|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question | | | | Yes | | No |
| 1. Do you feel that the service is what you expected it to be? | | | | 16 | |  |
| 1. Did you feel that our staff listened to you and took on board your needs when we did your assessment and agreed your SMART Goals? | | | | 16 | |  |
| 1. Are you getting the same carers at regular call times? | | | | 16 | |  |
| 1. Do you feel that you are able to ask staff to do things for you in the way that you would like? | | | | 16 | |  |
| 1. Does the service make you feel safe and as independent as possible in your own home? | | | | 16 | |  |
| 1. Are our care staff careful and respect your home when they carry out their visits? | | | | 16 | |  |
| 1. Do you know who to contact if you have a concern? | | | | 15 | | 1 |
| 1. Is there anything else we can do to improve the service for you? | | | | 16 | |  |
| 1. What was the one thing about this service that made a difference to you? | | | | | | |
| * The girls are really nice – it made me realised what help I actually need | | | | | | SP |
| * I am enjoying the service and really grateful for it. The carers have a laugh with me | | | | | | EH |
| * JD is improving with the help of the carers | | | | | | JD |
| * No complaints at all | | | | | | MJ |
| * All the carers are good, would like Shengai all the time as she is particularly good with JD but cannot fault any of the girls | | | | | | JD |
| * Service has been brilliant and a massive weight off my shoulders, I would like the tea carers to stay | | | | | | MH |
| * On the road to recovery, service has been good especially Clair. I feel a lot better since having the carers | | | | | | MG |
| * I really like EW, she is very good and a lovely carer | | | | | | JH |
| * Happy with the service, the carers do everything for me in the morning’s | | | | | | JG |
| * The service is as expected and the carers have been nice and helpful | | | | | | AM |
| * The carers are doing their best and it’s good | | | | | | JH |
| * I cannot praise the service enough. It gives me peace of mind with medication and personal care | | | | | | SC |
|  | | | | | |  |
| Overall how satisfied are you with the service? (please tick) | | | | | | |
| Outstanding | Good | My needs are met | Requires improvement | | inadequate | |
| 6 | 10 |  |  | |  | |

Contact by Telephone Breakdown

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Service User | Husband | Wife | Daughter | Son | Granddaughter/son | Niece/Nephew | Other |
| 11 | 1 | 1 | 3 |  |  |  |  |

End of service satisfaction survey

(Service User)

|  |  |  |
| --- | --- | --- |
| Question | Agree | Disagree |
| 1. I was involved in deciding what goals I wanted to achieve through the in lieu of short term Enablement Service | 11 | 2 |
| 1. These goals were clear and met my needs: | 11 | 2 |
| 1. I achieved the goals the were planned | 10 | 3 |
| 1. The in lieu of Short-term Enablement worker visits were planned for the times which were appropriate to help me | 11 | 2 |
| 1. The in lieu of short term Enablement worker came at the times we had agreed | 13 |  |
| 1. The in lieu of Short term Enablement worker supported me if I needed to contact other services during and at the end of service | 13 |  |
| 1. Overall I was treated with dignity and respect by the in lieu of Short term Enablement Service | 13 |  |
| 1. I feel less dependent on others than at the start of the in lieu of Short term Enablement service | 12 | 1 |
| 1. I knew how to contact the in Lieu of Short Term Enablement service if I needed to | 13 |  |
| 1. When I needed to contact in Lieu of Short Term Enablement service, I was able to reach someone easily | 13 |  |
| 1. My family or people close to me were given the information to help me with in lieu of short term Enablement | 13 |  |
| 1. If someone else you knew told you they had been referred to the service, would you encourage them to try it | 13 |  |
| 1. Do you feel the service has benefited you and improved your quality of life | 13 |  |
| 1. Is there anything else you would like to tell us about the service? | | |
| * Dad is stronger and eating more now with the support from the carers | | CS |
| * The girls are really nice and obliging – they did exactly what I asked of them | | SG |
| * Mum needs a bit more encouragement as she will always say no to help but overall it has been good | | OS |
| * The physio has been good and I do my exercises everyday. My morning carers are really good, we get on well. Sometimes it can feel like there isn’t enough time in between calls | | AS |
| * David was not aware of his SMART goals but is slowly starting to do things for himself. | | DG |
| * JR said he was not aware of any SMART Goals but can now transfer himself from chair to chair. He said he has slightly improved but is still dependent on help at home. Gets on well with the carers | | JR |
| * The service was excellent, the carers were really good with SW. She is not able to get out of bed so did not achieve her SMART Goals as she cannot stand up at all | | SW |
| * They are pleasant girls and do what he asks – he walks about the home but not outside and carers still need to support him with washing and dressing as he cannot do this for himself but he is happy with everything | | AS |
| * I was sad when the service came to an end. All the carers were lovely to me. One particular girl was a sweetheart to me, cannot remember her name but we hugged on the last day. They all helped me back on my feet, if I needed carers again I would choose Premier Care | | EH |
| * Some of the mornings were too early, the girls were ok and we got on. | | AH |
| * RJ said she liked the service and got on really well with the carers who did everything she asked | | RJ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Overall how satisfied are you with the service? (please tick) | | | | |
| Outstanding | Good | My needs are met | Requires improvement | inadequate |
| 3 | 8 | 2 |  |  |

Contact by Telephone Breakdown

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Service User | Husband | Wife | Daughter | Son | Granddaughter/  son | Niece/Nephew | Other |
| 10 | 1 |  | 2 |  |  |  |  |

End of service satisfaction survey

(Carer)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Question | | | | Agree | | | Disagree | NA |
| 1. Offered me training and support where necessary to help me maintain my caring role | | | |  | | |  |  |
| 1. Were you happy with the service you received from the Therapy Team, OT or physio and do you think it enhanced the progression of the service user? | | | |  | | |  |  |
| 1. Gave me the confidence to be able to maintain my caring role after the in lieu of Short Term Enablement service ended | | | |  | | |  | |
| 1. Supported me in identifying any additional information or support I required after the in lieu of short term Enablement period ended | | | |  | | |  | |
| Comments | | | | | | | | |
|  | | | | | |  | | |
|  | | | | | |  | | |
|  | | | | | |  | | |
|  | | | | | |  | | |
|  | | | | | |  | | |
| Overall how satisfied are you with the service? (please tick) | | | | | | | | |
| Outstanding | Good | My needs are met | Requires improvement | | inadequate | | | |
|  |  |  |  | |  | | | |

Contact by Telephone Breakdown

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Service User | Husband | Wife | Daughter | Son | Granddaughter | Niece/Nephew | Other |
|  |  |  |  |  |  |  |  |