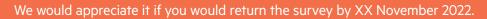
Whiddon Family Satisfaction Survey 2022

We appreciate your time in completing this survey. Your feedback is important to us and it helps us improve our services.

Please complete and return this survey to us in the enclosed stamped addressed envelope, OR you can also complete the survey online by scanning the QR code.





1. Location of your loved one's residential aged care home					
Beaudesert Belmont Bourke Casino Easton Park- Ar Easton Park- Ta Easton Park- Ta Grafton Kelso Largs	ylor House		Laurieton Maclean Moree Mudgee Narrabri - Ro Narrabri - Jes Redhead Temora- Gree Temora- Narr Wingham Wee Waa	enstone	
2. What best desc	ribes vour involv	ement with	us?		
Spouse of resident Relative of resident Friend of resident Resident's nominated representative					
эроцэс эт гезгах	, relative o			icini 🔛 itesideni	o nominarea representante
3. How long has your loved one been living at this Whiddon service?					
Less than 6 months 6 - 12 months 1-2 years 2-5 years Over 5 years					
4. Is the home we	ll run?				
5. Do staff know what they are doing?					
Yes	☐ No	□ ∪	Insure		
_	_	_			
6. Does management follow up when you raise things with them?					
Yes	☐ No				
7. Does your loved one feel safe at the Home? Yes No					
8. How easy is it for your loved one to get the care they need?					
□ Very easy □ Easy □ Somewhat difficult □ Very difficult					



(You can choose more of Nursing care Allied health se	than one option) ervices e.g. physio	icult: Can you tell us what Personal care Other	needs are not being met.	
Health services				
_	ne staff know your l	oved one well?		
Yes	☐ No			
11. Do you feel th	ne staff treat your lo	oved one with respect?		
Yes	☐ No			
12. Do you feel th	ne staff are kind and	d caring towards your lov	ed one?	
Yes	☐ No			
13. Do the same	familiar staff care f	or your loved one every d	ay?	
14. How do you ro	ate the relationship (that your loved one has wit	:h Whiddon staff?	
Highly	Good	☐ Satisfactory	☐ Not satisfactory	
15. Do staff encou	urage your loved one	e to do as much as possible :	for himself/herself?	
Yes	☐ No	•		
16 Does your love	ed one have a say ov	er his/her activities? F.a. W	/hen he/she gets up, showered, etc.	
☐ Yes	□ No	er itts/iter dettottles. E.g. w	Their tie/site gets up, sitowereu, etc.	
_	_			
_		rt your loved one if she/he i	s feeling sad and lonely?	
Yes	☐ No			
18. Are there enou	ugh activities and th	ings to do at the Home that	interest your loved one during the 1	week
Yes	☐ No			
19. Are there enou	ugh activities and th	ings to do at the Home that	interest your loved one the weeken	ds?
Yes	☐ No			
20. Do you feel th	ere are enough oppo	rtunities for your loved one	to be active and exercise?	
Yes	□ No	•		



	(1 - Not at all lil	kely, 5 - Extr	emely likely)	
1	2	3	4	5
29. H	low likely is it tl	hat you w	ould recom	nmend this Whiddon care home to a friend or colleague?
☐ E	How would you? Excellent Very good Good	rate this (care home?	☐ Satisfactory ☐ Unsatisfactory
_	The activities			Other
(You d	/hat would you can choose more than he people he environment	_	_	about this Whiddon care home? The care The location
	⁄es	☐ No		
26. V	Ve know there is	s no place	like home,	but is your loved one happy living at the Home?
	'es	☐ No		
25. Is	s the Home clea	n, well m	aintained a	and comfortable?
		☐ No		Sometimes
24 . <i>A</i>	Are mealtimes a	n enjoyal	ole and rela	xed experience for your loved one?
\	•	□ No	citotce obei	Sometimes
		_	choice ever	r their meal selection?
	-	☐ No		Sometimes
22. [Does your loved	one like t	he food at t	the Home?
	_	☐ No		Unsure
21. F	las your loved o	ne been a	ble to make	e friends at the Care Home?

