**Crosshill Client Satisfaction Survey 2019**

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| **1.** | **Please could you identify who is providing feedback in this questionnaire** (please tick all that apply) | |
|  |  | *Resident / Client living at Crosshill* |
|  |  | *1st degree family member e.g. spouse, brother / sister, son / daughter etc* |
|  |  | *Friend / Other (please specify):- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **2.** | **How long have you (your relative / friend) been living in Crosshill** | |
|  |  | *Under 1 year* |
|  |  | *1-5 year* |
|  |  | *More than 5 years* |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3.** | **Are you (your relative / friend) happy living at Crosshill** Yes / No  *Please can you provide us with some information below about the MAIN reason/s for your answer* | | | | | | | |
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| **4.** | 4A) **Are you UNHAPPY / CONCERNED about your care / treatment at Crosshill ?** Yes / No (if No go to **4B**)  **If you do have concerns have you spoken to a staff member** Yes / No    **If you have spoken to someone, do you feel your concerns have been addressed** Yes / No  **If you have NOT spoken to a member or staff or DO NOT feel your concerns have been addressed please can you provide us with a reason for your answer:**    4B) **If you were concerned or unhappy about any care / treatment at Crosshill in the future would you**  **(you relative / friend) feel able to approach a senior member of staff** | | | | | | | |
|  |  | *Yes* |  |  | *May be* |  |  | *No* |

**If NO please can you provide us with a reason for your answer:**

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| **5.** | **Please use the space below to highlight anything that we can / should feedback to any specific member/s of staff (could be a positive comment or an area for improvement)?** | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| Area | Score | | | | Please provide comments and ideas as to how we can improve | |
| **1** | **2** | **3** | **4** |
| *Score Rating:* ***1*** *= Excellent* ***2*** *= Good* ***3*** *= Satisfactory* **4 *= Poor*** | | | | | | |
| What is your overall impression of the Home  (mood / atmosphere / ambience / welcome given to visitors etc) |  |  |  |  | |  |
| How would you rate our décor, furnishings and specialist equipment we provide |  |  |  |  | |  |
| How would you rate the Home’s overall cleanliness / odour |  |  |  |  | |  |
| What is your opinion regarding the Home’s overall state of repair (inside and outside) |  |  |  |  | |  |
|
| How would you rate our menus, food, snacks and drinks |  |  |  |  | | Please provide some suggestions for our menu |
|
| How involved do you (your relative / friend) feel in the decisions which are made about the home |  |  |  |  | | Would you like to be more involved Yes / No  If Yes please provide details: |
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|  | | | | | |
| How would you rate the personal care staff provide to you / client’s within the home |  |  |  |  |  |
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| What is your opinion of the level of privacy and dignity we provide |  |  |  |  |  |
| How good are we at asking, and then respect, the decisions, choices and wishes our client’s make i.e. providing personalised care, optimizing independence |  |  |  |  |  |
| How safe do you feel you / our client’s are e.g. do you have any concerns re abuse, neglect, bullying etc. |  |  |  |  |  |
| What is your opinion on the number and type of social activities we provide e.g.in house / trips |  |  |  |  | Please provide any ideas for activities / trips |
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| What is your opinion regarding communication within the home? |  |  |  |  | Please say how you feel this could be improved |
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| At Crosshill we are always striving to provide a healthy, happy and safe environment for ALL of our clients. We would like you to share ANY ideas / suggestions / comments you have, no matter how big or small, on any subject as to how you feel we could improve anything or do things differently / better as these can help us to ensure we offer the best services and care we can for you / your loved one. | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Area | Score | | | | Please provide comments and ideas as to how we can improve |
| **1** | **2** | **3** | **4** |
| *Score Rating:* ***1*** *= Excellent*  ***2*** *= Good* ***3*** *= Satisfactory* **4 *= Poor*** | | | | | |

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| **Please Note: Within the last year we have introduced electronic care systems. We would be grateful if you could speak with the Nurses in Charge to arrange a mutually convenient time to meet with Julie Katherine or Maria in March to discuss, review and update your / your client’s electronic care plan. Many thanks Maria** |

**Thank You for taking the time to complete this questionnaire**

Please return you anonymous questionnaire to us in the SAE provided before 20/3/19 and drop it into the basket to the right of the entrance to the lounge when you next visit or send it to our Head Office (53 Duckpool Lane, Whickham.Tyne & Wear NE164TE).

Our website address is [www.rayson-homes.com](http://www.rayson-homes.com) This contains details of events, activities, copies of our service used guide, contract, agendas and minutes of meetings etc. (The password for resident’s resources is **juliep** )