
SERVICE USER FEEDBACK SURVEY



Moonstone Care would like to hear your views on how you have felt about the contact you have had with our agency and the way we have provided social care to meet your needs.

We are therefore asking you to complete the attached form so that we can collect this information. We would ask that you circle/tick answers to the specific questions and also add as much detail as possible in the comment sections, to help us to understand what it is that you are happy with or unhappy about. Through understanding how our service users feel about the process, we can identify where we may need to improve or change services, so you can help us with this.

Your Care Worker will be happy to help you fill out this form when they visit, or alternatively, if you would prefer to do this privately they can leave the form with you, with a prepaid envelope for you to return it to this office at your convenience.

Thank you for your help

A. Oshuntoki
Registered Manager for MOONSTONE CARE UK

Service User Feedback Form

Print Your Name here:

Today's Date:

1. Are you satisfied with the way our Agency has helped you with your care ?

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
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Tick a box to indicate your level of satisfaction

2. Please explain what you are satisfied/dissatisfied with and why

	Satisfied	Dissatisfied
Contact with our office staff	<input type="checkbox"/>	<input type="checkbox"/>
Contact with your care worker	<input type="checkbox"/>	<input type="checkbox"/>
Services we provide to meet your care needs	<input type="checkbox"/>	<input type="checkbox"/>
Quality of the services we provide	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

Please tick which of the above boxes applies

Comments/Explanation:

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3. Has our Agency and staff identified the help that you need and met your needs in an appropriate way?

Yes	No	Unsure
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Please tick which of the above boxes applies

Comments:

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THIS POLICY WAS REVIEWED AND UPDATED ON: [MAY 2017](#)
next update [MAY 2017](#)

4. Do you feel that your Care Worker has listened to your views and wishes and taken them into account when providing care for you?

Yes	No	Don't know
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Please tick which of the above boxes applies

Comments:

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5. Have the services we provided made a difference to your life?

Yes, an improvement	Yes, but negatively	No Difference
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Please tick which of the above boxes applies

Comments: *Please explain how it has changed.*

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6. Have you been provided with sufficient information and documentation about Moonstone Care and the service we provide?

Yes	No	Unsure
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Please tick which of the above boxes applies

Comments:

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