



## Review Sheet



Last  
Reviewed  
12 Dec 2024



Last  
Amended  
12 Dec 2024



This policy will be reviewed as needs require or at the following interval:  
Annual

Business Impact:

Reason for this Review:

Changes Made:

Summary:

Relevant Legislation:

Underpinning Knowledge:

Suggested Action:

Equality Impact Assessment:

QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.



### Further Reading

There is no further reading for this policy, but we recommend the 'Underpinning Knowledge' section of the review sheet to increase your knowledge and understanding.



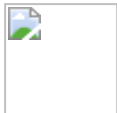
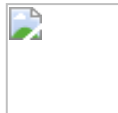
### Forms

The following forms are included as part of this policy:

| Title of form                | When would the form be used? | Created by |
|------------------------------|------------------------------|------------|
| FSP11 - Service Users Survey |                              | QCS        |



## FSP11 - Service Users Survey

|                                                                                                                                                |                       |                                                                                     |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------|---------------------------------|
| Date:                                                                                                                                          | Requested due date:   |                                                                                     |                                 |
| Your Name:                                                                                                                                     |                       |                                                                                     |                                 |
| You are not required to complete the above information. You may complete your name or leave this blank if you wish to remain anonymous.        |                       |                                                                                     |                                 |
| Please read the questions below and place a tick or cross at the grade you feel we perform. This will help us improve and raise the standards. |                       |                                                                                     |                                 |
|                                                               | Inadequate<br>1 Score |    | Requires Improvement<br>2 Score |
|                                                               | Good<br>3 Score       |  | Outstanding<br>4 Score          |

### 1. Is the service Safe?

|                                                                                                                                                        |                                                                                   |                                                                                    |                                                                                     |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|                                                                                                                                                        |  |  |  |  |
| Any equipment that the agency uses is well maintained                                                                                                  |                                                                                   |                                                                                    |                                                                                     |                                                                                     |
| There are enough staff to make sure I receive a reliable service that is not rushed and staff have the right mix of skills to make sure I am kept safe |                                                                                   |                                                                                    |                                                                                     |                                                                                     |
| I feel confident that my belongings are safe and secure                                                                                                |                                                                                   |                                                                                    |                                                                                     |                                                                                     |
| Staff give me my medicine according to the Care Plan and it is stored correctly and safely                                                             |                                                                                   |                                                                                    |                                                                                     |                                                                                     |
| I am involved in reviewing my medicines and supported to be as independent as possible                                                                 |                                                                                   |                                                                                    |                                                                                     |                                                                                     |
| Staff have helped me know how to stay safe and how to raise any concerns                                                                               |                                                                                   |                                                                                    |                                                                                     |                                                                                     |
| I feel safe and protected by staff, but also have as much freedom as possible to do the things I want to do                                            |                                                                                   |                                                                                    |                                                                                     |                                                                                     |
| Staff protect my dignity and human rights and respect me as an individual                                                                              |                                                                                   |                                                                                    |                                                                                     |                                                                                     |
| I feel protected from being bullied, harassed, harmed and abused                                                                                       |                                                                                   |                                                                                    |                                                                                     |                                                                                     |
| If the person caring for me needs to change at short notice, I am told so that I know who to expect                                                    |                                                                                   |                                                                                    |                                                                                     |                                                                                     |
| Staff deal with incidents and accidents quickly and openly                                                                                             |                                                                                   |                                                                                    |                                                                                     |                                                                                     |



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| Total | 1                           | 2 | 3 | 4 |
|-------|-----------------------------|---|---|---|
|       | Score (for office use only) |   |   |   |

## 2. Is the service Effective?

|                                                                                                                                                                                  |                             |   |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---|---|---|
|                                                                                                                                                                                  |                             |   |   |   |
| I am introduced to any staff who are going to provide my care                                                                                                                    |                             |   |   |   |
| Staff have the right knowledge, qualifications and skills to carry out their role in providing me with the right care                                                            |                             |   |   |   |
| I am always asked to give my consent (permission) to my care, treatment and support in a way I understand                                                                        |                             |   |   |   |
| When needed, my family and friends are also involved in decisions about my care                                                                                                  |                             |   |   |   |
| Staff take steps at the right time to make sure I stay in good health                                                                                                            |                             |   |   |   |
| Staff know about my health needs and personal preferences. They regularly involve me in decisions about my care and treatment and give me as much choice and control as possible |                             |   |   |   |
| Staff make sure I get the right food and drink I need and that I have enough of it                                                                                               |                             |   |   |   |
| I am regularly asked for my views about the service I receive and my feedback is consistently good                                                                               |                             |   |   |   |
| Total                                                                                                                                                                            | 1                           | 2 | 3 | 4 |
|                                                                                                                                                                                  | Score (for office use only) |   |   |   |

## 3. Is the service Caring?

|                                                            |  |  |  |  |
|------------------------------------------------------------|--|--|--|--|
|                                                            |  |  |  |  |
| Staff know about my background, likes, hopes and needs     |  |  |  |  |
| I am encouraged to express my views and I feel listened to |  |  |  |  |
|                                                            |  |  |  |  |



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|                                                                                                                                      |                             |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---|---|---|
| Staff communicate with me in the way I need them to                                                                                  |                             |   |   |   |
| I have access to advocates (people who can speak on my behalf)                                                                       |                             |   |   |   |
| Staff treat me with dignity and respect. They have time to develop trusting relationships with me and are concerned for my wellbeing |                             |   |   |   |
| Total                                                                                                                                | 1                           | 2 | 3 | 4 |
|                                                                                                                                      | Score (for office use only) |   |   |   |

#### 4. Is the service Responsive?

|                                                                                                                                       |                             |   |   |   |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---|---|---|
|                                                                                                                                       |                             |   |   |   |
| My care, treatment and support are set out in writing and this tells staff what is needed to support me best                          |                             |   |   |   |
| I am fully involved in decisions about my current and future care                                                                     |                             |   |   |   |
| I can choose who supports me and this includes being able to choose the gender of the person supporting me                            |                             |   |   |   |
| My Care Plan is changed as my needs change, and all those who need to know, such as other services, are kept up to date               |                             |   |   |   |
| My Care Plan includes information about the whole of my life, including my goals, abilities and how I want to manage my health        |                             |   |   |   |
| If I need to visit hospital or use another service, staff plan this with me to make sure it goes as smoothly as possible              |                             |   |   |   |
| If I have any concerns and complaints, staff always take them seriously, investigate them thoroughly and respond to them in good time |                             |   |   |   |
| Total                                                                                                                                 | 1                           | 2 | 3 | 4 |
|                                                                                                                                       | Score (for office use only) |   |   |   |

#### 5. Is the service Well-led?

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|                                                                                                                |                             |   |   |   |
|----------------------------------------------------------------------------------------------------------------|-----------------------------|---|---|---|
|                                                                                                                |                             |   |   |   |
| Staff know what is expected of them and are happy in their work                                                |                             |   |   |   |
| Staff and managers work effectively with others who may be involved in caring for me, such as my local council |                             |   |   |   |
| The managers know what they need to do and are always honest, including when things go wrong                   |                             |   |   |   |
| I am asked for my views on the wider service and I feel included in how things will be different               |                             |   |   |   |
| Total                                                                                                          | 1                           | 2 | 3 | 4 |
|                                                                                                                | Score (for office use only) |   |   |   |

**Respecting My Privacy**

**If you wish, you do not have to declare your identity on this survey and you may return it anonymously**

|                                                                       |     |    |
|-----------------------------------------------------------------------|-----|----|
|                                                                       | Yes | No |
| A member of staff helped me to complete this survey                   |     |    |
| I have been told that I can return this survey anonymously            |     |    |
| I have been shown how to return this survey anonymously               |     |    |
| I am satisfied that I can return this survey anonymously if I want to |     |    |

**Comments****FOR OFFICE USE ONLY**

Date returned:



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Total Score:

Tallied By:  
(initials)

**Notes**