

## Survey of Carer Experience



This is a carer survey sent to you by those involved in your recent caring experience. We would appreciate you taking the time to fill this in, as by doing so we gain a greater understanding of our opinion of our services. We are always looking at ways to develop the way we work ensuring we meet the needs of current and future patients and carers. Please return the questionnaire in the freepost envelope enclosed. Thank you.

|   |     |                          |
|---|-----|--------------------------|
| On the whole did the service you received from IRHH meet your expectations? | Yes | <input type="checkbox"/> |
|   | No  | <input type="checkbox"/> |
| If No what was missing?   |     |                          |
|   |     |                          |

We are required to ask you a few standard questions

|   |                     |                          |
|---|---------------------|--------------------------|
| 1a. Have you been given or had access to a Hospice information leaflet?                       | No                  | <input type="checkbox"/> |
|   | Yes                 | <input type="checkbox"/> |
|   | Can't remember      | <input type="checkbox"/> |
| <i>Please write any comments here:</i>  |                     |                          |
|   |                     |                          |
| 1b. Was the Information Leaflet helpful?  | No                  | <input type="checkbox"/> |
|   | Yes                 | <input type="checkbox"/> |
|   | Can't remember      | <input type="checkbox"/> |
|   | Did not receive one | <input type="checkbox"/> |
| <i>If you ticked 'No' please give further details here:</i>                                   |                     |                          |
|   |                     |                          |
| 1c. Do you have any suggestions for other information that should be included in the leaflet? | No                  | <input type="checkbox"/> |
|   | Yes                 | <input type="checkbox"/> |
| <i>Please write your suggestions here:</i>  |                     |                          |
|   |                     |                          |
| 2. Whilst you were in contact with the Hospice did staff involved:                            |                     |                          |
| a. Introduce themselves?  | Never               | <input type="checkbox"/> |
|   | Some of the time    | <input type="checkbox"/> |
|   | Most of the time    | <input type="checkbox"/> |
|   | Always              | <input type="checkbox"/> |

|   |  |
|---|--|
| b. Explain what they were doing?  | Never <input type="checkbox"/><br>Some of the time <input type="checkbox"/><br>Most of the time <input type="checkbox"/><br>Always <input type="checkbox"/>  |
| c. Overall did you have confidence in the staff you met?  | Never <input type="checkbox"/><br>Some of the time <input type="checkbox"/><br>Most of the time <input type="checkbox"/><br>Always <input type="checkbox"/>  |
| <i>Please write any comments here:</i>  |  |
| 4. Overall how satisfied were you with your involvement in discussions that were made about the planning of care? | Very unhappy <input type="checkbox"/><br>Dissatisfied <input type="checkbox"/><br>Satisfied <input type="checkbox"/><br>Very satisfied <input type="checkbox"/>  |
| <i>If you were not satisfied, do you have any suggestions as to how we could have involved you more?</i>          |  |
| 5. Overall did you understand the explanations given to you about the treatment and care being offered?           | Never <input type="checkbox"/><br>Some of the time <input type="checkbox"/><br>Most of the time <input type="checkbox"/><br>Always <input type="checkbox"/><br>No explanations given me <input type="checkbox"/> |
| <i>Is there anyway of making our explanations clearer?</i>  |  |
| 6. Did you have the opportunity to ask questions when you wanted to?  | Never <input type="checkbox"/><br>Some of the time <input type="checkbox"/><br>Most of the time <input type="checkbox"/><br>Always <input type="checkbox"/>  |
| <i>Any comments?</i>  |  |
| 7. Did you have enough time to discuss changes to care?   | Never <input type="checkbox"/><br>Some of the time <input type="checkbox"/><br>Most of the time <input type="checkbox"/><br>Always <input type="checkbox"/>  |
| <i>Any comments?</i>  |  |

|   |  |   |           |  |           |  |   |   |     |  |   |   |     |   |   |   |     |
|---|--|---|-----------|--|-----------|--|---|---|-----|--|---|---|-----|---|---|---|-----|
|   |  |   |           |  |           |  |   |   |     |  |   |   |     |   |   |   |     |
| 8. Did you feel staff made an effort to listen to your concerns and wishes?           | Never <input type="checkbox"/><br>Some of the time <input type="checkbox"/><br>Most of the time <input type="checkbox"/><br>Always <input type="checkbox"/>  |   |           |  |           |  |   |   |     |  |   |   |     |   |   |   |     |
| <i>Any comments?</i>  |  |   |           |  |           |  |   |   |     |  |   |   |     |   |   |   |     |
| 9. Did you feel you were treated with courtesy?                                       | Never <input type="checkbox"/><br>Some of the time <input type="checkbox"/><br>Most of the time <input type="checkbox"/><br>Always <input type="checkbox"/>  |   |           |  |           |  |   |   |     |  |   |   |     |   |   |   |     |
| <i>Any comments?</i>  |  |   |           |  |           |  |   |   |     |  |   |   |     |   |   |   |     |
| 10. Did you feel your privacy was respected?  | Never <input type="checkbox"/><br>Some of the time <input type="checkbox"/><br>Most of the time <input type="checkbox"/><br>Always <input type="checkbox"/>  |   |           |  |           |  |   |   |     |  |   |   |     |   |   |   |     |
| <i>Any comments?</i>  |  |   |           |  |           |  |   |   |     |  |   |   |     |   |   |   |     |
| 11. Were you aware of what to do if you wanted to make a complaint?                   | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>Not sure <input type="checkbox"/>   |   |           |  |           |  |   |   |     |  |   |   |     |   |   |   |     |
| <i>Any comments?</i>  |  |   |           |  |           |  |   |   |     |  |   |   |     |   |   |   |     |
| 12. Please rate the following by circling (when 1 = poor and 4 = excellent):          | <table border="0"> <tr> <td></td> <td>Poor</td> <td></td> <td>Excellent</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> <td>3 4</td> </tr> <tr> <td>a. the manner in which your phone calls are dealt with</td> <td>1</td> <td>2</td> <td>3 4</td> </tr> <tr> <td>b. liaison between the IRHH Team and your GP and other agencies involved in your care</td> <td>1</td> <td>2</td> <td>3 4</td> </tr> </table> |   | Poor      |  | Excellent |  | 1 | 2 | 3 4 | a. the manner in which your phone calls are dealt with | 1 | 2 | 3 4 | b. liaison between the IRHH Team and your GP and other agencies involved in your care | 1 | 2 | 3 4 |
|   | Poor   |   | Excellent |  |           |  |   |   |     |  |   |   |     |   |   |   |     |
|   | 1  | 2 | 3 4       |  |           |  |   |   |     |  |   |   |     |   |   |   |     |
| a. the manner in which your phone calls are dealt with                                | 1  | 2 | 3 4       |  |           |  |   |   |     |  |   |   |     |   |   |   |     |
| b. liaison between the IRHH Team and your GP and other agencies involved in your care | 1  | 2 | 3 4       |  |           |  |   |   |     |  |   |   |     |   |   |   |     |
| <i>Any comments?</i>  |  |   |           |  |           |  |   |   |     |  |   |   |     |   |   |   |     |

|   |   |  |
|---|---|--|
|   |   |  |
| <b>13a. Have you been told how to ask/call for assistance from the IRHH Team?</b>   | <b>No</b><br><b>Yes</b><br><b>Can't remember</b>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |
| <b>13b. If you have needed to call for assistance were you satisfied with the response?</b>   | <b>Very unhappy</b><br><b>Dissatisfied</b><br><b>Satisfied</b><br><b>Very satisfied</b><br><b>Never called for assistance</b> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| <i>Any comments?</i>  |   |  |
| <b>14. If you have any further comments or suggestions to help us in the further development of our services, please write them here:</b> |   |  |
| <b>If you wish for a personal response to any of your comments please write your name and address here:</b>                               |   |  |
| <b>Thank You for taking the time to complete this survey, please return it in the envelope provided – we appreciate your feedback</b>     |   |  |