



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

Issued by the Chief Inspector

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| Name of designated centre: | Friars Lodge Nursing Home |
| Name of provider: | G & T Gallen Limited |
| Address of centre: | Convent Road, Ballinrobe, Mayo |
| Type of inspection: | Unannounced |
| Date of inspection: | 20 October 2022 |
| Centre ID: | OSV-0000342 |
| Fieldwork ID: | MON-0036469 |

About the designated centre

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

Friars Lodge Nursing Home is a designated centre for Older People. The building is purpose-built. Residents are accommodated in single and twin bedrooms. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ballinrobe town. Residents have access to an enclosed garden area. The centre provides accommodation for a maximum of 64 male and female residents, over 18 years of age. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 58 |
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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 |
|-----------------------------|-------------------------|---------------|------|
| Thursday 20 October 2022 | 09:30hrs to 17:00hrs | Michael Dunne | Lead |

What residents told us and what inspectors observed

The inspector found that residents living in this centre received good quality health and social care support from a team of dedicated staff. There were many examples found on this inspection to confirm that residents choices and views on the service were listened to and incorporated into the designated centre's plans for improvement. At the time of this inspection the provider was in the process of reviewing residents responses to the annual review of quality and safety of care survey for 2022 with the intention to incorporate resident views into the centre's development plan for 2023. Residents spoken with throughout the inspection gave feedback and were complementary about the staff and the quality of the care provided to them in the centre.

On arrival on this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures which included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face mask and temperature check. Following an introductory meeting with the management team, the inspector carried out a tour of the premises with a director of the company.

Residents were accommodated in a mixture of single and twin rooms with en-suite facilities which included a sink, toilet and shower facilities. Residents rooms were tastefully decorated and were personalised by residents according to their individual taste. All residents rooms observed on inspection were clean, of suitable size and contained sufficient storage facilities for residents to be able to store and access their personal belongings. Residents had unrestricted access to all areas of the centre including two enclosed garden areas which were well furnished and secure. There was also a sufficient number of communal spaces for residents to use which included days rooms, dining rooms, visitor room and smoking room. The centre was well-maintained and contained clear directional signage to help residents find their way around the centre.

Residents were observed to receive visitors throughout the day and observations confirmed that they went through the centre's infection prevention protocols before admittance. Residents who expressed a view to the inspector said that the staff kept them informed about visiting arrangements. There was no COVID-19 infection at the time of this inspection in the centre but residents said that staff had spoken to them about a third vaccination that would be offered in November 2022. Residents also confirmed that they had attended resident meetings where they could discuss issues important to them about the service.

During the tour of the centre residents were observed to be carrying out their daily routines. Some were still in their own room, others were observed to be supported by staff to attend to their personal care to rearrange their wardrobe. A number of residents required assistance from staff to mobilise safely and this was observed to be done in a sensitive unhurried manner. Mobility equipment observed on the day of

the inspection was found to be in good working order, clean and fit for purpose.

The inspector observed that notice boards contained information about key events in the home and about the local community. Arrangements for the recommencement of engaging transitional year students to attend the centre were underway. A project where students created residents life story books in conjunction with residents was well received by residents and was found to maintain links with the local community.

Residents were complementary about the quality of the food provided. Residents confirmed that if they did not like what was on the menu that they could request an alternative meal. Residents were supported to have their meal either in their own rooms, day rooms or in the dining room. The inspector observed that there was liquid refreshments and snacks available for residents throughout the day. However the inspector found that staff supervision in a dining area did not ensure that residents were adequately supported with their nutritional needs. This is discussed in more detail under Regulation 18.

Resident and staff interactions throughout the day were found to be positive. Staff had good knowledge about resident needs and this provided for more meaningful exchanges between them. All staff were observed to call residents by their name with discussions centred on the resident's individual needs. Residents who spoke to the inspector said that they were happy in the centre and felt that they could talk to any member of the staff team if they had a problem or concern.

The inspector saw that facilities for recreation and occupation were available in the centre. While, there was an activity schedule which detailed activities during the week, it was not clear what activities were provided at weekends. The inspector was informed that care assistants provided and supervised activities at the weekend however the centre's roster did not identify the care assistant resource allocated to this role.

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

Capacity and capability

This was an unannounced risk inspection to monitor the registered provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector found that the registered provider had made improvements with regard to reaching compliance with a number of regulations since the previous inspection in August 2021.

The registered provider was proactive in response to issues that arose and had carried out a number of actions to achieve compliance with the following regulations; training and development, records, complaints, infection control and fire precautions. Despite these improvements the inspector identified gaps that required further actions on behalf of the provider in relation to supervision and allocation of staff, systems that monitor care plans and the provision of activities for residents at weekends.

G&T Gallen limited is the registered provider for the designated centre. There is a clearly defined management structure in place that identified lines of authority and accountability. The person in charge who is also a director of the company is supported in their role by two clinical nurse managers (CNM), a team of staff nurses, health care assistants, household, catering, maintenance, activity and administration staff. A person participating in management who is also a director of the company provided regular management support in the running of the designated centre. Discussions with the provider confirmed there were no nursing or health care assistant vacancies on the staff team at the time of the inspection.

On the day of the inspection there were 58 residents living in the centre which is registered to accommodate 64 residents. The centre was divided into two units with staffing arrangements for each unit consisting of a staff nurse and four health care assistants for each unit. There is also an extra health care assistant resource available to assist either unit depending on the workload. A review of the rosters confirmed that the registered provider had covered all gaps on the roster. Cover for gaps on the roster was mainly provided in-house however regular agency personnel were also used if necessary. Senior management staff provided an out of hours on call service for the centre on a roster basis.

There were a range of monitoring tools used to review the quality of the service provided which included a system of audit and regular monitoring of key performance indicators (KPI's). Information gathered by these tools in relation to falls, wound care, restrictive practice, end of life care and infection prevention and control were reviewed at governance meetings in order to identify trends, improvements needed or a change in practice going forward. The inspector found that there was effective analysis and use of information to ensure that services provided were of a high quality.

In addition the registered provider maintained effective communication systems in this centre with regular meetings held for nursing, care, household and catering staff as well as the transmission of key information at daily handovers. These forums ensured that staff were kept informed of key information to assist them in their roles and to provide appropriate support to the residents. Despite these good practices a review of systems that monitor care plans was required to ensure that residents were offered social care support according to their capacities and interests. This is described in more detail under Regulation 5.

There was good oversight of staff training and records confirmed that all staff had received regular mandatory training in key areas such as fire safety, safeguarding and moving and handling training. Staff confirmed that they found training helpful

and informative and that the training provided assisted them to carryout their respective roles more effectively. An induction programme was in place and records reviewed confirmed that new staff were supported through this process. While there was regular supervision and support provided by senior staff, a review of staff supervision regarding the serving of meals to residents was required to ensure that residents received the required levels of support to enjoy their meal and that their nutritional needs were met. This is discussed further under Regulation 18.

The inspector reviewed a number of other records relating to the governance and oversight arrangements in the centre and found that the designated centre had received 5 complaints in 2022. Records relating to complaints confirmed that they were processed in line with the centre's complaints policy.

Regulation 15: Staffing

The registered provider ensured that there were sufficient numbers of staff with the required skill mix available in the designated centre, to provide support for resident's in accordance with their assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate mandatory training. A review of training records confirmed that staff received training in fire safety on an annual basis, while training for safeguarding and manual handling occurred every two years.

Additional training available for staff to attend included Infection prevention and control, cardio-pulmonary resuscitation (CPR), dementia and training related to restrictive practice.

The inspector found that staff supervision particularly during meal times needed actions to ensure that residents were in receipt of timely support with eating and drinking, this is discussed in more detail under regulation 18.

Judgment: Compliant

Regulation 21: Records

The registered provider maintained records in accordance with schedules 2,3 and 4 of the regulations. Records reviewed by the inspector were accessible and well-

maintained. In relation to schedule 2, a number of staff files were reviewed and all were found to contain the required information as set out in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management team had systems in place to monitor and evaluate the quality of the service provided. However, there were some actions required to ensure that the oversight of some key areas was sufficiently robust to ensure the service provided was safe, appropriate and consistent. For example:

- The allocation and supervision of staff at meal times did not ensure that all residents received the required levels of support with their eating and drinking requirements.
- The oversight of care plans did not ensure that social activity care plans were comprehensive and fully addressed the social care needs of the residents.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre had robust policies and procedures in place to manage complaints. The complaints procedure was displayed in a communal area of the centre and was found to have been updated in March 2022. A review of the complaints log found that there were 5 complaints received in 2022 with all processed in line with the centre's policy.

Judgment: Compliant

Quality and safety

Overall, residents were found to receive a high standard of health and social care support to enhance their quality of lives in the designated centre. Care plans described residents' needs, the interventions to meet those needs and were mostly written in a person-centred manner. However the inspector found that a number of social activity care plans needed to be developed further to take account of residents' individual preferences. This would also ensure that the interventions described in the care plan could be evaluated more effectively and amended

according to resident or family input.

Residents had unrestricted access to a doctor of their choice, and were supported by a team of allied health care professionals which included speech and language therapists, dietitians and tissue viability nursing input. Access to physiotherapy input was on a referral to a private resource. Health care records were on the whole well maintained with the exception of one care record which poorly documented the outcome of a visit from a health care professional. Referrals were seen to be made in a timely manner to specialist services such as psychiatry of later life. There were systems in place to gather, monitor and review clinical care and included a range of clinical audits to include a review of medication, wound care, falls, and nutrition.

Residents had their nutritional needs assessed and care plans were in place to meet those needs. However the inspector observed that staff supervision of a meal service was poor which resulted in two residents not being supported to eat their meal. The registered provider was alerted to this oversight and they made arrangements for both residents to receive the required levels of support in order to enjoy their meal.

Residents told the inspector that their rights were respected in the centre. Staff were observed to talk to residents in a kind and respectful manner. Staff was seen knocking on residents doors before entering. Residents were observed to be consulted and asked for consent prior to care intervention. Staff were aware of residents needs and were able to talk to residents in an informed manner which aided the quality of the communication. All residents seen on the day of the inspection were well dressed and were wearing appropriate clothing and well-fitting footwear. While there was a schedule of activities advertised in the centre

The premises was well-maintained and clean. Fixtures and fittings were found to be in good order and suitable for their intended purpose. There were arrangements in place for maintenance and gardening support to maintain the premises and facilities for resident use. There were a number of store rooms located throughout the centre which maintained the segregation of storage of resident and non resident such as cleaning and maintenance equipment. Bathrooms and toilets were found to be clear of inappropriate storage items.

The provider was working to ensure that restrictive practices were kept to a minimum and where they were introduced that they were reviewed on a regular basis. Throughout the day residents were seen to mobilise freely around the home according to their daily routines. Resident's had unrestricted access to an internal courtyard area which was found to be well maintained and suitable for residents to use safely.

There was good knowledge among the staff team with regard to actions to take in the event of a fire emergency, this was reinforced by regular fire training, fire drills and participation in simulated fire evacuations. Records regarding the fire system in the centre were up to date and available for the inspector to review. Personal emergency evacuation plans (PEEPS) were in place for all residents and were kept under review.

There were good standards of infection prevention and control interventions found on this inspection. Staff were found to use standard precautions in accordance with national guidelines. Regular monitoring and oversight at governance meetings maintained vigilance and good practice in this area. The sluice facility was found to be clean with records available to confirm servicing of the sluicing machine. Cleaning schedules records were well-maintained. The inspector found that a schedule of deep cleaning was also maintained by the provider.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visitors were able to attend the centre to see their relatives seven days a week. At the time of this inspection visitors were required to pre book their visits in advance of arrival to the centre. There were a number of communal areas available in the centre for residents to receive visitors or in their own room.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable in size and layout for the number of residents living in the designated centre. The centre was suitably furnished with appropriate seating available for residents to use. The centre was well-maintained and odour free. There was an enclosed garden area that contained suitable garden furniture for residents to use. Resident bedrooms were suitably furnished and provided residents with sufficient space to store and retrieve their personal belongings.

Judgment: Compliant

Regulation 18: Food and nutrition

While residents confirmed that they enjoyed the food provided in the centre and found it to be tasty and well prepared, the inspector observed a meal service which was not well supervised. Two residents had fallen asleep at the table leaving their meals uneaten. The inspector observed that there were no staff available to residents in this area of the dining room for approximately 6 minutes during the meal time.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider had systems in place to ensure that the centre had infection prevention and control procedures that were in line with the national guidelines, including a COVID-19 contingency plan which was kept under review and updated when required. There were daily checklists in place to promote good practice in infection prevention and control standards such as regular observation of hand hygiene technique, the maintenance of personal protective equipment (PPE) and provision of alcohol hand rub.

Other measures to promote effective infection prevention and control interventions included the implementation and oversight of cleaning schedules and regular environmental hygiene audits.

The registered provider maintained regular surveillance of infections and colonisation which was used to inform antimicrobial stewardship measures in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider was found to take adequate precautions against the risk of fire in the centre. A review of records relating to fire safety confirmed

- Staff were in receipt of regular fire training, the fire procedure which detailed what to do in the event of a fire emergency was well-known by the staff team.
- Resident personal emergency evacuation plans (peeps) were in place and reviewed as necessary.
- Records reviewed indicated that frequent checks were carried out on fire fighting equipment, fire exits, and emergency lighting.
- Fire drills and simulated evacuations were also recorded.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a number of resident care plans, on the whole care plan interventions were based on relevant assessments and on meaningful discussion with residents. There was a broad range of care plans developed to meet the

assessed needs of the residents.

However, social and therapeutic care plans required more detail regarding resident's individual preferences. Some of the care plans reviewed with staff were more generic in nature and as such were more difficult to review in terms of suitability to meet the resident's assessed need.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to a doctor of their choice. Allied health care professionals such as dietitian, speech and language therapist, psychiatry of later life and palliative care were also available to the residents on a referral basis. Recommendations from the allied health care team were documented in the residents notes and integrated into the residents care plan.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that the registered provider had a positive approach to the management of behavioural and psychological symptoms and signs of dementia. A review of care records confirmed that in cases where residents were using bed rails, that risk assessments and consent was obtained prior to their introduction and use.

Records reviewed found that the provider had trialled the least restrictive option in advance of introducing bed rails. Additional safeguards were in place to protect residents using bed rails which included detailed care plans, staff training, audits and review at governance meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The design and layout of the premises promoted residents' privacy and dignity, and staff were observed to support residents to exercise choice in how they led their daily lives. Resident meetings were found to be held on a monthly basis with evidence of key topics discussed such as activities, future events, catering and COVID-19.

Arrangements for the provision of activities over the weekend was not clear. The inspector was informed that care assistants provided activities at the weekend however this was not identified on the centre's roster. In addition the planned activity schedule did not cover activities at the weekend.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Substantially compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Friars Lodge Nursing Home OSV-0000342

Inspection ID: MON-0036469

Date of inspection: 20/10/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

| Regulation Heading | Judgment |
|--|-------------------------|
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Staff will continue on a daily basis to be allocated in two allocation books to the appropriate areas including dining rooms to ensure that supervision is maintained and that the service provided is safe, appropriate, consistent and effectively monitored. This will be lead by the PIC, CNM’s and Staff Nurses. There is a clearly defined management structure that identifies the lines of authority and accountability, specific roles and detailed responsibility for all areas of care provision.</p> <p>The registered provider will ensure that the skill mix of staff and appropriate numbers of staff are in place to ensure that mealtimes are safe and enjoyable for residents, and that staff are allocated to the appropriate residents to mitigate any risk during the dining experience.</p> <p>Skill mix and staffing numbers will continue to be monitored and managed using appropriate tools. (NorthwickPark scale and Barthel). This will continue to be monitored and discussed within the weekly governance meeting.</p> <p>.</p> | |
| Regulation 18: Food and nutrition | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The registered provider will ensure that the skill mix of staff and appropriate numbers of staff are in place to ensure that mealtimes are safe and enjoyable for residents, and that staff are allocated to the appropriate residents via two allocation books to mitigate any risk during the dining experience.</p> | |

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| Skill mix and staffing numbers will continue to be monitored and managed using appropriate tools. (NorthwickPark scale and Barthel). This will be monitored and discussed weekly in the Governance meeting. | |
| 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>The registered provider will endeavor to ensure that care plans continue to be developed in conjunction with the resident or their significant other, the provider will continue to ensure that care plans are reflective of the resident’s needs, preference and interests. The provider will continue to ensure that care plans are reviewed in a timely manner in conjunction with the national standards.</p> | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The provider will continue to offer the residents a choice of appropriate recreational and stimulating activities to meet their needs and preferences on a daily basis. This will continue to be scheduled on the weekly activity board, and the daily evening activity will now also be scheduled and documented and supporting evidence provided, the person delivering this service will be identified on the Duty Roster rather than the allocation book.</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 18(3) | A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served. | Substantially Compliant | Yellow | 15/12/2022 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Substantially Compliant | Yellow | 15/12/2022 |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after | Substantially Compliant | Yellow | 15/12/2022 |

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| | consultation with the resident concerned and where appropriate that resident's family. | | | |
| 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 | 15/12/2022 |