CARE ASSISTANT QUESTIONNAIRE

This questionnaire is designed to help us help you. It is important that we know your views. All completed questionnaires will be treated in confidence.

It is principally by asking our care assistant's that we know whether we are doing a good job or not. In order to improve the quality of the way we support and supervise you, we would like to ask you to take a few minutes to answer the following questions. If you would like a member of the office team to help to fill in the form, please feel free to contact us.

Your name	Bluebird care Solihull –July 2017	
Address	20 Respondents	
1	Do you enjoy your role as a care assistant?	YES / NO
Please comment on what you do / do not enjoy: YES 100%		
2	Do you feel the training provided is adequate for you to complete your duties and responsibilities?	YES / NO
If 'No' please expand on what further training and/or training methods you feel you require: YES 100%		
3	Do you feel you receive enough support and supervision from the office?	YES / NO
If 'No' please expand on what further support you feel you require: YES 100%		
4	Do you feel communication is of a good standard?	YES / NO
If 'No' please explain how you think this could be improved: YES 100%		
5	Do you feel you can approach your manager if you have a problem?	YES / NO
If 'No' please comment why you feel this is: YES 100%		
6	Are the office staff polite and do they treat you respectfully?	YES / NO
If 'No' please comment why you feel this is: YES 100%		

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7	Do you feel listened to?	YES / NO
If 'No' please comment on how this could be improved: YES 90% 1 Comment –"Most of the time"		
8	Do you feel there is enough information in the customers' care and support plans to allow you to support each customer appropriately?	YES / NO
If 'No' what further information do you feel is required: YES 100%		
9	Are you given enough travel time between calls?	YES / NO
Any comments: YES 40% NO 60%		
10	Are you happy with your current rota?	YES / NO
If 'No' please provide details: YES 95% NO 5% 1 Felt that she did not have enough hours.		
11	Do you feel there is anything Bluebird Care could do to improve your working conditions?	YES / NO
If 'Yes' please provide details: YES 15%* NO 85% 3-- *2 suggested the provision of lighter, summer uniforms.*1 A personal request about their roster.		
12	Would you recommend us to a friend?	YES / NO
Any comments: YES 100%		
13	Would you like a member of the office team to telephone you or arrange a meeting to discuss the comments you have made on this form?	YES / NO
Please provide any further comments you wish to make regarding Bluebird Care: NO 100%		

Your signature …….. Date ……

Thank you for taking the time to complete this form. Please return it to us in the stamped addressed envelope as soon as possible.

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