|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  | | | | |  |
| Home Name |  |  |
| Survey Reference |  |  |
| We are keen to continually monitor our standards of care in our homes 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 |
| Recruitment procedure |  |  |  |  |  |  |  |
| Staff induction process |  |  |  |  |  |  |  |
| Staff training |  |  |  |  |  |  |  |
| Supervision and support from the manager? |  |  |  |  |  |  |  |
| Support from the Company as a whole? |  |  |  |  |  |  |  |
| Rate the level of information/communication within the Company |  |  |  |  |  |  |  |
| Rate the level of information/communication within the Home |  |  |  |  |  |  |  |
| How do you rate your knowledge of reporting procedures |  |  |  |  |  |  |  |
| How do you rate the level of information you have access to regarding the residents; Likes, dislikes, medical conditions & preferences etc |  |  |  |  |  |  |  |
| How do you rate the level of staff on duty, is it sufficient to meet the needs of the residents in the home? |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Any other comments: |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Actions taken following this survey? |  |  |  |  |  |  |  |