

## RESIDENTS SURVEY

Date:	Requested due date:
Residents Name:	Relationship with resident:
<b>You are not required to complete the above information. You may complete either your name, your relationship to the resident (if the resident is unable to complete the form and has given you permission to do so) or neither if you wish to remain anonymous.</b>	

Please read the questions below and place a ✓ or x in the box of your choice.



Means you agree



Means you don't know or is not applicable to you



Means you disagree

This will help us to improve and raise the standards within the Home.

**1 Is the service Safe?**



The home provides me with the right equipment to stay safe in the home			
I believe there are enough staff on duty to keep me safe and attend to my needs			
I feel confident that my belongings are safe and secure			
My bedroom and unit are clean, tidy and odour-free			
I am confident that the staff provide me with the correct medication and I understand why I am taking it			
Staff have helped me know how to stay safe and how to raise any problems			
I feel protected from being bullied, harassed, harmed or abused			
Staff deal with incidents and accidents quickly and openly			





