

Appendix 2: Family Questionnaires



Rochdale Adult Care Families Questionnaire 2018 - 2019

As part of our contract review process we are keen to engage with as many family members and stakeholders in relation to services for adults

PLEASE NOTE: If you do have any concerns regarding your family member or any other vulnerable adult you can contact the following agencies and speak to them in confidence. This questionnaire can be completed anonymously if you wish but if you would like us to act on any information that you provide we will need to know how to contact you.

If you don't want to answer a question, or it is not applicable, then move on to the next question.

- Rochdale Adult Care Services Vulnerable Adults and Learning Disabilities on 0300 303 8886
- Mental Health Team on 01706 676600
- Care Quality Commission (CQC) on 03000 616161

Are you male or female?

Please tick (✓) one box

Male

Female

Prefer not to say

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

How old are you? _____ (year's)

To which of these groups do you consider you belong?

Please tick (✓) one box

White British	
White Other	
Asian	
Black	
Mixed	
Other Ethnic Group	

Name of Service Provider : _____

Address where service is provided: _____

Printed name: _____

Relationship to service user: _____

Date: _____

1. Safeguarding

a. Do you know how to report anything that you have concerns about?

b. How would you know where to report an issue you are unhappy with?

c. Have you seen or heard anything that concerns you about your family member's care/support?

2. Quality of Service

a. In your view, please rate the quality of the overall service provided:

Excellent Very Good Good Average Poor

b. What improvements, if any, do you feel would enhance the quality of the service?

3. Service User Needs

a. Are the service users supported to access community services during the day?

Yes No

Please give reasons for your view

b. Does the service promote independence and choice for its service users?

Yes No

Please give reasons for your view

c. Does the service offer an appropriate range of activities which are of interest to the service users and encourage participation?

Yes No

If No, what activities do you believe would encourage wider participation and interest?

d. Do the activities offered support and encourage the development of practical, social and communication skills?

Yes No

4. Service User Involvement

- a. Do you feel the service engages with and encourages service user participation in decisions relating to how services are delivered?

Yes No

Please give reasons for your view

- b. Do you feel the service provider consults adequately with the service user and/or their representatives?

Yes No

Please give reasons for your view

Any further comments: (Please use this space or the blank page overleaf to provide any feedback or suggestions that we might use to improve the way things are done or the range of services offered).