

Quality Assurance Survey

The Quality and Performance Team's aim is to ensure that services 'improve the independence, health and well-being of people in North Lincolnshire', we are therefore keen to engage with individuals who are using social care services. We would be very grateful for your help in completing the following questions

1. Is the care home/ support service flexible enough to meet your needs?
Yes No Other.....
2. Are you dealt with courteously and in a professional manner?
Yes No Other.....
3. Do the staff members treat you with dignity and respect?
Yes No Other.....
4. Are you happy with the way the care home/support service is provided?
Yes No Other.....
5. If applicable, do the care home/support service staff members take care with personal property and possessions they may come into contact with?
Yes No Other.....
6. Do you think that the care home/support service staff members listen to what you have to say and take notice?
Yes No Other.....
7. Does the care home/service give you the chance to talk things over in a safe and confidential way?
Yes No Other.....
8. Would you recommend the care home/support service to a friend?
Yes No Other.....

9. How do you think the care home/support service could be improved?

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10. Is there any aspect of the care home/support service that you are not happy with, if yes, please explain?

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11. What difference has living in the care home/having access to the support service made to you and you life?

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12. Are there any other comments you wish to make about the care home /support service?

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Overall, what star rating would you give the support/warden service?

Please tick one box (5 stars is highest)

☆☆☆☆☆ ☆☆☆☆☆ ☆☆☆☆☆
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Thank you for completing this questionnaire about the care home/support service– we would be grateful if you would *also* answer the following Quality Assurance Survey

Questions

Question 1 – General Quality of Life

Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole? Please tick the box next to the answer that best describes the quality of your life:

- | | |
|---------------------------------|--------------------------|
| So good, it could not be better | <input type="checkbox"/> |
| Very good | <input type="checkbox"/> |
| Good | <input type="checkbox"/> |
| Alright | <input type="checkbox"/> |
| Bad | <input type="checkbox"/> |
| Very bad | <input type="checkbox"/> |
| So bad, it could not be worse | <input type="checkbox"/> |

Question 2 – Health

Compared with my general level of health over the past 12 months my health state today is:

- | | |
|---------------|--------------------------|
| Much better | <input type="checkbox"/> |
| Better | <input type="checkbox"/> |
| Much the same | <input type="checkbox"/> |
| Worse | <input type="checkbox"/> |
| Much worse | <input type="checkbox"/> |

Question 3 – Questions about Your Life

Please tick the box which best applies to your situation:

	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>	<i>N/A</i>
I feel safe and secure in my home						
I feel safe and secure when I go out						
I am able to access all the health services I need						
I can decide what I do each day						
I am confident my home meets my needs						
I am happy and comfortable in my home						
I am supported by family and/or friends						
I am supported by professionals						
I am able to access my local community easily						
I am able to have my say on decisions which affect the community where I live						
I am involved in decisions which affect my life						
I feel valued by the people around me						
I feel optimistic about the future						
I am treated with dignity and respect by everyone around me						

Any comments on your answers above:

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THANK YOU