



Customer Assessment Form - Care Home

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 supported throughout any 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 your care staff:	Call you by your chosen name?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Ask you what you want to wear on a daily basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Try and see things from your point of view?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Ensure you are 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 you to do tasks rather than do them for you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are your care staff polite and courteous to you 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 your care staff:	Support you whilst respecting your beliefs and values?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Regularly ask you if you need anything?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Assist you with cleaning your teeth/glasses/changing batteries in your hearing aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Know your 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 your care staff:	Deliver care and support at your pace?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Make assumptions about what you want or what is good for you?	
5. Listen and support people to express their needs and wants.		
Do your care staff listen to you with an open mind, enabling you to express your needs and preferences in a way that makes you feel valued?		Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Respect people's right to privacy.

Do your care staff ensure that you receive care or treatment in a dignified way that does not embarrass, humiliate or expose you?

Yes No

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

Have you ever made a complaint/raised a concern?

Yes No

If yes, was it dealt with quickly and to your satisfaction?

Yes No

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

Do your care staff encourage your friends and relatives to be involved in your care if this is what you want?

Yes No

Do managers and care staff recognise and value the role that your friends and relatives play in providing your care?

Yes No

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

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

Yes No

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

Do your care staff provide information and support to help you engage in activities which help you participate in and contribute to community life?

Yes No

Did you have support / assistance in completing this form?

Yes No

ANY COMMENTS

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

If you would like us to contact you please add your name and contact details:
