|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please complete the following by putting a tick under the heading in each section that conforms most closely to your views about the service.** | | | | | |
| **A = Excellent, B = Very Good, C = Good, D = Not Very Good, E = Poor**  Name (Optional)……………………………………………………………………….………......................  Address (Optional)..……………………………………………………………………………..................... | | | | | |
|  | **A** | **B** | **C** | **D** | **E** |
| **Quality of Care** | **☺** |  | **😐** |  | **☹** |
| **How well do our carers do in:** |
| Understanding your care needs |  |  |  |  |  |
| Providing the services that you want |  |  |  |  |  |
| Appearing honest and trustworthy |  |  |  |  |  |
| Being friendly, polite and respecting you as a person |  |  |  |  |  |
| Showing commitment to helping you |  |  |  |  |  |
| Listening to your concerns and needs and responding to them |  |  |  |  |  |
| Keeping you comfortable and safe |  |  |  |  |  |
| Respecting your dignity when attending to you |  |  |  |  |  |
| Being willing to change their ways of working to suit you |  |  |  |  |  |
| Arriving on time and not letting you down |  |  |  |  |  |
| Keeping you informed about any changes or difficulties they are having in keeping to the schedule and plan |  |  |  |  |  |
| Following correct procedures, eg in moving and lifting you, washing and bathing, helping you with your medication |  |  |  |  |  |
| Knowing their jobs |  |  |  |  |  |
| Working together as a team (where applicable) |  |  |  |  |  |
| Working with your family and friends where they are involved in your care |  |  |  |  |  |
| **How well does the agency do in:** |  |  |  |  |  |
| Do you know who to complain to within Care Wyvern if you need to? |  |  |  |  |  |
| Responding to your concerns and questions |  |  |  |  |  |
| Replying to your telephone calls and dealing with your correspondence |  |  |  |  |  |
| Responding to any complaints you may have had about our service |  |  |  |  |  |
| Providing you with up to date information about its services |  |  |  |  |  |
| Keeping you informed and up to date about any changes to its services |  |  |  |  |  |
| Responding to your queries through our On-Call (Our of hours Emergency) service |  |  |  |  |  |

|  |  |
| --- | --- |
| **Overall Assessment** | |
| 1. | How satisfied are you in general with the Care Wyvern’s services?  Completely satisfied  Nearly satisfied  Partly satisfied  Unsatisfied |
| 2. | How would you assess the overall quality of our service?  Excellent  Very good  Quite good  Not very good  Poor |
| 3. | If you had a friend or neighbour needing care would you recommend our agency to them?  Definitely yes  Probably  Not certain  Not at all |
| Have you any additional comments and suggestions on how we might improve our service to you? Please write them in this box. | |
|  | |
| **Thank you for completing this form which should be returned in the envelope40295** | |
|  | |