



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

Issued by the Chief Inspector

Name of designated centre:	Athlunkard House Nursing Home
Name of provider:	Athlunkard Nursing Home Ltd
Address of centre:	Athlunkard, Westbury, Clare
Type of inspection:	Unannounced
Date of inspection:	22 October 2024
Centre ID:	OSV-0000729
Fieldwork ID:	MON-0045018

About the designated centre

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

Athlunkard House is a modern purpose built two-storey purpose nursing home. It can accommodate up to 103 residents. It is located in a residential area in Co. Clare on the outskirts of Limerick city. It is situated close to many amenities including St. Nicholas church and a local shopping centre. Athlunkard house accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, physical and intellectual disabilities, palliative care, respite and post-operative care. Bedroom accommodation is provided on both floors in 89 single and seven twin bedrooms. All bedrooms have en suite bathroom facilities. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day room and visitors rooms provided on each floor. Residents also have access to two secure enclosed garden areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	93
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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
Tuesday 22 October 2024	09:15hrs to 17:45hrs	Leanne Crowe	Lead
Tuesday 22 October 2024	09:15hrs to 17:45hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

While many residents spoke positively about the standard of care, the food and their fellow residents, some residents felt that the social care provided to them did not always meet their interests or needs.

On arrival to the centre, inspectors were greeted by the person in charge. Following an introductory meeting, inspectors and an assistant director of nursing (ADON) completed a walk around the centre. Inspectors observed some residents in the dining room, where a 'breakfast club' was taking place. Other residents were observed in communal rooms, chatting with one another or engaging with staff. These interactions were observed to be friendly and respectful.

Many residents who spoke with inspectors expressed dissatisfaction with quality of the activity programme available to them. They felt that time passed slowly and that while they were aware that some activities were held in the centre, they were not aligned to their interests. Some residents highlighted that there was an over-reliance on the television. These residents told inspectors; "I'm bored all day", "I have nothing to do, the days are all long. I watch TV and nothing else", "there are activities but I don't have any interest in them" and "I find the day very long and it's very difficult to pass the time. I know bingo is on but I don't have any interest in it".

While some residents stated that much of their day was spent watching television, at the time of the inspection there was an issue with this service, resulting in only two channels operating. Residents' meeting records indicated that this issue had been raised by residents on the 4th October 2024 and had not been resolved at the time of the inspection. Two residents who spoke with the inspectors emphasised that they were awaiting the return of the channels as this was how they passed their day. Another resident stated "I like TV but there's only two channels".

Inspectors' observations supported the feedback from residents regarding the activities available to them. During the inspection, many residents were seen to spend their day in the various communal rooms throughout the centre. On the morning of the inspection, music, that was not the preference of the residents, was playing loudly in a ground floor day room. Additionally, inspectors noted that some of the activities provided on the day of the inspection did not fully align to the activity schedule.

A staff member responsible for activities stated that recent events included a visit from the Clare hurling team, an outing to Bunratty Folk Park and Sixmilebridge in September. A Remembrance Mass and a Christmas party were planned to take place before the end of the year.

Halloween decorations were displayed throughout the nursing home, and the inspectors were informed that a Halloween party, with live music, was planned for

the week following the inspection.

Residents were complimentary of the care provided to them by staff, describing them as "lovely" and "kind". One resident stated that their choices and preferences were promoted by staff, giving an example of getting their tea served to them in mugs instead of cups.

Visitors attending the centre throughout the inspection were welcomed by staff. It was evident that flexible visiting arrangements were in place, and this was confirmed by residents who spoke with inspectors.

Residents were complimentary about the food served to them. Inspectors observed a mealtime and saw that the food served to residents was appetising and well-presented. Residents described the food as "tasty" and were satisfied with the portions they received, saying "you'd never be hungry".

The following sections of this report detail the findings in relation to the capacity and capability of the registered provider, and how this impacted on the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced inspection carried out by inspectors of social services to:

- monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulations 2013 (as amended)
- follow up on information submitted to the Chief Inspector by the registered provider in relation to residents with high supervision needs leaving the centre unaccompanied
- review unsolicited information received by the Chief Inspector in relation to quality of care, staffing, residents' rights and governance and management
- follow up on the action taken by the provider to address the non-compliant issues found on a previous inspection of the centre on 7 December 2023.

Prior to this inspection, the Chief Inspector had been notified of three incidents whereby residents with enhanced supervision needs had left the centre unaccompanied in July, August and September 2024. A cautionary meeting was held between the registered provider and the Chief Inspector. During this meeting, the provider committed to putting systems in place to manage the risk of residents with complex care needs leaving the centre. The findings of this inspection were that the provider had failed to consistently and effectively implement this system.

For example, safety checks in relation to specific residents were not consistently completed or documented. Staff spoken with on the day of the inspection demonstrated incomplete knowledge action to take when a resident's absence from the centre was unexplained. Additionally, there was no system in place to facilitate

staff to practice implementing the missing persons' policy. A missing person's drill had not been completed since October 2023, despite three incidents of absconion occurring since that date. An urgent compliance plan request was issued to the provider following the inspection, seeking assurances in relation to the management of residents at risk of absconion within a required time-frame. A compliance plan submitted by the provider was accepted by the Chief Inspector.

Additionally, inspectors found that the provider was not in full compliance with Regulation 16, Training and staff development, Regulation 23, Governance and management, Regulation 34, Complaints procedure, Regulation 12, Personal possessions, Regulation 5, Individual assessment and care plan and Regulation 9, Residents' Rights.

Athlunkard Nursing Home Limited is the registered provider of the designated centre. Two regional directors participated in management of the centre at a senior level. The person in charge worked full-time in the centre. They were supported in their role by two assistant directors of nursing (ADONs), four clinical nurse managers (CNMs) and a team of nurses, health care assistants, catering, housekeeping, activities staff and maintenance staff.

The management systems in place were not effective to ensure that the service was safe, appropriate, consistent or effectively monitored. As outlined above, the provider's systems of oversight were not sufficiently robust to ensure that risks to residents' safety were managed effectively.

Additionally, the management of complaints was not robust. While the centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern, residents' complaints were not always recorded or managed in line with the centre's policy. Inspectors found two incidents of concern that had been brought to the attention of the care team that were not logged as complaint. In relation to complaints that had been recorded, action plans developed in response to these complaints were not fully implemented, such as the management of residents' laundry and the monitoring of a resident's clinical care.

The auditing programme did not always ensure that issues identified were addressed and monitored appropriately and therefore did not mitigate the risk of reoccurring. For the most part, records of completed audits were accompanied by a quality improvement plan that outlined how any identified deficits were addressed. However, inspectors noted that a number of audits in relation to call bell response times were not comprehensive. A number of complaints had been received in relation to issues with the call bell system and call bell response times in 2024. Some audits of the call bell system identified faults with the equipment. At the time of the inspection, action plans were not recorded for these audits so it was not clear if these faults had been repaired or if further escalation was required, despite the audits being signed off by management. Additionally, some audit records were of a poor quality as they did not record the time taken to respond to the call bell alerts and therefore it could not be determined if the response times were satisfactory.

For the most part, staff were facilitated to attend training that was appropriate to

their role. For example, training in relation to fire safety and the prevention, detection and response to abuse was available to all staff. However, the provider had not ensured that staff were familiar with the actions to be taken in the event of an adverse incident and had not reviewed the effectiveness of the training provided.

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not appropriately trained in how to respond in the event of a missing person, despite a number of these incidents occurring within three months of the inspection.

Staff were not appropriately supervised. This was evidenced by:

- inadequate supervision to ensure that care was delivered in line with each resident's care plan, particularly in relation to residents requiring high levels of supervision
- failure to maintain oversight of the recording of safety checks in relation to residents assessed as requiring high levels of supervision.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place were not sufficiently robust to ensure that the service provided was safe, appropriate, consistent and effectively monitored:

- The management of risk was not in line with the centre's own policy. The mitigating measures outlined within the risk assessment for residents who require enhanced supervision and support were not being implemented in full
- The registered provider had not ensured that staff had adequate knowledge regarding the actions to take in the event of an unexplained absence of a resident
- Supervision of staff and oversight of staff practice was inadequate and did not ensure that key actions in relation to residents with complex care needs

leaving the centre unaccompanied were being carried out or monitored for effectiveness.

Judgment: Not compliant

Regulation 34: Complaints procedure

The management of complaints was not aligned to the requirements of the regulations:

- Complaints were not always recorded in line with the centre's complaints policy. For example, there was evidence of residents complaining about the laundry service, the centre's television service and delays in response to call bells. These complaints had not been recorded as complaints within the complaints management system
- Some complaints reviewed indicated that while action plans had been developed, the implementation of these actions were not monitored to ensure they were effective
- Inspectors found that the register provider had not ensured that staff had adequate knowledge of the centre's complaints procedures, including how to identify a complaint.

Judgment: Substantially compliant

Quality and safety

Inspectors found that the quality and safety of care provided to residents on a day-to-day basis was of a good standard. However, this inspection found that the systems in place to manage risk, particularly the risk associated with residents with complex care and supervision needs, were not effective and impacted on the safety of these residents. Inspectors also found that the implementation of some residents' care plans, the management of residents' laundry and the promotion of residents' rights were not fully in compliance with the requirements of the regulations.

Residents' clinical care records were maintained on an electronic record system and staff were observed to be proficient in navigating the system. A review of the management of residents that required increased supervision found that the provider did not have robust arrangements in place to ensure that care plans were implemented. While care plans had been updated following significant events, there was evidence that the guidance and instructions outlined in the care plans had not been fully implemented. For example, residents assessed as requiring high levels of supervision had care plans that instructed 15 minute location checks were

completed to ensure the safe location and safety of these residents. These records were incomplete and it was not clear who was responsible for completing these records. This is discussed further under Regulation 5: Individual assessment and care plan.

Residents' nutritional care needs were monitored. Care plans contained adequate information to guide care. Residents' weights were monitored and all staff were familiar with the level of assistance each resident required during meal-times. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

Residents' wound care was completed in line with specialist advice received and there was evidence that the care provided in relation to wounds was effective.

A review of residents' records found that there was regular communication with residents' general practitioners (GPs) regarding their health care needs. Arrangements were in place for residents to access the expertise of health and social care professionals.

Inspectors found that the system for managing laundry was not effective. Residents' laundry was cleaned onsite and a tagging system was in place to facilitate the return of residents' clothes. However, inspectors found that residents' clothing that were not consistently labelled or stored correctly. Records of complaints and residents' meetings demonstrated that there was an ongoing issue with laundry not being returned or going missing. There was no quality improvement plan in relation to this issue available to review.

The registered provider had not provided sufficient opportunities for residents to participate in activities, in accordance to their interest and capabilities. Residents told inspectors that the programme of activities available to them was not sufficient and was not in line with their interests and capabilities. In addition, residents stated that there was an over-reliance on the use of television as a source of entertainment or occupation. However, this was further impacted by the interruptions to the television service, resulting in only two channels being available to view. According to residents' meeting records dated 4th October, this issue had already been ongoing since that time and was not yet resolved.

Regulation 12: Personal possessions

The laundry system in place was not effective in ensuring that residents' laundry was returned to them.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans in place to support residents that required increased monitoring and supervision were not implemented. For example;

- Care plans developed following serious incidents directed that 15 minute monitoring checks were required to ensure that the location of each resident was known to staff. These checks were not consistently completed. In addition, care plans directed that the clothing worn by residents be documented daily so that this information would inform a search if required. On the day of inspection, this action had not been implemented
- A care plan that directed increased monitoring of a resident's clinical observations due to a known underlying medical condition had not been implemented.

In addition, care plans were not always developed from an assessment of residents' needs. For example;

- Residents assessed as requiring supervision while smoking did not have this detail recorded in their care plans. Therefore, the care plans were not developed from a comprehensive assessment of the residents' needs
- A resident with known responsive behaviours did not have a behavioural support plan in place.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate health and social care professional support to meet their needs. Residents were provided with access to a GP as required or requested. Physiotherapy was available within the centre three days a week. Services such as speech and language therapy, tissue viability nursing, palliative care and dietitian services were available to residents through a system of referral. The recommendations from health and social care professionals was acted upon, resulting in good outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

A policy and procedure for safeguarding vulnerable adults at risk of abuse was in place. The training records identified that staff had participated in training in adult

protection. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had not ensured that residents were provided with sufficient opportunities to participate in activities in accordance with their interests and capacities. Residents' feedback was that the programme of activities did not meet their interests or needs. Residents who spoke with inspectors felt there was little to do to pass the time. Residents' meeting records indicated that residents' dissatisfaction with the centre's television service had not been resolved by the registered provider at the time of the inspection, further impacting on residents' opportunities for occupation and recreation.

Judgment: Not 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	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Athlunkard House Nursing Home OSV-0000729

Inspection ID: MON-0045018

Date of inspection: 22/10/2024

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 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> <p>All staff have completed training simulations on how to respond in the event of a missing person- completed on 01/12/2024</p> <p>Daily drills were completed to ensure that staff have good knowledge and regular practice on what to do in the event of a missing person- completed 30/11/2024</p> <p>From December 1st 2024, simulation drills will continue monthly to ensure all staff remain knowledgeable and familiar with the actions required in the event of a missing person.</p> <p>Residents requiring high levels of supervision have had their risk assessment completed and care plan updated to guide staff on the steps to follow to support all residents- completed</p> <p>From 30/11/2024, to ensure that all staff are aware of the care plan updates the ADON and CNM will monitor and supervise daily practice and care plans to ensure they are up to date and reflective of individual resident needs.</p> <p>A full review of recording sheets has been completed. This included adding evidence of clinical managers checking and signing to ensure compliance by all staff. All recording sheets are reviewed at the end of the day by the ADON as well as signed off by the DON after 24 hours to ensure compliance and accurate recording. Completed 23/10/24 and ongoing.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>	

management:

A full review of residents' individual risks was completed in line with our risk management policy. All identified measures to mitigate risks associated with absconson have been identified and put in place. Care plans have been updated to include all control measures and actions in relation to supervision and support. Completed 30/10/2024.

Staff training was provided to all staff on the actions to take in the event of a resident absconding. This will be supported by daily drills for one month to ensure that all staff have practiced the action needed in the event of a resident absconding. This drill will then be monthly going forward. Completed 30/10/2024

A full review of supervision of staff and oversight of staff practice was completed by the 30/10/24 to ensure safety and support of residents is appropriate and that staff practices effective and timely.

Fifteen-minute safety checks have been reviewed to include oversight by the nurse and the Assistant Director of Nursing. This check sheet will be checked 2 hourly by the nurse and checked twice a day by the ADON/CNM. Final oversight to ensure this is in place and completed correctly is the responsibility of the Director of Nursing- complete and ongoing

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

A full review of complaints were undertaken to ensure they comply with the complaints policy. Completed 1/12/2024

An additional resident council meeting will be conducted in December, led by the in-house management team to identify any concerns/complaints.

All identified concerns/complaints will be documented and addressed as per policy. Completed by 31/12/2024

The Regional Director will review all complaints monthly going forward during clinical governance meetings to ensure the actions implemented are effective and address the complaint reported.

In-house training will be provided to staff by the 31/12/2024 on the complaints procedure including how to identify a complaint and respond and document appropriately.

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A full review of the laundry system was completed and a plan developed to ensure all clothing is labelled correctly and returned safely to residents following laundering. The new system in place will be monitored by the in-house management team and audited through the resident council meeting to ensure compliance. Completed 16/12/2024</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care plan training will be provided for all staff by the 31/12/2024 to ensure that the guidance identified in each resident's individual care plan is implemented.</p> <p>By the 31/12/2024 a full comprehensive assessment will be completed for all residents to ensure that all identified care needs are documented. This will support the development of a structured care plan which will guide staff to deliver the care plan based on resident need.</p> <p>A full review of all care plans is under way to ensure they correctly identify the planned care needs for all residents. Following this review the in house management team will review and ensure that all actions identified are carried out as directed. This will be completed by 31st January 2025.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>An additional full time activity staff member has been employed. There is a third person selected and will commence employment in Jan 2025. This will leave 3 staff in place to support the residents to participate in activities in accordance with their interests and capacities. This will be completed by 31/01/2025</p> <p>A resident meeting will be completed by the 10th January 2025 with all residents to develop an activity plan, which is based on residents' interests and capacities.</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(b)	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 his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	16/12/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/12/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/12/2024
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Red	30/10/2024

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 34(3)	The registered provider shall take such steps as are reasonable to give effect as soon as possible and to the greatest extent practicable to any improvements recommended by a complaints or review officer.	Substantially Compliant	Yellow	31/12/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/12/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident	Substantially Compliant	Yellow	31/01/2025

	when these have been assessed in accordance with paragraph (2).			
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.	Substantially Compliant	Yellow	31/01/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/01/2025