



# Care home scheme survey

The NHS in Leeds is committed to providing you and your family with the best possible care. We are working closely with care homes to improve access to healthcare for people living in residential and nursing care homes. We are running a number of schemes to look at different approaches to providing care for people living in care homes. The aim of the schemes is to improve the experience of care for residential and nursing home residents.

**If you prefer you can complete this form online:**  
[www.leedswestccg.nhs.uk/yourviews](http://www.leedswestccg.nhs.uk/yourviews)

# Care home scheme survey

Please take five minutes to share your experience of the service so that we can continue to improve the service we offer.

Q1 Name of the person who lives in the care home

Q2 Date of birth of the person who lives in the care home

Q3 GP practice of the person who lives in the care home

Q4 Name of care home

Q5 Date

Q6 Address (of relative/carer)

Q7 Email (of relative/carer)

Please select one of the following:

- I live in a care home (go to Q8)
- My relative lives in a care home (go to Q17)

# Questions for residents

- Q8** Do you receive regular visits from your GP or practice nurse in your care home without having to book an appointment?  
 Yes  No  Don't know
- Q9** Do you feel that your GP or practice nurse visits you enough to help you stay well?  
 Strongly disagree  Disagree  Agree  
 Strongly agree  Don't know
- Q10** Do you feel that your GP or practice nurse involves you in the planning of your care?  
 Strongly disagree  Disagree  Agree  
 Strongly agree  Don't know
- Q11** Has your GP or practice nurse discussed your medicines with you (within the last three months)?  
 Yes (go to Q13)  No (go to Q12)  Don't know (go to Q12)
- Q12** Would you like to speak to someone about your medicines?  
 Yes  No  Don't know
- Q13** Have you been visited by your community healthcare team (occupational therapist, speech & language therapist) within the last three months?  
 Yes (go to Q14)  No (go to Q16)  Don't know (go to Q16)
- Q14** Do you think your health and wellbeing has improved as a result of the visits from your community healthcare team (occupational therapist, speech & language therapists)?  
 Yes (go to Q15)  No (go to Q16)  Don't know (go to Q16)
- Q15** Tell us how your health has improved?
- Q16** Is there anything else you would like to tell us?

# Questions for carers and families

Q17

What is your relationship to the resident?

Parent

Son/Daughter

Grandparents

Other (please state):

Q18

Does your relative receive regular visits from their GP or practice nurse without having to book an appointment?

Yes (go to Q19)

No (go to Q20)

Don't know (go to Q20)

Q19

If yes, are you informed when your relative has had a visit from their GP or practice nurse?

Yes

No

Don't know

Q20

Would you like to know if your relative has had a visit from their GP or practice nurse?

Yes

No

Don't know

Q21

Do you feel that the GP or practice nurse from your relative's practice visits them enough to help them stay well?

Yes

No

Don't know

Q22

Do you feel that the GP or practice nurse from your relative's practice involves you in the planning of their care?

Yes

No

Somewhat

Don't know

Q23

Has someone from the GP practice discussed your relative's medicines with you (within the last three months)?

Yes (go to Q25)

No (go to Q24)

Don't know (go to Q24)

Q24

Would you like to speak to someone about your relative's medicines?

Yes

No

Don't know

Q25

Has your relative been visited by the community healthcare team (occupational therapist, speech & language therapist) within the last three months?

Yes (go to Q26)

No (go to Q28)

Don't know (go to Q28)

Q26

Do you think your relative's health and wellbeing has improved as a result of the visits from the community healthcare team?

Yes

No

Don't know

Q27

Tell us how your relative's health and wellbeing has improved?

Q28

Is there anything else you would like to tell us?

# Equality Monitoring Form

This part of the form is optional and you don't need to provide this information if you don't wish to do so.

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. The information you provide will be kept confidential. No personal information will be shared and your information will be protected and stored securely in line with strict data protection rules.

<b>What is the first part of your postcode?</b>	<input type="text"/>
<b>What is the year you were born?</b>	<input type="text"/>

**Are you disabled?** (The Equality Act 2010 defines disability as 'a physical, sensory or mental impairment which has substantial and long term adverse effect on a person's ability to carry out day to day activities'.)  Yes  No  
 Prefer not to answer

**If yes what type of impairment.** Tick all that apply.

<input type="checkbox"/> Physical impairment	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Long standing illness
<input type="checkbox"/> Mental health condition	<input type="checkbox"/> Visual impairment (such as blind or partially sighted)	
<input type="checkbox"/> Hearing impairment (such as Deaf or hard of hearing)	<input type="checkbox"/> Prefer not to answer	

**Ethnic background**

<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> Gypsy or Irish traveller
<input type="checkbox"/> Mixed White & Black Caribbean	<input type="checkbox"/> Mixed White & Black African	<input type="checkbox"/> Mixed White and Asian
<input type="checkbox"/> Asian / Asian British Indian	<input type="checkbox"/> Asian / Asian British Pakistani	<input type="checkbox"/> Asian / Asian British Bangladeshi
<input type="checkbox"/> Black / Black British Caribbean	<input type="checkbox"/> Black / Black British African	<input type="checkbox"/> Chinese
<input type="checkbox"/> Arab	<input type="checkbox"/> Other (please state): <input type="text"/>	<input type="checkbox"/> Prefer not to answer

**Are you**  Male  Female  Prefer not to answer

**Is your gender identity the same gender you were assigned at birth**  Yes  No  Prefer not to answer

**Pregnancy and Maternity** (The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period.)

Are you pregnant at this time?  Yes  No  Prefer not to answer

Have you recently given birth (within 26 week period)  Yes  No  Prefer not to answer

**Religion or belief**

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim	<input type="checkbox"/> Christian	<input type="checkbox"/> Jewish	<input type="checkbox"/> Sikh
<input type="checkbox"/> No religion	<input type="checkbox"/> Other (please state): <input type="text"/>	<input type="checkbox"/> Prefer not to answer			

**Please select the option that best represents your sexual orientation**

<input type="checkbox"/> Heterosexual / Straight	<input type="checkbox"/> Gay man	<input type="checkbox"/> Lesbian / gay woman	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to answer
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**Are you a carer?**  Yes  No  Prefer not to answer

## Thank you for taking the time to complete the questionnaire

NHS Leeds West Clinical Commissioning Group, Suites 2-4, Wira House, Wira Business Park,  
Leeds LS16 6EB Tel: 0113 843 5470 Email: [commsleedswestccg@nhs.net](mailto:commsleedswestccg@nhs.net)

Please tick this box if you would like to stay involved in the project /  
receive report on the feedback

Please return this survey by using the FREEPOST address below:

**FREEPOST RTEG-JRZR-CLZG  
G BRAMMA  
NHS Leeds West Clinical Commissioning Group  
Suites 2-4  
WIRA House  
Ring Road  
West Park  
LEEDS  
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