

Action Planning for Six Steps Programme

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| **Summary of gaps (from ‘Where are we now’)** | **Step/s** | **Action Plan (How will the gaps be achieved?)** |
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| **Steps to be completed** | **Tick below if required to be completed** | **Approximate dates to be completed** |
| STEP 1 |  |  |
| STEP 2 |  |  |
| STEP 3 |  |  |
| STEP 4 |  |  |
| STEP 5 |  |  |
| STEP 6 |  |  |
| STEPPING OFF | Must be completed by all care homes |  |

**We agree to undertake/support the plan identified above:**

Care Home Manager or Six Steps Lead ………………………………………………………… Date…………………………………..

Six Steps Facilitator ……………………………………………………………………………………… Date…………………………………..