**Quality Assurance Feedback Form**

This form is for the Family/Guardian of the Client to complete.

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| **Personal information** | |  |
| **Client Name:** |  | |
| **Full Address:** |  | |
| **Telephone:** |  | |
| **Email:** |  | |

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| --- | --- | --- | --- | --- | --- |
| **Is the Service Safe?** |  | |  | | |
| **Review** | | **YES/NO** | | **Has this changed?** | **Changes you would like us to make / comments** |
| Do you feel the Client supported is safe? | | YES / NO | | YES / NO |  |
| Do you feel the staff are suitably trained and the staffing levels are appropriate to meet the Client’s needs? | | YES / NO | | YES / NO |  |
| Do you feel that Silomarg Ltd identify and appropriately manage risks? | | YES / NO | | YES / NO |  |

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| **Is the Service Effective?** |  | |  | | |
| **Review** | | **YES/NO** | | **Has this changed?** | **Changes you would like us to make / comments** |
| Is consent obtained by Silomarg Ltd staff before support is provided? | | YES / NO | | YES / NO |  |
| Is the Client involved in the planning and preparation of a healthy balanced diet? | | YES / NO | | YES / NO |  |
| Are the Clients health needs met accordingly? Including access to health professionals, as required? | | YES / NO | | YES / NO |  |

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| **Is the Service Caring?** |  | |  | | |
| **Review** | | **YES/NO** | | **Has this changed?** | **Changes you would like us to make / comments** |
| Is the Client supported by Silomarg Ltd in a kind and compassionate way? | | YES / NO | | YES / NO |  |
| In the Client involved in the planning, delivery and review of their care and support plan? | | YES / NO | | YES / NO |  |
| Is the Client supported by Silomarg Ltd in a way that promotes dignity and respects privacy? | | YES / NO | | YES / NO |  |
| Is all information relating to the Client treated confidentially by Silomarg Ltd? | | YES / NO | | YES / NO |  |

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| **Is the Service Responsive?** |  | |  | | |
| **Review** | | **YES/NO** | | **Has this changed?** | **Changes you would like us to make / comments** |
| Is the Clients support plan personalised, taking into account choices and preferences? | | YES / NO | | YES / NO |  |
| In the Client supported by Silomarg Ltd to pursue social interests and take part in meaningful activities of their choice? | | YES / NO | | YES / NO |  |
| Would you feel confident to raise a concern or make a complaint about Silomarg Ltd, should the need arise? | | YES / NO | | YES / NO |  |

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| **Is the Service Well-Led?** |  | |  | | |
| **Review** | | **YES/NO** | | **Has this changed?** | **Changes you would like us to make / comments** |
| Do you feel confident that Silomarg Ltd monitors quality assurance to enable risks to be managed effectively and drive improvement? | | YES / NO | | YES / NO |  |
| Have you ever made a complaint about services provided by Silomarg Ltd? | | YES / NO | | YES / NO |  |
| Do you currently have any complaints or concerns about services provided by Silomarg Ltd? | | YES / NO | | YES / NO |  |

**Overall, would you say that the service Silomarg Ltd provides is:**

***(circle option)***

|  |  |  |
| --- | --- | --- |
| **Poor** | **Fair** | **Satisfactory** |
| **Good** | **Outstanding** |  |

|  |  |
| --- | --- |
| **Do you have any additional comments or feedback?** |  |
|  | |

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| --- | --- |
| **Name of Person completing this form:** |  |
| **Relationship to Client:** |  |
| **Signature:** |  |
| **Date:** |  |

**Thank you for taking the time to complete this form!**