



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Donore Nursing Home
Name of provider:	Brecon (Care) Limited
Address of centre:	13 Sidmonton Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	27 February 2019
Centre ID:	OSV-0000032
Fieldwork ID:	MON-0023436

About the designated centre

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

Donore Nursing Home is a small centre conveniently located in a residential area between the seafront and Bray town centre with easy access to local amenities including shops, bank, church, local transport and the promenade. The centre has capacity for 24 residents and accommodation includes single, twin and multi occupancy bedrooms spread over three floors which are accessed by stairs and a stair lift. Residents have access to a secure garden to the rear of the centre and a smoking area is located close to the nurses office at the side of the building. Donore caters for older adults with enduring mental health needs, challenging behaviour and dementia. The centre aims to provide a comfortable, clean and safe environment for residents. The staff team is well-established with many staff working at the centre for over five years. Staff know the residents well and aim to provide a homely atmosphere where everyone is treated with compassion and care is person centred. Donore aims to provide a centre where people can live with contentment, laughter, socialize and experience a high quality of life by enhancing their optimum level of functioning, their worth, dignity and independence.

The following information outlines some additional data on this centre.

Current registration end date:	22/01/2021
Number of residents on the date of inspection:	20

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
27 February 2019	09:35hrs to 17:00hrs	Liz Foley	Lead

Views of people who use the service

The inspector spoke with residents during the inspection, some residents were unable to express their opinions due to their advanced needs. Residents were safe and contented in the centre. Residents told the inspector that staff looked after them very well and were responsive to their needs. Residents enjoyed the choice of food, drinks and snacks offered to them. Residents could choose where to spend their time and said their choice was respected by staff. One resident felt activities could be improved.

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. The inspector also followed up on actions from the previous inspection which were found to be completed, however some actions required further improvement.

The provider had made several improvements to support the governance and management of the centre since the last inspection. There were external consultants supporting the management team in the centre and this was evident in the areas of improvement found on inspection. A comprehensive quality management system had been implemented which included an audit timetable and management meeting templates which included corrective actions. The system has been in use since December 2018 and weekly meetings had been taking place which has improved oversight of the service. Documentation of management meeting supported a range of quality improvements made and provided structure and time lines for current and future improvements. Minutes of regular staff meetings also supported the changes implemented, however further improvements were required to ensure that feedback and action plans from staff meetings informed the quality management meetings and that actions were time bound and allocated to a responsible person.

The centre had a vacancy for one full time senior nurse management post, one staff nurse post and one part time relief carer. Since the last inspection the centre had successfully recruited two full time carers, one part time relief carer, one part time relief nurse. Recruitment of the senior nurse manager was in advanced stage and ongoing efforts were being made in conjunction with an agency to recruit a staff nurse. The vacancies had not had a negative impact on the care of the residents and all nursing shifts had been covered by the existing staff compliment. All newly recruited staff had valid Garda vetting disclosures in place and had received appropriate induction which included mandatory training. Improvements were

required to ensure that new staff files held all the documents as set out in schedule 2 of the regulations; this had already been recognised by the management team and was ongoing.

Staffing numbers and skill mix were found to be adequate to meet the current needs of the residents. An additional evening shift had recently been added to the health care assistant allocation in response to specific care needs of residents. The person in charge had been supervising on weekends and was satisfied that all staff had appropriate supervision to perform their respective roles. Further improvements in staffing were ongoing to ensure sustainability of current staffing levels and to augment and support clinical management in the centre.

Required notifications had been submitted in a timely manner to the office of the Chief Inspector and significant improvements were noted in the management and storage of all documents.

There were good risk management policies and procedures in the centre with comprehensive environmental and person centred risk assessments in place. Improvements were required to ensure all environmental risks had been assessed with appropriate controls in place. Arrangements had improved in the recording investigating and learning from adverse/serious incidents and this was also informing ongoing safety improvements.

Improvements were found in the management of complaints; documentation contained adequate information of investigations, outcomes and the satisfaction of the complainant. The complaints process informed ongoing quality improvement in the centre.

Regulation 15: Staffing

The rosters matched the staffing allocation on duty. The skill mix and number of staff were found to be adequate to meet the assessed needs of the residents. There was a registered nurse on duty at all times.

There were ongoing recruitment efforts to fill one staff nurse post and one senior nurse management post, however arrangements were in place for part-time staff to cover all nursing shifts within the current nurse staffing compliment. The ensured continuity of care was provided by a staff team who knew the residents well.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately supervised and supported to perform their respective roles. A comprehensive timetable for staff training for 2019 as viewed with some training already complete. All new staff had been inducted and were up to date with mandatory training.

Judgment: Compliant

Regulation 21: Records

Samples of records required as per schedules 2 & 3 were viewed and found to be substantially compliant. Improvements were required to ensure all staff records were in place as per schedule 2, the provider had already recognised this and was actively completing the files.

Judgment: Substantially compliant

Regulation 22: Insurance

A valid contract of insurance was in place against injury to residents and other specified risks were also covered.

Judgment: Compliant

Regulation 23: Governance and management

Three external consultants were currently supporting and mentoring the management team. This support will be ongoing according to the needs of the team. There were sufficient resources in place to provide care in line with the centre's statement of purpose. There was a clearly defined management structure in place and all staff were aware of their respective roles and responsibilities. Systems were in place to monitor the quality and safety of the service. Improvements were required to the documentation of staff meetings to ensure that staff feedback informs ongoing improvements and actions are completed in a timely manner by a responsible person.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed and had been improved however further improvements were required to ensure it contained up to date and accurate information in accordance with schedule 1.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All required notifications had been submitted to the office of the Chief Inspector within the required time frames as schedule 4 (7).

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible complaints procedure was in place and displayed in the centre. Staff assisted residents to access and understand the process. Complaints were comprehensively recorded with evidence of actions completed. The satisfaction of the complainant was recorded and learning was used to inform ongoing quality improvements.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were in place and up to date in accordance with schedule 5. The centre had recently updated several policies with plans in place to continually up date policies as required.

Judgment: Compliant

Quality and safety

Residents were receiving a good standard of care and felt safe in the centre. A review of residents' care records found that health care needs were being met in a timely manner and care provided reflected residents' preferences. There was timely access to the general practitioner (GP) or out of hours doctor as required. Allied health services were available via referral for example, speech and language therapy, physiotherapy and dietician. Improvements were required to ensure all residents eligible for national health screening programmes were made aware of and afforded the opportunity to attend. Residents were safeguarded by effective procedures in the centre, and their rights were respected.

Improvements were found in care planning practices since the last inspection. Care was comprehensively assessed using validated assessment tools and the assessment informed the plan of care. Some improvements were required in the detail of some care plans to reflect the person centred care that was provided. Residents' life history, social history and abilities were comprehensively assessed thus enabling staff to plan suitable occupational and recreational activities, however improvements were required to ensure that these activities were evaluated and met the ongoing needs of individuals.

There were very good care planning practices specific to this service found around risk management. For example, persons at risk of absconding. Staff were very knowledgeable of the residents needs and were observed throughout the inspection discreetly assisting and supporting residents.

The use of restrictive practices in the centre was risk assessed and subject to safety checks in line with the national policy. While less restrictive alternatives were trialled, improvements were required to ensure these were documented. There was suitable equipment available to support residents' safety needs without applying a restrictive practice, however some residents continued to chose restrictive devices for example bed rails to enable them to feel safe. The centre had recently reviewed it's use of bed rails and successfully reduced their use by one.

Residents were offered choice within the confines of the centre and their privacy was respected. Residents were included in the organisation of the centre, however improvements in the documentation of residents' meetings was required to ensure that feedback informed ongoing quality improvement and actions were completed in a timely manner by a responsible person.

Fire safety was well managed in the centre. However improvements were required to ensure fire drills included simulation of night time staffing levels, time taken to evacuate the area and any learning gained.

Regulation 17: Premises

The premises was largely meeting the needs of the residents in accordance with schedule 6. The only wheelchair assisted bathroom was adjacent to a communal room and residents had to pass through two large communal areas to access this, potentially impacting on their dignity. This was not having a negative impact on the current group of residents.

Judgment: Substantially compliant

Regulation 26: Risk management

There were good risk management practices in the centre and all staff were aware of actual and potential risks and the controls in place to mitigate or eliminate such risks. The centre was in the process of updating the safety statement and environmental risk assessments. Improvements were required to ensure that the stairs and and chair lift were risk assessed, this was mitigated somewhat by the comprehensive individual resident risk assessments which were completed for each resident. Improvements were found in the recording, investigation and learning from serious/adverse incidents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Good fire safety procedures were in place. The provider had made adequate arrangements for the prevention, detection and containment of fire. Maintenance and servicing of the fire detection system and emergency lighting was in line with requirements and annual fire training was completed for all staff. Improvements were required to ensure fire drills were completed simulating night time staffing levels and included records of the time it took to evacuate the area and any learning gained in order to inform ongoing evacuation training needs.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

All actions from the previous inspection with regard to care plans had been completed. All residents had a comprehensive assessment of their health and social

care needs completed within 48 hours of admission, which informed their plan of care. Where possible a pre admission assessment had been carried out by the person in charge prior to admission of the resident. Some improvements were required in the detail of activities and behavioural support care plan to reflect the person centred care that was provided. Care plans were reviewed on a four monthly basis or sooner according to the needs of the resident. Where possible care plans were reviewed in consultation with the resident or their care representative as appropriate.

Judgment: Substantially compliant

Regulation 6: Health care

There was timely access to the GP and allied health professionals as appropriate by referral, for example, speech and language therapy and dietician. Access to community occupational therapy could in some instances be slow and in some cases the centre had engaged the service's of a private occupational therapist to ensure timely access and better outcomes for residents. There was also good support from psychiatry of old age services for residents that required it. Improvements were required to ensure all residents eligible for national screening programmes were appropriately referred.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable of residents whose behaviors were challenging and were aware of behavioural triggers, distraction and de escalation techniques for individuals. The use of restrictive practices were risk rated in the centre and alternatives were trialled before applying a restrictive practice. Improvements were required to ensure trials of alternatives were documented. There was equipment available to provide less restrictive care were appropriate for example low low beds. The use of restrictive practices was in line with the national policy, however improvements were required to ensure routine safety checks were consistently performed and documented.

Judgment: Substantially compliant

Regulation 8: Protection

Good safeguarding arrangements were in place in the centre. The provider is a pension agent for one resident and good practices were in place around the management of these monies with the assistance of an accountant. Residents comfort monies were well managed in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were respected in the centre. There were opportunities for residents to participate in activities in accordance with their interests and capacities. There were however unique challenges in organising group activities as the collective needs of residents was complex and challenging. One to one activities were facilitated daily on a routine and an opportunistic basis by all staff and in addition an activities coordinator carried out sensory activities two days per week. Improvements were required to ensure all residents were provided with adequate and suitable activities. Some residents continued to enjoy walks to the local amenities, weather permitting. Improvements were required to ensure that level of engagement in activities was recorded for individuals to inform suitability of activities provided.

Choice was respected and residents could choose how and where to spend their time within the confines of the centre. Residents were offered a choice of nutritious home cooked meals, snacks and drinks throughout the day. Residents were supported and assisted to maintain their privacy with the provision of suitable screening in shared rooms and a policy of knocking doors before entering. Staff were observed interacting respectfully and discreetly with residents throughout the inspection.

Residents were supported to exercise their civil, political and religious rights and there was access to independent advocacy services. An advocate continues to routinely visit the centre to support residents. Residents meetings are facilitated in the centre however improvements were required to ensure feedback informs ongoing improvements and actions were completed in a timely manner by a responsible person.

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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Donore Nursing Home OSV-000032

Inspection ID: MON-0023436

Date of inspection: 27/02/2019

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Staff records were found to be substantially compliant. Two gaps were identified in the staff record inspection. This included one missing reference and one missing certificate. We will have these two gaps filled in the staff record folder by the 28/03/2019.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Deputy PiC recruitment process has come to fruition and the new deputy PiC will be arriving in Ireland on the 18th of March. She will be commencing official employment with Donore Nursing Home within 7 working days of this date to allow for training and orientation. We will be continuing to receive external support in the form of consultants that are supporting and mentoring the management team in the centre. As was noted by HIQA there was clearly defined management structures in place but small improvements were required to the documentation. Our mitigating action to this is to include staff feedback in the documentation of staff meetings. Staff feedback will be sought in every staff meeting going forward and this will be included in the minutes of the meeting. This will take place at the next staff meeting on the 27/03/19 from which date this action will be mobilised.	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>We have updated our Statement of Purpose to include all matters required by schedule one. This action was mobilized once brought to our attention and the updated Statement of Purpose was submitted on the 12/03/19.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We will continue to ensure the privacy and dignity of residents using our facilities are met in a patient centred manner to meet all of their care needs in to the highest standard of care.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Improvements were required to ensure that the stairs and the chair lift were risk assessed.</p> <p>We have established a risk assessment for the Chair Lift and also a risk assessment for the stairs as of the 12/03/19. These will compliment the comprehensive individual risk assessments that are completed for each resident. We will have completed risk assessments for all residents in relation to the chair life and stairs by 05/04/19</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Following the HIQA inspection we undertook a Fire Drill to reflect the minimum staffing levels in the nursing home. This fire drill was completed on the 11/03/19 and records of</p>	

<p>the time taken to complete the evacuation and the learning gained were submitted to HIQA on the 12/03/19.</p> <p>We also updated our fire drill template on the 11/03/19 to reflect the detail required by HIQA and will continue to use this template going forward.</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>The Healthcare assistants and the activity coordinator record the meaningful activities daily in the meaningful activities record.</p> <p>We will be adding this information to our nursing care plans over the coming weeks with a completion date of the 04/04/19 for all residents in the nursing home.</p> <p>This will add to the detail the activities and behavioral support care plan to reflect the person centered care that is being provided in Donore Nursing Home daily.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Having assessed our residents, we have one patient who is suitable for BreastCheck and CervicalCheck. We will be completing a referral for this patient to the respective services on the 19/03/19 in conjunction with our GP.</p> <p>We also have one resident who is suitable for the BowelScreen national service and that resident is awaiting a home testing kit as of the 13/03/19 from when we phoned the service to receive same.</p> <p>We have 2 residents who are already established service users of the Diabetic RetinaScreen. This National Screening Service will remain an ongoing part of their respective care plans.</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>In our 4 monthly review of restraint assessment we will now document trials or alternatives that were completed during the assessment. Our next review of restraint date is on the 18/03/19 from which date we will be documenting as outlined above. We</p>	

have explained the new documentation requirements to all staff as of the 13/03/19	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> - On the 27/03/19 we are having a residents meeting at which we will be rolling out our new feedback form, which was established on the 13/03/19, for residents which will inform ongoing improvements in the activities that are being carried out daily. These improvements are required to ensure all residents are provided with adequate and suitable activities. - We have updated our documentation as of 13/03/19 to ensure that level of engagement in activities is recorded for individuals. This information will further inform the suitability of activities provided. 	

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		13/03/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant		28/03/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	28/03/2019

	consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	05/04/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	05/04/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the	Substantially Compliant	Yellow	11/03/2019

	procedures to be followed should the clothes of a resident catch fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant		12/03/2019
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	13/03/2019
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	19/03/2019
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	Substantially Compliant	Yellow	18/03/2019

	as published on the website of the Department of Health from time to time.			
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	27/03/2019