

Home Care Service - Users Satisfaction Survey

The Department of Health set Domiciliary Care National Minimum Standards, on 1st April 2003. All Domiciliary Care providers are regularly inspected against these standards. There is a requirement within these standards to continuously monitor the quality of care provided. A yearly survey is one way in which this can be done.

1. Do your care workers do the things you need doing?

- Almost always Sometimes Almost never

2. Which of these would you want your carer workers to do as well?

- | | |
|--|--|
| <input type="checkbox"/> More domestic tasks | <input type="checkbox"/> Current domestic tasks better |
| <input type="checkbox"/> Help with washing and bathing | <input type="checkbox"/> Help with hair washing |
| <input type="checkbox"/> Help with transport | <input type="checkbox"/> Help with garden and outside |
| <input type="checkbox"/> Prepare drinks and meals | <input type="checkbox"/> Someone to listen and talk to |

3. Please answer YES or NO to each of the following statements:

Carer workers have personal problems that affect my support Yes No

Carers are too rushed for time Yes No

Carer support is unreliable Yes No

Changes in arrangements are not clear Yes No

4. Are you kept informed of changes in your home care service?

- | | |
|---|--|
| <input type="checkbox"/> I never know about the changes | <input type="checkbox"/> Sometimes I am told about the changes |
| <input type="checkbox"/> Somebody usually lets me know | <input type="checkbox"/> I am always told about any changes |

5. Do your care workers come at times to suit you?

- | | |
|--|--|
| <input type="checkbox"/> They always come at times to suit me | <input type="checkbox"/> They usually come at times to suit me |
| <input type="checkbox"/> They sometimes come at times to suit me | <input type="checkbox"/> They never come at times to suit me |

6. Quality of life

I am safe in my home	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Strongly
I am always as clean as I can be	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Strongly
I am as comfortable as I am able to be	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Strongly
I have as much contact with other people as I want	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Strongly
I go to bed when I want to	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Strongly
I feel in control of my daily life	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Disagree Strongly

7. Do you always see the same care workers?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> No, I never do | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Usually | <input type="checkbox"/> Always |

8. Are you happy with the way your care workers treat you?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Yes, always | <input type="checkbox"/> Yes, usually |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |

9. Support from your care worker

My care workers are helpful and friendly	<input type="checkbox"/> strongly agree	<input type="checkbox"/> agree	<input type="checkbox"/> disagree	<input type="checkbox"/> strongly disagree
My personal details are not shared with other people being cared for	<input type="checkbox"/> strongly agree	<input type="checkbox"/> agree	<input type="checkbox"/> disagree	<input type="checkbox"/> strongly disagree
My care workers are thorough at what they do	<input type="checkbox"/> strongly agree	<input type="checkbox"/> agree	<input type="checkbox"/> disagree	<input type="checkbox"/> strongly disagree
I am treated with respect	<input type="checkbox"/> strongly agree	<input type="checkbox"/> agree	<input type="checkbox"/> disagree	<input type="checkbox"/> strongly disagree
My care workers are honest	<input type="checkbox"/> strongly agree	<input type="checkbox"/> agree	<input type="checkbox"/> disagree	<input type="checkbox"/> strongly disagree

10. If you could change one thing in your support, what would it be?

11. Do you use Direct payments?

Yes No Don't know

12. Do you receive any support from family and friends?

Yes, from someone living with me Yes, from someone who does not live with me
 Yes, from a number of family and friends No

13. Which of these services have you used in the last month?

None of these services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meals on Wheels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Day Centre	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Nursing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Short breaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residential Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14. How would you describe your general health?

<input type="checkbox"/> Very Good	<input type="checkbox"/> Good
<input type="checkbox"/> Fair	<input type="checkbox"/> Bad
<input type="checkbox"/> Very bad	

15. How long have you been receiving help in your home from Adult Social Care?

<input type="checkbox"/> More than 5 years	<input type="checkbox"/> 2-5 years
<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 6 months to 1 year
<input type="checkbox"/> Under 6 months	

16. Did you answer this questionnaire by yourself?

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, with help from a care worker
<input type="checkbox"/> Yes, with help from a friend	<input type="checkbox"/> Yes, with help from a family member