



QUALITY ASSURANCE 2022 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 and polite?

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

**3. Are our carers smartly dressed and wear the uniform?
(if that is your choice)**

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

4. Do you regularly see the same carers?

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

APPENDIX 1

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

- Always Nearly Always
 Sometimes Rarely

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

- Always Nearly Always
 Sometimes Rarely

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

- Yes No

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

9. Do you feel involved in the preparation of your provision of care?

- Always Nearly Always
 Sometimes Rarely

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

- Always Nearly Always
 Sometimes Rarely

APPENDIX 1

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

- Always Nearly Always
 Sometimes Rarely

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

- Always Nearly Always
 Sometimes Rarely

13. Are you satisfied the company continues to do all it can to protect you from Covid-19, by continuing to supply care staff with extra PPE such as face masks & visors & increased handwashing.

- Always Nearly Always
 Sometimes Rarely

14. Were you happy with the communication and care you received during Covid 19 pandemic?

- Yes No

ADMINISTRATION

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

- Yes No

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

- Yes No

17. Do you receive your invoice regularly and any issues rectified to your satisfaction?

- Yes No

APPENDIX 1

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

Yes No N/A

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

Always Nearly Always

Sometimes Rarely

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

Always Nearly Always

Sometimes Rarely

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

Yes No

GENERAL

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

Very satisfied Mostly satisfied

Fairly dissatisfied Very dissatisfied

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

APPENDIX 1

24. Would you recommend Complete Care to others?

Yes

No

If NO please specify why:

25. 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.

Please return via email to mary@completecare.im or in the stamped addressed envelope provided before 15th June 2022.

Signed.....Date.....2022

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



