

# How good is your care?

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



Please complete and return to your support worker.  
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.

This questionnaire is not a way to make complaints about the service. If you wish to make a complaint, please fill the the complaints forms and email it to us.

**Website: <https://novacareltd.co.uk/>**

**Email: [info@novacareltd.co.uk](mailto:info@novacareltd.co.uk)**

**I. 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

	<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, 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"/>

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

	Always	Very often	Sometimes	Rarely	Never
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"/>

	Yes	No	Don't know
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. I can choose who else (family/friends) can be involved in my care and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else you would like to tell us?

If you are happy for one of our manager's to get in touch with you, to hear more about your experience of the service, please state this.

**Name**

**Contact telephone number**

**Email address**

Thank you for taking the time to answer our survey

