

Questionnaire for residents

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Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Regulation of Health and Social Care Services

Where residents are unable to complete this questionnaire, a relative, friend, carer or staff member may complete it on their behalf if they wish

Please state the name of your centre:



Please tell us your views by placing a tick (✓) under the symbol which best reflects your views

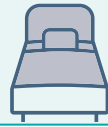
How happy are you with:




	HAPPY	NEUTRAL	UNHAPPY
• how comfortable your centre is			
• how warm your centre is			
• your access to shared areas where you can spend time with other residents or visitors			
• your access to a garden or outdoor area?			

Is there anything about your centre or surroundings that you especially like or that you would like to change?



Your bedroom



How happy are you with:	 HAPPY	 NEUTRAL	 UNHAPPY
• your bedroom			
• the amount of space you have for your belongings			
• the security of your belongings			
• your laundry facilities?			

Is there anything about your bedroom or your laundry arrangements that you especially like or that you would like to change?

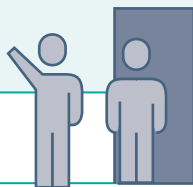
Food and mealtimes






How happy are you with the:	 HAPPY	 NEUTRAL	 UNHAPPY
• taste of the food			
• choice of food			
• amount of food			
• temperature of the food			
• times the meals are served			
• amount of time you get to eat your meal			
• access to drinks and snacks outside of mealtimes			
• arrangements for grocery shopping			
• cooking and dining facilities available?			

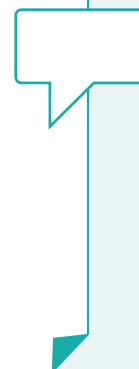
Is there anything about your food or the times that meals are served that you especially like or that you would like to change?

Your visitors






How happy are you with:	 HAPPY	 NEUTRAL	 UNHAPPY
<ul style="list-style-type: none"> the arrangements for visitors 			
<ul style="list-style-type: none"> the welcome your visitors get from staff? 			

Is there anything about the arrangements for your visitors that you particularly like or that you would like to change?

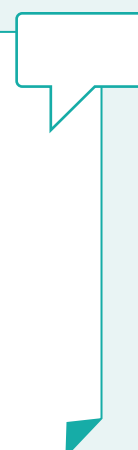


Your rights






How happy are you with the amount of choice you have about:	 HAPPY	 NEUTRAL	 UNHAPPY
<ul style="list-style-type: none"> what time you get up 			
<ul style="list-style-type: none"> when you go to bed 			
<ul style="list-style-type: none"> what you eat 			
<ul style="list-style-type: none"> what you wear 			
<ul style="list-style-type: none"> the activities you take part in 			
<ul style="list-style-type: none"> the care and support you receive? 			
How happy are you with:			
<ul style="list-style-type: none"> the amount of privacy you have 			
<ul style="list-style-type: none"> how your respect and dignity is protected 			
<ul style="list-style-type: none"> how safe you feel? 			

In general, are you happy with the amount of choice and control you have in your daily life? Is there anything you would like to change?



Your activities



How happy are you with:	 HAPPY	 NEUTRAL	 UNHAPPY
<ul style="list-style-type: none"> • your relationships with other residents 			
<ul style="list-style-type: none"> • your involvement in deciding on the activities in your centre 			
<ul style="list-style-type: none"> • how often you go outside your centre 			
<ul style="list-style-type: none"> • your participation in the wider community outside of your centre? 			

What recreational or social activities do you enjoy **in your centre**?

What recreational, social, or other activities do you take part in **outside your centre** (for example, in the community)?

Are there any **other activities** that you'd like to take part in or are there any activities you would like to take part in more often?

Your care and supports



Have you a care and support plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> I don't know
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Do you feel you are getting the supports you need to allow you to achieve your goals and objectives?

Staff


How happy are you that staff:	😊 HAPPY	😐 NEUTRAL	😞 UNHAPPY	
• are easy to talk to				
• listen to you				
• know you and your likes and dislikes?				
How happy are you with the support you get from staff when you are:	😊 HAPPY	😐 NEUTRAL	😞 UNHAPPY	I DO NOT NEED SUPPORT
• getting dressed				
• washing				
• eating or drinking				
• moving about				
• taking part in social or recreational activities inside your centre				
• taking part in activities outside your centre?				

Is there anything else you would like to say about the staff or staffing in your centre?

Complaints

Who would you speak to if you were unhappy with something in your centre? Please state in the box across.			
Have you ever made a complaint about something in your centre?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Were you happy with the way your complaint was dealt with?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not applicable to me

What was it about the way your complaint was dealt with that made you happy or unhappy?

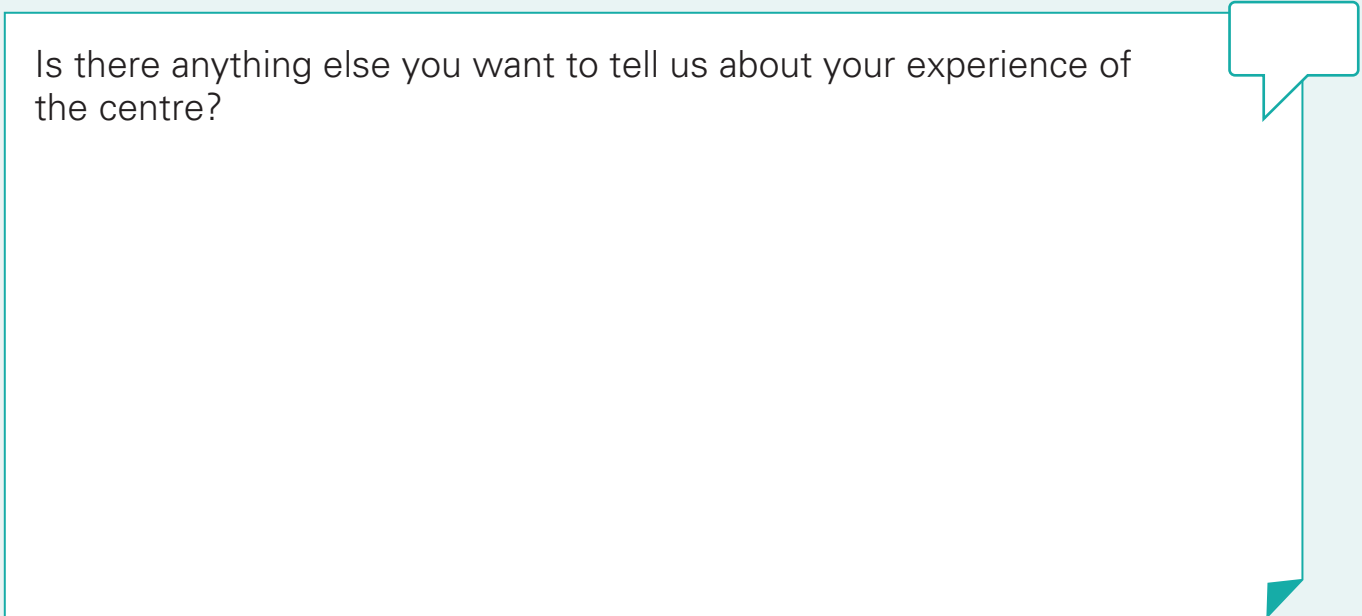


Your details

Are you:	
• a resident	<input type="checkbox"/>
• a relative or friend completing the form on behalf of a resident at the request of the resident	<input type="checkbox"/>
• a staff member completing the form on behalf of a resident at the request of the resident	<input type="checkbox"/>
• other?	<input type="checkbox"/>
If other , please specify:	

How long have you or the resident lived in the centre?	<input type="checkbox"/> N/A (not applicable) – respite only
Name of person completing this form (optional):	

Is there anything else you want to tell us about your experience of the centre?



Did you find this questionnaire useful?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you would like to discuss any aspect of living in the centre with an inspector, our inspectors would be happy to talk to you during the inspection.		

Thank you for
taking the time
to complete this
questionnaire

If the centre is in the following counties:

Clare
Cork
Donegal
Galway
Kerry
Leitrim
Limerick
Longford
Mayo
Roscommon
Sligo

Please send your completed questionnaire to:

Regulatory Support Team Health
Information and Quality Authority

Unit 1301, City Gate,
Mahon, Cork, T12 Y2XT

If the centre is in the following counties:

Carlow
Cavan
Dublin
Kildare
Kilkenny
Laois
Louth
Meath
Monaghan
Offaly
Tipperary
Waterford
Westmeath
Wexford
Wicklow

Please send your completed questionnaire to:

Regulatory Support Team Health
Information and Quality Authority

George's Court, George's Lane,
Dublin 7, D07 E98Y

Alternatively, you can give the completed questionnaire to the inspector on the day of inspection.