



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

Issued by the Chief Inspector

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| Name of designated centre: | Raheny Community Nursing Unit |
| Name of provider: | Beaumont Hospital |
| Address of centre: | St. Joseph's Hospital Campus, Springdale Road, Raheny, Dublin 5 |
| Type of inspection: | Unannounced |
| Date of inspection: | 03 October 2022 |
| Centre ID: | OSV-0000704 |
| Fieldwork ID: | MON-0037981 |

About the designated centre

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

The designated centre is located on the St Joseph's Hospital Campus and is close to local shops and amenities. The designated centre is under the management of Beaumont Hospital. The centre provides care and accommodation for 100 residents predominantly over the age of 65 years. Accommodation is divided into four units with 25 beds in each in a two storey purpose built building. There are two passenger service lifts between floors. Bedroom accommodation consists of a mixture of multi-occupancy, twin and single rooms, most of which overlook landscaped garden areas and internal courtyard gardens. There are communal lounges and dining areas available on each floor. Snacks and drinks are served from the pantry kitchens on the units. Main meals are prepared in the main campus kitchen. Care is provided by a team of nurses and care assistants, overseen by the Person in Charge.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 96 |
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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 |
|------------------------|----------------------|---------------|------|
| Monday 3 October 2022 | 08:15hrs to 16:15hrs | Margo O'Neill | Lead |
| Tuesday 4 October 2022 | 08:15hrs to 13:30hrs | Margo O'Neill | Lead |

What residents told us and what inspectors observed

From what residents said and from what the inspector observed, it was clear that residents' rights were respected and that residents were consulted with regarding the running of Raheny Community Nursing Unit. The inspector spoke with residents and visitors, and spent time observing practice throughout the centre on the days of inspection. A relaxed and calm atmosphere was observed on both days and feedback from residents was one of great satisfaction with the care, staffing and service that was provided as a whole.

On both mornings of the inspection the inspector was guided through the necessary infection prevention and control measures on entering the centre. These processes were comprehensive and included temperature checks, hand hygiene, the wearing of a face mask and checking for signs and symptoms of COVID-19. A short meeting was held with the person in charge to discuss the format of the inspection and to request documentation to inform the inspection process before completing a tour of the centre.

Raheny Community Nursing Unit is a purpose-build designated centre with 100 registered beds located near Raheny village and is situated on the St Joseph's campus. The inspector observed that the design and layout of the centre enhanced the quality of residents' lives. And the centre was found to be warm, bright, well ventilated and was maintained to a good standard internally.

The centre was laid out over two floors and contained 68 single bedrooms, four four-bedded bedrooms and eight twin bedrooms. All bedrooms had en-suite facilities and the en-suites observed by the inspector were found to be modern, clean and had sufficient space and facilities to allow residents to undertake their personal care activities independently or comfortably with assistance if that was required. Stairs and two passenger lifts were available to move between the two floors.

The centre had large living spaces and dining areas on each floor. These were found to be decorated nicely and tables were observed to be dressed with care to enhance residents' dining experience. All areas were observed to contain appropriate furniture to enhance residents' mobility and independence.

The inspector observed that residents' bedrooms were modern, clean and comfortable. The inspector observed that multi-occupancy bedrooms were configured to ensure all residents' right to privacy, autonomy and dignity were upheld. For example, within each residents' personal space there was a chair, bed, lockable space and adequate storage space for their possessions. Privacy was maintained with effective privacy screens and each resident could access their en-suite and enter and leave their bedrooms without entering other residents' private space.

All bedrooms contained appropriate numbers of chairs, lockers, lockable spaces, wardrobes and all had wall mounted televisions for viewing. Many residents had personalised their rooms with photos of loved ones, items of furniture and other keepsakes like ornaments. Residents reported to the inspector that they were very happy with their bedrooms with one resident reporting it was "better than a hotel".

Residents had access to two large, safe and enclosed courtyard garden areas. These contained seating areas with tables and chairs provided so that residents and their families could sit and enjoy the outdoors. Many bedrooms also contained a small balcony. The inspector was informed that there had been a recent initiative to enhance the balcony areas with potted flowers in hanging baskets. The inspector observed that the potted flowers added colour and brightness to the balcony areas. Although the centre's two courtyards and balcony areas off residents' bedrooms were planted with beautiful plants and trees, the inspector observed that some of these areas required attention as the inspector observed significant amounts of debris such as garden debris and dust littering the areas.

Residents were observed to receive visitors throughout both days of inspection and visitors who spoke with the inspector were complimentary of the staff and of the service that was being provided to their loved one.

Residents who spoke with the inspector were very positive about the staff saying that they were "great". Residents reported that staff came to them promptly when they required assistance, provided them with what they required or assisted them when needed. The inspector observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name and residents were seen to enjoy the company of staff. All interactions were observed to be respectful towards residents.

There was a dedicated activity team of four full-time staff working in the centre. On both days of inspection the inspector observed the different activities that had been arranged for residents such as a breakfast club, bingo bonanza, a seated exercise class and a men's shed. Residents who spoke with the inspector said they enjoyed the activities and in particular enjoyed the exercise classes as it kept them "moving".

There was a varied activity schedule which included activities for residents with one-to-one needs. A sensory trolley had recently been introduced as part of a quality improvement initiative. Activity staff used this trolley to provide sensory stimulation to residents requiring one to one activation. Other therapeutic activities were also delivered as group and individual sessions for people living with dementia in the centre.

A hairdresser was available in the centre two times a week for residents to have their hair styled. There was a dedicated salon for residents to attend.

The inspector observed mealtimes during the inspection and observed that there was a relaxed and social atmosphere among residents. Daily pictorial menus were displayed on each dining table and the inspector could see that there was a choice of three hot main meals for residents to choose from. Residents who required support were assisted in an unhurried, respectful and dignified manner by staff.

Feedback from residents regarding the food was positive, however one resident reported they would like the brand of biscuits reviewed. The inspector was informed that a resident representative attended the centre's nutrition committee and provided valuable feedback regarding the variety and quality of the food available in the centre.

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

Capacity and capability

The inspector found that there was a well established management structure in place with strong management systems to provide good oversight of the service provided to residents. Residents were consulted on a regular basis for their feedback on the service and staff supported them to live a good life. During the inspection the inspector followed up on the outstanding actions identified on the last inspection in August 2021 and found that these had been addressed. A completed application applying for the renewal of the centre's registration had been received by the Chief Inspector of Social Services prior to the inspection; this was being reviewed.

Records of meetings held from the many different committees were provided to the inspector for review, such as the quality and safety committee; these records were comprehensive and demonstrated that there was a culture of ongoing quality improvement and proactive management of risks and issues identified. The inspector found that there was robust management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored and that the centre was found to be adequately resourced to ensure the effective delivery of care. The inspector reviewed samples of records of completed audits and trending of key metrics of many aspects of the service. These were consistently being completed and the inspector found that there was action being taken to address gaps and deficits in the service.

Resident forums were held every three months to listen to resident ideas and feedback on how the service could change to ensure that there was ongoing improvement in the service and in the quality of life for residents. A copy of the centre's annual review of the quality and safety of the service for 2021 was provided to the inspector for review. This report was informed by a resident and family feedback survey completed in May 2021 and had quality improvement plans outlined to improve the service. A resident and family survey was completed annually and the inspector received the final report that detailed the results from the extensive resident and family feedback survey that had been completed in May 2022.

Following on from the last inspection the inspector identified that the registered provider had made arrangements to ensure that all required records were kept securely in the designated centre and were available to the inspector on request.

The person in charge was responsible for the day-to-day operations in the centre. She was supported in her role by the director of nursing (DON) for the St. Joseph's campus, who was based in the centre. There were formal management meetings held every two months where key aspects of the service were discussed and actions identified to address issues arising. Risks were reviewed and there was a risk register maintained and updated to ensure the effective management of risks.

The inspector observed on the day of inspection that there were appropriate numbers of staff in place to meet the needs of the 96 residents living in the centre. Working to provide clinical oversight to the the service were nine clinical nurse managers who all worked in a supervisory role. There were a minimum of three registered nurses on duty in each of the four units Monday to Sunday from 7.30am to 8.30pm. Sixteen to twenty health care assistants worked Monday to Sunday from 7.30am to 7:30pm across the four units. At night eight nurses and four health care assistants provided care and support to residents. Staff who spoke with the inspector were knowledgeable of their role and the inspector observed that there was a good sense of camaraderie. Staff reported they worked well together in their teams and that they were well supervised and supported by management.

There were four household staff working 7.30pm to 4pm Monday to Sunday, one on each unit. An additional household member of staff worked from 4pm to 7pm daily and was designated to the communal areas to ensure these areas received the attention they required. Furthermore a household supervisor worked from 8am to 7.30pm Monday to Sunday in a supervisory role. There was maintenance personal and administrative staff also working full time in the centre.

At the time of the inspection there were minimal care staff vacancies. The registered provider had recently recruited two new nursing staff who were nearing the end of their induction programme. For the remaining vacancies there was ongoing recruitment occurring to ensure these gaps were filled. A sample of Garda Síochána (police) vetting disclosures for staff were reviewed which provided assurances that staff had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 prior to commencing employment in the centre.

A written statement of purpose was in place. It was found to be reviewed and revised at appropriate intervals and contained all information as set out in the regulations.

There was a complaints policy to inform the management of complaints received and an accessible complaints procedure on display to inform residents and visitors. There was a designated complaints officer who maintained a log of complaints. On review, this was found to contain all pertinent information and correspondence. Records of investigations indicated that complaints received were taken seriously

and responded to in a prompt manner. Residents reported to the inspector that they could bring their concerns or complaints to any of the staff working in the centre.

Registration Regulation 4: Application for registration or renewal of registration

A complete application and all required information was received by the Chief Inspector for the renewal of registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that there were appropriate numbers and skill - mix of staff in place with regard to the assessed individual and collective needs of the 96 residents living in the centre at the time of the inspection and with due regard to the layout and size of the centre.

Judgment: Compliant

Regulation 21: Records

The registered provider had arrangements in place to ensure that the records as set out in Schedule 2, 3 and 4 were kept in the designated centre and available to the inspector. The sample of records reviewed by the inspector were found to be maintained appropriately and securely stored.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with identified lines of authority and accountability. The designated centre had sufficient resources to ensure delivery of care in accordance with the statement of purpose. Robust management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

There was an updated statement of purpose in place in the centre. It was found to contain all information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that there was a complaints policy and procedure in place to inform the management of complaints received. A log of complaints and correspondence were maintained as required by the regulations.

Judgment: Compliant

Quality and safety

The registered provider was delivering a good standard of care and support to residents. Some improvements were identified under Regulation 9, Residents' rights,; Regulation 17, Premises : and Regulation 27, Infection Control. These will be outlined later in the report.

A sample of resident care records was reviewed. These were found to contain person -centred detail and clear guidance to direct staff caring for residents. All residents had a pre-admission assessment completed prior to admission to ensure that the service could meet residents individual and collective needs. Comprehensive assessments completed with various validated assessment tools were completed for residents to identify their individual needs on admission. Care plans were found to be developed within 48 hours of admission. These were reviewed at a minimum of ever four months or as the residents needs changed. There were records of ongoing communication with residents and their nominated support person to inform these care plan updates.

The registered provider had formulated an up-to-date policy and put in place a clear procedure to inform staff regarding the safeguarding of vulnerable adults. The centre's training matrix indicated that the majority of staff had received up-to-date training in safeguarding vulnerable adults. While speaking with staff members, the

inspector was assured that they had the confidence, knowledge and skills necessary to report any safeguarding concern if required.

Residents had access to an advocacy service which was advertised in the centre. Residents were supported to exercise choice in relation to how they spent their time, their food choices and refreshments and how they personalised their bedrooms. Action was required to ensure that residents' right to choice regarding their preferred manner of washing and bathing was upheld. This is outlined under Regulation 9, : Residents' rights.

Residents had access to television, papers, radio and telephones to ensure they were informed regarding current affairs and connected to their community. A residents' guide had been prepared and made available for all residents regarding the centre. Visiting with families and friends was facilitated in line with national guidance. Residents were also supported to attend visits outside the centre.

There were ongoing measures and practices in place to ensure that residents were being protected from the risk of contracting COVID-19 such as the checking for signs of symptoms of infection. For all COVID-19 outbreaks that occurred in the centre a post-outbreak summary had been completed. Although learning identified was verbally discussed with the inspector, no written record was available. The service had access to infection prevention and control expertise Monday to Friday. While there was evidence of good infection prevention and control practice in the centre, there were gaps identified that required attention, for example the inspector observed the inappropriate wearing of PPE. This is outlined further under Regulation 27, : Infection Control.

The premises was found to be safe, secure and comfortable. Although the premises spanned a large footprint, the configuration of the building and the living environment provided many cosy areas for residents to rest, spend time and enjoy. The inspector found that overall the premises was well maintained internally however some areas were identified that required further attention.

The inspector observed that the two courtyards and many of the balconies off residents' bedrooms had significant amounts of dust and garden debris. Some of the outdoor furniture, such as tables, were also observed to have cracked surfaces. These areas were in need of attention to ensure they were well maintained. The management team had already identified this issue and had a plan in place to address it through contracting of additional maintenance hours from an external service provider. The additional hours were due to start a few days following the inspection. The management team also took additional action to have some of these areas cleared up and attended to during the inspection. The inspector also observed that clinical room doors did not have signage to indicate that oxygen was stored in a room, this was also addressed during the inspection by the management team.

The person in charge had ensured that residents had access to and retained control over their property, possessions and finance. There was a system in place to ensure that all linen and clothes were laundered regularly and returned to the resident in a timely manner. Residents had adequate space and facilities to store their clothes

and personal possessions within their bedrooms. The inspector followed up on the action identified from the last inspection and found that arrangements had been put in place to ensure that residents had access to their money over weekends.

Regulation 12: Personal possessions

Residents had access to and retained control over their property, possessions and finances and had adequate space and facilities to store them. There was a system in place to ensure that all linen and clothes were laundered regularly and returned to the resident in a timely manner.

Judgment: Compliant

Regulation 17: Premises

The inspector identified the following issues which required attention:

- Some en-suite facilities required attention, for example the inspector observed that in one en-suite there was a cracked and damaged sink while in another a sink plug required mending. These issues were logged in the maintenance log during the inspection.
- In several of the communal toilet and shower rooms there were cracked and missing tiles and in one communal toilet there was a hole in the wall which required attention.
- Designated smoking areas did not have call bell facilities for residents to use to call for assistance or in the event of an emergency.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide had been prepared and made available for all residents regarding the centre. This was found to include:

- A summary of the services and facilities in the designated centre.
- The terms and conditions relating to residence.
- The procedure in relation to complaints.
- The arrangements for visits.

Judgment: Compliant

Regulation 27: Infection control

Further review of the following areas were required to ensure infection prevention and control practices were in line with the national standards.

- Oversight of correct use of face masks and hand hygiene practices required strengthening. The inspector observed several staff wearing their face masks incorrectly, for example under their nose. Two staff were seen to wear watches. This meant that they could not effectively clean their hands.
- Oversight of cleaning of items of equipment also required strengthening. Although there was a cleaning schedule in place for items of equipment and a tag system to provide assurances and signify that equipment had been cleaned, the inspector observed that some items such as standing hoists and commodes were observed to have a layer of dust and staining and required further cleaning.
- There was inappropriate storage in some of the centre's sluice rooms, for example rolls of plastic bags were stored under the drying rack for commode basins and urinal bottles.
- Oversight of the storage of residents' personal hygiene products in multi-occupancy bedrooms required improvement. Although each resident had a designated storage unit for their personal items, the inspector observed in one en-suite that many bottles of personal hygiene products were unlabelled and stored on top of the storage cabinets. This posed a risk an infection prevention and control risk.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident care records. These were found to meet the requirements of the regulations.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed a sample of safeguarding incidents. The inspector found that these had been appropriately investigated and responded to in line with local and national safeguarding policies.

The provider acted as a pension agent for one resident at the time of the inspection and kept small amounts of money in safe keeping for residents who requested this. From the sample of records reviewed by the inspector it was seen that there was a dual signature system in place and that detailed and transparent records were maintained.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure that residents' right to choice was supported and upheld in all aspects of their care and daily life. The inspector observed that there was no bath available to residents in the centre should a resident request to have one. This limited the option of facilities available to residents and impacted on residents' right to choice regarding their preferred manner of washing and bathing.

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 | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Raheny Community Nursing Unit OSV-0000704

Inspection ID: MON-0037981

Date of inspection: 04/10/2022

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 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • En-suite facilities – all units have been fully inspected and any damage to sinks etc have been rectified. • Communal toilet and shower rooms – all units have been fully inspected and all cracked and missing tiles have been replaced. The hole in the wall in the communal toilet has been repaired. • Designated smoking area call bell – call bell for assistance in the event of an emergency has been placed into the smoking area. | |
| Regulation 27: Infection control | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • PPE training/education undertaken for the whole unit including hand hygiene training. Continuous communication at ward huddles to incorporate correct mask wearing, hand hygiene protocol, wearing of watches. • Reinforced oversight of cleaning of items of equipment by clinical nurse managers on each unit. • All inappropriate items in sluice rooms have been removed. • All personal hygiene products are labelled and stored appropriately with Clinical Nurse Manager improved oversight. | |

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| Regulation 9: Residents' rights | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 9: Residents' rights: <ul style="list-style-type: none">• Bath to be installed on one unit. | |

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 | 10/10/2022 |
| 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 | Yellow | 05/10/2022 |
| Regulation 9(3)(a) | A registered provider shall, in so far as is reasonably practical, ensure that a resident | Substantially Compliant | Yellow | 01/12/2022 |

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| | may exercise choice in so far as such exercise does not interfere with the rights of other residents. | | | |
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