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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date:  |   |  |  |  |  |  |  |
| **Service Name** |  |  |  |  |  |  |  |
| Survey Reference |   |  |  |  |  |  |  |
| We are keen to continually monitor our standards of care in our home and look for ways to improve our service. We would be very grateful if you can spare a few minutes of your time to complete this short quality survey and return in the stamped addressed envelope provided. This is an anonymous survey to enable honest and open feedback. |  |  |  |
| **How do you rate the following…...** | Excellent | Very Good | Quite Good | Neither Good nor Poor | Quite Poor | Very Poor | Totally Unacceptable |
| Welcoming entrance area and staff greeting  |   |   |   |   |   |   |   |
| Infection Control Procedures |   |   |   |   |   |   |   |
| Clinical waste procedures (if applicable)  |   |   |   |   |   |   |   |
| Do the residents appear well cared for |   |   |   |   |   |   |   |
| Staff understanding of relevant health conditions that affect the client group? |   |   |   |   |   |   |   |
| Is the relevant staff member available for you to consult with? |   |   |   |   |   |   |   |
| Would you feel comfortable raising any concerns? |   |   |   |   |   |   |   |
| Communication between the home and it's visiting professionals? |   |   |   |   |   |   |   |
| Record Keeping including detail of care notes? |   |   |   |   |   |   |   |
| Medication administration / ordering / handling of prescriptions and guidance |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |
| Any other comments: |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |
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Actions Taken as a result of this survey?