

Appendix 2: Staff Questionnaire



Rochdale Adult Care Staff 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	<input type="checkbox"/>
Female	<input type="checkbox"/>
Prefer not to say	<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	<input type="checkbox"/>
White Other	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black	<input type="checkbox"/>
Mixed	<input type="checkbox"/>
Other Ethnic Group	<input type="checkbox"/>

QUALITY ASSURANCE STAFF QUESTIONNAIRE ALL SERVICES

NAME OF ORGANISATION:

NAME OF STAFF MEMBER: (OPTIONAL)

Date:.....

Introduction: This questionnaire has been developed to help us to assess the service that the organisation provides, and to assist in improving the quality of this service. Your comments will be confidential, unless there are direct concerns about the safety of yourself and others. We will consult with you if this is the case.

1.	What training and refreshers have you had in the areas listed on the last page?	
2.	What opportunities are you given to a) discuss your training needs and b) attend training days or courses?	
3.	Would you like to make any further comments about training offered by the provider?	
4.	How often do you receive supervision and appraisals/meet with your supervisor? Do you receive a written record of these meetings?	
5.	What is a care plan?	
6.	Where is the care plan kept and who has access to them?	

7.	How do you know what the service user needs assistance with?	
8.	What involvement do you have in; a) developing care plans b)implementing care plans c) monitoring and reviewing care Plans.	
9.	What do you do if anything arises that is not in a care plan or that requires earlier review than usual?	
10.	What do you understand to be a risk assessment?	
11.	Where do you write about what you have done during your shift? How often do you write this?	
12.	Do you feel staffing levels are adequate?	
13.	Are there any issues you would like to discuss/ If so, please indicate here If you wish you can contact a member of the team on 01706 922414	

PLEASE DETAIL THE DATES YOU HAVE HAD TRAINING AND REFRESHERS IN THE FOLLOWING AREAS

Induction

.....

Moving and Handling in the last 2 years

.....

Medication

.....

Health and Safety

.....

NVQ2/3 in Health & Social Care (please specify)

.....

Safeguarding Adults including Children's

.....

MCA/DoLS

.....

First Aid

.....

Food Hygiene

.....

Any other training you have had

i.e. Dementia, Dignity in Care, Challenging Behaviour, Mental Health, Drug and Alcohol, Autism, Asperger's