



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

Issued by the Chief Inspector

Name of designated centre:	Cluain Lir Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Old Longford Road, Mullingar, Westmeath
Type of inspection:	Unannounced
Date of inspection:	03 May 2023
Centre ID:	OSV-0000739
Fieldwork ID:	MON-0038349

About the designated centre

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

Cluain Lir Community Nursing Unit is located on the outskirts of Mullingar and is within close proximity to the regional general hospital and the town centre. The centre is a modern two storey premises. Inny Unit is located on the first floor and Brosna unit is located on the ground floor. The centre can accommodate a total of 44 residents. All residents' bedrooms have en-suite facilities. There are enclosed, safe external grounds for use by residents on each floor level. The provider states in their statement of purpose and function that Cluain Lir Community Nursing Unit residential services provides continuing care to a maximum of 48 male and female residents with assessed maximum, high, medium and low dependency needs. The service strives to provide care to residents and their families in a respectful, caring manner. The provider aims to deliver a high quality standard of care, both physical and psychological using a person centred approach. The designated centre's stated philosophy and motto is to 'add life to years when you cannot add years to life'.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 May 2023	09:00hrs to 17:00hrs	Lorraine Wall	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector observed resident and staff interactions and found that residents appeared to be content and relaxed in the company of staff. The overall feedback from residents was that they were generally happy with their life in the centre and were well cared for.

This was an unannounced inspection and on arrival to the centre, the inspector met with the Person in Charge. An introductory meeting was commenced followed by a walkabout of the centre. This gave the inspector the opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. There was a relaxed and calm atmosphere in the centre. Residents were being assisted to get up from bed and were being supported by staff to the dining room.

Cluain Lir Community Nursing Unit provides long term care for both male and female adults with a range of dependencies and needs. The designated centre is a two storey, purpose built nursing home that can accommodate a maximum of 44 residents in single bedrooms. The centre is located on the outskirts of Mullingar. The Inny unit is located on the second floor of the centre and the Brosna unit is located on the ground floor. The residents in the centre have access to an occupational therapy room and a hairdressing room, which is shared with the mental health unit, which is situated in the same building as the designated centre.

The premises was warm and bright and residents were observed to utilise the communal areas on both floors. This included an enclosed courtyard on the ground floor and a large secure balcony that overlooked the courtyard. The door to the courtyard was locked on the morning of the inspection, however the inspector was assured that this door is open all day and had not yet been opened following the night shift. Throughout the day, both outdoor areas were freely accessible to residents, included suitable seating and were decorated with brightly coloured plants, shrubs and ornaments.

A "quiet room" was located on the second floor of the centre, however this room was being used to store a number of items and residents were not observed to use this room on the day of the inspection.

Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. Alcohol hand gel dispensers were available for use on the corridors and staff were seen to use good hand hygiene techniques.

Bedrooms were nicely decorated and were personalised with residents' belongings such as photos, artwork and ornaments. Residents' bedrooms had sufficient personal storage space available for residents.

The inspector observed that staff were working hard to provide care and support to

the residents and were kind and empathetic in their interactions with the residents they cared for. Residents told the inspector that they had "nothing bad to say" and that the "food was nice". One resident told the inspector that the "staff are excellent and very vigilant at ensuring that I get my medication on time."

The inspector observed residents during mealtime and found that staff assisted residents in a respectful manner. A specially adapted table was available to enable residents in comfort chairs and wheelchairs to eat their meals at the dining table. Other residents ate their meals in the sitting area or in their bedrooms. While residents were complimentary about the food provided in the centre, most residents that spoke with the inspector were not aware what they were having for dinner on the day of the inspection as they had made their choice the day before

During the afternoon, a large number of residents attended a tea party in one of the communal rooms and were observed to happily chat with staff and other residents. The inspector observed a list of upcoming events and resident birthdays displayed in the communal area.

There were various art projects on display throughout the centre which had been made by residents. This was facilitated by a local artist who attends the centre twice weekly. A number of activities were scheduled to take place throughout the week including fitness classes, art and crafts and reminiscence therapy. However some residents told the inspector that they find the weekends are long.

Residents' visitors were made welcome and were seen by the inspector coming and going throughout the day of the inspection.

The inspector spoke with a number of visitors on the day of the inspection and all feedback was positive, stating that they were very happy with the care that their relatives were receiving. The person in charge made all residents' families aware that the inspection was taking place through the use of a whatsapp group. The inspector reviewed the messages that had been sent in by residents' families. The feedback was overwhelmingly complimentary of the service, with residents families stating that they were "very grateful for the wonderful care provided."

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This inspection found that improvements had been made in some areas since the previous inspection. The governance and management systems in place ensured

that the care and services provided to residents were safe and appropriate.

This was an unannounced inspection completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The registered provider of Cluain Lir Community Nursing Unit is the Health Service Executive.

The person in charge works full-time in the centre. The person in charge also manages a day service which is situated close to the designated centre. The person in charge is supported in their role by an assistant director of nursing who deputises when the person in charge is not available. The remainder of the staff team consists of staff nurses, an activities healthcare assistant, health care assistants, household, catering, maintenance and administration staff.

There was an established governance and management structure in place. The inspector found that the oversight and management of the service was robust and that adequate resources were provided to ensure residents' needs were met. The systems in place to monitor the quality and safety of the service and residents' quality of life were effective. Service deficits were identified for the most part and acted upon, through the use of a comprehensive audit schedule which included audits of skin integrity, care plans, falls, restraint, medication and end of life wishes of residents.

This inspection found that the provider had ensured there were adequate staffing resources in place to meet the residents clinical and social care needs. Upon review of minutes of staff meetings and observations on the day of the inspection, the inspector found that staff were appropriately supervised in their roles. Staff meetings included discussions on a range of topics including wound care, infection prevention and control, falls prevention and resident concerns. There was evidence that issues identified had appropriate action plans in place.

While the majority of staff had completed their mandatory training, the inspector found that there were some gaps in fire safety training. However, fire safety training was due to take place on the week following the inspection.

Observations on the day of the inspection and training records also identified the need for staff training in restrictive practices in line with the national policy, in order to bring about improved outcomes for residents as discussed under Regulation 7.

An annual review of the service for 2022 had been completed. This included analysis of residents' surveys on a number of different aspects of the services provided in the centre, including food, visiting arrangements and activities. A quality improvement plan for 2023 had been developed and was found to be comprehensive.

The inspector reviewed a sample of residents' contracts and found that they were in compliance with the requirements of regulation 24.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that the person in charge had ensured that staff were appropriately supervised. While some staff were due to complete their refresher training in fire safety, this training had been scheduled to take place.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place were sufficient to ensure that the service was safe, appropriate and effectively monitored through the use of a comprehensive audit programme. There were sufficient staff resources in place on the day of the inspection and the centre had a clearly defined management structure in place with appropriate lines of authority.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. Each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts detailed the services to be provided and the breakdown of fees for such for such services. Contracts were signed by the resident and/or representatives, where appropriate.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place which was recently reviewed and met the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Residents living in this centre experienced a good quality of life and received timely support from a caring staff team. Residents' health and social care needs were met through well-established access to health care services and a planned programme of social care interventions.

The provider had made improvements in the areas of care planning, infection prevention and control and governance and management as per their compliance plan, however the inspectors found there were still a number of actions that the provider needed to take to reach full compliance with these regulations.

The inspector reviewed a sample of resident files and found that further improvements were required to ensure residents' care documentation was of a standard that comprehensively informed staff about their care and support needs. Some care plans had not been updated in line with regulations or in response to residents' changing needs however this was not consistent and a number of care plans had not been reviewed and as such the inspector was not assured that these care plans reflected the residents' current needs.

There was evidence of appropriate referral to and review by health and social care professionals where required, for example, dietitian, speech and language therapist and chiropodist. Residents had access to specialist services such as psychiatry of old age. Residents had regular access to a tissue viability nurse specialist, however some improvement in documentation of wound assessment was necessary to ensure that resident wound care was managed in line with evidence based wound care procedures.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. Corridors were wide and contained rails fixed to the walls to assist residents with their mobility. Residents' accommodation was individually personalised. The centre was found to be clean and warm. However, inspectors identified some areas which required maintenance and repair. This is discussed further under Regulation 17: Premises.

The designated centre was free of COVID-19 infection at the time of this inspection. Infection prevention and control measures were in place and monitored by the

person in charge. There was evidence of good practices in relation to infection control for the most part, however an improvement was required in relation to storage in some areas, which hindered effective cleaning.

While residents were provided with wholesome and nutritious food, inspectors found that some residents were not aware what they were having for dinner on the day of the inspection as their dinner order was taken by staff the previous night and there were no menus available for residents on the day of the inspection.

Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents and these arrangements were in line with the guidance from the Health Protection Surveillance Centre (HPSC).

There was a restrictive practice register in place, however inspectors observed one practice that was not in line with national restraint policy guidelines. This is discussed further under Regulation 7; Management of Responsive Behaviours.

Inspectors found that residents were adequately protected from abuse. The provider had implemented comprehensive safeguarding measures including policies and procedures and staff education in the safeguarding of vulnerable adults.

Residents' rights were protected and promoted for the most part and individuals' choices and preferences were seen to be respected, however residents did not have access to the internet should they have wished to use this, as the designated centre does not have a wifi connection. Residents had access to religious services and were supported to practice their religious faiths. Mass was held in the chapel on the campus once weekly.

There was a good programme of individualised and group activities available in the centre and most residents were observed to take part in some form of activity on the day of the inspection. Activity records recorded levels of engagement, communication, enjoyment level and mood of each resident.

Residents had access to local television, radio and newspapers. There was evidence of residents' meetings, which sought feedback on areas such as activities and quality of food being served. However, the lack of internet access had been raised by residents in February 2023 and this had not yet been addressed.

The laundry arrangements were not well managed and the inspectors were not assured that residents retained control over their personal clothing.

Regulation 11: Visits

Inspectors observed visits taking place in line with the Health Protection Surveillance Centre (HPSC) National guidelines. The centre had suitable areas for visiting to take

place in private.

Judgment: Compliant

Regulation 12: Personal possessions

A number of items of residents' clothing were stored in the laundry and in the linen room. Staff were unable to identify which residents owned these clothes and as such, some residents had not had their items of clothing returned after being laundered.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was clean and laid out in a manner that suited the needs of the residents. The premises was also kept in a good state of repair externally and internally. However improvements were required in some areas:

- The walls in some communal areas required repainting, however a schedule of works was in place for completion.
- Some storage rooms were found to be cluttered.
- A quiet/ sensory room was being used to store resident comfort chairs and an unused bedside locker.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were not adequately supported to make choices in relation to their meal time options. Some residents were not aware what they were having for dinner on the day of the inspection. There was no menu with the daily choices available displayed for the residents. Furthermore residents chose their meals the day before and many could not remember what they had chosen. This was particularly pertinent for those residents living with dementia who were not supported on the day to choose their meal options.

Judgment: Substantially compliant

Regulation 27: Infection control

Inspectors found that boxes were inappropriately stored on the floors of a number of storage rooms which hindered effective cleaning.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors found that the quality of the assessments and care plans were inconsistent. Some care plans lacked sufficient detail to guide care staff while some care plans were not up to date and did not reflect the resident's current needs. For example:

- Some residents' care plans were not reviewed and updated at four monthly intervals or in response to the resident's changing needs.
- One residents care plan stated that the resident was at high risk of falls and must be transferred by a wheelchair at all times. However, the inspector observed this resident mobilising while using a rollator on the day of the inspection. This was discussed with staff on the day and the resident's care plan was updated however inspectors were not assured that the care plan had been revised in consultation with the resident or the family of the resident concerned.
- Wound assessments were not completed for all residents at each change of dressing, which made it difficult to ascertain if the current wound dressing plan was successful or required further review.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GPs visited residents regularly. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, where required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restrictive practice observed in the centre did not reflect national guidance and did not ensure that restraints were used in the least restrictive manner and for the minimum amount of time required.

For example, the inspector observed one resident who had a chair sensor mat in place being repeatedly told to sit down by staff which prohibited the resident from moving freely around the centre. Additionally, this chair sensor was not identified on the centre's risk register.

Judgment: Not compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

While residents had access to radio and newspapers, there were no facilities in place for residents to access the internet. This had been raised by residents in a resident's meeting but had not been addressed by the provider

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cluain Lir Community Nursing Unit OSV-0000739

Inspection ID: MON-0038349

Date of inspection: 03/05/2023

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The system in place to ensure clothing is identifiable to each resident will be reviewed to ensure there is traceability of all resident clothing to ensure safe return once laundered.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The painting program is progressing and the walls in the communal area are included on this schedule to ensure all areas are maintained to a good standard of decorative maintenance.</p> <p>The storage room will be decluttered to ensure all areas are easily accessible for cleaning purposes.</p> <p>The comfort chairs in the quiet/sensory room have been removed and the area is fully accessible to residents.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and</p>	

nutrition:

The daily menu option will be displayed to remind residents of the options available. A white board with the menu choice will be displayed in the dining room.

While residents are asked their options for their meals to facilitate menu planning by the kitchen, each resident is asked their preferred option again on the day of service prior to their meal being served and their choice is facilitated.

Pictorial menus will be made available to support residents with dementia or cognitive impairment to assist in determining their preferred choice for mealtimes.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The storage room will be decluttered to ensure all areas are easily accessible for cleaning purposes.

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:

An audit of care plans will be undertaken to review and determine any deficits and an action plan for improvement will be implemented to address any issues arising.

All nursing staff assigned as a key worker to residents for care plans have been requested to review the care plans for their assigned resident to ensure they are up to date and fully address the care interventions for all residents.

Wound assessment charts are now being completed at the change of each dressing and nursing staff are required to document in the nursing notes a clinical evaluation of progress in addition to completing the wound assessment chart.

A nursing staff team meeting has taken place and risk assessments, care plan reviews and best practice in documenting and recording in clinical practice has been discussed and the importance to ensure all care plans are reviewed at a minimum of four monthly intervals or sooner in the event of a change in a residents care needs.

Further care plan audits will be completed to monitor progress and ensure oversight in care planning practice.

The Centre will be transitioning to EpicCare for nursing documentation in the near future.

Regulation 7: Managing behaviour that is challenging

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

A full review of the Centre's restrictive practice register has been undertaken.

The risk assessment and care plan for each restrictive intervention will be reviewed to ensure it is the least restrictive option which is necessitated to ensure resident safety and that it is in the best interest of each resident involved.

Refresher staff training on promoting a restraint free environment will be undertaken.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Works to provide residents/staff with access to the internet within the building are near completion. This will facilitate residents to access information/services required.

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(a)	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 a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	31/07/2023
Regulation 12(b)	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 his or her linen and clothes are laundered regularly and returned to	Substantially Compliant	Yellow	31/07/2023

	that resident.			
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	31/08/2023
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	16/07/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Red	16/07/2023
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	Substantially Compliant	Yellow	31/07/2023

	family.			
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	31/07/2023
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Yellow	31/07/2023
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/08/2023