



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation and Monitoring
of Social Care Services

HIQA survey

Tell us what it is like
to live in your home!

Please state the centre's name
and location or OSV number



About this survey

HIQA wants to hear about where you live



This is a survey to tell HIQA about what it is like to live in your home. You can tell us about things you like, things you do not like or things that you would like to change.

How to fill in the survey

You have a choice of three answers to every question. Please place a tick-box mark (✓) in the answer box that most closely reflects your views.



Yes



It could be better



No



If you wish, only answer the questions you are comfortable with.

Who is filling in the survey

Tick the answer that matches you. If someone else is answering, please reflect the voice and life of the resident.



I answered this survey myself

I needed help to complete it

The person or people who supported me were:



My family helped me or answered for me

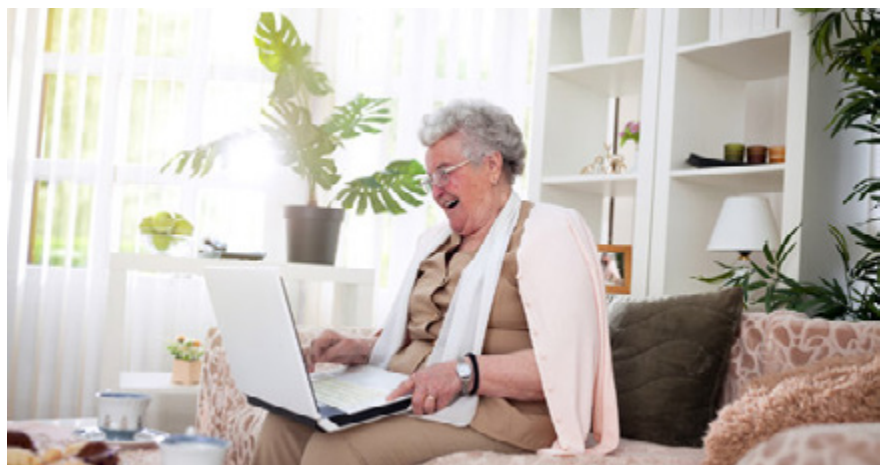


A friend or advocate helped me or answered for me



A volunteer or staff member helped me or answered for me

Your home



Are you content living here, and have you a good social life?



Yes



It could be better



No

Is this a nice place to live and is it kept clean?

Yes

It could be better

No

Do you like the food and the dining room?

Yes

It could be better

No

Are your clothes taken care of?

Yes

It could be better

No

Your home

Do you have access to a barber or hairdresser?



Yes



It could be better



No

If you share a bedroom, is it your choice to share?

Yes

It could be better

No

At night, is your home quiet and peaceful?

Yes

It could be better

No

Do you have easy access to your call-bell at all times in your bedroom?

Yes

It could be better

No

Do you have anything else you want to tell us?

What you do every day



Are you treated with respect and kindness by staff?



Yes



It could be better



No

Can you get up when you want and go to bed when you want?

Yes

It could be better

No

Do you feel safe and secure?

Yes

It could be better

No

What you do every day



Do you feel you are supported to be as independent as you can be?



Yes



It could be better



No

Are you able to access the outdoors, grounds or garden?

Yes

It could be better

No

Can you see visitors in private at a time of your choosing?

Yes

It could be better

No

Do you have access to voluntary groups, community amenities, clubs and events?

Yes

It could be better

No

What you do every day

Can you make and take phone calls in private?



Yes



It could be better



No

Do you have access to activities that you enjoy and can take part in?

Yes

It could be better

No

Can you go out to shops or events if you wish, or attend religious services?

Yes

It could be better

No

Do you have access to the news media, post, the Internet and Wi-Fi?

Yes

It could be better

No

Do you have good access to dental, eye care, physiotherapy and other care?

Yes

It could be better

No

Staff who support you



Do you know the staff and have they time to chat with you?



Yes



It could be better



No

Do staff members know what you like or dislike?

Yes

It could be better

No

Do staff communicate clearly and effectively with you?

Yes

It could be better

No

Do staff help and support you when you need it?

Yes

It could be better

No

The people you live with

Have you got to know people while living here?



Yes



It could be better



No

Having a say

Do staff and managers listen to you and support you?

Yes

It could be better

No

Are you included in the decisions about your life and your home?

Yes

It could be better

No

If you wish to make a complaint, do you know who to ask about it?

Yes

It could be better

No

Send us your feedback



Do you have anything else you want to tell us?



A large, empty rectangular box with a thin grey border, intended for users to provide their feedback.

Send us your feedback



If you want to, you can share your details with us below:

Your name:

Your phone number:

Your email address:

When you are ready, you can send us your survey electronically by clicking the submit button or post it to us at any time.



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