



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

Issued by the Chief Inspector

Name of designated centre:	Rush Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kenure, Skerries Road, Rush, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	25 January 2023
Centre ID:	OSV-0000155
Fieldwork ID:	MON-0037966

About the designated centre

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

Rush Nursing Home is a purpose-built two storey facility which can accommodate a maximum of 56 residents. It is a mixed-gender facility providing 24 hours nursing care for people aged 18 years and over with a range of needs including low, medium, high and maximum dependency. The service provides long-term residential care, respite, convalescence, dementia and palliative care. Accommodation is provided in 50 single bedrooms and three twin bedrooms. Each bedroom has its own en-suite facility. In addition there are a range of rooms for social gatherings. Residents have access to two internal courtyards and the gardens surrounding the centre. The designated centre is located in the village of Rush, within walking distance from shops and public amenities. Public parking facilities are available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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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 25 January 2023	11:00hrs to 17:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The inspector walked around the centre with the person-in-charge (PIC), speaking with a number of residents and their relatives during this inspection. Residents described the centre as a good and safe place to live, one resident said they would give it "ten out of ten".

All residents spoken with said they were well cared for. They described the staff as "fantastic" and said there was always enough nursing staff on duty to meet their needs. They also said they saw their general practitioner (GP) on a frequent basis.

Staff were observed supervising residents in communal areas, including the dining room, where they provided assistance to residents when required. The inspector noted that the two house-keeping staff were rostered on from 8 am until 2 pm which, as evidenced further on in this report, was not adequate to ensure the centre was kept clean.

The inspector observed that residents were well groomed and one relative who visited a resident daily said this was always the case. The relative said that the hairdresser came in each week and the resident could have their hair done, if they wished. Residents were seen receiving visitors throughout the course of the inspection. Visitors were asked to sign in at reception and those spoken with said there were no restrictions on visiting.

Overall residents' rights' were upheld. Residents spoken with said they were given choices in relation to food and drinks offered at each mealtime. They had access to fresh drinking water and a choice of hot drinks with, between and after their meals. However, one communal bathroom had restricted access, there was no rationale provided for this restriction.

Residents had access to daily newspapers, televisions, radios and internet services within the centre. Some residents were observed reading the daily newspapers provided. Residents told the inspector that the activities provided on a daily basis were good and varied and they could opt in or out of activities as they pleased. However, one resident spoken to just before lunch stated they were bored, and told the inspector that the lady that did activities with them was off and therefore there was nothing to do. This was confirmed by the person-in-charge who stated that the care staff would be facilitating some activities in the afternoon when they had more time. Later in the day the inspector observed a staff member facilitating a game of skittles with a small group of residents downstairs. The activities person was not replaced when unplanned leave was taken although residents were charged for this service.

The premises was not clean. The inspector observed a high levels of dust in several areas of the nursing home including on the floor, under beds in a number of occupied bedrooms, on top of wall-mounted fire extinguishers and on top of

pictures. Items were not stored safely in the centre as evidenced under regulation 17. For example, a lot of activity related items were stored on the floor in one of the two sitting rooms and there was a high level of dust on furniture within this room. In addition, the floor covering was taped in a number of areas throughout the corridors of the centre posing a trip hazard.

The inspector observed that a number of staff were not adhering to best practices in relation to uniform policy and mask wearing. The infection control practices required improvement as evidenced under regulation 27.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the legislative requirements and follow-up on the compliance plans from the last risk inspection. The inspector found that the level of compliance of this centre had deteriorated since the last inspection. The governance and management required strengthening in order to ensure the centre could and would come back into compliance with the Health Act 2007 (as amended).

Mowlam Healthcare Services Unlimited is the registered provider of Rush Nursing home. The centre is part of the Mowlam Healthcare Group. On the day of inspection, the inspector met the proposed incoming person in charge (PIC) who had commenced in their post at the beginning of January 2023.

The outgoing Person in charge was also on duty and they explained that they will revert to the role of assistant director of nursing (ADON) once the Chief Inspector of Social Services had deemed the proposed incoming person in charge as fit.

The management team included the person in charge who was being supported by the regional operational manager. However, the inspector found that the support provided to the outgoing person in charge was not and had not been adequate enough for some period of time to ensure all procedures were in place to maintain an adequate level of oversight in all areas of practice.

The inspector found that adequate resources were not made available to ensure the service provided was safe, appropriate, consistent and effectively monitored.

Although there were enough clinical staff on duty to meet the needs of the residents, there were not enough house-keeping staff on duty to ensure the centre was kept clean. There were unfilled house keeping staff vacancies for some period

of time, and these vacant shifts were not being covered by agency staff. The inspector was not assured that the vacant post was in the process of being filled.

Adequate supervision was not in place. This is evidenced further on in this report by the poor infection prevention and control standards maintained by clinical and house-keeping staff and the absence of appropriate cleaning records.

The premises had not been maintained to an acceptable standard. The refurbishment plan referred to in the previous year's annual review had not been implemented in practice. The inspector noted that no further bedrooms or communal areas had been refurbished as planned and as referenced in the previous year's annual review.

Records reviewed including the directory of residents did not meet the legislative requirements.

Regulation 14: Persons in charge

The person in charge is a registered nurse with experience in the care of older persons in a residential setting. They hold a post registration management qualification in healthcare services and work full-time in the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider did not ensure that the number of staff was appropriate having regard to the needs of the residents and the size and layout of the designated centre. The inspector found the following:

- There were not enough housekeeping staff employed and/or rostered on duty to ensure the centre was kept clean and tidy. There was no house keeper in the centre from 2pm until 8am.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents was reviewed. It did not contain all of the required information. The directory of residents did not include the surname or address of the

next of kin for a number of residents, for others it did not include the address or telephone number of their general practitioner (GP).

Judgment: Not compliant

Regulation 23: Governance and management

The inspector was not assured that sufficient resources were provided to ensure the effective delivery of care in accordance with the statement of purpose:

- here were not enough housekeeping staff employed to ensure the centre was kept clean at all times. The inspector was informed that one fulltime housekeeping post had remained unfilled since August 2022.
- vacancies in the management structures were not replaced which led to weak oversight of service and care delivery. For example, the assistant director of nursing (ADON) position had not been recruited into when the ADON had to step up to the person in charge role.

The inspector was not fully assured that the quality of the service being delivered was adequately monitored:

- the audit schedule for 2023 was not available, however the inspector was informed that they were following the 2022 schedule.
- the inspector raised concerns about the quality of the audits reviewed. For example, the environmental audit last completed in November 2022 showed a 93% compliance rating, however this did not reflect the findings on this inspection.
- the audit process in particular the analysis of findings, action plans, identification of responsible person and time frames required further improvement to ensure practices improved as a result of repeated audits.
- the risk register did not reflect the potential risks associated with the storage of items as outlined under regulation 17.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service that was provided in the centre. This was made available for the inspector to review.

Judgment: Compliant

Regulation 31: Notification of incidents

The chief inspector had been informed of all incidents which occurred in the centre within the required timeframe.

Judgment: Compliant

Regulation 32: Notification of absence

The provider was aware of the requirement to give notice in writing of the proposed absence of the person in charge from the designated centre for a period of more than 28 days.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There had been no notice of the absence of the person in charge from the designated centre since the last inspection. However, the provider was aware of the regulatory requirement inform to the Chief Inspector of Social Services of details of the procedures and arrangements that had been put in place for the management of the designated centre during the absence of the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not adequately supervised, to ensure they were carrying out their duties to a high standard.

Judgment: Substantially compliant

Quality and safety

Improvements to the quality and safety of care were as required to ensure that the centre was maintained to the standard outlined in the registered provider's statement of purpose and to ensure all procedures were in place to safeguard residents against the risk of cross-contamination.

The premises was well laid out to enable orientation and independence, such as space for residents to walk around freely, with good lighting and handrails along both sides of the corridors. However the flooring was taped in some areas and the centre was not clean. The manner in which equipment, records and linen were stored posed a potential risk of fire. These risks were not identified in the risk register.

Infection control practices were not maintained to an appropriate standard. Not all the issues identified on the last inspection had been addressed. Staff working on the ground floor did not have access to clinical wash hand sinks that met the required standard as the one installed on the first floor. Additional detail in respect of the findings is provided under Regulation 27: Infection Prevention and Control.

There was a general practitioner (GP) for the residents in the centre. Referrals for residents to other health care professionals were made in a timely manner and all treatment plans, as advised, were clearly documented. However, residents who did not have the physical ability to leave the centre did not have access to a dentist as stated in the statement of purpose.

Residents were receiving visits as and when required and they assured the inspector their right to visitors was being upheld. They had access to a schedule of activities on a daily basis normally, however this was reduced on the day of inspection due to unplanned staff leave.

Regulation 10: Communication difficulties

Residents who were identified on assessment as having communication difficulties were facilitated to communicate freely. Their communication needs were identified on admission and care was being provided in accordance to their communication care plan.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that the registered provider did not provide premises that confirmed to all matters as set out in Schedule 6. For example;

- the centre was not kept in a good state of repair internally, for example flooring was taped in a number of areas, walls were heavily marked and wooden skirting boards, door frames and doors were heavily chipped.
- the centre was not clean, for example, high levels of dust were observed on floors and on top of equipment and furniture.
- while there appeared to be sufficient storage facilities available in the designated centre, they were not appropriately used and required further review as some posed a potential risk. For example, resident paper files were stored in a room with a fuse board on the wall and hoists were being recharged in a linen room upstairs.

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy available for review. It met the legislative requirements.

Judgment: Compliant

Regulation 27: Infection control

The inspector observed the following infection prevention and control issues:

- there was an insufficient number of clinical hand wash sinks in the designated centre to support staff implementation and adherence to best infection prevention and control practices. This was identified on the last inspection in November 2021, however just one clinical wash hand sink had been installed on the first floor.
- overall the environment was not cleaned to an appropriate standard
- the linen skips in use throughout the centre did not have lids.
- the linen trollies in use did not have covers.
- staff were not clear below the elbow.
- several staff were not wearing masks properly.
- the housekeeping deep cleaning checklists were incomplete and required review.

Judgment: Not compliant

Regulation 6: Health care

The inspector noted that residents did not have access to dental services, particularly those that could not leave the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Access to one communal bathroom was restricted. The inspector observed that the bathroom door had a keycode lock in place, which meant residents could not access it independently.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 19: Directory of residents	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Regulation 16: Training and staff development	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rush Nursing Home OSV-0000155

Inspection ID: MON-0037966

Date of inspection: 25/01/2023

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • The PIC will ensure that the staffing levels are maintained in accordance with the Statement of Purpose. • The PIC will continue to produce and monitor the staff roster, which sets out the required staffing numbers and skill mix for each department. • We will review the housekeeping roster to ensure that there are sufficient numbers of staff available at appropriate times to maintain high quality standards of cleanliness and tidiness in the home. • We will recruit additional housekeeping staff, including a Senior Housekeeper. • We have recruited Healthcare Assistants from overseas who will join the team when the necessary documentation and permits have been processed. • We will continue to advertise locally and nationally to recruit staff as required to ensure that there are always sufficient numbers of suitably qualified staff in all departments within the centre. • We will ensure that residents can avail of a variety of meaningful activities and social interactions on a daily basis, in accordance with their preferences and abilities. The PIC will develop a contingency plan to ensure that a HCA has designated responsibility for the provision of activities in the event of the Activities Coordinator being unavailable due to unscheduled or scheduled leave. 	
Regulation 19: Directory of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none"> • The PIC has updated the Directory of Residents to include all the information required for all residents, including the surname and address of the next of kin for the identified 	

residents, and the address and/or telephone number of their General Practitioner (GP) for the other identified residents.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Due to challenges in recruiting household staff in the Dublin region in particular, the nursing home has used agency household staff while recruitment of permanent staff is ongoing. It is our priority to recruit a sufficient number of household staff to ensure that high standards of cleanliness and tidiness are maintained in accordance with our expected standards.
- We will ensure that there are enough household staff available to maintain the home in a clean and tidy condition throughout the day.
- We await the commencement of Healthcare Assistants who have been recruited from overseas; they will commence in post as soon as their recruitment documentation has been processed.
- There is an Assistant Director of Nursing in post to support the PIC and to provide supervision to clinical staff and oversight to all departments.
- The Person in Charge (PIC) is supported by a regional Healthcare Manager (HCM) who visits the nursing home regularly. The HCM and PIC have a weekly progress review meeting to review all operational matters, including staffing, and to monitor overall regulatory compliance. Prior to the commencement of the new PIC, the ADON was PIC, supported by 2 Senior Staff Nurses who worked a proportion of their hours in a supernumerary capacity to provide oversight and supervision.
- There is a suite of audit tools in place to monitor quality standards and assess compliance with regulatory requirements. A timetable of 2023 audits was updated and issued on 30/01/2023. The audits include an action plan to address any areas of identified non-compliance. The PIC and HCM review action plans to ensure that recommended actions are implemented as planned. During each 3-month period there is a designated month for review of action plans and completion of same. There were no scheduled audits for January (the time of the inspection) to allow for a full review of audits and planning for the next audits).
- The PIC will oversee the auditing process to ensure the audit results accurately reflect the standards within the centre and that there is a quality improvement plan to address any corrective actions.
- The PIC will develop a contingency plan to ensure cover is available when the activities staff are unavailable at short notice.
- The risk register has been updated to risk assess the potential risks associated with the storage of items as outlined under regulation 17. An action plan to remove the items in storage is in place.

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • We will ensure that all household staff will receive specific instruction on Infection Prevention & Control procedures as well as cleaning procedures as part of the induction programme. • We have scheduled a Clean Pass course for all housekeeping staff to attend, commencing on 16/02/2023. • The PIC will include regular walkabouts of the home with the ADON to assist with setting priority objectives, and this will include regular safety rounds to monitor practice and to provide support and guidance to staff. • Individual staff training and development needs are discussed during the probationary period, performance appraisal and clinical supervision meetings, and staff will continue to be given the opportunity to identify any areas of training they feel would benefit them. • Targeted education and training will also be facilitated if there are observed staff skills deficits based on individual training needs analysis. The PIC and ADON will oversee that training theory is put into practice by staff. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Since the inspection, we have employed a Contract Cleaning Service to carry out a deep clean of the entire nursing home over a five-day period commencing on 27/01/2023. • The PIC will provide direction and support to housekeeping staff to enable them to update their knowledge and maintain the quality of the cleaning standards achieved following the deep clean. The PIC and ADON will oversee and monitor practice to ensure that the standards are maintained. • A complete declutter of the home has been completed, and any old or obsolete equipment was removed from the home. • We will arrange for the appropriate and safe storage of archived records. • The risk associated with the storage of records as above has been assessed and added to the Risk Register. • The PIC will liaise with the Facilities Manager to conduct a review of the décor and flooring within the nursing home and plan a programme of decorative upgrade. 	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • We will arrange to install additional clinical handwash sinks. • A deep clean of the entire nursing home has been undertaken and the PIC will ensure that the renewed standards of cleanliness will be maintained. • We will ensure that the linen skips and linen trollies will comply with IPC requirements. • The PIC will monitor and oversee the maintenance of housekeeping records to ensure these are maintained and accurate, this will include the deep cleaning checklists. • The PIC and the IPC lead nurse will increase the frequency of hand hygiene audits to ensure that staff are adhering to policies and are monitored to ensure that they are clear below the elbow. • As part of the daily oversight of IPC staff will be monitored for the appropriate use of PPE. We will heighten the awareness and education of staff who may require further insight into appropriate use of PPE. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • The PIC will continue to ensure that a suitable service to provide domiciliary oral health and dental care is provided. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The keypad access lock restricting residents' independent access to the communal bathroom has been disabled and residents now have free, unrestricted access to the communal bathroom. 	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/03/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/04/2023
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	30/06/2023
Regulation 19(3)	The directory shall include the	Not Compliant	Orange	31/03/2023

	information specified in paragraph (3) of Schedule 3.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/04/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/03/2023
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.	Not Compliant	Orange	31/03/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the	Substantially Compliant	Yellow	30/06/2023

	care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/01/2023