



**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:	SignaCare New Ross
Name of provider:	Signacare New Ross Ltd
Address of centre:	Newtown Commons, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	08 January 2020
Centre ID:	OSV-0000252
Fieldwork ID:	MON-0028687

About the designated centre

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

This centre is a purpose-built facility which can accommodate a maximum of 62 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the centre. Care is provided for people with a range of needs: low, medium, high and maximum dependency.

The registered provider is Prudent Healthcare New Ross Ltd. This centre is situated on the outskirts of New Ross beside a residential estate. It is constructed over two floors with access via passenger lift and stairs. Bedroom accommodation consists of 54 single and four twin rooms, all with full en-suite facilities. Sufficient communal accommodation is available including day rooms and dining areas as well as an oratory and sun room. There are a number of toilets and bathrooms located throughout the building. Kitchen and laundry facilities are located on the ground floor. Open access to safe outside space is located at the rear of the building and there is ample parking space to the front and side of the centre. There are nurses and care assistants on duty covering day and night shifts.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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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 8 January 2020	09:15hrs to 18:25hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Residents were happy and well cared for in the centre. Some residents who could not express their own opinions were represented by family members.

Staff were highly complimented by residents and relatives and while some residents commented on the turnover of staff in the past year they expressed great satisfaction about the high standards of care provided. Residents told the inspector their call bells were always answered promptly. Families were assured that residents were safe and well cared for in the centre. Residents and families commented on the improvements both in the physical environment and in the activities provided in the centre. Residents and families were familiar with senior managers and knew them by first name.

Residents and families were kept up to date with changes in their care and their choices and preferences regarding care and routine were respected. Residents were consulted with about the organisation of the service and their feedback was used to inform ongoing improvements and activity provision. Residents' rights were respected and they were supported to express their religious preferences.

Staff were observed respectfully interacting with and assisting residents throughout the inspection and there was a calm atmosphere in the centre.

Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the care and welfare of residents in designated centres for older people, regulations 2013. Actions from the previous inspection had been completed however further improvements were required to reach compliance. Unsolicited information had been received by the Chief Inspector relating to insufficient staffing prior to the inspection; this was unfounded.

The service had made many improvements since the last inspection and those that impacted most positively on the residents' experience were the physical environment and extra activities resources provided. Effective governance arrangements were in place and good records supported management in the ongoing monitoring of the quality and safety of the service. The management structure was clear and lines of authority and accountability were clearly defined. Audit systems were found to be effective in monitoring the quality and safety of the service and controls were in place for active risks.

Staffing levels were found to be appropriate to the needs of the residents. The

centre were actively recruiting health care assistants (HCA's) to fill the current 2.5 whole time equivalent vacancies. The shortfall in staffing was being met by employing agency staff which was mostly consistent and therefore the continuity of care was maintained. Staff were busy throughout the inspection but were observed providing respectful and person centred care. Mandatory training was up to date and staff demonstrated good knowledge of fire safety and safeguarding procedures. All staff had valid Garda vetting disclosures in place.

A fire risk found was immediately addressed following the inspection. Items were inappropriately stored near two emergency exits, potentially slowing egress in an emergency. Oversight of fire safe was otherwise good. Simulated drill evacuation times were good and staff were familiar with the procedures to be followed in an emergency.

There was good oversight of complaints and resident's feedback was encouraged and welcomed.

The centre was a pension agent and robust arrangements were in place to manage pensions and resident's monies in line with the department of social protection guidelines.

Regulation 14: Persons in charge

The person in charge was a registered nurse and complied with requirements of regulation 14. The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

Unsolicited information had been received by the Chief Inspector relating to insufficient staffing prior to the inspection which was followed up by the inspector. There were 56 residents residing in the centre the day of inspection. The number and skill mix of staff was found to be appropriate to the needs of the residents as assessed in accordance with Regulation 5 and having regard to the size and layout of the centre.

There were approximately 2.5 whole time equivalent vacancies for health care assistants (HCA's) on the day of inspection. There were ongoing recruitment efforts to find suitable staff to fill these vacancies. The centre was using agency staff to

meet the shortfall; for the most part these staff were consistent and therefore there was no negative impact on the continuity of care. There was a minimum of two registered nurses on duty at all times.

The provider assured the inspector that ongoing review of staffing levels would continue to ensure sufficient and safe staffing levels at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. The person in charge ensured that all staff were up to date with mandatory training which included; fire safety, safeguarding, manual handling, food hygiene, infection control and dementia care which included managing responsive behaviours. Staff were supervised and told the inspector they were supported to perform their role.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources in place to ensure the effective delivery of care in line with the centre's statement of purpose. There were clear management structures in place and all staff were aware of their respective roles and responsibilities. The person in charge was an experienced nurse in older persons' and worked full time in the centre and was supported by an assistant person in charge and a care team. Senior managers attended the centre regularly and further supported the ongoing safety and quality management of the centre.

Management systems were effective and were informed by clinical and corporate audits, residents meetings and feedback, both formal and informal, and the monitoring of incidents and events in the centre. The annual review of the quality and safety of the service was in progress and will be prepared in consultation with the residents. The provider was aware of risks identified by the inspector and controls were in place for most of these items. Plans were in place for ongoing improvements in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on a number of incidents that were notified and found good management of these with areas of learning identified and appropriate actions taken.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible and effective complaints procedure in the centre. Residents and families were aware of the procedure and would not hesitate in speaking to any member of staff if they had any issues. The complaints procedure contained an appeals process and was displayed in various areas throughout the centre.

Actions following the previous inspection in relation to documenting the actions/investigation following a complaint were completed. Complaints were monitored and reviewed when made and used for learning and quality improvement.

Judgment: Compliant

Quality and safety

This was a well-managed service which promoted the quality of life of its residents through a person-centred approach to care. There was a good standard of evidence based healthcare provided to all residents. Improvements to care plans would assist staff to provide person-centred care, particularly in areas like activity provision, and when identifying and managing responsive behaviours. There was good access to

GP and allied health services as required. A physiotherapist visited the centre weekly and offered group and individual sessions based on need. Residents were supported to access services that required referral and were available to them under the GMS scheme, for example, occupational therapy and national screening programmes.

Residents with dementia who were prone to responsive behaviours were well cared for in the centre, however further improvements in the assessment of episodes of responsive behaviour would improve outcomes for residents. While the use of bed rails was low they could be reduced further if less restrictive half bed rails were available. In line with the national policy less restrictive options were not always trialled before a restriction was applied; this required review. Restrictions on the front door and between floors of the centre required review to ensure that freedom of movement was not limited and not impacting negatively on residents. There were good examples of positive risk taking, for example, residents using the local bus to access the town independently and residents who left the centre to walk in the local area daily.

Residents felt safe in the centre and all staff had received training in the prevention detection and response to abuse. All staff in the centre had a valid Garda Vetting disclosure in place. The centre managed pensions for some residents and this was done in line with the department of social protection guidelines.

The centre has undergone refurbishments over the past months and residents and families were very happy with the improvements made. The centre was bright, clean and had ample communal spaces for residents to use. Bedrooms were personalised and homely with sufficient storage space for residents' belongings. There was safe outside space and residents were observed going in and out throughout the day. Corridors had assistive handrails and bathroom doors were all painted blue to help way finding and orientation for residents. Pictorial directional signs would assist residents with sensory impairment to navigate the centre; the provider had already identified this and was awaiting delivery of the signs. Some bathrooms did not have assistive grab rails and required review.

The centre was cleaned to a high standard and waste and laundry were managed well. However improvements in the storage of clean linen trolleys and consumables would further minimise the risk of cross infection.

Residents' rights and choice were respected in the centre. Residents were encouraged to contribute in the organisation of the service and it was evident that their views were respected. Improvements in the provision of activities had enhanced the residents daily experience. Further improvements were required to ensure that residents with more advanced needs had the same opportunities to participate in meaningful activities. Residents told the inspector their choice was respected and staff always treated them with dignity and respect.

Regulation 17: Premises

The centre had undergone refurbishments since the last inspection and many of these improvements directly enhanced the experience of the residents. The centre was clean and bright and communal areas had lots of natural light. A new sun room on the first floor was popular with residents and further development of a roof top garden adjacent to this room was planned for 2020. Areas of interest were found throughout the centre which contained interesting and age appropriate items and furniture to provide opportunities for residents to reminisce and to occupy themselves with. There was various communal spaces available to residents and their visitors.

The provider had plans in place to install directional, pictorial signage which would assist residents with way finding difficulties to navigate the centre. Some shared toilets did not have assistive grab rails and required review.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre had procedures in place for the prevention and control of healthcare associated infections. There were good practices in place for the management of laundry and waste. Facilities were readily available for staff to perform hand hygiene.

Storage of clean consumables in a room adjacent to a sluice room was found on inspection. This area was a thoroughfare to the sluice room and there was a risk of cross contamination from dirty equipment to the stored consumables. These were removed during the inspection to another storage area. The provider was also undertaking a review of storage of clean linen trolleys which were found in a communal bathroom on the day of inspection. Again this practice posed a risk of cross contamination from high risk areas to the clean linen and was not in line with the national standards.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was improved oversight of fire safety in the centre. There were two actions from the previous inspection required; the action on the servicing of emergency lighting was completed. The second action on daily checks of means of escape was completed but required further review. A system had been put in place to check daily all means of escape in the building, however this system was not found to be fully effective as two fire escape stairwells had items stored

underneath the stairs which partially impeded egress. These items were removed immediately following the inspection.

Annual fire training was provided for staff working in the centre and all staff were up to date. Daily fire safety checks of emergency exits and the fire panel were completed. Quarterly servicing of the fire detection and alarm system and the emergency lighting were completed. Weekly checks of magnetic door releases in response to the fire alarm were also completed and provided assurances of the performance of compartment doors. Fire drills had been completed and good evacuation times were recorded for night time evacuation scenarios.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents were assessed prior to their admission to ensure the service could meet their need. A care plan had been developed for each resident within 48 hours of their admission. Validated nursing assessment tools were used, for example, to assess nutrition, risk of pressure sore development, dependence, cognitive ability and risk of falling.

Care plans described evidence based interventions to meet the assessed needs of residents. Some care plans however lacked sufficient and clear detail to guide staff to provide person-centred care and required review. For example, care plans for social care required up to date information and managing behaviours that challenge care plans required clear directions for staff on behavioural triggers and de-escalation techniques.

The inspector observed person centred and dignified care interventions throughout the day and staff were very familiar with individuals' needs and preferences.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of healthcare provided in this centre. There was good access to local GP services. Residents were supported to access national screening programmes and other allied health care services as required, for example, dietician, occupational therapy, chiropody, specialist wound care, dentist, audiology and

optician services.

Specialist services like psychiatry of old age and palliative care supported residents to remain in the service and receive evidence based quality care on a referral basis as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Responsive behaviours were well managed in the centre by a person-centred approach to care however improvements were required in the assessment and documentation of behavioural triggers. Behavioural assessments which assist staff to identify and determine any underlying emotion or unmet need which could trigger the behaviour were not consistently used. Opportunities were therefore not always identified or documented which would support staff to work therapeutically with residents, to manage the behaviours effectively and improve the residents' quality of life.

The use of bed rails was low and all physical restrictions were risk assessed and subject to safety checks in line with the national policy on restraint and the centre's policy. Less restrictive options were not always trialled before applying a bed rail; this was not in line with the national policy on restraint. There were low beds and crash mats available to support the reduction of restrictive practices; the availability of half bed rails would further support the reduction in restrictive bed rails.

Review of environmental restrictions was required to ensure that all residents that did not require environmental restrictions were not negatively impacted on. The front door of the centre and the lift between floors were restricted by a key code. While the code was available to residents who could retain it the inspector did not meet any resident that knew the code. The intention was to provide a secure environment and not to restrict movement, however only a small number of residents were identified as at risk should they wander out of the building. The provider undertook to review this practice from a rights perspective and endeavoured to balance positive risk taking with safety.

Judgment: Substantially compliant

Regulation 8: Protection

There was a policy in place for the prevention, detection and response to allegations or suspicions of abuse. An action from the previous inspection in relation to safeguarding training was completed; all staff were now up-to-date with training in the safeguarding of residents. The provider assured the inspector that all staff had valid Garda vetting disclosures in place.

The centre acted as a pension agent for some residents and suitable arrangements were in place to safely manage these monies in accordance with the Department of Employment Affairs and Social Protection guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

There was person-centred ethos of care in this centre and residents' rights were respected. Improvements were found in the provision of activities in the centre however further improvements were required. There was a total of 33 hours per week rostered for activities. In addition to this there was music, volunteers and community groups which attended the centre regularly to enhance the quality of life for residents. The activity coordinator had implemented many activities which were based on the request and needs of the residents. Group activities were well attended and popular. However the inspector observed long periods of inactivity in one area of the centre where residents with advanced needs were sitting. Some of these residents could not participate in group activities and access to suitable sensory activity in accordance with their individual needs was limited and required review.

The environment had been developed and contained many interesting and age appropriate items to stimulate residents' interest and conversation. Residents regularly used the newly refurbished beauty centre to have their hair or nails done in a hotel/spa like facility. A barber attended the centre regularly to facilitate a similar experience for male residents. Staff engaged positively with residents throughout the inspection and demonstrated good knowledge of their social needs and preferences.

Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose. Some residents choose to have meals in their rooms and all residents were offered a choice of home cooked meals. There were various communal rooms available for residents to entertain visitors or spend time alone. Religious preferences were facilitated in the centre and residents were supported to exercise their civil and political rights. There was access to daily

papers, television and radio. Residents in shared accommodation had their privacy and dignity protected by the use of screens.

Residents were consulted with about the organisation of the service and there was access to independent advocacy either locally or through the national advocacy service. Community involvement was supported in the centre through various projects such as an inter-generational programme. This is run in conjunction with local primary school whereby students visit and spend time with some of the residents. A local link bus service also provides transport to suitable residents two days per week into and out of New Ross town.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for SignaCare New Ross OSV-0000252

Inspection ID: MON-0028687

Date of inspection: 08/01/2020

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All toilets now have assisted grab rails in place. All Bathrooms are Identified with a blue door Comprehensive, individualized, centre specific dementia friendly and visual impairment friendly, directional and pictorial signage has been developed by SignaCare on best practice guidance and is at production level, and will be available in the center before end of March 2020 .</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Storage and ease of access to supplied and equipment was reviewed. Storage areas have been identified for the storage of clean linen trollies to comply with our infection control policy and to continue to promote best practice in infection prevention. This was introduced with immediate effect.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All stairwells are clear of any stored items with immediate effect. A revised daily check to</p>	

include four stairwells has been put in place.	
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>All care plans have now been reviewed to provide holistic information for all staff on health, social care and any behaviors that challenge-(Identifying underlying emotion or unmet need that may not be easy expressed by the resident) including any identified behavior triggers and de-escalation techniques. This will be monitored on a daily basis by the management and care delivery team supporting residents to live well and be supported with early interventions. All support staff will also continue to be updated to provide a team based approach to living well in the center.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>All episodes of a behaviour that challenges will be documented on an ABC chart to assist and support staff to identify specific triggers, and support residents.</p> <p>We have now reviewed the usage of bed rails in the centre and have reduce the usage by 1. The remaining five residents have refused to trial the use of half bed rails.</p> <p>We are currently trialing the main entrance door to be left open for periods during the day. The code to the lift is displayed on both floors.</p> <p>We will actively promote restriction free environments and practices, monitoring resident's on an individual basis to promote positive risk taking around and out of the centre.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Individualised person centered choice of one to one activity has been developed for</p>	

residents who cannot engage in group activities. This person centered programme includes sensory activity, reminisce, music therapy, chats, visits to coffee dock in centre and hand massage. Focusing on life stories and individual preferences to uniquely plan for each individual to ensure quality of living.

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(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.	Substantially Compliant	Yellow	20/03/2020
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	24/02/2020
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment,	Substantially Compliant	Yellow	24/02/2020

	means of escape, building fabric and building services.			
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	24/02/2020
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	24/02/2020
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	24/02/2020
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	24/02/2020

