



Report of an inspection of a Designated Centres for Older People

Name of designated centre:	Castletownbere Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Castletownbere, Cork
Type of inspection:	Announced
Date of inspection:	20 and 21 February 2018
Centre ID:	OSV-0000601
Fieldwork ID:	MON-0021274

About the designated centre

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

Castletownbere Community Hospital was established as a residential centre in 1932. The building is single-storey and it was originally a former coastguard station. It is managed by the Health Service Executive (HSE) and provides long stay, respite, community support and palliative care for the local community. The centre is registered to accommodate 31 residents, male and female aged 18 to 65. The main entrance opens into a small conservatory type sitting room facing out to a view of the harbour. There is a reception office in the hallway and the corridor leads to the bedrooms, toilets and showers, chapel, nurses' station, treatment room, kitchen and staff facilities. Residents are accommodated in three four-bedded rooms, two three-bedded rooms, four two-bedded rooms, and five single rooms. En-suite wash toilets and showers are available in all rooms with the exception of one single room. There is an assisted toilet with wash hand basin and shower located directly across the hall from this room. The external grounds are well maintained with ample car parking facilities. Nursing care is provided on a 24-hour basis and is led by the person in charge who works full time in the centre. She is supported in providing care by a team of nurses, health care assistants and allied health professionals including a medical officer. A range of social and recreational activities are provided for residents.

The following information outlines some additional data of this centre.

Current registration end date:	07/06/2018
Number of residents on the date of inspection:	19

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information and information submitted by the provider or person in charge 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 to 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 summarize our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions:

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
20 February 2018	11:30hrs to 18:45hrs	Mary O'Mahony	Lead
21 February 2018	09:30hrs to 17:00hrs	Mary O'Mahony	Lead

Views of people who use the service

Residents stated that they enjoyed living in the centre. They had access to a variety of meaningful and entertaining activities. They said that visitors were unrestricted. They were familiar and comfortable with the person in charge and staff. Residents expressed satisfaction with all aspects of care. The views from the centre were spectacular and provided an opportunity for reminiscence, for example, one resident spoke with the inspector about her experience of living on the nearby island as a young person. Residents said that they felt safe, they were treated well and were encouraged to voice their opinion on any suggested improvements or proposed changes. Residents said that they were aware of the advocacy service which was advertised in the centre. They were consulted on a daily basis, during the annual survey and also at the two-monthly residents' meetings. A number of residents said that they went out with family members at weekends and that staff went with them to attend outpatient appointments. Resident praised staff members who guided them in chair-based exercise sessions and concerts. Community events were organised and transport was made available to residents to enable them to attend external events. Residents particularly liked the involvement of the West Cork Arts group. This group supported residents to create poetry, paintings and facilitated reminiscence sessions. Residents expressed their delight in the fact that their work was framed and displayed throughout the centre. They told the inspector that it was a great source of pride that their grandchildren were able to gain a better understanding of their life-stories through this creative work. They said that they were glad to be able to continue to live in their local community surrounded by friends and neighbours.

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered. However, some improvements in relation to the layout of facilities had not been addressed since the last inspection. The provider had failed to submit specific time-bound plans to address the failings in the premises and had not assured the Chief Inspector as to the interim measures in place to mitigate the significant negative impact of continued non-compliance. This is further detailed under the 'Quality and safety' dimension.

The governance structure in place ensured clear lines of accountability. Staff spoken with were aware of their responsibilities. The person in charge was supported by an assistant person in charge. They were both involved in the day-to-day running of the centre and were knowledgeable regarding residents and their individual needs. They were available to meet with residents, family members and staff

which fostered an open communication culture and meant that issues of concern were addressed without delay.

Auditing and quality improvement initiatives meant that the provider had an effective system in place to provide a clear oversight of the service provided. Feedback from residents' meetings and residents' surveys were included in the annual review of the safety and quality of care delivered to residents. Managers were aware of the regulatory requirement to notify the Chief Inspector regarding relevant events. A review of accidents and incidents in the centre indicated that they were managed appropriately. However, contrary to the requirements of regulations, residents' contracts did not specify the room number and type of room to be occupied by the resident.

The person in charge stated that effective recruitment practices were in place to ensure that staff had the required skills, experience and competencies to fulfill their roles. Appraisals were undertaken and a probationary period was required prior to any permanent employment. All staff had the required Garda Síochána vetting (GV) in place. A sample of staff files reviewed contained all the documents required by Schedule 2 of the Regulations. Staff were provided with training opportunities to ensure that they developed the skills required to deliver safe and effective care to residents. All staff had received specific training in the protection of vulnerable people to ensure that they were able to recognise the signs of abuse and were knowledgeable of the actions required to safeguard residents.

The management team ensured that staffing levels were reviewed on an on-going basis so that the numbers and skill-mix were sufficient to meet the assessed needs of residents. Continuity of care for residents was supported by the fact that there was a low turnover of staff and there was only occasional dependence on agency staff. Minutes of management and staff meetings indicated that there was a respectful and clear communication style in the staff group. As a result, residents' needs were identified and addressed and the person-centred culture was promoted.

Regulation 15: Staffing

There were sufficient, appropriately trained staff on duty to meet the needs of residents. This correlated with the roster.

Judgment: Compliant

Regulation 23: Governance and management

Audits had been completed. Staff were aware of their roles and responsibilities. The person in charge was suitably qualified and the annual review had been completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Not all individual contacts identified the room and the number of occupants in the room for residents' information and consent.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The Statement of Purpose contained the required information in relation to the centre and the services available and had been updated annually.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints had been appropriately recorded and addressed.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Improvements were required to the layout of facilities and storage availability, as identified on previous inspections. The lack of suitable and sufficient communal space meant that residents could not sit comfortably in a social gathering or dine together as a group, if that was their choice. Consequently, residents were seen to dine next to their beds and to meet with visitors in the bedrooms. As some bedrooms had four occupants, this arrangement impacted in a negative way on residents' privacy and dignity and it meant that a large part of each day was spent at the bedside. The inspector noted that in one survey over 90% of residents had stated that they would prefer to dine by their beds. This was understandable in the context that there was inadequate dining space. However, residents said to the inspector that they would

go to a dining room if a suitable one was available.

Nevertheless, residents had opportunities to participate in meaningful events appropriate to their interests and preferences, and a varied programme of appropriate recreational and stimulating activities was offered. The lack of a suitable communal room in which to hold these activity sessions meant that not all residents could attend together and where activities were organised the group size had to be curtailed due to the lack of space. In addition, as there were residents with different needs in very close proximity in the small communal room not all residents were comfortable to attend group events.

However, the inspector found that since the previous inspection staff had arranged for a portable screen to be erected to provide privacy from the front door area during activity sessions. In addition at the time of inspection there were 12 empty beds in the centre which staff said lessened the impact of the lack of space and any staffing shortage. Staff also had arranged that the table in the conservatory was set up for use at meal times and the family room was more accessible as an alternative sitting area.

There were appropriate systems in place to support residents' care needs such as pre-admission assessments. This ensured that the specific needs of each resident could be met in the centre. The person in charge said that care planning for each individual was based on completed comprehensive assessments and clinical risk assessments. As a result, care plans were resident-focused and clearly set out care requirements. Healthcare needs were supported by the general practitioner (GP) and the allied healthcare team. For example, on the day of inspection the speech and language therapist (SALT) was attending to a resident who required a review of dietary needs.

The pharmacist was attentive to residents' medicine requirements and carried out audits to ensure safe practice and accurate documentation. However, the inspector found that not all unused medicine had been returned to the pharmacy, to prevent administration errors. Caring for a resident at end of life was supported by the community and palliative care team who advised on best evidence-based practice in pain relief and other symptom control.

The clinical nurse manager carried out audits of care plans to ensure that they were updated when any change occurred and on a least a four-monthly basis, so that the plans were accurate and related to the changing needs of residents. Evidence of residents' and relatives' involvement in the review of their care plans was seen by the inspector. This supported autonomy and choice in any care decisions. However, in a small number of care plans life-story information documentation had not been completed and care details had not been updated for one resident which could impact on optimal care provision. In addition, care plans were not stored in a secure manner to ensure that residents' personal data was protected.

Residents were encouraged to personalise their bedroom area but the lack of sufficient space, particularly in the four-bedded rooms, meant that the

personalisation opportunities were limited to pictures and photographs. In addition, the resident who occupied the middle bed in a three-bedded, corridor-like room faced out to the hallway and could be viewed, when in bed, by passers-by. Major privacy and dignity issues persisted in the two double bedrooms, as access to the cleaner's room, hairdresser's sink and sluice room was only available through these bedrooms. This had an impact on the privacy and dignity of residents who resided there. Staff had attempted to mitigate this circumstance by ensuring that these beds were left vacant or were only occupied on a short-term basis.

Some positive aspects were noted in relation to the premises. For example, overhead hoists were available in each bedroom and en-suite toilet and shower rooms were available in each multi-occupancy room. The inspector also saw that some internal painting had been carried out since the previous inspection and the halls were clean and fresh. A new sluice room had also been installed to replace an older system.

The management team had taken measures to safeguard residents from abusive interactions through training and supervision. A restraint-free environment was promoted and staff were aware of alternative measures to the use of bed-rails. The management of the behaviour and psychological symptoms of dementia (BPSD) was promoted by staff training, relevant care planning and best evidence-based policy and practice. The guidance and information provided by the multidisciplinary team led to a multi-faceted and person-centred approach when planning and implementing care.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The inspector saw that the management team understood the importance of promoting health and safety. For example, the health and safety statement was reviewed regularly and appropriate fire safety practices were followed. An emergency plan had been developed in the event that evacuation of the centre was necessary. Health and safety meetings and audits were undertaken in order to ensure that a safe environment was maintained.

Hand-washing facilities and hand sanitiser dispensing units were available throughout the building and the incidence of infection outbreak was low. This indicated that staff followed good practice in managing risks for example, the risk posed by the sluice rooms having to be accessed through bedrooms areas.

Residents were encouraged to be informed regarding their rights and they were supported to retain their independence. For example, an advocacy group had spoken with residents in October 2017 according to the minutes of residents' meetings. A residents' guide was available which had also been printed in an easy-to-read version. The local community were welcomed such as musicians, activity groups and school students. Visitors and staff spoken with described the importance of having the centre located in their community, particularly as the people who availed of the service lived so far from the city. Relatives spoken with confirmed that they were always made to feel welcome by staff.

Regulation 10: Communication difficulties

The lack of suitable, alternative and sufficient communal space impacted on the quality of life of a resident with communication challenges and negatively impacted on the use of the communal space by all residents.

Judgment: Substantially compliant

Regulation 11: Visits

There was insufficient private space available to support privacy during visiting times.

Judgment: Not compliant

Regulation 12: Personal possessions

Residents were limited in the amount of personal possessions they could bring in from home due to the lack of wardrobe space, personal space and space by their beds.

Judgment: Not compliant

Regulation 17: Premises

The premises did not conform to the matters set out in Schedule 6 of the regulations as follows:

- there was no bath in the centre
- multi-occupancy bedrooms did not allow for sufficient space for chairs and extra wardrobe space, if required
- there was inadequate dining space
- there was inadequate recreational space
- bedroom layouts and location did not afford residents space to carry out activities in private
- suitable storage space was not available
- external grounds were not suitable for residents who wished to walk outside unrestricted or independently
- multi-occupancy rooms were not suitable to the needs of residents with dementia, due to behaviour aspects of the condition

-sluicing facilities were not appropriately located
-the hairdressing sink was inaccessible, except through a bedroom area.

Judgment: Not compliant

Regulation 26: Risk management

The risks related to the inappropriate location of sluice rooms and hairdressing facilities had not been identified or assessed.

Judgment: Substantially compliant

Regulation 27: Infection control

The location of sluice rooms and the hairdressing room posed an infection control risk as the only access was through residents' bedrooms.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that unused medication had not been returned to the pharmacy as required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Not all care plans had been appropriately updated.
Care plans were not securely stored.

Judgment: Substantially compliant

Regulation 8: Protection

Staff were appropriately trained in the protection of residents. The policy was up-to-date and residents felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had not been provided with choice in relation to personal care opportunities.

A resident with behaviour that challenges was unable to fulfil the choice of walking around and being active, without impinging on the rights of other residents due to insufficient space indoors and safe outdoor space.

All residents were not afforded choice as follows: to eat in a dining room, to stay up late, to watch a favourite TV programme without interfering with others, to sit in a relaxing private sitting room, to talk to relatives in private, or to have private time in their bedroom or alternative area.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 11: Visits	Not compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Castletownbere Community Hospital OSV-0000601

Inspection ID: MON-0021274

Date of inspection: 20/02/2018 and 21/02/2018

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The Room and the number of occupants in the room is now contained in the Contract of Care. </p>	
Regulation 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties: HIQA Compliance works are due to commence in Castletownbere in November 2018. A planning application was submitted in February 2018. The issue will be resolved when the proposed plans for the centre are complete as more communal space will be available for residents. The new plans include a 30m² which can be expanded to a size of 55m² should the need arise by incorporating the sitting room. The addition of the said recreational room will have a significant positive impact on residents. In the meantime staff make every effort to meet the social needs of the residents by spending social time with them in the sitting room and sitting with them outdoors when weather permits. </p>	
Regulation 11: Visits	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: A visitors room and a family room are included in the design plans for Castletownbere due to commence in November 2018. All residents and visitors can avail of the use of the current family/visitors room. The visitors room is utilised daily and promoted as an alternative sitting area for</p>	

residents who want private time or to entertain visitors	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>All residents have a large wardrobe with a large top shelf, 3 small shelves and a bottom shelf. They have hanging space for up to 6 complete outfits. Each resident has a large locker with 2 drawers, one of which is lockable and a medium sized shelf area.</p> <p>The bed space provided for in the shared bedrooms in Castletownbere Community Hospital is in accordance with the latest legislation i.e 7.4 m² however bedrooms are being reconfigured when the HIQA compliance works commence in November 2018</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>HIQA Compliance works are due to commence in Castletownbere in November 2018. A planning application was submitted in February 2018. Plans involve the building of a new Recreation Room with a sliding partition into a new Sitting Room, a new Dining Room, a new Quiet/Sitting Room, a Private Visitors Room, an Overnight Family Room together with further refurbishment of the remainder of the premises.</p> <p>The limited space of the activity room was noted as a concern for HIQA, this concern is specifically addressed by the proposed development works. The new plans include a 30m² which can be expanded to a size of 55m² should the need arise by incorporating the sitting room. The addition of the said recreational room will have a significant positive impact on residents.</p> <p>The Inspector also raised concerns in relation to residents eating meals in their bedrooms due to a lack of alternative dining or sitting spaces. It will be noted that a large dining room is being built as part of the development. This will afford the residents with the opportunity of dining either in the dining room or their room should they so wish.</p> <p>In the interim residents will be facilitated on a daily basis to use the dining table in the conservatory as an alternative to dining by the bed – Each resident is asked daily where they chose to dine. This is recorded and communicated to staff by way of the “Dining Experience Record. If the dining room is busy and the resident wishes to eat in the dining room then a second sitting is offered to accommodate. If occupancy increases to 31 residents, two sittings will be provided.</p> <p>1st sitting 12:15- 12:45 and 12:45 to 13: 15. Times are flexible and are according to the resident’s wishes and needs. The dining experience is always supervised</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p>	

Access to the cleaner's room, hairdresser's sink and sluice room will be risk assessed and findings will be discussed with the Infection Control Nurse and the general manager and an action plan devised based on the findings .	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The access to sluice rooms and hairdressing room will change with the refurbishments due to commence in November 2018. In the interim an appropriate action plan will be devised based on the findings of the risk assessment	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The unused medications were belonging to a resident who had recently passed away. We were awaiting collection of same by the pharmacist that evening. Medications were collected by the pharmacist and disposed of appropriately	
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: Care plans will be reviewed by CNM2 and nursing staff and updated as per the regulations in association with the Clinical Development Co-ordinator. Secure storage system for care plans is being sourced and will be available by July 2018.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Due to the behavior challenges that some of our residents exhibit some negative interactions will always be a risk. HIQA compliance works will provide us with more communal and quiet space as well as an upgraded outside space. We have an arrangement with CoAction, West Cork where volunteers come on a regular basis during the week, to take resident on outings. Screens are used to secure privacy of residents. Any resident who wishes to stay up late to watch tv is facilitated in the day room or family room. Residents are facilitated to entertain visitors in the Family Room	

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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely.	Substantially Compliant	Yellow	Immediate with current facilities and May 2020 with improved facilities
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private	Not Compliant	Orange	Immediately February 2018

	area, which is not the resident's room, is available to a resident to receive a visitor if required.			
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	May 2020
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms on which that resident shall reside in that centre.	Substantially Compliant	Yellow	Immediately . February 2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	June 2018
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	Immediately February 2018

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	Immediately February 2018
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	Substantially Compliant	Yellow	Immediately February 2018

	appropriate, be made available to his or her family.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	Immediate with current facilities and May 2020 with improved facilities
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	Immediately February 2018