

# Service User Quality Questionnaire

1. What is your relationship to the person on whose behalf you are completing this form?  
Family member / Carer / Professional / Friend / Advocate (Please circle) Other \_\_\_\_\_
2. Are you completing this questionnaire with the person who uses the service?  
Yes  No  (Please tick one)
3. How does the person communicate their opinions to you?  
Verbally/ Body Language/ Sign/ Facial Expression/ Willingness/ Gesture (Please circle)  
/ Other (please specify) \_\_\_\_\_

How would you rate our ability to support the person in the following areas:

### STANDARDS OF SUPPORT

4. To the best of your knowledge, does the person value / co-operate willingly with personal care / support?

Variable  Yes  No  (Please tick one)

Comments: \_\_\_\_\_

\_\_\_\_\_

5. To the best of your knowledge, is the person able to make clear choices about their dress and lifestyle?

Variable  Yes  No  (Please tick one)

Comments: \_\_\_\_\_

\_\_\_\_\_

6. Standard of personal presentation: e.g. grooming, dress, attention to detail, personal image.

Poor	Fair	Good	Very Good	Variable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

7. Hygiene standard

Poor	Fair	Good	Very Good	Variable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

**STANDARDS OF SUPPORT CONTINUED...**

8. Please rate our ability to promote the person's ability to have choice and control over their life.

Poor	Fair	Good	Very Good	Variable

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please rate the ability of our staff in treating him / her with respect and dignity.

Poor	Fair	Good	Very Good	Variable

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please rate our ability in enabling people to use ordinary community facilities and access ordinary life experiences.

Poor	Fair	Good	Very Good	Variable

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. To the best of your knowledge how would you rate our ability to represent his /her interests to access the health care they need?

Poor	Fair	Good	Very Good	Variable

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you or to the best of your knowledge the person we support been dissatisfied with the service at Chilmington House during the last 12 months.

Yes  No  (Please tick one)

If yes, please tell us about it: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## THE HOME

13. When did you last visit the home?

Within the last month / 6 months / year / 5 years / never (please circle)

14. Do you and the Service User find that Chilmington House is a pleasant environment in which to live or stay?

Yes  No  (Please tick one)

If no, please tell what would help to improve it: \_\_\_\_\_

\_\_\_\_\_

If yes, what makes it pleasant: \_\_\_\_\_

\_\_\_\_\_

15. Do you feel that you can tell a member of staff at the home if you feel that a Service User is unhappy with their service?

Yes  No  (Please tick one)

If no, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## IN GENERAL

16. Would you have liked to see any other question on this questionnaire? If so please state which and by all means tell us about it.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Do you have any other comments about us or can you give us any idea on how we can improve the service we provide?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Overall, what word would you use to describe the support and lifestyle Service Users experience?

Poor	Satisfactory	Good	Excellent	Other	(Please tick one)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IN GENERAL CONTINUED.....**

19. Would you like an appointment to discuss any of the above with the Home Management?

Yes  No  (Please tick one)

The information you give will be treated in confidence and will only be discussed within our team with the intention of improving standards.

If you wish to return this questionnaire anonymously, please feel free, or sign it if you would like us to know whom it is from.

Thank you for your help.

Completed  
by:

\_\_\_\_\_

Signed  
:

\_\_\_\_\_

Date:

\_\_\_\_\_