

This report has been circulated to:

.....date)

Lisa Swift (AC)
(March 2012)



**Nottinghamshire
County Council**

OFFICE USE ONLY:

1. Date Received
2. Action
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ESTABLISHMENTS CARING FOR ADULTS – ROTA VISIT REPORT

Completion of the Form:

- *Please type or print clearly in black ink.*
- *Members should complete the conclusions box at the end of each section, where appropriate, and list overall recommendations under Section 5.*
- *Each section includes guidance and prompts to help complete each conclusions box but do not need to be strictly adhered to.*

Name of Establishment: _____

Received by (Manager's name): _____

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

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

1. ENVIRONMENT:

- 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 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?
- Are the routines in the home flexible around personal care?

SECTION 1 CONCLUSIONS:

2. KITCHEN:

- 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?

SECTION 2 CONCLUSIONS:

3. STAFF ENGAGEMENT:

- 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?

SECTION 3 CONCLUSIONS:

4. ANY OTHER COMMENTS/SUMMARY:

Section 5 Comments/Observations:

5. RECOMMENDATIONS (please number)

6. 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.*