****

**Example questions for people using your service**

The questions below are based on our [Quality framework for justice (offender) accommodation services](https://hub.careinspectorate.com/resources/quality-frameworks-and-kq7s/a-quality-framework-for-justice-accommodation-offender-accommodation-services/), which sets out our expectations about how care services should improve outcomes for people. The headings are from the key areas in the framework.

We are always keen to improve, and your honest feedback is very important to us.

Please tell us how we are doing and where we can make improvements, even if you feel these are only small things. We value all comments. If your feedback is not covered by the questions below, please use the box at the end of the form to tell us about this. Alternatively, you can speak to any member of staff who will be happy to listen to what you have to tell us.

Key area

 **People experience compassion, dignity and respect**

1 – I am treated with respect.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

Example questions and evaluations

2 – My support workers know me well and know what is important to me.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

**People make decisions and choices about their lives**

3 - I am involved in decisions about my support and where appropriate if I want my family or friends to be included, they can be.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

4 – I feel confident in my support because I know the staff and when to expect them.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

**People experience the right support from the right people at the right time**

5 – If I am unwell, staff can recognise this and help me get the right help.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

6 – My support workers notice changes in my mood and support me if I get anxious or am worried about something.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

**Staffing arrangements support positive outcomes for people**

7 – Someone lets me know when there are changes to my support

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

8 – My support workers have enough time to support me in the way I prefer.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

9 – I am able to change my support if I have important appointments I need to attend or there is something at a specific time that I need support with.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

**Quality assurance, including self-evaluation and improvement plans, drive change and improvement where necessary**

10 - The office staff contact me regularly and ask me how my support workers are getting on

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

11 – If I am not happy with my support, I am listened to and can make changes

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

**During outbreaks of infectious disease, people’s health and wellbeing needs continue to be met and their rights are protected**

12 - My support workers explain why we need to do extra cleaning, if there are any restrictions in place or if they must wear face masks to keep me and my home safe from infection.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

If there are specific areas you think we could improve on, please provide some detail below.

|  |
| --- |
|  |

If there is anything else you’d like to add, please use the box below.

|  |
| --- |
|  |