

# How good is your care?

Tell us your experience of this support service (care at home)



Please complete and return in the pre-paid envelope provided.  
Thank you for taking the time to complete this survey.

If any questions are not relevant to you, or you do not want to answer certain questions, please leave them blank.

You can use the comments box at the end to give us any extra information about your experience. We may use some comments as examples in the inspection report for your service but we will not use anyone's names.

Your privacy is important to us and our privacy policy is available on our website: <http://www.careinspectorate.com/index.php/core-privacy-notice>

This questionnaire is not a way to make complaints about the service. If you wish to make a complaint, please go to the complaints section on our website or email us.

**Website: [www.careinspectorate.com](http://www.careinspectorate.com)**

**Email: [enquiries@careinspectorate.gov.scot](mailto:enquiries@careinspectorate.gov.scot)**

### **1. Tell us about you**

- I use the service
- I am a friend/relative/advocate/volunteer, and I am completing this on behalf of someone who uses the service
- I am a friend/relative/advocate/volunteer, and I am helping the person complete the survey
- I am a carer who works for the service, and I am helping the person complete the survey
- Completed with someone from the Care Inspectorate

|   | <b>Strongly agree</b>    | <b>Agree</b>             | <b>Disagree</b>          | <b>Strongly disagree</b> | <b>Don't know</b>        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2. Overall, I am happy with the care and support I experience from this service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | <b>Always</b>            | <b>Very often</b>        | <b>Sometimes</b>         | <b>Rarely</b>            | <b>Never</b>             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. I always know who is coming to support me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                               |                          |                          |                          |                          |                          |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. I know when to expect them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

|  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. I am always told if there are going to be changes to my support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

|   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6. I can be involved in how the service is run, for example recruiting for staff, attending service meetings and completing surveys | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

|   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 7. If I have a concern about the service, I know who to raise this with | <input type="checkbox"/> | <input type="checkbox"/> |

|  | <b>Always</b>            | <b>Very often</b>        | <b>Sometimes</b>         | <b>Rarely</b>            | <b>Never</b>             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. If I raise a concern about the service, they will let me know that this has been dealt with | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 9. I know how to make a complaint to the Care Inspectorate about the service if I am not happy with it | <input type="checkbox"/> | <input type="checkbox"/> |

|   | <b>Always</b>            | <b>Very often</b>        | <b>Sometimes</b>         | <b>Rarely</b>            | <b>Never</b>             |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. Staff have enough time to support me                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Staff support me to do things for myself                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Staff help me to find ways to do what matters to me           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I get on well with the staff                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I feel respected and listened to by the staff that support me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | <b>Yes</b>               | <b>No</b>                | <b>Don't know</b>        |
|---|--------------------------|--------------------------|--------------------------|
| 15. Staff know me well, including what I like and what is important for my care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Staff respect my religion, culture and beliefs                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Yes**

**No**

**Don't know**

17. My personal plan supports me to do the things that matter to me

18. I can choose who else (family/friends) can be involved in my care and support

**Strongly agree**

**Agree**

**Disagree**

**Strongly disagree**

**Don't know**

19. I am fully involved in my care and support, including developing and reviewing my personal plan

Is there anything else you would like to tell us?

A large, empty rectangular box with a thin black border, intended for the user to provide additional information or feedback.

If you are happy for one of our inspectors to get in touch with you, to hear more about your experience of the service, please give us your contact details. We might not be able to contact everybody during an inspection, this will depend on how many people give us their contact details.

Your details will be kept confidential and only used to contact you as part of our inspection. We will delete your details once our inspection is finished.

**Name**

**Contact telephone number**

**Email address**

Thank you for taking the time to answer our survey.

## Headquarters

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