Millcroft & York Lodge Care Homes Limited

Millcroft

Inspection report

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East Sussex
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Millcroft is a residential care home providing accommodation and personal care to 20 people at the time of the inspection, some of whom are living with dementia, mental health or frailty. The service can support up to 24 people. Millcroft accommodates people in one adapted building.

People's experience of using this service and what we found
People told us they felt safe living at the service. One person said, "Yes I do feel safe. There are nice carers about. They are there if you need them." Risks to people were managed effectively. Staff understood their responsibility for safeguarding people and knew how to report suspected abuse. There were enough suitable staff to care for people safely and the provider had robust recruitment procedures. People's medicines were administered safely, and infection control procedures were robust. Incidents were recorded and monitored, and lessons were learned when things went wrong.

People told us that staff had the skills to support them. One person said, "They try to do everything they can for us. I think it's a difficult job." Staff received the training and support they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were assessed comprehensively and considered people's diverse needs and their preferences. People were supported to have enough to eat and drink and to access health care support when needed.

People told us that staff were kind and caring towards them. One person said, "I'm so happy here, comfortable. They look after me very well." Good interactions were seen throughout the inspection. Peoples dignity and privacy was respected. One relative said, "Staff are all polite. Very respectful of mum's privacy and they will always knock." People were encouraged to be as independent as possible. One relative said, "They encourage her to do things herself, but she does need some support."

Care was provided in a person-centred way. People were supported to maintain contact with people who were important to them. Staff were responsive to people's needs and ensured that people's information and communication needs were met. People were encouraged to access activities and to maintain their interests. People were confident that any complaints would be addressed. Staff supported people to plan for end of life care and respected their wishes.

The registered manager was well regarded. They had a clear vision for the service which was understood by the staff and embedded within their practice. There were effective quality assurance systems in place that were used to drive service improvements. People, their relatives and staff were asked for their feedback about the service and meetings were held regularly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 24 November 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Millcroft

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Millcroft is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who lived at the service to obtain their views of the care they received. Due to the nature of some people's complex needs, we were not always able to ask people direct questions about

the care they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke to five members of staff including the registered manager, deputy head of care, activities coordinator and three care staff. During the inspection, we observed medicines being administered to people. We reviewed records about people's care which included care plans of each person at the service. We also looked at recruitment records and profiles, accident and incident reports, quality assurance documents and medicines records.

After the inspection
We sought feedback from two health and social care professionals who work in partnership with the service and used this feedback within the report.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living at the service. One person said, "I absolutely feel safe here. There's always somebody around. I couldn't be in better conditions."
- Staff demonstrated a clear understanding of their responsibilities for safeguarding people and knew how to raise concerns. Staff had received training in safeguarding procedures and were familiar with the provider's policy.
- Safeguarding alerts had been raised appropriately and the registered manager understood their responsibilities for reporting safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people were effectively assessed, monitored and managed. Risk assessments were comprehensive and took account of people's individual needs, abilities and their wishes. People were included in risk management plans to ensure their views were considered. For example, one person wished to administer one of their medicines themselves. A risk assessment identified how staff could support this person to continue to do this safely.
- Risks associated with people's health needs had been identified and assessed in areas such as skin integrity. For example, one person's risk of skin breakdown was identified, and clear information provided for staff on how to monitor the person and where to apply topical creams. The person's risk had been assessed using Waterlow, a tool specifically designed for this purpose. A body map showed staff where to apply topical cream on the person.
- Environmental risks had been assessed. The equipment used to support people, such as hoists and slings had been monitored, checked and serviced regularly. Risks from fire were managed well. People had individual personal evacuation plans to ensure that they were supported properly in the event of an evacuation.

Staffing and recruitment

- People told us that there were enough staff to care for them safely. One person said, "There's enough staff, there's always someone buzzing about." One staff member said, "There are enough staff and agency staff are rarely used". Another staff member told us, "If care staff go off sick, we always have enough staff to cover the shift. We have bank staff when we need them. There's very good teamwork and staff are always willing to help out".
- There were enough staff to respond to people's requests for support. The service used a call bell system for people to be able to call for staff and people had been assessed to check that they could use the call bell. One person said, "They come quite quickly when I press the bell. They don't keep you waiting." Records showed that staff response times were good. The registered manager monitored call bell responses with

regular quality checks and call bell drills.
● The registered manager adjusted staffing levels if people's needs changed. We observed staff attending people quickly when they asked for support.
● Safe systems were used to recruit staff. Appropriate checks were made before staff began working with people including Disclosure and Barring Service (DBS) checks and references. Staff members had provided proof of their identity and right to reside and to work in the United Kingdom prior to starting to work at the service. Appropriate references had been obtained prior to staff being appointed.

Using medicines safely
● Medicines systems were organised, and people were receiving their medicines when they should. One person said, "The one thing they are very good on is medicines. They make sure we get them every day."
● The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Trained staff administered medicines to people and records showed that they had been assessed as competent to do so. We observed people receiving their medicines safely.
● Some people were prescribed PRN or "as required" medicines. Protocols were in place with detailed guidance for staff describing the circumstances when the PRN medicine should be administered.

Preventing and controlling infection
● All areas of the service were seen to be clean, tidy and smelt fresh. People and their relatives told us that standards of cleanliness at the service were consistently high. One person said, "I must admit it is clean and anything we need doing or cleaning they will do straight away."
● Records showed that staff maintained a consistent and thorough cleaning schedule of all areas of the service. The registered manager carried out regular quality assurance checks to ensure the prevention and control of infection. These audits also monitored staff's completion of infection control training.
● We observed staff using personal protective equipment (PPE) when carrying out personal care and administering medicines.

Learning lessons when things go wrong
● Incidents and accidents were consistently recorded, and staff understood their responsibilities to report any concerns. The registered manager had oversight of all incidents and accidents
to ensure that appropriate actions were taken including the review of risk assessments and care plans.
● The registered manager audited records of people's falls to identify themes so that appropriate actions could be taken. For example, analysis of one person's falls showed that they were experiencing falls in the same area of their room. Due to the person's worsening mobility, and following discussions with the person and their family, they were supported to move to another room where the layout better supported their mobility needs.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed in a holistic way, taking account of their physical, mental health and social needs.
- Care plans were based on comprehensive assessments of people's diverse needs and reflected current best practice. For example, screening tools were used to identify risks of malnutrition and hydration, and waterlow risk assessments which asses the risks to people of developing pressure ulcers. Staff used these tools effectively to ensure that people's needs were assessed effectively and to support them make decisions about seeking further specialist support, such as dieticians and wound care specialists.

Staff support: induction, training, skills and experience

- People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person said, "They are very helpful. I think they are well trained."
- Staff received the training and support they needed to care for people effectively. There was a comprehensive training programme in place where staff completed courses in areas such as safeguarding, mental capacity act, pressure sore awareness and dignity and respect. People and their relatives told us of the impact of this training. For example, all staff had undertaken training on mental capacity and demonstrated a very good knowledge about capacity and consent. We observed staff checking with people before providing care and support. One person said, "They always ask me questions about what I want first."
- Staff were encouraged to study for vocational qualifications such as diplomas in health and social care. New staff with no previous experience of working in care, studied for the Care Certificate, a recognised, vocational qualification.
- Staff received supervision every three months and records confirmed this. One staff member commented, "They ask me if I'm happy, happy about the residents and staff and if I need training for something. We also talk about any areas for improvement."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff understood their responsibilities regarding the MCA. One staff member said, "We can't assume they don't have capacity, because they can't do things. Most of the residents here have capacity to consent, such as with their medicines. Some people prefer us to give them their medicines. Where DoLS are needed we apply for them. It's about doing things in the least restrictive way possible".

● People's capacity to consent to their care and treatment had been considered and was documented appropriately. Where people lacked capacity to make specific decisions appropriate assessments had been made. Decisions made in people's best interests were recorded to show how the decision had been made in accordance with the legislation. The registered manager had made appropriate applications for people where they believed DoLS could apply.

● Referrals had been made on behalf of one person to an independent mental capacity advocate when a decision was needed regarding a change of accommodation. The registered manager had developed an action plan based on the points from the advocates report to ensure that decisions made on their behalf were carried out.

Supporting people to eat and drink enough to maintain a balanced diet

● People told us that they enjoyed the food and drink offered at the service. One person said, "The food to me is good. There's always a choice. We get cake with tea in the afternoon. If you want to ask for a sandwich anytime, they'll do it for you."

● We observed the lunchtime meal in the dining room. Tables were attractively laid with cloths and condiments. Food for lunch was prepared by an external catering company and delivered to the service. One person said, "The food is jolly good, Always hot and fresh."

● People were asked what they would like to eat for lunch before the meal was served. One person made their choice, but when the meal was served, changed their mind. Staff brought an alternative meal, which the person was happy with.

● People who had special dietary needs were catered for. For example, people living with diabetes were provided with meals with low sugar content. One person explained they preferred black coffee with an artificial sweetener and we saw they were provided with this after their lunch. Where people had been identified as having difficulty swallowing food, soft diets were provided.

● Staff told us that one person now found it difficult to hold cutlery, so they bought them cutlery with a special plastic grip which the person found easier to hold. This helped them to eat independently.

Adapting service, design, decoration to meet people's needs

● The design and decoration of the service was suitable to meet people's needs. Adaptations had been made to ensure people's mobility needs were met. For example, hand rails were installed in communal areas, while a stair lift had been installed to support people to access the first floor.

● A ramp had been built in the garden which allowed all residents to access the grounds. Signs around the service aided people to navigate their way around.

● People were involved in making decisions about the decoration of the service. For example, people had chosen the colour scheme for the new lounge and kitchen area on the top floor.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● People had access to health and social care professionals. Records confirmed people had access to a GP, opticians, dentists and chiropodists and could attend appointments when required.

● People had a health action plan which described the support they needed to stay healthy. A GP was called

if people became unwell and completed annual health checks for people. One staff member said, "In my role I contact the GP and others for advice. Every year the surgery will come and see the resident in the home. Early in the new year, the GP came in to review people."

● When people's needs changed, staff made appropriate referrals in a timely way to ensure that people's needs were met. For example, people were referred to the falls team when staff noted changes in their mobility needs.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were caring and compassionate towards them, always treating them well. One person said, "I can't think of anything they could do better." One relative said, "The carers are brilliant, all the staff are lovely. Mums loves it and likes all the staff."
- People's diverse needs were catered for. Care plans included a section about people's social life and sexuality. Where people were prepared to discuss this, information was included, but some people chose not to, and their wishes were respected.
- We observed the registered manager sitting, chatting and having lunch with people in the dining room. One person told us that the manager did this regularly. They said, "The manager comes and sits with us regularly and sits with different people each time."

Supporting people to express their views and be involved in making decisions about their care

- People told us that they involved in decisions about their care. One person said, "They always ask me how I would like things to be." Another person said, "We have meetings downstairs in the conservatory. They ask if there's anything you want changed or done differently. They will change things if you need."
- We observed staff consistently providing people with choices throughout the day and checking with them before carrying out any support. One staff member said, "Usually I encourage people to be independent. I help them only with things they can't manage. I encourage people to choose what they want to do".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "They are very good at respecting my privacy. They make me feel comfortable. Always knock on my door when they bring up my tea in the morning."
- Staff explained how they would protect people's privacy when providing personal care. One staff member said, "I would use a towel to cover people when giving care. We have a new girl shadowing at the moment, so I'm asking people whether they mind her shadowing and observing".
- We observed one person talking with the registered manager about the fact they had to use a commode in their bedroom and that they did not like this. The registered manager assured the person that they would into their request to see whether a toilet could be installed for them.
- We observed staff knocking on people's doors and checked with them before entering.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Care plans were detailed and written in a person-centred way. Information was provided to staff on how to support people in line with their care needs. People's personal histories were recorded, as were their likes, dislikes and preferences.

● Where people had behaviours that could be perceived as challenging, there was guidance for staff on how to support them. For example, one person could be challenging verbally towards people when they were not in a good mood and their behaviour could change suddenly. A referral had been made to the mental health team who provided advice and guidance to leave the person alone when they became agitated. Records and reviews showed that incidents of challenging behaviour had reduced.

● Staff demonstrated a good understanding of people's care and support needs. For example, regarding continence management. One staff member explained if they had any concerns, then they would chart the person's urine output and fluid intake for three days. This would identify any ongoing issues. If needed, a referral would be made to the relevant healthcare professional and a continence assessment completed. It could then be decided on what needed to be done, such as the need for continence pads to be used.

● Staff supported people to maintain relationships that mattered to them. For example, staff supported one person to maintain contact with their loved one by ensuring they were invited to celebratory occasions and organised trips. Staff also organised a private, special meal for the couple to enjoy."

● Technology was used to support people to receive timely care and support. Call bell systems were easy for people to use and staff ensured that people had access to their call buttons in their rooms. Staff used an electronic care monitoring system which allowed them to input the support they provided directly onto mobile devices. Staff told us that this reduced the time writing in files and more time to provide direct support. The registered manager also told us that they could monitor people's care more effectively through the information input by staff. The impact of this was that quality assurance systems were more effective.

● People's preferences were recorded and addressed. For example, if people wanted their bedroom doors left open during the day or at night and whether they were happy for staff to check on them at night.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Staff had received training on AIS. The registered manager confirmed that people had been assessed for support to provide them with information in different formats although this was not currently required for anyone at the service. However, one person with sensory difficulties was unable to undertake a cherished

music activity as they were unable to follow visual instructions. Staff obtained large print guidance which allowed them to continue with the activity."

● People's communication needs had been assessed and recorded. There was information for staff about how to support people. For example, if people needed to wear glasses or hearing aids, this was recorded with advice for staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People told us that they enjoyed the activities organised by staff. One person said, "We have a programme for the week. If we want to join in, we can. Staff go to people's rooms if they can't get downstairs."

● Activities were designed and organised based on what people wanted to do, their interests and hobbies. The activities co-ordinator had asked everyone living at the service what they would like to do and how they wished to spend their time. Some people chose not to participate in some group activities and spent time on their own and this was respected by staff. One person said, "I don't do a lot of activities, but this is my own choice. They do enough activities. We had a sing song yesterday and people were singing their heads off."

● On the day of inspection, the activities coordinator was chatting with people in the lounge, about their experiences during the war. People were keen to share their stories and talked about evacuation and the schools they had attended. After that, the activities co-ordinator read items of interest from a newspaper. People were given a choice of what they would like to do.

● In addition to a programme of 'in house' activities, people had opportunities to go out in the minibus, with outings organised twice a week. Trips to have tea out or to the seaside were enjoyed. Where people were unable to access the minibus, alternative opportunities had been arranged for them, with their agreement. Two people enjoyed attending a day facility organised by Age UK.

● Where people were not interested in group activities, the activities co-ordinator provided on to one time for them. A volunteer also came into the service to spend time and chat with people and another volunteer organised arts and crafts sessions. The activities co-ordinator said, "[Named person] loves custard creams, so we always have them and that gets them talking. Every day at 4pm we make sure she has her quiz shows on which she loves". One professional said, "I visited (the person) several times there and he was always complimentary about the staff and the support that he received there. He had an interest in gardening and I know that the home had offered him some space in their grounds to do some gardening."

● The activities co-ordinator told us that residents' meetings were organised every six weeks, but some people were not always keen to attend these. The activities co-ordinator visited people individually, so their suggestions could be logged and acted upon.

Improving care quality in response to complaints or concerns

● People and relatives told us they knew how to complain and would feel comfortable to raise any concerns. One person said, "Yes I would complain if I had to, but I've never needed to." One relative said, "I've never had to complain about anything, but I would if I had to."

● A complaints procedure was displayed in the main communal area of the service. People also had guidance in their rooms about who they could contact if they have any issues.

● Complaints were dealt with professionally and investigated and responded to in a timely manner. One complaint was dealt with sensitively by the registered manager that balanced the views of the relative with the decisions of the person and staff's duty of care. Whist the complaint was not upheld, the registered manager still ensured that they had learnt from the complaint by discussing duty of care with staff. Staff were also encouraged to continue to promote the person's independence as much as possible, and to encourage them to make their own decisions.

End of life care and support

● People were supported compassionately at the end of their lives. People could live out their lives at the service, if this was their wish and their needs could be met. People's care plans recorded people's end of life wishes and arrangements.

● Staff understood the importance of anticipating people's needs. For example, staff had worked with the GP to ensure that "just in case" medicines were available for someone whose condition could deteriorate quickly. This ensured that the appropriate medicine was available to keep the person comfortable when needed.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives spoke positively about the service. One person said, "You get looked after and it takes the strain off things. We have a laugh with staff." One relative said, "Mum is so well looked after, you couldn't improve on it."
- Staff described the values of the service as providing personalised care in a homely atmosphere. One staff member said, "They are the loveliest people and a lovely team. We love the residents and love the job; we include friends and family as well. It's just different to anywhere else I've worked. People can have choices. You give them a voice, it's all led by them".
- There was an open culture at the service. Relatives told us that staff kept them informed of any incidents and how staff had responded. One professional we spoke to said, "Millcroft has a comfortable homely atmosphere, but also is a place where residents and visitors feel able to easily speak to staff members about any concerns, or if they simply want a chat. Residents have told me about this and I've observed this interaction."
- The registered manager and provider had a candid, open and transparent approach. People and their relatives told us that the registered manager and staff were open and honest with them. One relative said, "They tell me what's going on. We have enough communication and they phone me at home if they need to."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear and embedded framework that monitored the quality of the service. Clear lines of accountability meant that staff understood their roles and responsibilities. There were policies and procedures in place to guide staff and these were regularly viewed and updated.
- Staff spoke positively of the management of the service. One staff member said, "Everything here is fine, it's lovely. We work as a team all the time. The manager is the best. If there's something missing, she will sort it."
- The registered manager used audits and quality assurance systems to assure themselves of the quality of the service. For example, we saw records of daily checks on staff's administration of medicines as well as comprehensive monthly checks. Regular audits had also been undertaken in areas such as infection control, medicines, call bell times and people's experience of the food provided that had led to improving care. For example, monitoring of call bell responses had ensured that people received quick and consistent requests

for support. Records showed that In each audit, actions carried out to improve the identified shortfalls had been clearly recorded with timescales for completion.

● The registered manager understood the legal requirements of their role, including notifying CQC of any events that they were required to tell us about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

●The registered manager used a variety of systems to engage and involve people, relatives and staff in evaluating the service. Quality assurance questionnaires were used to capture views of those using the service, as well as for staff and professionals visiting the service. We noted that the feedback received was consistently positive.

● Feedback was also sought during meetings with residents, relatives and staff including at group and individual meetings. One person said, "We have meetings. They've been very good at responding to people's requests." The manager used this feedback to make changes and improve care for people. For example, feedback about the cleanliness of peoples' rooms was wholly positive, although four people wished for their rooms to be cleaned at different times than scheduled. Times were then adjusted by the housekeeper to suit their preferences.

● The registered manager and staff worked in partnership with external healthcare professionals to ensure people's needs were met. A visiting healthcare professional told "I am given relevant and updated information about residents at each visit, so that I am able to do my job effectively. For example, if any resident has a change in medical condition, or if they are very tired and therefore may not wish to have treatment on that day."