

# 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:

	Yes	No
Carer workers have personal problems that affect my support	<input type="checkbox"/>	<input type="checkbox"/>
Carers are too rushed for time	<input type="checkbox"/>	<input type="checkbox"/>
Carer support is unreliable	<input type="checkbox"/>	<input type="checkbox"/>
Changes in arrangements are not clear	<input type="checkbox"/>	<input type="checkbox"/>

## 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

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

## 7. Do you always see the same care workers?

No, I never do       Sometimes       Usually       Always

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

Yes, always       Yes, usually       Sometimes       No

## 9. Support from your care worker

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

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

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**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?**

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

**14. How would you describe your general health?**

Very Good

Good

Fair

Bad

Very bad

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

More than 5 years

2-5 years

1-2 years

6 months to 1 year

Under 6 months

**16. Did you answer this questionnaire by yourself?**

Yes

Yes, with help from a care worker

Yes, with help from a friend

Yes, with help from a family member