

Older Adult Day Care Centre - Service User Questionnaire

Please answer as many of the questions that you can, if you need support ask a member of staff:

Boldmere	<input type="checkbox"/>	Shakti Day Centre	<input type="checkbox"/>
Erdington Elders	<input type="checkbox"/>	Anne Marie Howe Elders	<input type="checkbox"/>
African Caribbean	<input type="checkbox"/>	Norman Power Elders	<input type="checkbox"/>
Kenrick Elders	<input type="checkbox"/>		

We want to know your views about the Centre.

Please help us to provide a good service by filling in this questionnaire. There are no right or wrong answers.

We want to know about your experience of using the Centre. Please tick one box for each answer.

Thank you for your help.

Section – Our transport

1. Did the Council provide transport for you to and from the Centre?

Yes No

If no, please go to question 6

2. Were the Centre's vehicles clean?

Yes – Always Most of the time Sometimes No - Never

3. Were the drivers/escorts polite and respectful?

Yes – Always Most of the time Sometimes No - Never

4a. Did you feel safe when using the Centre's vehicles? By 'safe' we mean you were not afraid that you would be hurt in any way.

Yes – Always Most of the time Sometimes No - Never

4b. If you did not feel safe, please tell us why

5. Any comments about our transport or your journey's to and from the Centre?

Section – Our staff

6. Were staff friendly and easy to talk to?

Yes – Always Most of the time Sometimes No - Never

7. Did staff treat you with dignity and respect? By this we mean that staff were polite and talked to you about your needs.

Yes – Always Most of the time Sometimes No - Never

8. Did you feel staff were well-trained and knowledgeable?

Yes – Always Most of the time Sometimes No - Never

9. Were staff available when you needed them?

Yes – Always Most of the time Sometimes No - Never

10a. Did you feel safe in the Centre? By 'safe' we mean you were not afraid that you might be hurt in anyway.

Yes – Always Most of the time Sometimes No - Never

10b. If you did not feel safe, please tell us why

11. Overall, how would you rate the standard of care provided by staff?

Excellent Good Average

Poor Very poor Don't know

12. Any comments about our staff?

Section – Meals

13. Did you buy food at the Centre?

Yes No

If you answered no, please go to question.....20

14a. Was there enough choice on the menus?

Yes – Always Most of the time Sometimes No - Never

14b. If no, please give details

15a. Did the menu meet your cultural/religious requirements?

Yes – Always Most of the time Sometimes

– Never Not applicable

15b. If no, please tell us why

16a. Did the menu suit your specialist dietary needs e.g. pureed meals, diabetic meals, allergen free etc.?

- Yes – Always Most of the time Sometimes No – Never
 Not applicable

16b. If no, please tell us why

17. Overall, how would you rate the quality of the meals?

- Excellent Good Average Poor Very Poor
 Don't know

18. On the whole, were the meals value for money?

- Yes No Not sure

19. Any comments about meals at the Centre?

Section - Activities

20. Were you given a choice of activities?

- Yes No

21. How, if at all, did the activities help you? (please tick all that apply)

- Improved concentration Improved / maintained memory
 Increased confidence Improved social skills
 Experienced fewer falls
 Improved feeling of general wellbeing

- Raised awareness of how to manage my disability
- Improved my ability to carry out self-care activities
- Acquired new skills / abilities
- Improved mobility
- Gained / maintained social relationships
- Access to computer and website to bid for property/ Improved living accommodation
- Access and support to Aids and adaptations
- No effect/improvements as result of activities
- Other effects of activities – please give details

22. Overall, how would you rate the range of activities offered by the Centre?

- Excellent
 Good
 Average
 Poor
 Very Poor
 Don't know

23. Any comments on the activities

Section – Personal Care

By personal care we mean help with eating, drinking, taking medication, toileting.

24. Did you receive personal care at the centre?

- Yes No

If no, please go to question 28....

25. Were staff prompt in providing personal care when you needed it?

Yes – Always Most of the time Sometimes No - Never

26a. Were you happy with the way staff provided your personal care?

Yes – Always Most of the time Sometimes No - Never

26b. If you were not happy, please tell us why

27. Any comments on the personal care you received?

Section – Your experience of the service

28. How likely are you to recommend the Centre to a friend or family member if they needed a similar service?

Extremely likely Likely Neither likely nor unlikely Unlikely Extremely unlikely Don't know

Section - About you

My interest in this consultation (Please tick one box that best describes your interest in the consultation)

- A citizen who uses services
- A disabled child over 16 years
- A parent of a disabled child
- A carer (an unpaid carer)
- A carer under 18 years (an unpaid carer for an adult)
- An employee of Birmingham City Council
- A provider
- A member of the public

Comments

We would like you to tell us something about you. You do not have to tell us but if you do it will help us to plan services.

Which age group applies to you? (please tick one box only)

	18-19	20-24	25-29	30-34	35-39	40-44	45-49
50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+

What is your gender (please tick one box only)

Male

Female

3a. Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more? (please tick one box only)

Yes

No

Prefer not to say

3b. If yes, do any of these conditions or illnesses affect you in any of the following areas? (please tick all that apply)

1. Vision (e.g. blindness or partial sight)

2. Hearing (e.g. deafness or partial hearing)

3. Mobility (e.g. walking short distances or

climbing stairs)

- 4. Dexterity (e.g. lifting and carrying objects, using a keyboard)
- 5. Learning or understanding or concentrating
- 6. Memory
- 7. Mental Health
- 8. Stamina or breathing or fatigue
- 9. Socially or behaviourally (e.g. associated with Autism, attention deficit disorder or Asperger's Syndrome)
- 10. Other (please write in)

4. What is your ethnic group? (please tick one box only)

White

- English/ Welsh/ Scottish/ Northern Irish/ British
- Irish
- Gypsy or Irish Traveller
- Polish
- Baltic States
- Jewish
- Other white European (including mixed European)
- Any other White background (please write in)

Mixed/ multiple ethnic groups

White and Black Caribbean/African

White and Asian

Any other Mixed background (please write in)

Asian/ Asian British

Afghani

Bangladeshi

British Asian

Chinese

Filipino

Indian Sikh

Indian Other

Kashmiri

Pakistani

Sri Lankan

Vietnamese

Any other Asian background (please write in)

Black African/ Caribbean/ Black British

African

Black British

Caribbean

Somali

Any other Black/African/Caribbean background (please write in)

Other ethnic group

Arab

Iranian

Kurdish

Yemeni

Any other ethnic group (please write in)

5. What is your sexual orientation (please tick one box only)

Bisexual

Gay or Lesbian

Heterosexual or Straight

Other

Prefer not to say

6. What is your religion or belief? (please tick one box only)

No religion

Christian (including Church of England, Catholic,
Protestant and all other Christian denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion (please write in)

Thank you for your help. You can either complete the form manually or use the link on page 1 and complete the form on line.

Data Protection Act 1998 - The personal information on this form will be kept safe and is protected by law. You can see more information about data Protection on our website at: <http://www.birmingham.gov.uk/privacy> If you would like to speak to us about this questionnaire, please contact: Sueb Jabbar 0121 464 6235