

Elim Nursing Homes

Service User Satisfaction Questionnaire

- Please read each question carefully and tick a box to indicate your answer.
- In most cases you will only have to tick one box but please read the questions carefully as sometimes you will need to tick more than one box.
Once you have completed the questionnaire please return to the office.

SECTION 1: YOUR EXPERIENCE WITH THIS CARE HOME

Q1. Overall, how would you rate the quality of service from this Care Home?

Please tick ✓ one box

Excellent	Very Good	Quite Good	Neither good nor poor	Quite Poor	Very Poor	Totally Unacceptable

Other comments:

Q2. Overall, how would you rate the warmth and friendliness shown by staff in this Care Home?

Please tick ✓ one box

Excellent	Very Good	Quite Good	Neither good nor poor	Quite Poor	Very Poor	Totally Unacceptable

Other comments:

Q3. Are your visitors made feel welcome?

Please tick ✓ one box

Yes - All the time	Most of the time	No - Never

Other comments:

Q4. How likely would you be to recommend this Care Home?

Please tick ✓ one box

Definitely would	Very Likely	Quite likely	Neither Likely nor unlikely	Quite unlikely	Very unlikely	Would not

What specifically is it about the service that makes you rate it this way?

SECTION 2: THE HOME ITSELF AND ITS SURROUNDINGS

Q5. How do you rate?

Please tick ✓ one box

<u>The Home Inside and Out</u>	Excellent	Good	Neither good nor poor	Poor	Totally Unacceptable
The cleanliness of the Home					
The overall smell of the Home					
The security of the Home					
The upkeep of the home and grounds					

Other comments:

Q6. How do you rate?

Please tick ✓ one box

<u>Your Room</u>	Excellent	Good	Neither good nor poor	Poor	Totally Unacceptable
The cleanliness of your room					
The comfort of your room					
Security of your belongings in your room					

Other comments:

Q7. How do you rate?

Please tick ✓ one box

<u>Lounge and Dining Room</u>	Excellent	Good	Neither good nor poor	Poor	Totally Unacceptable
How well furnished these rooms are					
The facilities available in these rooms					

Other comments:

SECTION 3: FOOD

Q8. How do you rate?

Please tick ✓ one box

	Excellent	Good	Neither good nor poor	Poor	Totally Unacceptable
The amount of food you are given					
The tastiness of the food					
The variety of food available					
The way the food is presented					

Other comments:

SECTION 4: LAUNDRY

Q9. How do you rate?

Please tick ✓ one box

	Excellent	Good	Neither good nor poor	Poor	Totally Unacceptable
The quality of the service provided by the laundry					
The promptness of your clothes being laundered					

Other comments:

SECTION 5: ACTIVITIES

Q10. Which of the following activities do you take part in?

Please tick ✓

• Singing		• T.V	
• Reminiscence		• Going for walks	
• Crafts		• Quiz	
• Knitting		• Painting	
• Outings		• Devotionals	
Others: _____			

Q11. How do you rate?

Please tick ✓ one box

	Excellent	Good	Neither good nor poor	Poor	Totally Unacceptable
The choice of activities and events					
The extent to which you find the activities interesting					

Other comments or suggestions for the activities staff, all are welcomed?

Completed by:

Please tick ✓ one box

(a) Patient (b) Representative

Name: _____ Date: _____

Thank You for taking the time to complete this questionnaire.