



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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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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SUMMARY

3. STAFF ENGAGEMENT

		Poor	Adequate	Good	Excellent
• Activities					
• Interactive with residents					
• Community involvement					
• Residents participation					

TOTAL SCORE

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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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SUMMARY
