



QUALITY ASSURANCE 2022 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 Fair

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

Excellent Very Good Fair

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

Yes No

If No please specify why:

4. Do you feel involved in your clients care plan reviews?

Yes No

APPENDIX 2

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

Always Nearly Always Sometimes

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

Always Nearly Always Sometimes

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.

APPENDIX 2

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 the carers meeting minutes in lieu of the quarterly carers meeting (due to Covid 19) are informative and beneficial?

Yes No

13. Do you feel confident the company continues to do all it can to protect you from Covid-19, by supplying extra PPE such as face masks, visors and goggles and adhering to government guidance?

Yes No

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

Yes No

If No please specify why:

TRAINING

15. The topics in mandatory training benefits and supports you as a carer?

Yes No

16. Do you feel the specialist training (i.e Peg Feeding, Cough Assist, Bipap) received from other health care professionals is comprehensive and beneficial to both you and your client?

Yes No N/A

If No please specify why:

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

Yes No

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

Yes No

If Yes please specify:

APPENDIX 2

YOUR WORKPLACE/WORK ENVIRONMENT

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

Always Nearly Always Sometimes

20. 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

21. Do you enjoy working for Complete Care?

Yes No

If No please specify:

**22. In your opinion, is there any other way we could improve?
Please specify:**

APPENDIX 2

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

Yes

No

If No please specify why:

24. 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.

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

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

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



