

## Appendix 2: Service User Questionnaire



### Rochdale Adult Care Service Users 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

**How old are you? \_\_\_\_\_ (year's)**

**To which of these groups do you consider you belong?**

*Please tick (✓) one box*

<b>White British</b>	<input type="checkbox"/>
<b>White Other</b>	<input type="checkbox"/>
<b>Asian</b>	<input type="checkbox"/>
<b>Black</b>	<input type="checkbox"/>
<b>Mixed</b>	<input type="checkbox"/>

Other Ethnic Group	
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<b>SERVICE USER QUESTIONNAIRE ALL SERVICES</b>
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Name of Provider: .....

Address where service is received: .....

Your name: (optional).....

We are providing you with an envelope to put your completed questionnaire in. This can be sent to us in the following ways;

- Post the sealed envelope to us at Rochdale MBC offices at Number 1 Riverside (address on envelope)
- Hand deliver the sealed envelope to reception at Rochdale MBC offices Number 1 Riverside (address on envelope)
- Give the sealed envelope to the support service provider and RMBC will collect the box of envelopes from the provider.

*Why are we asking for your help?*

We want to find out if you are happy with the support you get. You do not have to answer all of the questions; **if you don't want to answer a question, or it is not applicable, then move on to the next question.**

**Please use the boxes to add any comments**

1. Do you feel the service is well-managed and do you know the managers name?

Yes

No

**2. Do staff help you to feel safe?**

By feeling safe we mean feeling safe both at home and outside. This could be things like:

- a. fear of abuse or being hurt,
- b. fear of having an accident

Yes

No

**3. Do you get support when you most need it? I.e. toileting, assistance to wash and dress, bathe, eat?**

Yes

No

**4. Do staff help you to keep clean, i.e. clean clothes, bathing, hair, nails?**

Yes

No

5. What do you get to eat and drink, i.e. do you get all the food and drink you like?

Yes

No

6. Do you feel you are treated with courtesy and respect by all staff?

Yes

No

7. Do you feel you are listened to and involved in the planning of your support?

Yes

No

8. How do you spend your time, i.e. activities, watching TV, listening to music?

Yes

No

**9.** Do staff/management respond to any concerns you raise?

Yes

No

**10.** Do you know how to make a complaint?

Yes

No

Any other information: