



CONTRACT MONITORING VISIT

Provider Visited: Kincarrathie House
Type of Contractual Arrangement: National Care Home Contract
Contract & Commissioning Officer: Scott McGoldrick
Date of previous monitoring visit: 13th February 2022 and Follow Up Visit 31st October 2023
Date of Visit: 25th October 2024
Date of Draft Report: 18th November 2024

Approved by: Graham Taylor, Team Leader Policy & Commissioning
Date of Final Version: 24th January 2025

Background

Kincarrathie House is a residential care home for older people set in fourteen acres of parkland on the outskirts of Perth. The home is owned by the Gannochy Trust, leased by the Kincarrathie Trust and is a charitable trust. Kincarrathie House is registered for 44 Residents who all have their own room with an ensuite bathroom. The home has various public areas including the reception area, 2 lounges, 2 sun parlours and a dining room. The home sits in extensive grounds with a large landscaped walled garden which is accessible to all residents.

Insurance Policy: Aviva, Policy Number: 100731517BDN / 25254316CHC355, Date of Expiry: 31/10/2024

CLIENT INFO:

	No. of clients receiving care/support weekly	No of care/support hours delivered weekly to clients
SDS option 3	44 Residents (Updated at time of visit: 38 residents with 6 new residents assessed and moving into the home in coming weeks)	
SDS option 2		
SDS option 1 / Private		
Totals	38/44 (vacancies have been filled)	

STAFF INFO:

	No. of staff	W.T. E
Contracted	62	
Zero hour Contract	0	
Sessional / Bank	0	
Total Number of Staff	62	

Care Inspectorate Registration Number and Link to Latest Report	CS2003009760 Find care
How well do we support people's wellbeing?	3 – Adequate
How good is our leadership?	3 – Adequate
How good is our staff team?	4 – Good
How good is our setting?	4 – Good
How well is care and support planned?	3 - Adequate

Reporting (the monitoring visit took place on 25th October 2024. The following methods were used to obtain the information contained in this report)

Discussions with Manager	X	Sampling of recorded training and evidence of training programme	X
Evidence of staff induction training	X	Examination of selected policies and procedures	X
Evidence of staff supervision	X	Enhanced Care Home Team STEP TOOL (section 4) included for information and correlation	
Discussions with staff	X		

Performance Criteria	Key Indicator	Unsatisfactory	Adequate	Good	Very Good	Excellent
Induction, staff supervision and support	Induction	No evidence of induction	Evidence of induction programme (Including bank/ agency staff)	Evidence of job specific induction programme (Including bank / agency staff)	Evidence of new staff having a review meeting with allocated mentor.	X A Buddy scheme or similar is in place. Experienced members of staff who can assist in the role of helping new employees settle into their new job.
Please detail / evidence how you have graded your service in this area (please attach any relevant electronic documents to support your evidence)		All staff receive induction training and allocated a mentor. Staff also receive the employee and health and safety handbook and Codes of Practice for Social Service Workers. Care staff are also given an induction book which is to be completed over a 3 month period.				
Performance Criteria	Key Indicator	Unsatisfactory	Adequate	Good	Very Good	Excellent
<i>'An accountable, two-way process, which supports, motivates, and enables the development of good practice for individual social care workers. As a result, this improves the quality of service provided by the organisation.'</i>	Supervision and Appraisal	No evidence of supervision or group supervision	Supervision programme in place. Limited discussions during supervision.	Supervision and annual appraisal programme in place. Discussions include Exploring learning and development needs. Individualised development plans. Health & wellbeing	Supervision looks at the following four components: Review of a supervisee's current work • Delegation of work across a team • Exploring learning and development needs, and plans • Setting priorities. Health & wellbeing	X Clinical supervision is available as and when is needed.

Please detail / evidence how you have graded your service in this area (please attach any relevant electronic documents to support your evidence)		Supervisions and Appraisals are held with staff on a regular basis. This looks at their current work and performance, training and development needs, what has been put into practice and worked well/ not so well and what be learned from this. A discussion is had on any information to further enhance knowledge as well as policy, procedures and frameworks relevant to their job. A conversation is also had on support and wellbeing and what matters to them. The Manager has an open door policy which staff are aware of if they require to discuss anything out with supervisions.							
Performance Criteria	Key Indicator	Unsatisfactory	Adequate	Good	Very Good	Excellent			
	Team Meetings	No evidence of team meetings	Ad hoc meetings are held as and when deemed appropriate.	Regular opportunities for your staff team to meet and discuss practice issues	X Opportunities for job specific team meetings. Flexibility in the timing of meetings held.	Action points in meetings are implemented in practise.			
Please detail / evidence how you have graded your service in this area (if applicable, please attach any relevant electronic documents to support your evidence)		Departmental meetings remain good but there still could be improvement for staff meetings.							
Performance Criteria	Key Indicator	Unsatisfactory	Adequate	Good	Very Good	Excellent			
http://www.hse.gov.uk/violence/toolkit/postincident.htm	Post incident support	No evidence of post incident support	Routine post incident support in writing.	Routine post incident support including debriefing in writing.	X Review of meeting outcomes carried out.	Evidence of a change in practise from the debriefing process if appropriate.			
Please detail / evidence how you have graded your service in this area (please attach any relevant electronic documents to support your evidence)		Peer post incident support is provided, discussed and documented after any incident.							
Performance Criteria	Key Indicator	Unsatisfactory	Adequate	Good	Very Good	Excellent			
Learning and Development Activity http://learn.sssc.uk.com/nos/	Learning and Development Plan	No evidence of regular learning and development activity / learning and development plan in place	A wide variety of E-learning opportunities are made available.	Training needs analysis undertaken, Identifying team and individual learning and development needs.	Your staff team as a whole have gained the appropriate level of educational attainment.	X Staff members are actively encouraged to seek out learning and development activity both formal and informal; this is reflected in supervision and appraisal records.			
Please detail / evidence how you have graded your service in this area (if applicable, please attach any relevant electronic documents to support your evidence)		All staff complete mandatory training on an annual basis. Staff also complete regular e- learning and face to face training. Training is recorded in individual training plan and documents what has been learned and how this transfers and put into practice. A learning matrix is done to ensure staff meet the training requirement needs.							
Performance Criteria	Key Indicator	Unsatisfactory	Adequate	Good	Very Good	Excellent			
Dementia learning and Promoting Excellence - Scottish Social	Dementia Training	No evidence of regular training	Evidence of training at an informed level	Evidence of training at a skilled level Dementia ambassadors / leads in place.	Evidence of training and application of training at an advanced level.	X Evidence of training and application of learning at the expertise level			

Services Council (sssc.uk.com)											
Please detail / evidence how you have graded your service in this area (if applicable, please attach any relevant electronic documents to support your evidence)		Staff have dementia training at informed and skilled level. Some staff have completed a dementia course through Skills Development Scotland and most staff throughout the year have face to face 'stress and destress' training with P&K.									
Performance Criteria	Key Indicator	Unsatisfactory	Adequate		Good		Very Good		Excellent		
	SVQ	No monitoring or evidence of monitoring of registration progression or SVQ.	Staff have registered with SSSC within six months of employment and provider has workforce evidence plan of training schedule re SVQ.		50% staff are qualified to the relevant SVQ level, with others working towards appropriate SVQ level and evidence of training matrix.		75% staff are qualified to relevant SVQ level, evidence of other staff working towards appropriate SVQ level, buddy/mentor in situ for staff undertaking SVQ training and evidence of monitoring of training matrix.	X		All staff are qualified to relevant SVQ level, buddy/mentor in situ, internal assessor in place, evidence of monitoring of training matrix.	
Please detail / evidence how you have graded your service in this area (please attach any relevant electronic documents to support your evidence)		All staff are registered with the SSSC. This is audited on a monthly basis to ensure that staff meet their training requirements. The home fully supports all staff who wish to undertake an SVQ as this ensures they have the knowledge to carry out their job. 85% of our staff are qualified to SVQ level.									
Performance Criteria	Key Indicator	Unsatisfactory	Adequate		Good		Very Good		Excellent		
	Handling and Moving Training	No evidence of regular training or adherence to Moving and Handling procedures.	Moving and Handling is part of Induction Process. All care at home staff have attended Moving and Handling training re appropriate techniques and procedures prior to first shift. All care at home staff are annually reaccredited. Evidence of Moving and Handling Risk Assessments.		Moving and Handling is part of Induction Process. All staff have attended Moving and Handling training re appropriate techniques and procedures prior to first shift. All staff have been given shadowing opportunities with more experienced colleagues prior to first shift. All staff are annually reaccredited. Evidence of Moving and Handling Risk Assessments being utilised and updated regularly. Evidence of regular partnership working and drawing on expertise of OT's etc where appropriate.		In addition to the evidence at Adequate and Good – there is evidence of Moving and Handling being discussed at supervision and care at home staff being given opportunity to feed into Moving and Handling Risk Assessments where appropriate. All Staff are provided with an observed practice visit by their line manager re H&M annually.	X		In addition to the evidence at Adequate, Good and Very Good, there is an in-house trainer who individualises the training to the needs of the staff and tailors the individualised approach to meet the needs of the service users.	
Please detail / evidence how you have graded your service in this area (please attach any relevant electronic documents to support your evidence)		All staff receive mandatory moving and handling training on an annual basis. Staff do both face to face and e- learning training.									
Performance Criteria	Key Indicator	Unsatisfactory	Adequate		Good		Very Good		Excellent		

	Medication Training	No evidence of regular training	Medication Training is part of the Induction process. Staff have attended medication training prior to commencing. The training consists of both prompting and administering of medications, the completion of the appropriate documentation in relation to medication. Refresher training is in place annually and there is evidence of staff attending it	Staff are given the opportunity to shadow existing experienced staff in relation to both prompting and administration of medication prior to first shift. Staff are given a mentor/buddy for a period to support them in the delivery of safe practices. Evidence of utilising Pharmacy networks to support safe practices/ problem solving.	Evidence of annual medication review. Medication is a standing item on agenda for individual supervision and team meetings. Evidence of Reflective Practice and learning events where there are repeated medication errors/issues. Bespoke medication training organised when appropriate utilising Pharmacy networks for professional input.	X	Observed practice supervision is taking place with staff in medication prompting/ Administration. Have Medication champions within staff teams. Have dedicated Medication trainer within the organisation that gives staff opportunity to discuss medication issues as appropriate. Regular meetings with Pharmacy colleagues.
Please detail / evidence how you have graded your service in this area (please attach any relevant electronic documents to support your evidence)		All staff who administer medication have medication training to ensure knowledge and competency. The training is done both in house and through the pharmacy who supplies our medication. Medication errors are recorded and discussed with the GP. The individual will have a discussion with Management on the error, why it happened and how can it be prevented in the future. If further errors are made the individual will have to retrain and be monitored.					
Performance Criteria	Key Indicator	Unsatisfactory	Adequate	Good	Very Good	Excellent	
Continuous professional learning (CPL) - Scottish Social Services Council (sssc.uk.com)	Continuous Professional Learning	No evidence of discussions regarding Continuous Professional Learning	CPL is discussed at every supervision session and staff members are encouraged to complete it.	The staff team are confident in identifying learning opportunities and logging them independently.	Staff can demonstrate how their learning relates to the professional standards that you apply to your work.	X	Staff who can clearly reflect on: What they have learned. How they have put this learning into practice How their learning has contributed to, and advanced, their professional development.
Please detail / evidence how you have graded your service in this area (please attach any relevant electronic documents to support your evidence)		Professional development and learning needs are discussed at individual supervision. Staff document in their own personal training folder all training received and feedback what they have learned and can put into practice.					
Performance Criteria	Key Indicator	Unsatisfactory	Adequate	Good	Very Good	Excellent	
Organisational Capacity and Capability	Business Continuity / RAG (Red / Amber / Green)	No business continuity plan/RAG in place or not up to date.	Business continuity/RAG plans in place.	Business continuity/RAG plans regularly reviewed through a desktop exercise	Business continuity/RAG plans shared with senior staff/staff to ensure entire team aware of plans in event of these being in acted.	X	Business continuity/RAG plan successfully actioned and debrief carried out with appropriate staff. Evidence of visits to service users where business continuity/RAG actioned and where visits were deemed appropriate
Please detail / evidence how you have graded		A business continuity, risk assessment plans are discussed with the board of Trustees and senior staff on a regular basis.					

your service in this area (please attach any relevant electronic documents to support your evidence)								
Performance Criteria	Key Indicator	Unsatisfactory	Adequate	Good	Very Good	Excellent		
Recording Procedures: https://eforms.careinspectorate.com/downloads/records_registered.pdf	Recording / Procedures	No evidence of the appropriate recording procedures	Limited evidence of compliance in line with relevant policies and procedures. Discussed at Induction.	Clear ongoing messages via quarterly newsletters, staff briefs re compliance. Good evidence of compliance with relevant policies and procedures. Staff have clear understanding.	Regular audits carried out to ensure good quality assurance and compliance.	X	Keeps robust records of audits and compliance measures, can evidence continuous good practice and staff are fully aware and compliant of all elements of the procedures.	
Please detail / evidence how you have graded your service in this area (please attach any relevant electronic documents to support your evidence)		Regular audits to ensure compliance are carried out and recorded. I complete the annual returns for the Care Inspectorate.						
Performance Criteria	Key Indicator	Unsatisfactory	Adequate	Good	Very Good	Excellent		
Reporting of incidents & notifications	Incidents / Notifications	No evidence of incidents and notification being completed	Health and Safety incorporating reporting of incidents part of Induction. Limited compliance and not within given timescales.	Compliance is within timescales and staff get an opportunity to discuss incidents with colleagues/line managers where appropriate. Content of documentation is reviewed to ensure accuracy and consistency prior to admission to appropriate agency.	Incidents and Notifications are discussed at supervision. Debrief opportunities available. Staff given opportunity to be sign posted on to support services if required. Clear escalation procedures for both incident and notification processes with sign off evident prior to submission. Health and Safety updates/ documents given to staff regularly.	X	Incidents and notifications are audited monthly with necessary actions completed within timescales. Analysis of thematic trends and corrective action tools available. Stats produced and shared with staff on a monthly basis re incidents and notifications. Accesses supports and signposts to relevant services where needed.	
Please detail / evidence how you have graded your service in this area (please attach any relevant electronic documents to support your evidence)		Accidents and incidents that occur are recorded on relevant forms and kept on file. A notification is done to Perth & Kinross Council on the online system. Debrief discussions are held if required with staff. Accidents and incidents also reported to the Care Inspectorate on the e- system.						
Sustainability: Has there been a financial impact to your post covid model of service delivery?								
Discussion areas:								
<ul style="list-style-type: none"> • Staffing levels / Recruitment & retention including does the provider paying the Foundation of Living Wage. • Impact on purchasing / sourcing training • Maintenance of building (if applicable) • Cost of living / utilities • Any other cost pressures e.g., cost of PPE, cost of Infection Prevention & Control (IPC) measures 								
Provider Feedback/Comments								

Summary Report

Induction, staff supervision and support:

Induction (Very Good)

Kincarrathie House has clearly demonstrated its commitment to support new workers by holding formal reviews throughout the induction / probation period with either their allocated mentor or member of the management team. Any actions identified have been progressed. New staff must complete a 3-month induction process that includes being allocated a mentor who will provide support for first 3 double shifts, this support can be increased if required. The induction workbook must be signed off during this period confirming all relevant training has been completed. Once Induction booklet is signed off by Care Home Manager staff member is then confirmed in post. During my visit I was able to evidence inductions being fully signed off as completed for new staff members. The Care Home Manager is in the process of reviewing care assistant induction booklet.

Staff Supervision/Appraisal (Very Good)

Kincarrathie House has clearly demonstrated its commitment to support staff development through an opportunity to evaluate and recognise progress and identify areas for future development in supervision and annual appraisals particularly around the SSSC “Continuous Professional Learning” (CPL) guidance. Supervision takes place twice per year (April and August) with an annual appraisal held in December with further informal discussions in place for staff who require additional support. Each Senior has responsibility for completing supervision for staff within their team. Discussion points during supervision include current workload, training and development needs and support and wellbeing. In 2024 a new agenda item was added “what matters to you” and this has been well received from the staff team. Kincarrathie House have created an “enabling People” document that lists key themes and 1 theme is selected and discussed with staff. During supervision targets are set and agreed in advance of next supervision session. All supervision notes & appraisals are written up and stored within staff files, I was able to evidence this from a file selected at random during my visit. All staff members receive supervision quarterly with more informal sessions. A supervision tracker is in place to capture completed and outstanding supervision dates. Annual appraisals were completed for all staff in December 2023 with this year’s appraisals scheduled to be completed in December 2024. Kincarrathie House have an effective appraisals process in place with staff given advanced notice of appraisal date and are required to complete template and submit in advance of appraisal. During discussions with staff I was able to evidence that staff have received supervision in August.

Team Meetings (Good)

Kincarrathie House has recognised the benefits of team meetings to deal with ad-hoc issues; it is recommended this is developed into a regular, formal programme to allow staff to contribute to the organisational goals. Team meetings have not been well attended and the Care Home Manager is working with staff team to look at ways of maximising attendance. The Care Home Manager completes daily walkarounds early morning and feedback is given at shift handover. Daily discussions take place with the staff team during shift handover. Although there is strong communication between the Senior Management team the Care Home Manager is looking to re-introduce fortnightly management team meeting. Minutes are completed for all Team Meetings and are circulated to all staff. Residents meeting was held on 2nd September 2024 with the next meeting scheduled for November. Relatives’ meetings have not been well attended but Care Home Manager felt reasoning for this was because relatives would go directly to the Manager if they had an issue. The Annual Garden Party was held on 1st September 2024, and this was very well attended and was a great success.

Post Incident Support (Good)

In the last year Kincarrathie House have implemented a new process of logging all debriefing sessions following an incident and attaching these to incident reports. The manager operates with an open-door policy and provides evidence of support provided to staff, this was also confirmed during discussions with staff during my visit. All staff have access wellbeing/support contacts that are located in staff room. The Care Home Manager advised that the staff team provide good levels of peer-to-peer support to each other and are a resilient team.

Learning and Development:

Learning & Development (Very Good)

Kincarrathie House has demonstrated clearly its commitment to learning and development, all staff are trained to the appropriate level and this is reviewed and updated annually. During my monitoring visit I was able to evidence that Kincarrathie House have a variety of training available to the staff team and that any training undertaken was evidenced/certified in staff files. All staff have their own personal development plans/folders and are required to upload evidence of completed training modules/courses. Kincarrathie House have moved away from IT system Evolve and migrated to new IT training platform Citation for e-learning training modules. During my visit I was able to evidence checklist/tracker in place to capture training dates and requirements and staff highlight any additional training requirements during supervision sessions. The Deputy Manager has a focus on Learning and Development and regularly audits staff training requirements. Staff continue to be enrolled on to the Skills Network Scotland system where further training modules are available. During my monitoring visit I spoke with 2 staff members who confirmed they had recently undertaken training which included mandatory e-learning modules, fire training and handling and moving training and are booked to attend oral care next week.

Dementia Training (Very Good)

Kincarrathie House have demonstrated a very good level of learning and development with the majority of staff having completed relevant training. Care Home Manager reported that staff have really benefited from attending Stress and Distress training delivered by Isla Knight and Nicki Parker. All Staff must complete e-learning dementia awareness training with all staff having also completed Promoting Excellence Level 1 Understanding Dementia. The Care Home Manager will arrange for staff to complete Level 2 in Promoting Excellence by October 2025.

SVQ (Very Good)

There is currently around 85% of staff qualified to relevant SVQ level with evidence of other staff working towards appropriate SVQ level. There are 3 members of staff who are required to complete SVQ training by 2026. During my visit I was able to evidence SVQ tracker in place detailing all staff requirements and completion dates, the tracker was last updated on 26/09/2024. Kincarrathie House fund all staff going through SVQ training.

Handling & Moving Training (Very Good)

Handling and Moving training is mandatory and is part of the induction process for all new staff, this is both practical in person training and e-learning modules. Refresher training is completed on an annual basis. During my visit I was able to evidence completion dates for mandatory and e-learning training during my visit. Strategic Thinking deliver First Aid and Handling and Moving training for Kincarrathie House. Carers are involved in discussions when updating risk assessments for residents and observational practice is carried out by the Care Home Manager and Deputy Manager who provide support to carers where a resident's support needs change. During discussions with staff carers confirmed that they had recently attended Handling and Moving Training.

Medication Training (Very Good)

Medication training is completed with all staff who administer medication and also complete training with local pharmacy that supplies medication to the Care Home (Davidson's) evidence provided of training delivered on 31st May 2024. Refresher training is completed on an annual basis (e-learning module) and during my visit I was able to evidence medication training and refresher training being completed. Medication competencies are completed and during my visit I was able to evidence competencies written up and signed off. Reflective practice takes place when an error is made by a carer when administering medication, if a second error is then made staff must re-sit all medication training and will be monitored by senior staff.

SSSC/CPL (Very Good)

Kincarrathie House ensure that all staff are registered with the SSSC within 3 months of commencing in post and this is audited on a monthly basis to ensure staff meet requirements. Upon the completion of any training staff are required to complete a form to reflect on what they have learnt and how this relates to their job. All training is stored in individual training plans. During my visit I was able to evidence that Continuous Professional Learning is discussed during supervision sessions with staff.

Organisational Capacity and Capability:

Business Continuity Business Continuity (Very Good)

The organisation has clearly demonstrated its commitment to support staff groups involving them in the review of the Business Continuity Plan, evidencing inclusion and participation. There is a clear understanding of their role if the plan is evoked. Kincarrathie House have a comprehensive Business Continuity Plan in place that is updated every 6 months or when there is a significant change within the Care Home. Each resident has a Personal Evacuation Plan in place and copies are stored in a 'fire box' located at the front door of the Care Home. A Fire Alarm drill takes place every Wednesday and staff also participate in scenario training.

Recording Procedures (Very Good)

Kincarrathie House have a programme of internal inspections/audits to ensure continuous good practice (this includes fire safety, medication, care planning, care environment mattress checks and daily walk rounds) with action plans/improvements generated from each audit. Care Home Manager and Deputy Manager have responsibility for completing audits and the Care Home Manager is currently reviewing internal auditing processes. During my visit I was able to evidence that Kincarrathie House has robust policies and procedures in place including audits and quality assurance processes for the service.

Incidents & Notifications (Very Good) The Contracts Officer has graded this as Good

Staff are confident and competent on the correct reporting procedures. Kincarrathie House are well aware of the PKC Online Incident Reporting system. Accidents/Incidents are also recorded in Accidents & Falls Folder and during my visit I was able to evidence recent incident/notification logged. The Care Home Management Team and Team Leaders have responsibility for reporting incidents. The Care Home Manager is to develop new documentation for circulating to staff around reportable incidents. The Care Home Manager is currently under investigation with the SSSC who have advised that the Care Home did not report missing controlled drugs incident satisfactorily. This is no longer being investigated by the Police and the Care Home Manager is being supported by the Board of Trustees around SSSC investigation.

Action Plan - It is the responsibility of the Service Provider to evidence compliance with individual recommendations within the timescales laid out

PC	Induction, Staff Supervision and Support					
	Recommendation	Level	Action	Responsibility	Date to be actioned	Comments
	Induction	Very Good	Review of Carer Induction Booklet	Manager	January 2025	Manager is in process of updating Carer Induction Booklet.
	Supervision/Appraisals	Very Good	Complete all supervision sessions	Manager	November 2024	There are a few members of staff who have outstanding supervision to be completed.
			Supervision Tracker	Manager	November 2024	Ensure tracker is fully populated to capture all supervision dates.

	Team Meetings	Good	Maximise attendance at Team Meetings	Manager	November 2024 and Ongoing	Manager exploring options to maximise staff attendance at team meetings.
			Re-introduction of Senior Management Meetings	Manager	December 2024	Re-introduce fortnightly management team meetings.

PC Learning & Development

	Recommendation	Level	Action	Responsibility	Date to be actioned	Comments
	Dementia Training	Very Good	Staff to complete Promoting Excellence Level 2	Manager	October 2025	Staff to identify staff to be booked on to Level 2 Promoting Excellence training.
	SVQ	Very Good	Continue with rolling programme of SVQ's	Manager	November 2024 and Ongoing	3 staff to complete SVQ training by 2026.

PC

Organisational Capacity and Capability

	Recommendation	Level	Action	Responsibility	Date to be actioned	Comments
	Business Continuity	Very Good	Add Date of last review to BCP	Manager	November 2024	Date of last update/review to be added to front page of BCP to evidence review/update has taken place.
	Recording Procedures	Very Good	Review current programme of audits	Manager	March 2025	Care Home Manager is currently reviewing existing processes with a focus on quality assurance.
	Incidents & Notifications	Good	Review documentation on reportable incidents	Manager	February 2025	Care Home Manager is to review/update documentation on reportable incidents

Appendix 1:

STEP TOOL (Section 4)

Section 4: Section 4 of the tool, will be completed at the end of the STEP Visit and provides space to note health and care improvements that will be initiated within the Care Home and that will be feedback into the broader Health and Care system for action.		
Suggested Care Home Improvements	A prioritised list of improvement actions that should be initiated within the care home	Support that can be provided to support Care Home Improvement activity. For example, <i>signposting to educational resources, mentoring for staff, opportunities to network with others making similar improvements etc.</i>
Suggested Improvements within the broader Health & Care system	A prioritised list of improvement actions that should be initiated within the broader Health & Care system	Reflection on how improvement suggestions can be fed-back into the broader health and care system for action STEP Tool feedback is part of wider improvement plan on improving discharges and admissions to care homes.

--	--	--