


How good is your care?

Tell us your experience of having a relative or friend living in a care home



Complete and return to your local Care Inspectorate office in the pre-paid envelope provided.



Thank you for taking the time to complete this survey. This survey is for relatives and friends of people who live in a care home. Please answer on the basis of your experience of the service during the past year.

The Care Inspectorate inspects this service regularly to check the quality of the care being provided. We will use your answers to help us plan areas we need to focus on during our inspection of the service. All of your answers will be treated as confidential.

If any questions are not relevant to you, or if you do not want to answer any of the questions, please leave them blank.

Please put any further comments you have about the service in the comments box provided. Although we will take care not to identify an individual, we may use some comments as examples in the inspection report.

You will find our privacy policy here:

<http://www.careinspectorate.com/index.php/core-privacy-notice>

Website: www.careinspectorate.com

Email: enquiries@careinspectorate.gov.scot

Care Inspectorate Enquiries: 0345 600 9527

Wellbeing

| | Strongly agree | Agree | Disagree | Strongly disagree | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I feel my relative is: | | | | | |
| • safe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • bored | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • lonely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • accepted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • valued | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • content | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • independent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • listened to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Strongly agree | Agree | Disagree | Strongly disagree | Don't know |
| 2. Overall I am happy with the care and support that my relative/friend receives at this home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Strongly agree | Agree | Disagree | Strongly disagree | Don't know |
| 3. My relative is treated: | | | | | |
| • kindly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • with dignity and respect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • fairly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My relative can choose: | | | | | |
| • when they get up and go to bed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • to spend their time doing the things that they enjoy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Wellbeing

| | Strongly agree | Agree | Disagree | Strongly disagree | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. My relative: | | | | | |
| • is not discriminated against in any way | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • gets the care they need | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • is supported to keep as well as they can | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • is encouraged to move more | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. What is the one thing you would like to change about this home?

7. Comments on wellbeing

Staff team

Strongly agree Agree Disagree Strongly disagree Don't know

8. I feel the staff:

- know what they are doing
- work well together

9. Staff team:

- There are enough staff to care for my relative properly
- I get on well with the staff
- Staff treat me well

10. Comments on the staff team

Setting

| | Strongly agree | Agree | Disagree | Strongly disagree | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. The setting: | | | | | |
| • The home has a comfortable, homely environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The home is clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The food is of a high quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • My relative can go outside when they want | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The laundry service works well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • My relative can get peace and quiet when they want | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • My relative is encouraged to be part of the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. Comments on the setting

Care and support

These questions are mainly relevant to next of kin or people with Power of Attorney. If you feel these questions are not relevant to you please leave the answer blank.

| | Strongly agree | Agree | Disagree | Strongly disagree | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. My relative's care and support: | | | | | |
| • I am involved in decisions about my relative's care and support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • I am kept informed of any changes or incidents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • I am involved in regular reviews with staff about my relative's care and support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The service recognises me as a carer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • As a carer I have the support I need | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Discussions focus on my relative's achievements as well as care needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. Comments on care and support

Leadership

Strongly agree Agree Disagree Strongly disagree Don't know

15. Leadership:

- I am able to be involved in how the service is run
- I can raise concerns and know that they are dealt with
- I feel the service is based on good values and principles

16. Comments on leadership

If you would like to talk to us in more detail about this service please provide your name and contact telephone number in the box below.

Please be aware that we may not be able to contact everybody during an inspection, this will depend on the number of requests received.

Please note that by providing your contact details you are giving consent to be contacted by one of our inspectors. Your details will be kept confidential and be used only for the purpose of contacting you in relation to this service. Your details will be disposed of once the inspection has been finalised.

If you wish to withdraw your consent please use the details below to contact us quoting 'How good is my care? Care homes for older people survey' and the name of the service that you completed the questionnaire for.

Email: enquiries@careinspectorate.gov.scot

Telephone: 0345 600 9527

Name

Contact telephone number

Thank you for taking the time to answer this survey.

If you specifically want to discuss something with us please contact us on [0345 600 9527](tel:03456009527)

Headquarters

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