



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

## Issued by the Chief Inspector

Name of designated centre:	Drumderrig House
Name of provider:	Drumderrig House Nursing Home Limited
Address of centre:	Abbeytown, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	29 June 2022
Centre ID:	OSV-0004457
Fieldwork ID:	MON-0034891

## About the designated centre

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

Drumderrig House Nursing Home is a purpose-built facility that provides care for 107 male and female residents who require long-term care or who require care short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high or maximum dependency. The centre is located approximately two kilometres outside the town of Boyle, Co. Roscommon and is a short drive from Lough Key Forest Park. The centre provides an accessible and suitable environment for residents. Bedroom accommodation consists of 55 single and 26 double rooms all of which have en-suite facilities. There are additional toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms. There are four sitting areas where residents can spend time during the day. There are dining rooms in two locations and an oratory, visitors' rooms and conservatory areas provide additional spaces for residents' use. In the statement of purpose the provider describes the service as aiming to enhance the quality of life of residents by providing good standards of health and social care within a peaceful and tranquil setting. The staff seek to develop, maintain and maximise the full potential of each resident.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	85
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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 29 June 2022	09:20hrs to 18:50hrs	Michael Dunne	Lead
Wednesday 29 June 2022	09:25hrs to 18:50hrs	Leanne Crowe	Support

## What residents told us and what inspectors observed

Throughout the day of the inspection, the inspectors spoke with a number of residents in the centre and their general feedback was that they enjoyed a good quality of life and received person-centred care from staff. Residents described feeling content and relaxed in the centre and confirmed that they were supported to spend their days as they please.

On arrival at the centre, the inspectors were greeted by a member of staff who guided them through relevant infection prevention and control measures which included the use of hand sanitising gel, the wearing of a mask and temperature monitoring. Inspectors observed that staff were compliant with COVID-19 standard precautions and the appropriate use of personal protective equipment (PPE).

Following an introductory meeting with the person in charge, the inspectors walked through the centre. On the morning of the inspection, the inspectors observed that there was a relaxed and calm atmosphere in the centre. Many residents were enjoying breakfast in the dining room or in their own bedrooms. Other residents were still sleeping and staff confirmed that this was in line with residents' individual routines and preferences. Residents were well-dressed and were neat and tidy in their appearance. Many residents confirmed that they chose their outfits and various accessories each day.

Throughout the day, many residents spent time in the various sitting rooms, engaging in activities such as baking, listening to music, reading newspapers and using a small computer device called a tablet. Some residents were also creating items for the upcoming arts festival in the local area. A staff member's dog spent its days in the centre and it was clear that residents enjoyed spending time with the pet. For example, one resident had their own box of dog treats and informed the inspectors that the dog came to their room every day for these treats.

The majority of communal rooms were spacious and bright and facilitated residents to engage with one another or spend time doing individual activities. However, one area which connected two day rooms was quite narrow and was configured in a manner that allowed people to travel through this room to access other rooms. This resulted in residents sitting in two lines along the perimeter of the room, while staff and residents passed by them regularly. Additionally, noise from communal rooms that were adjacent to either side of this room could be overheard in this area. The layout in this room was not conducive to a quiet sitting area and needed to be reviewed to optimise the experience for residents who spent their time in the room.

The overall environment was homely and nicely decorated and there was a comfortable atmosphere in the centre. Many residents had brought in personal items and pictures to decorate their bedrooms, which created a more homely feel. The layout of a number of twin bedrooms required additional oversight to ensure they met the needs of residents. For example, one resident told inspectors that due to

the position of their bed, they found it to be "a bit awkward" in accessing the ensuite toilet using their mobilising equipment. Observations carried out on other twin bedrooms confirmed that residents did not always have access to comfortable seating beside their bed and to an accessible storage space to store and access their personal items.

Inspectors observed staff attending to residents throughout the day. Staff were seen to be attentive and prompt in responding to residents' requests and engaged with residents in a kind and polite manner. While the majority of interactions between staff and residents were positive there were a small number observed where more effective communication was needed, these examples are described in more detail under Regulation 9 Resident Rights.

When inspectors asked about the quality of food, residents were very complimentary about the food available in the centre. Residents informed the inspectors that they thoroughly enjoyed the food served on the day of the inspection, particularly the dinner of bacon and cabbage. Inspectors observed a breakfast service and found that residents received the required levels of support from staff to be able to enjoy their breakfast.

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

## Capacity and capability

This was an unannounced inspection conducted by inspectors of social services to assess compliance with the Health ACT 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as Amended). This inspection also focused on the registered providers' actions to address non-compliance found during the last inspection in August 2021.

Overall inspectors found that this was a well-managed centre with a focus on providing services to meet residents' assessed needs. Inspectors found that the provider had taken a number of planned actions to achieve compliance with the regulations, with significant improvements found under staffing, training and development of staff and fire precautions. Inspectors reviewed 16 regulations and found that continued improvement was required in a number of regulations which included, infection prevention and control, governance and management, resident rights and contracts for services, while inspectors found non-compliance under premises which is discussed in more detail under Regulation 17. All other regulations reviewed by inspectors were found to be compliant with the regulations.

The registered provider for this centre is Drumderrig House Nursing Home Limited. There was a clearly defined management structure in place that identified individual roles and responsibilities. The management team consisted of a general manager

who was rostered as a health care assistant on the day of the inspection, a person in charge, an assistant director of nursing and a team of clinical nurse managers. The remainder of the team consists of staff nurses, health care assistants, catering, household, laundry, activity co ordinators, maintenance and administration staff.

The registered provider maintained systems to ensure that the service was effectively monitored. There was a programme of audits in place to review clinical care provided to the residents. Audits were found to have associated action plans in place to mitigate against risk and to improve the service provided. Planned multi-disciplinary team meetings were seen to be held on a regular basis to monitor clinical care and to support decision making regarding care interventions.

There were effective communication systems in the designated centre which included daily handovers, regular management and local meetings. The provider had introduced weekly COVID-19 committee meeting to review current infection prevention and control practices being used in the designated centre.

A number of personal storage areas located in resident rooms required replacement to ensure they were suitable for their intended purpose. Inspectors found that some wardrobes were damaged and required repair, this was pointed out to the registered provider during a review of the layout of twin rooms.

Records were maintained to a high standard however inspectors found that some contracts for the provision of services did not contain all the information as set out under the regulations. It is important that all contracts specify the type of room being offered to residents whether that is a single, twin or multi-occupied room in order to facilitate resident choice on whether to accept the room being offered.

There were sufficient numbers of staff available on the day of the inspection to provide care to the residents which was consistent with staff numbers identified in the centre's statement of purpose. On the day of the inspection there were 85 residents living in the designated centre with nine assessed as having maximum dependencies, 24 high, 26 medium and 26 with low dependency levels.

Staff were facilitated to attend mandatory training and other training appropriate to their roles, such as continence care, falls management, the use of restraint and medication management. A review of staff files found that they contained all the information required under the regulations which included a current Gardai vetting disclosure.

Discussions with a number of staff in the course of the inspection found that they were knowledgeable regarding the actions they would need to take in the event of a fire emergency and also what procedures to follow should a resident have a safeguarding concern.

A review of the complaints records found that they were managed in accordance with the registered provider's complaints policy.

## Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

## Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up to date mandatory training in the safeguarding of vulnerable people, the management of responsive behaviours, fire safety and moving and handling practices. Staff had also completed training relevant to infection prevention and control.

Judgment: Compliant

## Regulation 21: Records

There was evidence that records were well-maintained and were updated on a regular basis. All records requested were made available for inspectors to review. A focus on records relating to schedule 2 of the regulations found that staff had the required documentation in place prior to commencing employment in the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector's found that the registered provider had made significant improvements since the last inspection to ensure that the designated centre had sufficient staff resources to provided safe care to the residents living in the designated centre.

A review of the oversight arrangements in place found that they were well-organised and sufficient to monitor the quality of the service.

A quality of life satisfaction survey had been carried out and inspectors were



informed that the findings from this survey would be incorporated into the annual review of the quality and safety of care.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A review of a sample of contracts for the provision of services found that not all contracts had the required information in place, for example,

- Not all contracts identified the type of room being offered.
- Some contracts did not set out in clear detail the breakdown of the fees to be charged for the placement.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which described the facilities and services available in the designated centre. This document contained all the information as set out under Schedule 1 one the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which had been reviewed in March 2022. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had received seven complaints since the last inspection in August 2021. Six complaints had been closed and were managed in line with the centre's complaints policy. There was one open complaint which was being managed by the registered provider also in accordance with the complaints policy.

Judgment: Compliant

## Quality and safety

Overall, residents' health and welfare was maintained by a high level of evidenced based care. Residents were satisfied with the quality of care they received and felt safe living in the centre. However, improvements were required to bring the centre into compliance with Regulation 17, Premises, Regulation 9, Residents Rights and Regulation 27, Infection Prevention and Control.

The designated centre is a purpose-built facility that provides care for 107 male and female residents. There were a number of well-appointed communal facilities for residents to use including spacious dining and sitting rooms. There were also secure garden areas that residents could access. Accommodation was provided in a selection of single and twin bedded rooms. At the time of the inspection there were 85 residents living in the designated centre with five of those residents aged under 65 years of age. The majority of residents were accommodated in single rooms with en-suite facilities which included a toilet, wash hand basin and shower.

Residents occupying some twin rooms located in the Brennan area of the building had difficulty accessing their personal storage and their toilet and bathing facilities due to the current layout of these rooms. In addition residents in these rooms did not have sufficient space around their bed to put a comfortable chair so that they could sit out if they wished to do so. This was brought to the attention of the registered provider on the day of the inspection.

A sample of resident's records showed that a pre-admission assessment had been completed prior to the residents' admission. This was followed up with a comprehensive nursing assessment on the day of admission. A range of validated assessment tools were used to inform the care plans for each of the resident's identified needs. Care plans were developed within 48 hours of the resident's admission. Care plans were subject to a four monthly review or sooner when changes had occurred. The provider had arrangements in place for residents to access general practitioners (GPs) and allied health care professionals, such as dietitians and speech and language therapy services.

The provider had made significant efforts to minimise the implementation of restrictive practices in the centre and on the day of the inspection no physical restraints were observed to be in use.

The provider had taken action to improve infection prevention and control measures in the centre since the previous inspection, including the de-cluttering of storerooms and the revision of waste management systems. While there was generally good oversight and management of infection control practices in the centre on this inspection, some equipment required maintenance or repair to ensure that all surfaces could be cleaned effectively. The provider had installed two mobile clinical hand wash sinks in order to promote good hand hygiene practices in the centre, however, these sinks were found not to be compliant with the required standards.

and specifications.

Residents had access to an activity schedule, which for the most part met their preferences and capabilities. While many residents were observed to participate in a variety of activities throughout the day of the inspection, not all residents had sufficient opportunities to engage in activities in line with their interests and abilities. This is discussed further under Regulation 9.

Visiting arrangements in place facilitated residents to receive visitors in their own bedrooms, in a dedicated visitors' room or in communal areas, in line with their own preferences. Visitors were observed attending the centre throughout the day of the inspection.

Residents spoken to in the centre stated they felt safe and would have no problem approaching management or staff if they had any concerns and added that staff were supportive of their care needs.

The inspectors found that there were satisfactory fire arrangements and fire precautions in place to protect residents in the event of a fire emergency. Resident personal emergency evacuations plans were maintained by the provider and there was good fire maintenance records available for inspectors to review. Emergency exits were seen to be unobstructed while fire fighting equipment was well-maintained and located throughout the designated centre. All fire doors reviewed by inspectors were seen to close properly and as such would provide the required levels of protection from the spread of smoke from one compartment to another.

### Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in line with the current Health Protection Surveillance Centre (HPSC) guidance and public health advice.

Judgment: Compliant

### Regulation 17: Premises

A number of twin rooms in the Brennan wing of the centre were not of a suitable size and layout to meet the needs of the residents accommodated in these rooms. This was evidenced by:

- Residents did not have sufficient space around their bed to have a comfortable chair in which they could sit out.
- Residents did not have sufficient space to easily access their personal storage

and manage their belongings.

A number of areas in the designated centre required refurbishment and some items of bedroom furniture needed to be replaced. This included some wardrobes where the veneer had come away from the main structure of the wardrobe.

Judgment: Not compliant

### Regulation 27: Infection control

Some aspects of infection prevention and control measures required further action to ensure the centre was in compliance with the regulations and associated standards for the prevention and control of health care associated infections published by the Authority. For example:

- A small number of surfaces were damaged which impacted on the ability to clean these appropriately. These items included a back rest on a toilet, chipped surfaces of wooden furniture and some areas of plaster on walls.
- The addition of two hand hygiene sinks in the centre were found not to meet current guidelines and specifications for clinical hand washbasins and as such did not improve overall access to appropriate hand hygiene facilities.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Overall the provider had taken adequate precautions against the risk of fire in order to protect residents in the event of a fire emergency. A number of records relating to fire safety were found to be well-maintained, these records included, maintenance of the fire alarm system including certificates of servicing, records also confirmed quarterly checks on emergency lighting and on fire extinguishers.

There were policies and procedures in place to guide staff regarding actions to take in the event of a fire. Training records confirmed that staff were up-to-date with their fire training requirements.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed on admission and personalised care plans were developed in response to any identified needs. Care plan reviews took place every four months or when residents' needs changed. A variety of evidence-based clinical tools were used to assess needs including mobility, nutrition and skin integrity.

Judgment: Compliant

### Regulation 6: Health care

There was evidence that residents had access to medical and allied health professionals services. Records demonstrated regular appointments, where required, with services such as speech and language therapy, dietetics and chiropody.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were systems in place to support residents who were exhibiting responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse, including training for staff. The centre was not a pension agent for any residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors were not assured that all residents were facilitated to participate in activities in accordance with their interests and capacities. Inspectors' observations

on the day of the inspection found that the opportunities for engagement in meaningful activities varied significantly between the day rooms that residents occupied. For example: activities provided in some day rooms appeared to be better planned and coordinated with staff able to support residents to engage in the activity session provided, while this type of support was not universal across all day rooms.

While inspectors observed positive interactions between staff and residents throughout the day of the inspection, there were two examples where staff's approach to providing care was task focused and did not support the dignity and choice of the residents involved. On one occasion inspectors observed a staff member standing beside a resident as they assisted them to eat a meal, rather than sitting with the resident. On the second occasion inspectors observed a staff member responding to a resident who stood up from their chair by approaching the resident from behind and placing pressure on their shoulder while asking them to sit back down. These examples were brought to the attention of the management team at the time.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Drumderrig House OSV-0004457

Inspection ID: MON-0034891

Date of inspection: 29/06/2022

## 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 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: -Drumderrig House contracts for the provisions of services have been updated and are now reflective of the required information. -Additionally, all contracts in place have been reviewed and amended to include all the required information. -All new admissions will receive the updated version going forward.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: - Drumderrig House management team have reviewed the twin rooms highlighted and a renovations plan has been put in place which will see these double occupancy rooms in the Brennan wing being renovated to single occupancy rooms, which will ensure sufficient space and storage for residents. - Our bedroom renovations plan will see rooms being completed one by one. This is to prevent disruption in the home (noise, drilling etc.) and allow for a comfortable relocation for residents moving to their new accommodation and or having their bedroom updated. Residents are aware that all renovations updates and re-accommodation will be completed by the end of January 2023.	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>- All items highlighted have been fixed and touched up, which included the damaged surfaces, back rest on a toilet, chipped surfaces and some areas of plaster on walls.</li> <li>- The two portable hand hygiene sinks not meeting current guidelines and specifications are no longer in use and have been returned.</li> <li>- A clinic sink is now fitted in our clinical room that meets current guideline's. Additionally, a maintenance plan has been put in place for a clinic sink of the same specification to be fitted in a suitable area in the Brennan wing.</li> </ul>	
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"> <li>- On the day of inspection, a member of the activities team called in sick for her duty (10 am – 5pm). They resumed their duties the next day.</li> <li>- Since our inspection, Drumderrig House has also expanded its activities team, allowing for an activities team member to be allocated to each day room / wing. Which allows for better planned activities and supporting of all resident's engagement.</li> <li>- PIC re-educated all staff on dignity and choice for residents, whilst highlighting the two examples raised on inspection.</li> </ul>	

## 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(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 3.	Not Compliant	Orange	30/01/2023
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	30/01/2023
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the	Substantially Compliant	Yellow	05/09/2022

	designated centre concerned and include details of the fees, if any, to be charged for such services.			
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	30/01/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	05/09/2022