

# Care Home Observation

Name of care home/supported living residence/nursing home .....

Date of visit/observation .....

Nature of observation (please tick all those that apply) :-

- PPE - Failure to use correctly or stock/supply issue
- Access to hand hygiene facilities
- Insufficient staff deployed
- Appearance of residents
- Cleanliness (inc. odour) in the home
- Other

Details of your concern(s) :-

Name.....

Organisation.....

Please e-mail completed forms to: [adultjointcommissioning@barnsley.gov.uk](mailto:adultjointcommissioning@barnsley.gov.uk)