staff was appropriate to meet the assessed needs of the 39 residents living in the centre, on the day of inspection. Gaps in the nursing roster arising from planned and unexpected leave were filled with agency staff where required.

Judgment: Compliant



Regulation 16: Training and staff development
The inspector saw that staff were provided with training appropriate to their role including fire safety training, manual handling, managing responsive behaviour and safeguarding vulnerable adults. There was adequate supervision of staff evident by the clinical nurse manager and person in charge.
Judgment: Compliant
Regulation 23: Governance and management
The registered provider had not complied with the restrictive condition placed on the centre's registration. This condition stated that: "The registered provider shall, by 31 October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended, in relation to any person who participates or will participate in the management of the designated centre."
Judgment: Substantially compliant
Regulation 24: Contract for the provision of services
Residents had a written contract of care that included the services provided and fees to be charged, including fees for additional services. Contracts also included the room to be occupied. The contracts were seen to meet the requirements of legislation.
Judgment: Compliant
Regulation 31: Notification of incidents
From a review of incident records maintained in the centre, it was evident to the inspector that required notifications had been submitted to the office of the Chief Inspector in line with regulatory requirements.
Judgment: Compliant

## Regulation 34: Complaints procedure

The centre had a complaints procedure that was in line with the regulation. There was a low level of complaints in the centre, nonetheless, these were logged and actioned by the person in charge, who was the nominated complaints officer for the centre. Residents who spoke with the inspector were aware how to make a complaint.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the care and support residents received was of a good standard and this ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. Some actions were required to individual assessment and care plans, premises and residents' rights, which will be detailed under the relevant regulations.

Residents had good access to medical services, whereby GPs from local practices attended the centre each week day. From a review of a sample of residents' records, it was evident that residents were reviewed regularly and as required. Residents living in the centre had good access to allied health and social care professionals such as physiotherapists, speech and language therapists and dietitians.

Every resident had a care plan and the inspector saw that these were prepared within 48 hours of admission, as required in the regulations. Validated assessment tools were in use to inform care planning and the inspector saw that care plans were reviewed every four months. Some care plans were sufficiently detailed to direct care, others required updating when a resident's condition changed as outlined under Regulation 5; Individual assessment and care plan.

It was evident to the inspector that the person in charge and management team were working to promote a restraint free environment in line with national policy. Alternatives to bed rails such as low beds and crash mats were in use in the centre. The person in charge had given a number of residents access cards so that they could come and go freely from the centre as they wished.

Residents' nutritional and hydration needs were assessed and closely monitored in the centre and residents were being monitored for the risk of malnutrition. Where required, referral was made to dietetic services and speech and language therapy

services. Residents could choose to eat their meals in the dining rooms or in their bedrooms.

There was good oversight of infection prevention and control in the centre and staff and management working in the centre had access to infection prevention and control advice from the community team. The inspector saw that there was adequate resources to ensure residents' bedrooms and equipment was clean. Following outbreaks in the centre, reports were developed to ascertain if there was any learning to inform future management.

There was a varied programme of activities in the centre, which took place over seven days. Residents' rights were promoted in the centre and residents were supported to participate in meaningful social engagement and activities. Residents views on the running of the services were sought through surveys and residents meetings. The inspector saw that residents had access to local and national newspapers. The inspector saw that not all residents had a call bell within easy reach during the morning of the inspection, this and other findings are detailed under Regulation 9; Residents' rights.

### Regulation 11: Visits

Visitors were welcomed in the centre and the inspector saw that they could meet with residents in their bedrooms or in the family room or any of the communal spaces in the centre. Visitors and residents, who spoke with the inspector, confirmed that visiting was unrestricted in the centre.

Judgment: Compliant

### Regulation 13: End of life

There was one dedicated palliative care suite in the designated centre. It was evident that where residents required end of life care and support, they had good access and support from community palliative care services. A sample of care plans reviewed showed that there was ongoing evaluation and updating of residents' end of life care wishes, to ensure that care and support was in accordance with their personal wishes and preferences.

Judgment: Compliant

### Regulation 17: Premises

Overall, the premises conformed to the requirements in Schedule 6 of the regulations, however the following required action;

- The layout of one of the four-bedded rooms required review, as the inspector saw that a resident's personal space was reduced when the privacy screens were in use by the resident in the nearby bed.
- A resident's chair was outside the privacy screen space, therefore impacting the resident's ability to sit in private in their own bed space.
- an extractor fan in an ensuite bathroom was making a loud noise and required repair, as it may disturb the residents when sleeping.
- Storage in the centre required review, as the inspector saw two hoists stored in a communal room.
- Some wear and tear to paintwork in a number of residents' bedrooms was evident and required repair.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The inspector saw that residents were offered a choice of courses for the lunch time meal and evening meal and many residents were complimentary regarding the quality and variety of food provided. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents who required assistance, received it in an unhurried and respectful manner. It was evident that residents who required review by a dietitian or a speech and language therapist were referred and assessed in a timely manner.

Judgment: Compliant

### Regulation 27: Infection control

The provider ensured that staff received suitable training with regard to infection prevention and control. A member of the nursing team had completed the link nurse course and supported the management team with oversight of infection control through regular audit of standard and transmission based precautions. There was good oversight of residents who were colonised with MDROs and antimicrobial usage was closely monitored in the centre. The inspector saw that there was adequate resources to ensure residents' bedrooms were cleaned daily and deep cleaned regularly. The provider had access to expertise in infection control from the community infection prevention and control nursing staff.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector found that while some assessments and care plans were sufficiently detailed to direct care, the following required action;

- Care plans were not consistently reviewed and updated when residents' needs changed; for example, recommendations made following review by a speech and language therapist or dietitian, were not reflected in care plans.
- Residents' preferences and dislikes were not consistently recorded such as food preferences and dislikes and preferences for personal care to inform care planning.

This may result in errors in care delivery.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents living in the centre had very good access to medical services from local GP practices, with a GP visiting the centre each weekday. From a review of health care records, there was evidence of referral to allied health and social care professionals such as dietitians, speech and language therapists, physiotherapist and occupational therapy as required. It was evident that recommendations made by allied health and social care professionals were implemented. Community services such as palliative care and mental health practitioners were also available for residents.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff received training on the management of responsive behaviour. The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was evidence of alternatives to bed rails such as low beds and crash mats in use in the centre, resulting in a reduction in bed rails in the centre to six (15%).

Judgment: Compliant

### Regulation 9: Residents' rights

The following required action to ensure residents' rights were promoted and upheld at all times;

- The inspector saw clinical supplies stored on and in a number of residents' lockers, which did not promote residents' privacy and dignity.
- During the morning a number of residents did not have call bells within easy reach, should they require assistance from staff, this was addressed by the afternoon.
- A resident's preferences with regard to the frequency of showers was not always upheld.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Skibbereen Community Hospital OSV-0000598

Inspection ID: MON-0044334

Date of inspection: 26/06/2025

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:  "The Registered Provider The Registered Provider makes Representations under section 50 Health Act 2007 (as amended) in relation to regulation 23-Governance and Management, that the person who will participate in management of the Designated center is the person in Charge, and their Qualifications have already been submitted to the Chief Inspector pursuant to section(i) b (ii).The person in charge is supported by the Older Persons Services South West Region."  <b>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.</b>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:  The layout of the four-bedded room has been reconfigured to ensure that residents' personal space is not reduced when the privacy screen is in use. In addition, resident chairs are now inside the privacy screen area to afford residents the opportunity to sit in private in their own bed space.  The extractor fan in the ensuite is at a preset noise level, the Person in Charge has liaised with the maintenance to replace this fan	

The Person in Charge has identified a more suitable storage location for the two hoists.

The Person in Charge has liaised with the maintenance department regarding wear and tear to paintwork. As further improvements continue in Skibbereen Community Hospital these works will be prioritized

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All resident care plans have been reviewed by their assigned nurse to ensure that recommendation made following review by a speech and language therapist, or dietitian have been reflected in the care plan. In addition, all residents' preferences and dislikes have been reviewed and updated to ensure food preferences and dislikes and preferences for personal care clearly recorded within the care plans to inform practice.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The practice of clinical supplies stored on residents' lockers has now ceased and all items have been suitably relocated. The Person in Charge will monitor storage to ensure the new storage locations are adhered to and embedded in practice.

The practice of ensuring call bells remain within easy reach of residents is now highlighted on the Safety Pause to support practice.

The residents' preference regarding the frequency of showers has been addressed in accordance with the residents' preferences and individual need.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	19/09/2025
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	31/12/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	30/06/2025

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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	30/06/2025
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	30/06/2025