

Relative/Visitor Assessment Form – Care Home

(Friend – GP – Nurse – Other Health Professional)

Name of care home		Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>		
1. Have a zero tolerance of all forms of abuse										
Have you ever needed to make a complaint?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, were you kept informed of progress during the investigation?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Support people with the same respect you would want for yourself or another member of your family.										
Do care staff:	Call your relative/friend by their chosen name?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Ask your relative/friend what they want to wear on a daily basis?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Ensure that your relative/friend is not left in pain, feeling isolated or alone?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Use personal mobile phones during work time?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Support your relative/friend to do tasks rather than do them for them?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are care staff polite and courteous to your relative/friend even when they are under pressure?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Treat each person as an individual by offering a personalised service.										
Do care staff:	Support your relative/friend whilst respecting their beliefs and values?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Regularly ask your relative/friend if they need anything?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Assist your relative/friend with cleaning their teeth/glasses/changing batteries in their hearing aid?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Know your relative/friends likes and dislikes?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Enable people to maintain the maximum possible level of independence, choice and control.										
Do care staff:	Deliver care and support at your relative/friend's pace?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Make assumptions about what your relative/friend wants or what is good for them?									
5. Listen and support people to express their needs and wants.										
Do care staff listen to your relative/friend with an open mind, enabling them to express their needs and preferences in a way that makes them feel valued?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

6. Respect people's right to privacy.

Do care staff ensure that your relative/friend receives care and or treatment in a dignified way that does not embarrass, humiliate or expose them?

Yes No

7. Ensure people feel able to complain without fear of retribution.

Are you encouraged to raise any concerns with the manager?

Yes No

8. Engage with family members and carers as care partners.

Are you able or encouraged to be involved in your relative/friend's care if this is what they want?

Yes No

Do managers and care staff recognise and value the role that you can play in providing your relative/friend's care?

Yes No

9. Assist people to maintain confidence and a positive self esteem.

Do care staff maximise your relative/friends abilities at all times during eating and personal care?

Yes No

10. Act to alleviate people's loneliness and isolation.

Do care staff provide information and support to help your relative/friend engage in activities which help them participate in and contribute to community life?

Yes No

ANY COMMENTS

(You do not have to give us these details if you prefer not to)

Name: _____ Date

Contact details: _____

Are you a: Visitor Relative Friend GP Nurse Other Health Professional

Other (please give details) _____

Please either:

1. Hand the completed form to the Manager of the home or Quality Team
2. Email the completed form to dfaquality.team@manchester.gov.uk
3. Post the completed form to:

Ruth Helen, Quality Team Leader, Directorate for Adults, Health and Wellbeing, Manchester City Council, FREEPOST MR 1514, Town Hall, Manchester M60 2BR