



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

Issued by the Chief Inspector

Name of designated centre:	Fairlawns Nursing Home
Name of provider:	Fairlawns Nursing Home Limited
Address of centre:	Cavan Road, Bailieborough, Cavan
Type of inspection:	Unannounced
Date of inspection:	06 September 2024
Centre ID:	OSV-0000136
Fieldwork ID:	MON-0042077

About the designated centre

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

The designated centre provides 24 hour nursing care to 37 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a single story building. Communal facilities and residents' bedroom accommodation which consists of a mixture of single and twin bedrooms are laid out around an internal courtyard. The philosophy of care is to provide good quality individual care to residents requiring residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 6 September 2024	09:00hrs to 17:00hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the feedback from residents was that they were satisfied with the care and service provided in this centre. The inspector observed that the residents' care needs were met in a timely manner by a staff team who knew the residents well. Overall, the lived environment was found to promote residents' independence and comfort; however, the configuration of seven twin-bedded rooms required review to ensure residents' individual needs could be met whilst ensuring their privacy and dignity in care.

On arrival at the centre, the inspector met with the person in charge. Following an introductory meeting, the inspector went for a walk around the centre's premises and spoke with several residents to gain insights into their experiences and perspectives.

Residents' comments were highly positive, and some commented that this is a good centre, that they were well looked after in this centre, and that the food is great. Residents told the inspector that staff attended to their needs at all times and that there was always something to do in this centre. Some residents told the inspector that they felt supported in leading a good life in the centre.

Fairlawns Nursing Home is a single-storey building close to local amenities and accessible from the main road. The centre is registered to provide care for 37 residents in a mixture of single and twin bedrooms.

Residents were found spending time in two sitting rooms accompanied by staff. It was observed that staff members interacted well with residents in these communal rooms, contributing to a positive atmosphere. An activity coordinator was available, and the residents were encouraged to participate in a range of social care activities, such as card games, bingo and arts and crafts. Although the weather was good, the inspector noted that a planned outdoor bingo session took place inside the communal lounge, and there was no clear reason why residents were not using their outside space.

The corridors were spacious and wide and the walls were adorned with artworks created by the residents. There were sufficient handrails in place along all the corridors to support residents with their safe mobility. The corridors were free from clutter, and the inspector found that the centre appeared clean and tidy. The centre had a well-maintained internal courtyard, which contained decorative features and a variety of flowers and vegetables. This courtyard was accessible to all residents, but no residents were observed using this area on the day of the inspection.

The inspector reviewed some of the residents' rooms and found that the residents in single rooms were encouraged and supported to personalise their bedrooms with pictures, artwork and memorabilia. However, the layout of the twin-bedded rooms had not been reconfigured in line with the compliance plan submitted by the provider for the previous inspection held in September 2022. As a result, the layout

and individual floor space in these twin rooms did not ensure the residents' needs could be met and their privacy and dignity upheld.

Residents had the choice to have their personal clothes laundered in the centre, and there was a system in place to ensure that residents' clothes were returned to their personal wardrobes. Residents' wardrobes were found to be neat and tidy and well organised.

The centre had a pleasant and relaxing ambience. The inspector observed that the care provided to residents was unhurried and that call bells were answered promptly. The inspector also observed kind and courteous interactions between staff and the residents.

Residents had access to menu choices at mealtimes, and there were sufficient staff available in dining areas to assist residents during lunchtime.

Residents were observed to have visitors during the inspection, and the residents who spoke with the inspector confirmed that there were no restrictions on visits.

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 designated centre and how these arrangements impacted on the quality and safety of the services being delivered.

Capacity and capability

Overall, this inspection found significant improvement in the service provided in this centre, and the provider had effectively addressed the fire safety issues that were identified in the previous inspection. However, significant focus and effort are now required to ensure the layout of the twin bedrooms is reviewed and reconfigured in line with the commitments given by the provider following previous inspections. In addition, some improvements were required in the assessment and care planning processes to ensure compliance with Regulation 5.

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013).

The registered provider of Fairlawns Nursing Home is Fairlawns Nursing Home Limited. The management team in this centre consists of a director of the company and the person in charge. The clinical nurse manager (CNM) post was vacant at the time of the inspection and had remained vacant since July 2023, when the previous post holder had left. The inspector was informed that this post was covered by two senior nurses. The person in charge is supported by senior nurses, nurses, care staff, catering staff, housekeeping, maintenance, administration, and activity staff.

The person in charge is a registered nurse with the required managerial and nursing experience for the role. The person in charge works full-time in the centre. In January 2023 the provider had appointed a clinical nurse manager to support the person in charge and to deputise for them when they were away from the designated centre. The post holder left in July 2023 and had not been replaced. This inspection found that the absence of a clinical nurse manager was having a negative impact on the oversight of clinical care and did not ensure that appropriate deputising arrangements were in place for when the person in charge was absent.

There were policies and procedures available to guide and support staff in the safe delivery of care. The inspector reviewed the records of accidents and incidents and found that the provider had appropriate systems to report and review incidents occurring in this centre. The person in charge had carried out regular environmental audits, and they were available for the inspector to review. The provider had completed an annual review of the quality and safety of care delivered to residents in the centre in 2023.

Although there were a range of quality assurance systems in place, this inspection found that they were not effective in all areas. For example, care plan audits had not been consistently carried out in line with the provider's audit schedule for 2024. Furthermore, a care plan audit that was carried out several months prior to this inspection failed to identify the care planning issues the inspector found on this inspection. As a result, the audit was not effective in improving the quality of care planning.

Although the centre was not in an outbreak, staff were found to be wearing facemasks. This was brought to the provider's attention, and the inspector was informed that this was a precautionary measure due to a community spike in infection. However, there was no documentary evidence to confirm that the provider or the team had sought advice from their infection prevention control link specialists in getting clinical and epidemiological indicators regarding increasing community circulation of respiratory viruses as part of their risk assessment before face masks were re-introduced in the centre.

The inspector reviewed a sample of training records, and the records confirmed that staff were up-to-date with their mandatory training in safeguarding, fire safety and manual handling. The records indicated that the provider had also arranged specialist training, such as activities training, to fulfil their roles effectively. The inspector reviewed a sample of staff files, and Garda Síochána (police) vetting disclosures were available in the designated centre for each member of staff.

The provider had kept a record of complaints received in this centre, and the records showed that there was a low level of complaints. At the time of inspection, all complaints had been resolved and closed. However, the inspector found that the provider's complaints procedure did not meet all of the requirements of Regulation 34. In addition, improvements were required in ensuring that complainants received an appropriate written response as to the outcome of their complaint.

Regulation 15: Staffing

The provider had kept the staffing resources of the centre under review, and the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training records and saw that the registered provider had ensured that staff were provided with relevant training appropriate to their role and the needs of residents.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations were kept in the centre and were made available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to ensure that the resources required to bring the centre into compliance with Regulations 17 and 9 were provided. As a result, the reconfiguration of the twin bedrooms remained outstanding from 2022, and the layout of these bedrooms was negatively impacting on the residents accommodated in those rooms. Additionally, the provider had failed to reinstate the post of clinical nurse manager when this post became vacant. There had been no clinical nurse manager in post since July 2023, which was impacting on both the deputising arrangements for the person in charge and the support and supervision of nursing and care staff in their work.

The provider's governance and management systems were not sufficient to ensure that the care provided in the centre was safe and effective. For example:

- The audits in relation to care planning failed to drive quality improvement and

to address the issues set out in this inspection report.

- The provider's oversight of the use of restraints in the centre did not ensure that the use of restrictive practices in the centre was in line with the national policy, 'Towards a Restraint Free Environment in Nursing Homes'.
- A risk assessment was not in place to recommend the universal use of facemasks.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose required review to ensure that:

- The clinical nurse manager role, as identified in the provider's compliance plan for the inspection held in September 2022, was not included in the most recent revised statement of purpose (Version 9).
- The correct staffing compliment in whole time equivalent (WTE) arrangement for activity staff was not accurately reflected in the provider's statement of purpose.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider's complaint procedure that was available to residents was not sufficiently detailed, and did not provide the information required by the regulations. For example:

- The centre's complaints procedure did not include a clear process to provide the complainant with a written response informing them whether or not their complaint has been upheld, the reasons for that decision, and any recommended improvements that had been identified following their investigation of the complaint.
- The records of two complaints that had been concluded did not contain a written response to the complainant about the outcome of their complaint investigation.

Judgment: Not compliant

Quality and safety

The inspector found that overall residents were supported and encouraged to have a good quality of life in the centre. The provider had made significant improvements to address the fire safety issues identified in the previous inspections. However, the layout of the twin-bedded rooms required reconfiguration in order to ensure that the rights, privacy and safety needs of the residents were adequately protected.

The inspector observed that the care provided to residents was person-centred, and the staff who spoke with the inspector were aware of residents' needs and preferences. However, the care plans of some residents were not sufficiently developed to provide the required information for staff to be able to ensure care interventions consistently met the needs of the residents. This was particularly regarding the use of bedrails and pressure ulcer prevention strategies for some residents.

Residents were well supported in engaging in activities in accordance with their interests and capabilities. Residents had access to local and national newspapers, televisions and radios in the communal areas. Information regarding advocacy services was displayed in the reception area.

Residents' meetings were held regularly, and the meeting records indicated that the residents were actively involved in providing input and feedback about the organisation of the centre.

The centre had a low number of residents with responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff were sufficiently trained to identify and carry out appropriate assessments to establish factors that may trigger responsive behaviours or underlying causes of these behaviours at an early stage and provide appropriate support if the resident became agitated or anxious. Staff were found to be knowledgeable about the residents and person-specific strategies for managing those responsive behaviours. However, the inspector was not assured that the use of restrictive practices in this centre was fully aligned with the recommendations set out in the national policy.

Regulation 10: Communication difficulties

The inspector observed that the specific communication needs of individuals were detailed in their care plans and that staff were aware of the specialist communication needs of the residents and responded appropriately.

Judgment: Compliant

Regulation 17: Premises

Seven twin-bedded rooms in this centre were not suitably laid out to meet the needs of residents who required the use of assistive equipment. For example, there was not sufficient room to use a full body hoist or to manoeuvre a comfort chair, in a safe manner within the bedspace of each resident, and several residents were using these types of equipment in these rooms.

The twin bedrooms in the centre did not also conform to all of the matters set out in Schedule 6 of the regulations. For example:

- The layout of the twin-bedded rooms meant that there was not enough space available for each resident in these bedrooms to have a comfortable chair and a bedside locker beside their bed and be able to mobilise around their bed safely. Several twin-bedded rooms only had room for one resident to have a comfortable chair to sit out beside their bed if they wished to do so. This was a repeated finding from previous inspections.
- The inspector measured the floor space available for each resident in four twin-bedded rooms and found that the space allocated to each resident was below the minimum floor space requirement of 7.4 square meters.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

An appropriate system of reviewing residents' care plans was not in place in the centre to support the residents in meeting their care needs. For example:

- Three residents did not have an appropriate care plan in place to guide staff regarding appropriate use of bed rails.
- Three residents who were at high risk of pressure ulcers did not have an appropriate care plan in place to guide staff to provide the most appropriate care to prevent pressure ulcers from developing.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The inspector was not assured that the restrictive practices were used in accordance with national policy. For example, the inspector observed that appropriate assessments, including the consideration of least restrictive alternatives, had not been completed for three residents who were using full-length bedrails in this

centre.

Judgment: Substantially compliant

Regulation 8: Protection

Staff who spoke with the inspector were knowledgeable of different kinds of abuse and what they would do if they witnessed any type of abuse. There were systems in place to safeguard vulnerable adults from abuse. For example, a sample of staff records indicated that staff had appropriate vetting completed by An Garda Síochána prior to the commencement of work in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The layout of seven twin-bedded rooms did not afford each resident sufficient space to carry out personal activities in private as there was not sufficient space to use assistive equipment, such as hoists, without encroaching on the bed space of the neighbouring resident in the bedroom.

Additionally, the provision of one television set in seven twin bedrooms did not afford each resident personal choice regarding their television use.

Judgment: Not compliant

Regulation 12: Personal possessions

There was not sufficient space in each of the twin bedrooms for the residents to have their bedside lockers beside the bed. As a result, the bedside locker was kept at the head end of the bed, making it difficult for residents to access their belongings.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 12: Personal possessions	Substantially compliant

Compliance Plan for Fairlawns Nursing Home OSV-0000136

Inspection ID: MON-0042077

Date of inspection: 06/09/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An Architect is currently reviewing the reconfiguration on the twin bedrooms to ensure they meet regulatory requirements. Works to be completed by 31.5.25</p> <ul style="list-style-type: none"> • 2 senior staff nurses who have worked in the centre for 3 years or more are working in the role of CNM however they are now rostered as CNM's in the off duty and they continue to deputise when the person in charge is absent. Complete 31.10.24 • The care plans are being re-evaluated with 1:1 supervision from the PIC. Staff nurses require extra training in care planning and documentation and this is being facilitated to improve the standard of care plans. Training to be completed by staff nurses by 31.10.24 • Bedrails assessments have been updated to include the alternatives trialled prior to using a bedrail and this will be reflected in the risk register which is being updated. To be completed by 30.11.24 • Following consultation with public health IPC it has been recommended that a local risk assessment is used in conjunction with General practitioners and based on community risks. To be completed by 30.11.24 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose from 21.3.24 will be updated to include the clinical nurse manager role instead of Senior Nurse and the WTE of activities. To be completed 30/11/24</p>	

Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints procedure has been updated to include 'written response'</p> <ul style="list-style-type: none"> • A new complaints audit has been established to ensure that the complaints procedure is carried out effectively. • A written response for 2 complaints was completed within the timeframe of the complaint's procedure. Complete 30.9.24 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>An Architect is currently reviewing the twin rooms in order to reconfigure them in line with regulation SI no293/2016. Works to be completed by 31.5.25</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All residents who required bedrails had this updated in their care plans. Complete 15.9.24</p> <ul style="list-style-type: none"> • All staff nurses are undergoing further training in care planning and documentation to ensure they have the skills require to complete care plans to a satisfactory standard. All care plans are then checked and signed off by the Person in Charge when they are correct. Training to be completed by 31.10.24 care plans to be completed and signed off by 30.11.24 • Turning charts that are in place for residents at risk of pressure damage are now checked by the staff nurses to ensure they are completed correctly and not missing entries. Complete 15.10.24 	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Alternatives trialled prior to the use of bedrails are now documented as part of the bedrail assessment process. Complete 15.9.24</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: As outlined in Reg 17- an architect is currently reviewing the twin rooms in order to reconfigure them in line with SI 239/2016 This will also include the provision of a second TV in the twin rooms. Works to be completed by 31.5.25</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: As outlined in Reg 17 and Reg 9- an architect is currently reviewing the twin rooms in order to reconfigure them in line with SI 239/2016. Works to be completed by 31.5.25</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/05/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation	Not Compliant	Orange	31/05/2025

	3.			
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	31/05/2025
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	15/11/2024
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	31/12/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2024
Regulation 34(2)(c)	The registered provider shall ensure that the	Not Compliant	Orange	30/09/2024

	complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Not Compliant	Orange	30/09/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/10/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy	Substantially Compliant	Yellow	30/09/2024

	as published on the website of the Department of Health from time to time.			
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	31/05/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/05/2025