|  |  |
| --- | --- |
| Name of service User. |  |
| Address. |  |
| Name of person completing the form. |  |
| Name of service.  |  |
| Review Date. |  |

 This review should be conducted 6 weeks after the start of the service with the

Service user and then repeated no less than annually. Please comment on each question.

|  |  |
| --- | --- |
| QUESTIONS. | COMMENTS. |
| Do you receive good quality care and support? |  |
| Are you happy with sharing your accommodation with others? |  |
| Are your support workers reliable? |  |
| Are you supported well during your 1:1 period? |  |
| How much are you engaged by your support workers?  |  |
| Are support workers good listeners? |  |
| Do you feel safe around your support workers and in your placement? |  |
| Do have secure and habitable home? |  |
| Are your dietary needs met through staff support?  |  |
| Are you happy with your support and support plan? |  |
| Do you think your support workers are trained and knowledgeable? |  |
| Are the staff doing everything possible to help you meet your goals? |  |
| QUESTIONS ABOUT THE OFFICE. |  |
| Are the office staff polite and helpful to you?  |  |
| Does management act and solve your complaints and concerns? |  |
| Does the office answer your calls when you call them? |  |
|  |  |

WHAT DO YOU LIKE ABOUT THE SERVICE YOU RECCEIVE?

WHAT DO YOU LIKE TO BE IMPROVED?

WOULD YOU RECOMMED OUR SERVICE TO OTHERS WHO NEED SUPPORT AND CARE?