



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Cloverhill
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Lisagallan, Cloverhill, Roscommon
Type of inspection:	Unannounced
Date of inspection:	19 September 2025
Centre ID:	OSV-0000384
Fieldwork ID:	MON-0047143

About the designated centre

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

Sonas Nursing Home Cloverhill is a 57-bed purpose-built facility combining care and a home environment for those no longer able to live alone. A full spectrum of individualised care is available for residents. Residents can avail of gardens, sitting rooms, a TV lounge and an activity room. It is situated in a rural area approximately two miles from Roscommon town. The centre's statement of purpose states that Sonas Nursing Home offers long-term care for residents with chronic illness, mental health illness, including Dementia type illness and end-of-life care in conjunction with the local Palliative Care Team. The centre comprises three different care areas, each with its own sitting and dining areas. There are enclosed accessible gardens available and ample parking is available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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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 19 September 2025	09:15hrs to 17:00hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Overall, the findings from this inspection confirmed that residents were satisfied with the care, and services provided. Feedback from residents was positive regarding their quality of life. Residents told the inspector that they felt safe in the centre, were well cared for, and that they got on well with the staff. One resident told the inspector " I have no complaints, they all do a good job" while another resident said " I came here after I could no longer cope at home, it's not home but they look after me very well". The inspector also spoke with visitors attending the centre, who confirmed they were happy with the care, and support provided to their relatives, and confirmed there was regular communication with the centre regarding the health status of their loved ones.

This unannounced inspection was conducted with a focus on adult safeguarding, and to review the measures the provider had in place to safeguard residents from all forms of abuse. Following an introductory meeting with the assistant director of nursing (ADON), and later with the person in charge, the inspector conducted a walkabout of the centre.

Observations confirmed that staff knew the residents very well, and were able to support them in a manner that achieved good outcomes for the residents. There were no staff vacancies at the time of this inspection, with gaps on the roster covered by existing team members, which allowed for care and support from familiar staff. Residents were addressed in a respectful manner, and it was clear that residents were comfortable in the company of staff. Several residents required the assistance of staff with their mobility, and observations confirmed that this support was provided in a timely manner.

Sonas Nursing Home Cloverhill is a purpose-built two-storey designated centre located on the outskirts of Roscommon Town. This centre can accommodate 57 residents on the ground floor, in a mixture of single and twin-occupancy rooms, the majority of which contain en-suite facilities such as shower, toilet, and wash-hand basin. The second floor contains several storage facilities, including staff accommodation. At the time of this inspection, there were 56 residents living in the centre.

For the most part, the centre was bright, airy, and pleasantly decorated to a high standard, although some doors and door frames in the older part of the premises were showing signs of wear and tear as they contained scratches due to the use of equipment being transported through the centre. Internally, the centre's design and layout supported residents to move around as they wished. Corridors were wide and contained handrails throughout. There are four communal rooms available in the centre, one with an adjoining conservatory, while two were based on a homestead model (a living room, and a seated area designed around a kitchen facility). All of these areas were well-designed and suitable for the assessed needs of the residents.

There was good use of signage in the centre to assist residents to find their way to key locations both inside and outside the centre. There were no restrictions on resident movements in this centre apart from the front door where entry and exit were gained by means of a key pad. The provider informed the inspector that a number of residents were aware of the key pad code, and could safely come and go following a risk assessment having been carried out. Residents had unrestricted access to a number of internal garden areas, which were suitable for the needs of the residents.

The inspector observed the activities programme made available for the residents across all of the four units. There was a range of activities provided on the day, and included, art sessions, music, word search, national and local newspaper readings, magazines, and physical exercise sessions. Additional activities included pet therapy, which took place every month, and included animals and birds such as rabbits, owls, and Shetland ponies brought to the centre for residents to view.

For the most part, residents who attended day-to-day activities were supported, and encouraged to participate by the staff team present. However, the inspector observed that on one unit there was a lack of interaction with residents, which was brought to the attention of the provider. Furthermore, the centre no longer had access to dedicated transport, which impacted on the ability of staff to take residents out on planned trips to local places of interest.

Residents were complimentary about the food served in the centre, and confirmed that they were always offered a choice of menu options. Some residents required additional support with their eating and drinking, and observations confirmed this assistance was provided in a supportive and discreet manner, taking into account the individual needs of each resident.

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

Capacity and capability

Overall, this is a well-managed centre which ensured that residents are provided with good standards of care to meet their assessed needs. For the most part, there were effective management systems in place which provided oversight to maintain these standards. The management team were, on the whole, proactive in response to issues identified in their monitoring systems with a focus on continual improvement. There were; however, some areas of current practice that required actions to ensure that existing systems identified all areas that required improvement, and these issues are described in more detail under Regulation 23: Governance and Management. In addition, findings under Regulation 9: Residents' rights, Regulation 5: Individualised assessment and care planning, and Regulation 27: Infection control identified that improvement actions were required. These

findings are discussed in more detail under the individual regulations, and under the Quality and Safety section of this report.

Although this inspection focused on safeguarding, the inspector also followed up on the actions the registered provider had undertaken following the findings from the last inspection in December 2024. Findings confirmed the provider had implemented their compliance plan since the last inspection, which ensured that the service provided was safe, effective, and suitable for the residents living in the designated centre.

Sonas Nursing Homes Management Company Limited is the registered provider for this designated centre. There was a clearly defined management structure in place that was responsible for the delivery and monitoring of effective health and social care support to the residents. The management team consisted of a person in charge who was supported in their day-to-day role by a regional quality manager, and by a director of quality, and governance. A team of nursing staff consisting of an assistant person in charge, a clinical nurse manager, provided clinical support along with health care assistants, a part-time physiotherapist, household, catering and maintenance staff, making up the full complement of the staff team.

The provider implemented a systematic approach to monitoring the quality and safety of the service provided to residents. This included a schedule of clinical, environmental, and operational audits. Where improvements were identified, action plans were developed and actioned within defined timelines. A review of the current systems in place to monitor and evaluate the effectiveness of infection prevention and control audits did not identify gaps in the current systems to ensure that equipment used in the transfer of residents had been cleaned in between resident use. The provider was aware that there were improvements required to ensure that care plans interventions were effective, clear, and met the assessed needs of the residents. Action plans were in place to monitor and improve the quality of care plans.

There were regular meetings held with staff at the local level, and there were monthly oversight meetings held with the provider. Information reviewed at these meetings included residents' clinical information, risks, complaints, and resident feedback. Records reviewed confirmed that the provider was reviewing and analysing information gathered to improve the quality of the service provided to residents. There was an annual review of the quality and safety of the service provided for 2024, which incorporated the feedback gained from residents. There was a quality improvement plan in place for 2025, which the provider was working through.

The registered provider maintained sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose. In instances where gaps appeared on the roster, they were filled by existing team members. There were no staff vacancies identified on the roster; however, one staff member was completing their induction at the time of the inspection. The provider was mindful of

future changes to the staff team, and maintained a succession planning strategy to manage potential staff changes which could impact on the service provided.

Records confirmed that there was a high degree of training provided in this centre. This was provided either on-line or by face-to-face training. There was a focus in this centre on promoting staff development by offering courses on their on-line training Platform. All staff had completed their mandatory training requirements.

The provider maintained a policy and procedure on complaints. Records confirmed that the provider investigated complaints in line with this policy. One complaint had been recorded since the last inspection, and records reviewed confirmed that the complaint had been resolved within the specified timescale as outlined in the complaints policy. The provider was keen to learn from complaints, and to identify patterns that may impact on the quality of the service provided.

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill-mix to meet the assessed needs of the residents living in the designated centre. A review of staff rosters confirmed that staff numbers were consistent with those identified in the centre's statement of purpose. Routine gaps on the roster were filled by existing staff or by agency cover.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had attended up-to-date mandatory training on fire safety, safeguarding residents from abuse, and safe moving and handling procedures. The person in charge had ensured that all staff working in the centre attended professional development training to update their skills and knowledge to competently meet residents' needs. Staff nurses had completed medication competency assessments.

The registered provider had effective systems in place for staff development, and appropriate supervision according to their roles. An induction programme was completed by all new staff commencing work in the centre, and assessment of their progress was completed at regular intervals.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided, and for the most part, these were working effectively. However, some actions were required to ensure that these systems provided the necessary information to ensure that the services provided are safe, appropriate, and consistent. For example:

- The system for recording that the cleaning of equipment was not clear posing a risk for potential errors.
- The supervision and monitoring of residents during activities to ensure their participation required improvement.
- The structure of special treatment care plans required review to ensure that each assessed need contained clear interventions to meet these needs.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents, and or their family members to lodge a formal complaint should they wish to do so. 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 managed complaints in line with the centre's complaints policy.

Judgment: Compliant

Quality and safety

On the whole, residents living in this designated centre were supported and encouraged to have a good quality of life, which was respectful of their choices. There was evidence that residents were in receipt of positive health and social care outcomes, and for the most part, that their assessed needs were being met by the registered provider. Regular consultation between the provider and residents, ensured that residents' voices were being heard and listened to. Notwithstanding this positive approach to resident care, there were areas of practice that required additional focus to ensure that the service provided was safe, appropriate, consistent and effectively monitored. These findings are discussed under the relevant regulations relating to care planning, infection control, and residents' rights.

Residents' needs were comprehensively assessed within 48 hours of their admission, and regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's needs, which included assessment of risk of falling, malnutrition, pressure-related skin damage, and residents' support needs to ensure their safe mobility, among others. These assessments clearly informed residents' care plans, which detailed each resident's care needs and the care interventions staff must complete to meet their needs. For the most part, this information was person-centred and reflected each resident's individual care preferences and usual routines; however, there were some improvements required as discussed under Regulation 5: Individualised assessment and care plan.

The inspector found that residents had timely access to medical and allied health care professionals. There were also arrangements in place for out-of-hours medical support for the residents. The registered provider ensured that there was a high standard of evidence-based nursing care in accordance with professional guidelines.

The design and layout of the premises provided residents with sufficient communal and personal space to be able to enjoy their lived environment. The centre was on the whole well-maintained, and there were arrangements in place for on-going maintenance, although the inspector observed some wear and tear on a number of doors which had been scratched. There was a secure garden where residents could enjoy outside space. This area was well-maintained, and was seen to be used by residents during the inspection. There was suitable garden furniture in place for residents to use, and enjoy this space.

Resident bedrooms were suitable for the assessed needs of the residents. Several residents told the inspector that their rooms were cleaned on a daily basis and that they were happy with the laundry support in place. Many residents chose to personalise their rooms according to their individual tastes.

Residents were observed to be able to have their meals in the main dining room or in their own room. Dining rooms contained pictorial menus as well as menus that were available on the tables along with condiments such as salt, pepper, and sauces. The dining areas were observed to be calm and well-managed by the staff team so that residents could enjoy their meal. Discussion with catering staff confirmed that residents' meal preferences were identified upon admission and on a every day basis.

Staff and resident interactions that were observed by the inspector were found to be mostly supportive and positive. The provider had maintained good levels of communication with residents ensuring that they were kept up-to-date regarding key events in the home. Resident meetings were informative and covered topics such as resident care, food and catering, resident activities, and infection prevention and control issues. In addition to the structured resident meetings, the provider kept residents informed either verbally or through regular written communication. Residents' right to privacy and dignity was respected, staff were observed to knock on residents' doors prior to entry, and gave an explanation to the residents regarding the purpose of their visit.

Records confirmed that all staff were police vetted prior to commencing employment in the centre. A review of Schedule 2 records confirmed that the provider had effective recruitment measures in place to ensure compliance with this Schedule. The provider did not act as a pension agent for residents living in the centre.

On most units, there were opportunities for residents to engage in the activity programme in-line with their interests and capabilities. Daily activities were advertised throughout the centre, and there was an activity resource available to plan and co-ordinate activities for the residents. Health care assistants assisted residents engage and participate in the daily activities offered in the centre. Residents who required one-to-one staff support in order to fully participate in the activity sessions were assisted in a friendly and helpful manner by the staff team.

However, observations on one unit found that there was no stimulation for several residents located in this area. There were a few interactions observed between residents and staff. During a period before lunch, residents were observed located in front of a TV screen which was broadcasting nature images with no sound. In addition, the inspector was informed that due to a lack of transport, there were no planned outings arranged over the summer of 2025, while previously the centre had access to a minibus to support trips to local places of interest. Residents were disappointed that a planned trip to Knock Shrine had to be postponed.

The inspector found that the provider was working towards maintaining an environment where residents were able to live a fulfilled life. In instances where restrictive practices were introduced, there were safeguards in place to ensure that these practices were proportionate and were reviewed on a regular basis. The provider submitted quarterly updates to the Chief Inspector confirming the use and nature of restrictive practices used in the centre. A review of records confirmed the provider maintained a restrictive practice register in the centre, which was updated and reviewed. All staff had completed their mandatory safeguarding training, and those spoken with on inspection were familiar with the centre's safeguarding policy and procedure, including how they would use this document to protect the residents.

There were infection prevention and control measures in place in the centre, and evidence of good practices such as the appropriate use of personal protective equipment (PPE), hand hygiene; however, further oversight was required in relation to the cleaning of shared equipment. Although there were several records maintained in the centre regarding the cleaning of equipment, the systems currently in place to identify whether assistive equipment had been cleaned between resident use were over-complicated, and not well-understood by staff who liaised with the inspector.

Regulation 17: Premises

A review of the premises confirmed that the centre was well-maintained however the inspector noted that some doors in the centre were scuffed due to wear, and

tear. The provider was aware of these issues, and had planned to carry out improvement works as part of their cyclical work schedule.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that the following required action by the provider to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27. For example,

- Cleaning Records were maintained both on paper, and on an electronic system. It was difficult to confirm that transfer equipment had been cleaned in between uses as there were several records to review before it was clear that this equipment had been cleaned.
- Communal wheelchairs on one unit did not have a record in place to confirm they had been cleaned in between resident use.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While the registered provider arranged to meet the assessed needs of the residents living in the centre, this was not fully achieved as a review of records found,

- Some care intervention records did not give clear indications as to how care and support were to be delivered, and were generic in nature, for example, "to support a residents' cultural beliefs", without identifying how this was going to be achieved.
- Special treatment care plans required separate headings so that the interventions can be easily followed.
- Daily progress notes did not always identify actions taken to meet the identified interventions in residents' care plans.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff who spoke with inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours. The staff were familiar with the

residents and were knowledgeable about the triggers that may cause distress or anxiety. Referrals were made to specialist services that included a geriatrician and psychiatry of later life.

There was a restrictive practice policy in place to guide staff. Records show that when restrictive practices were implemented, a risk assessment was completed, and there was a plan in place to guide staff. Alternatives to restrictive practices were trialled. There was a restrictive practice register in place.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The process included completing a preliminary screening to decide if there was a need for further information or to proceed to a full investigation, or whether there was no evidence that abuse had occurred.

The management team were clear on the steps to be taken when an allegation was reported. The staff team had all completed relevant training, and were clear on what may be indicators of abuse and what to do if they were informed of, or suspected abuse had occurred.

Judgment: Compliant

Regulation 9: Residents' rights

While the provider maintained an activity schedule which was advertised in the centre, and there was organised support for residents to engage, the inspector observed some residents sitting for lengthy periods in one of the sitting rooms without any stimulation or engagement by the staff team. This was brought to the attention of both staff and management. Observations post lunch confirmed that planned activities were underway in this area and supported by the staff team.

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 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sonas Nursing Home Cloverhill OSV-0000384

Inspection ID: MON-0047143

Date of inspection: 19/09/2025

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The system for recording the cleaning of equipment has been reviewed and a new easy to access and read system is now in place.</p> <p>The supervision and monitoring of residents during activities has been reviewed and discussed with the residents and staff at internal meetings. Enhanced allocations are now in place.</p> <p>All care plans have been audited and there was a 13% improvement in the recent audit. We have an enhanced system in place to ensure that the special treatment care plans contain clear person-centred interventions.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>There is now just one system in place for the recording of decontamination of shared equipment. This is a paper-based record and is user friendly and easy to access. It can be viewed and monitored in real time.</p> <p>There is now a record in place for the cleaning of all shared/communal wheelchairs.</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>Additional care plan training and mentorship has been provided to support the nursing team with understanding how to write "person-centred" care plans. Recent audit shows improvement re. same.</p> <p>Special treatment care plans now have separate headings.</p> <p>A recent audit of the progress notes showed a 30% improvement.</p> <p>The clinical home management team and the Quality Manager monitor all reviewed and completed care plans on a weekly basis</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Consultation with the residents has taken place and a revised activity schedule and allocation of staff has now taken place.</p> <p>Walkarounds by the home management team and the Quality Manager will ensure that residents who like to utilise the sitting rooms are receiving engagement and activity as per their wishes.</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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/10/2025
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	31/10/2025

	when these have been assessed in accordance with paragraph (2).			
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	31/10/2025