



Nottinghamshire
County Council

ESTABLISHMENTS CARING FOR ADULTS ROTA VISIT REPORT

This report has been circulated to:

OFFICE USE ONLY:

1. date received
2. Action
3. Circulate

Completion of the Form:

- Please type or print clearly in black ink.
- Members should complete the comments/observations box at the end of each section, where appropriate, and list recommendations under Section 7.

Name of Establishment:

Received by (Manager's name):

Visit by (name of Member(s)):

Date of Visit:

Time of Visit:

am/pm

1. EXERCISING CHOICE AND CONTROL:

- At meal times are there at least 2 choices of main meal offered and is the resident aware of the choices on offer?

☐ Yes ☐ No

- Are the service users involved in menu planning which includes special dietary/cultural needs?

☐ Yes ☐ No

- Are meal times flexible to suit individual preferences?

☐ Yes ☐ No

- Are service users given time to choose what clothing they would like to wear?

☐ Yes ☐ No

- Are there opportunities for leisure and social activities for all service users and are these designed for service users with particular needs e.g. dementia, limited mobility or movement?

☐ Yes ☐ No

Section 1 Comments/Observations:

2. PERSONAL DIGNITY AND RESPECT:

- Do staff talk to residents appropriately?
- Are the routines in the home flexible around personal care?
- Do staff promptly respond to residents' needs and requests?
- Is there a mixture of communal areas so that residents have the choice of places to sit quietly or actively engage with others?
- Have staff been trained appropriately in administering/ safe handling of medication?
- Is the external condition of the building satisfactory?
- Is the establishment clean, pleasant and hygienic?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Section 2 Comments/Observations:

3. FREEDOM FROM DISCRIMINATION AND HARASSMENT:

- Does the home have a clearly written and easy to understand complaints' procedure that is accessible to all service users and does it specify how complaints can be made, who will deal with them and what the timescales are?
- Do service users have a clear understanding of how to make a complaint and to whom they should make the complaint?
- Have all staff working in the establishment received training in protecting and safeguarding vulnerable adults and know how to respond in the event of an alert?
- Have all staff received training in how to deal with challenging behaviour and do practices ensure that physical/verbal aggression by service users is understood and dealt with appropriately?
- Are service users satisfied with the care they receive and do they feel safe and well supported and cared for?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Section 3 Comments/Observations:

4. LEADERSHIP AND MANAGEMENT:

- Are staff numbers and skill mix appropriate to the assessed needs of service users?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
- Does the establishment have a recorded staff rota showing which staff are on duty at any time and including domestic and kitchen staff?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
- Have all staff had Protection of Vulnerable Adults (POVA) and Criminal Records Bureau (CRB) checks?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
- Do overseas staff have the correct work permits and entry visas?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
- Is there an up to date Training Plan outlining refresher training?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
- Have domestic and kitchen staff been trained in infection control and COSHH as well as kitchen staff being trained to cater for specialist diets and food hygiene?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
- Are there procedures in place for dealing with staff absences/ vacancies?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
- Are corridors, stairways and exits kept clear for fire evacuation and general safety?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
- Are chemicals/substances locked in secure area?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
- Are meter cupboards locked?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
- Are there up to date risk assessments on:

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

 - Chemicals/substances in use?
 - Equipment in use?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

 - Assisting people to move? (if appropriate)
 - Building Security

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

- Other work related activity?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

- Is the electrical appliance annual test in date?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

- Is the Fire Premises Manual up to date?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

- Is the Fire Risk Assessment up to date and completed?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Date of last weekly test:

Date of last fire drill:

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

- Are Accidents and incidents of violence recorded on SR3/5 forms?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Section 4 Comments/Observations:

5. ANY OTHER COMMENTS/SUMMARY:

Section 5 Comments/Observations:

6. RECOMMENDATIONS (please number)

8. **ELECTED MEMBER(S) UNDERTAKING THE ROTA VISIT:**

Signature:	Print Name:
1.	
2.	

Please return completed form to:

***Lisa Swift, Committee Support Section, Adult Social Care and Health, County Hall -
A copy will be sent to you as proof of receipt.***