



QUALITY ASSURANCE 2023 CLIENT QUESTIONNAIRE

Complete Care aim to continually improve the quality of the service we provide to our valued clients. We welcome your comments as part of this process. Please complete this questionnaire as honestly as you can. Your comments can remain anonymous if you wish by not signing the completed questionnaire.

1. Do you find our carers friendly, supportive, and helpful to you?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Nearly Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

2. Are our carers punctual?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Nearly Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

3. Are our carers polite and respectful?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Nearly Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

4. Are our carers smartly dressed?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Nearly Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

5. Do you like your carers to wear their uniform?

- | | | | |
|--------------------------|-----------|--------------------------|---------------|
| <input type="checkbox"/> | Always | <input type="checkbox"/> | Nearly Always |
| <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Rarely |

6. Do you regularly see the same carers?

- | | | | |
|--------------------------|-----------|--------------------------|---------------|
| <input type="checkbox"/> | Always | <input type="checkbox"/> | Nearly Always |
| <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Rarely |

7. Do you feel our carers treat you with dignity and respect while providing your care?

- | | | | |
|--------------------------|-----------|--------------------------|---------------|
| <input type="checkbox"/> | Always | <input type="checkbox"/> | Nearly Always |
| <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Rarely |

8. Do you feel your needs are being met in the package of care you currently have in place?

- | | | | |
|--------------------------|-----------|--------------------------|---------------|
| <input type="checkbox"/> | Always | <input type="checkbox"/> | Nearly Always |
| <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Rarely |

9. Do you feel your care plan is a good representation of you?

- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

10. In your opinion, is there any way we could improve the information contained in the Care Plans?

APPENDIX 1

11. Do you feel involved in the preparation of your provision of care or when any changes are made at your six monthly care plan review?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Nearly Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

12. If applicable, are you are always given choice by your carer(s)?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Nearly Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

13. Do you feel safe and supported by your carer(s)?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Nearly Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

14. Does your carer follow Infection Control protocol by wearing Personal Protective Equipment such as gloves, aprons etc when carrying out personal care?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Nearly Always |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

ADMINISTRATION

15. Are you aware of the different ways to contact the office?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

16. Are you aware how to make a complaint if so required?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

17. Do you receive your invoice regularly?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

APPENDIX 1

18. If there are any issues with your invoice, are they rectified to your satisfaction?

Yes No

19. If requested, do you receive a rota at the agreed frequency?

Yes No N/A

20. Are you made aware of any changes to your carers and any changes to your rota?

Always Nearly Always
 Sometimes Rarely

21. Are the office staff helpful and polite when contacted?

Always Nearly Always
 Sometimes Rarely

22. Do you believe that your information/data is handled confidentially?

Yes No

GENERAL

23. Are you satisfied with the level of service Complete Care provide?

Very satisfied Mostly satisfied
 Fairly dissatisfied Very dissatisfied

24. In your opinion, is there any way we could improve our provision of services?

25. Would you recommend Complete Care to others?

Yes

No

Please comment on your response:

26. We do value your opinion and if you have further constructive comments or suggestions, please write them below.

Thank you for taking the time to complete this questionnaire. Your feedback is extremely important to us. Client happiness and satisfaction is the ethos of Complete Care and we work to achieve this in every way possible.

Please return via email to marie@completecare.im or in the stamped addressed envelope provided before 15th June 2023.

Signed.....Date.....2023

**Print Name.....
Client/Client Representative**

