



QUESTIONNAIRE NO: _____

In order to ensure that we are continuing to provide a good quality of care to meet your client or relative's needs we would be obliged if you would assist us by completing the following questionnaire. It is by asking you about our Care Service, and whether you feel that it meets your client or relative's needs, that we are able to look at ways of improving and maintaining the standard of care we provide for them. Please note that there is no provision for you fill in your name. This is to ensure privacy and confidentiality and to enable you to be totally honest with your answers. When completed please pass the questionnaire to any senior staff member. Thank you for your help.

ELEMENT	SCORE					COMMENTS
	1	2	3	4	5	
SCORE RATING: 1 = Very Poor 2 = Poor 3 = Satisfactory 4 = Good 5 = Very Good						
The appearance of the Home from the outside. Is it welcoming?						
The welcome you receive at the Home from the staff when you visit?						
The friendliness of the staff?						
The overall cleanliness of the Home, and in particular your client / relative's room?						
The odours / aromas within the Home?						
The decor and furnishings of the Home, and in particular your client / relative's room?						
The general mood and atmosphere of the Home?						
The laundry service for your client / relative's clothing. Is it satisfactory?						
Are you kept adequately informed / consulted about your client / relative's care and state of health?						
With your client / relative's agreement, were you consulted when the Care Plan was originally prepared?						
Are you consulted with respect to changes to your client / relative's Care Plan, subject to agreement?						
How well do you feel that your client / relative's privacy is being respected?						
How well do you feel that your client / relative's democratic rights are being respected?						