



## **QUALITY ASSURANCE 2023 STAFF QUESTIONNAIRE**

**Complete Care aim to continually improve the welfare of its staff. 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. How would you rate the provision of care services by Complete Care?**

- Excellent  Very Good  
 Room for Improvement (please specify) \_\_\_\_\_

\_\_\_\_\_

**2. How would you rate the involvement of the client/client representative in the planning of the client's care?**

- Excellent  Very Good  
 Room for Improvement (please specify) \_\_\_\_\_

\_\_\_\_\_

**3. Are the company's care plans informative and clear to understand?**

- Yes  No

**If No please specify why:**

APPENDIX 2

**4. If required, do you feel involved in your clients care plan reviews?**

Yes  No

**5. Do you feel our care plan(s) are a good representation of your client(s)?**

Always  Nearly Always  Not really

**If not, why? Please state:**

**6. Do you feel the company operates in a way that person centred care is important?**

Always  Nearly Always  Not really

**If not, why? Please state:**

**7. In your opinion, is there any way we could improve the information contained in the care plans?**

Yes                       No

**If Yes, please specify:**

**MANAGEMENT/OFFICE STAFF**

**8. New Staff Only - Do you feel the recruitment process is informative and satisfactory including interview, training and induction?**

Yes                       No                       N/A

**If No, please tell us how you think this process could be improved:-**

**9. Do you have regular supervisions and appraisals and are they of benefit to your role as a carer?**

Always       Nearly Always       Sometimes

**Please provide any comments you may have in relation to supervisions and appraisals.**

**10. Do you feel management and the office staff support you in your role as a carer?**

Always       Nearly Always       Sometimes

**11. Do you find management and office staff approachable and helpful?**

Always       Nearly Always       Sometimes

**12. Do you feel that the carers quarterly meeting minutes are informative and beneficial?**

Yes       No

**13. Do you receive regular communication by email and telephone from management/office staff?**

Yes       No

## **TRAINING**

**14. Do you receive regular training both online and practical?**

Yes  No

**15. Do you feel supported to help achieve your personal training goals and professional development?**

Yes  No

**16. Are there any areas within the company's training programme that you feel can be improved upon?**

Yes  No

**If Yes, please specify:**

## **YOUR WORKPLACE/WORK ENVIRONMENT**

**17. Do you feel safe and comfortable in the environment(s) you work in?**

Always  Nearly Always  Sometimes

**18. Do you feel you are able to approach office staff/management with any issues relating to the safety of the environment you work in?**

Always  Nearly Always  Sometimes

**GENERAL**

**19. Do you enjoy working for Complete Care?**

Yes

No

**If No, please specify:**

**20. In your opinion, is there any other way we could improve?**

**Please specify:**

**21. Would you recommend the services of Complete Care to others?**

Yes                       No

**Please specify why:**

**22. We greatly value your opinion and if you have any further constructive comments or suggestions please enter them below.**

**Thank you for taking the time to complete this questionnaire. Staff feedback is extremely important to us. This allows us to identify areas of improvement in order for us to continue to grow as a company with a happy workforce.**

**Please return via email to [marie@completecare.im](mailto:marie@completecare.im) or in the stamped addressed envelope provided before 15th June 2023.**

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

**Print Name.....  
Staff Member**

