**Service User Questionnaire**

**In sections A & B, please tick the appropriate column when answering questions, using the key below as a guide.**

|  |  |
| --- | --- |
| ***1*** | ***Unsatisfactory***  |
| ***2*** | ***Satisfactory***  |
| ***3*** | ***Good*** |
| ***4*** | ***Excellent***  |

**Section A – Quality of service & facilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Questions:** | **1** | **2** | **3** | **4** |
| What are your overall impressions of the home? |  |  |  |  |
| How would you rate the quality of care provided? |  |  |  |  |
| How would you rate the facilities provided at this service? |  |  |  |  |
| How do you rate the cleanliness and tidiness of the service? |  |  |  |  |
| How do you rate the décor of the home? |  |  |  |  |
| How do you rate the social activities organised by the service? |  |  |  |  |
| How would you rate the opportunities provided to access facilities in the local community? |  |  |  |  |

**Section B – Meals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Questions:**  | **1** | **2** | **3** | **4** |
| How do you rate the overall quality of meals provided?  |  |  |  |  |
| How do your rate the choice of meals provided? |  |  |  |  |
| How do you rate the amount of food provided at each meal? |  |  |  |  |
| How do you rate the presentation of meals? |  |  |  |  |
| How do you rate the quality of the dining room facilities and the ambience of the dining area? |  |  |  |  |
| How helpful are the serving staff at mealtimes? |  |  |  |  |
| How do you rate the quality of snacks available between mealtimes? |  |  |  |  |
| How do you rate the availability of drinks throughout the day?  |  |  |  |  |

**Section C – Staff**

|  |  |  |
| --- | --- | --- |
| **Questions:**  | **YES** | **NO**  |
| Do you have a good relationship with the staff? |  |  |
| Are the staff approachable? |  |  |
| Are the staff caring and friendly?  |  |  |
| If you require care, are the staff attentive and helpful? |  |  |
| Are staff quick to respond when you require help or care? |  |  |
| Do the staff respect your privacy? |  |  |

**Section D – Care & respect**

|  |  |  |
| --- | --- | --- |
| **Questions:**  | **YES** | **NO**  |
| Are you involved in planning your own care? |  |  |
| Do you feel that your views and wishes are listened to and respected? |  |  |
| Do you feel safe and secure at this service? |  |  |

**Section E**

|  |
| --- |
| **How do you feel the service could be improved?** **If you have marked ‘unsatisfactory’ or ‘no’ to any of the above, please provide your reasons so that we can work towards improvement.** |
|  |