

DCC Enter & View Visit

Confidential Resident's Questionnaire

Report Domain	QUESTION/AREA FOR DISCUSSION
	How long have you been staying here?
10.6.5 10.7	How 'comfortable' and 'at home' do you feel here?
10.7	What do you enjoy most about living at (name of home)?
10.4 10.5 10.6 10.7 10.7.3	Is there anything you don't like or would like to see done differently? (If 'yes' - Have you told the staff about any of these things)?
10.5 10.7.3	Can you tell me how you find the staff/carers who look after/support you? Do you feel listened to and totally confident in the staff caring for you?
10.7	Do you feel the staff help you to be as independent as possible and do things the way you want them to be done? Do you get the right help at the right time?
10.6 10.7	Do you feel well looked after if you are not well?

APPENDIX 2

Report Domain	QUESTION/AREA OF DISCUSSION
10.7	<p>Are you happy with the bedroom you have (design, decoration, comfort, privacy, personal furniture, possessions etc)?</p> <p>Do you have your own personal/private telephone/computer facility/TV/radio etc?</p>
10.7	<p>What sort of things in life did you most enjoy doing before you came to this home?</p> <p>Do you still continue to enjoy doing those things now?</p>
10.5 10.6 10.7	<p>Have you been able to maintain your religious/spiritual/cultural needs & preferences whilst living at this home?</p>
10.7	<p>What do you look forward to the most each day/week?</p>
10.6	<p>Have you generally enjoyed your food/meals since you have been here?</p>
10.6 10.7	<p>Do the general day to day arrangements of the home suit you? (Flexibility of getting up and going to bed times; mealtimes; activities etc).</p>
	<p>Is there anything else you would like to tell me?</p>

THANK YOU

APPENDIX 2

Observations - Physical Presentation

<p>10.6/10.7 - Clothing (well fitting, clean, suitable for temperature, allows freedom of movement, chosen by resident).</p>	<p>10.6/10.7 - Hair & shaving (appears clean and well-groomed/in style as preferred by person).</p>
<p>10.6 - General personal care & hygiene (evidence of body/incontinence odour; fingernails (clean, manicured).</p>	<p>10.6/10.7 - Eyes/ears/teeth (glasses, dentures and /or hearing aids appear looked after).</p>

Name of Home:

Resident's Details (if obtained/offered)

Gender:

Age:

Completed by: (AR please initial)

Date Completed:

NB: TO BE DESTROYED FOLLOWING PUBLICATION OF THE RELEVANT CARE HOME REPORT