



Name of Task to be included once agreed

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/summary box at the end of each section, where appropriate, and list recommendations at the end of the report.

Name of Establishment: _____

Received by (Manager's name): _____

Visit by (name of Member(s)): _____

Date of Visit: _____ Time of Visit: _____ am/pm

1. ENVIRONMENT		Poor	Adequate	Good	Excellent
• Cleanliness/tidy					
• Odour					
• Flooring					
• Reception Area					
• Signing in and out sheets					
• Dining Area					
• Lounge Area					
• Bedrooms					
• Laundry room					
• Notice Board (up-to-date)					
• Garden					
• Car park					

TOTAL SCORE					
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- ❖ Is the external condition of the building satisfactory?
- ❖ Is the establishment clean, pleasant and hygienic?
- ❖ Is there a mixture of communal areas so that residents have the choice of places to sit quietly or actively engage with others?
- ❖ Are the routines in the home flexible around personal care?

SUMMARY

2. KITCHEN		Poor	Adequate	Good	Excellent
• Cleanliness/tidy					
• Menu displayed					
• Storage					
• Drinks available					
• Choice of Menu					
• Special diets catered for					

TOTAL SCORE					
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- ❖ Are service users happy with the quality of the food on offer?
- ❖ Are meal times flexible to suit individual preferences?
- ❖ Is there sufficient variety on offer?
- ❖ Are the service users involved in menu planning which includes special dietary/cultural needs?

SUMMARY

3. STAFF ENGAGEMENT		Poor	Adequate	Good	Excellent
• Activities					
• Interactive with residents					
• Community involvement					
• Residents participation					

TOTAL SCORE					
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- ❖ Do staff talk to residents appropriately?
- ❖ Do staff promptly respond to residents' needs and requests?
- ❖ Do staff promote a friendly and sociable atmosphere?
- ❖ Do service users have a clear understanding of how to make a complaint and to whom they should make the complaint?
- ❖ Are service users satisfied with the care they receive and do they feel safe and well supported and cared for?
- ❖ Are there opportunities for leisure and social activities for all service users and are these designed for those with particular needs e.g. dementia, limited mobility or movement?

SUMMARY

4. STAFFING		Poor	Adequate	Good	Excellent
• Staff wearing name badges					
• Customer care and Communication					
• Work Rotas available					
• Staffing levels					
• Agency Staff					
• Occupancy					
• Partnership Working					

TOTAL SCORE					
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- ❖ Are name badges for all staff visible?
- ❖ Are there recorded staff rota which show which staff are on duty at any time?
- ❖ Are there any vacancies?
- ❖ What is the occupancy rate?
- ❖ Is there any partnership working with the community?

SUMMARY

5. RECOMMENDATIONS (please number)

ELECTED MEMBER(S) UNDERTAKING THE VISIT

Signature:	Print Name:
1. _____	_____
2. _____	_____
_____	_____

Please return completed form to:

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