



Γ -	
This report has been circulated to:	OFFICE USE ONLY:
	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.

	appropriate, and list recommendations a	t the end of	the re	port.			
	Name of Establishment: Received by (Manager's name):						
	Visit by (name of Member(s)):						
	Date of Visit:			Time	of Visit:		_am/pm
1.	ENVIRONMENT		Poo	r	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						
TO	TAL SCORE						
				<u>'</u>			
SU	MMARY						
- - -							
2	KITCHEN			Poor	Adequate	Good	Excellent

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

1

	MMARY					
_	WIWAIT					
_						
_						
_						
_						
3.	STAFF ENGAGEMENT		Poor	Adequate	Good	Excellent
•	Activities					
•	Interactive with residents					
•	Community involvement					
•	Residents participation					
	reorderne participation					<u> </u>
TO	TAL SCORE					
	=	I		1		<u> </u>
SU	MMARY					
_						
_						
_						
_						
_						
_						
1						
-+. •	STAFFING		Poor	Adequate	Good	Excellent
•			Poor	Adequate	Good	Excellent
	Staff wearing name badges		Poor	Adequate	Good	Excellent
•	Staff wearing name badges Customer care and Communication		Poor	Adequate	Good	Excellent
•	Staff wearing name badges Customer care and Communication Work Rotas available		Poor	Adequate	Good	Excellent
•	Staff wearing name badges Customer care and Communication Work Rotas available Staffing levels		Poor	Adequate	Good	Excellent
•	Staff wearing name badges Customer care and Communication Work Rotas available Staffing levels Agency Staff		Poor	Adequate	Good	Excellent
•	Staff wearing name badges Customer care and Communication Work Rotas available Staffing levels Agency Staff Occupancy		Poor	Adequate	Good	Excellent
•	Staff wearing name badges Customer care and Communication Work Rotas available Staffing levels Agency Staff		Poor	Adequate	Good	Excellent
•	Staff wearing name badges Customer care and Communication Work Rotas available Staffing levels Agency Staff Occupancy Partnership Working		Poor	Adequate	Good	Excellent
•	Staff wearing name badges Customer care and Communication Work Rotas available Staffing levels Agency Staff Occupancy		Poor	Adequate	Good	Excellent
• • • • •	Staff wearing name badges Customer care and Communication Work Rotas available Staffing levels Agency Staff Occupancy Partnership Working TAL SCORE		Poor	Adequate	Good	Excellent
• • • • •	Staff wearing name badges Customer care and Communication Work Rotas available Staffing levels Agency Staff Occupancy Partnership Working		Poor	Adequate	Good	Excellent
• • • • •	Staff wearing name badges Customer care and Communication Work Rotas available Staffing levels Agency Staff Occupancy Partnership Working TAL SCORE		Poor	Adequate	Good	Excellent
• • • • •	Staff wearing name badges Customer care and Communication Work Rotas available Staffing levels Agency Staff Occupancy Partnership Working TAL SCORE		Poor	Adequate	Good	Excellent
• • • • •	Staff wearing name badges Customer care and Communication Work Rotas available Staffing levels Agency Staff Occupancy Partnership Working TAL SCORE		Poor	Adequate	Good	Excellent
• • • • •	Staff wearing name badges Customer care and Communication Work Rotas available Staffing levels Agency Staff Occupancy Partnership Working TAL SCORE		Poor	Adequate	Good	Excellent
• • • • •	Staff wearing name badges Customer care and Communication Work Rotas available Staffing levels Agency Staff Occupancy Partnership Working TAL SCORE		Poor	Adequate	Good	Excellent

5. RECOMMENDATIONS (ple	ase number)	
ELECTED MEMBER/O) LINDERT	WING THE BOTA WOIT	
ELECTED MEMBER(S) UNDERTA	KING THE ROTA VISIT	
Signature:	Print Name:	
Signature.	i illit ivallie.	
1.		
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.