

## National Clinical Audit Family and Carer views on the quality of hospital care

This questionnaire is part of a National Clinical Audit which aims to improve the quality of care that hospitals provide to people who have confusion or memory problems.

We would like this questionnaire to be completed by family carers or key worker carers who visit the person with memory problems during their admission to **this hospital** in June, July, August or September 2018. You may pass this questionnaire to another person (e.g. a family member/friend visiting the person during their admission) if you prefer.

We invite you to share your views about the care received by the person you care for and about the communication you have had with staff at the hospital. The information that you give will be used to help this hospital, and other hospitals, to improve standards of care by highlighting things that are done well and areas that need improvement. We welcome any feedback and comments about the care and support provided.

After you have completed the questionnaire, please use the attached postage-paid envelope to send it directly back to the Project Team at the Royal College of Psychiatrists. Hospital staff will not see your completed questionnaire. Please make sure you have posted the questionnaire by 15 October 2018. The postcard attached to the questionnaire offers the opportunity to be entered into a prize draw to win one of five £50 vouchers for a high street store of your choosing.

If you would prefer to complete the questionnaire online please go to [www.CARERQ.org.uk](http://www.CARERQ.org.uk)

**The questionnaire does not ask for your name, so all the information you give us will be completely anonymous. Postcards for the prize draw are not delivered to the Project Team, so we will not see your details.**

Reports will be published in 2019 and will include compiled anonymous feedback and comments. If you tell us about a risk of harm to a patient, we may need to contact the hospital straight away.

If you decide that you would prefer not to fill in the questionnaire, this is fine and will not in any way affect the care provided to the person you care for.

If you have any questions at any time about the National Clinical Audit, please contact the Project Team:

**Address:**

NAD Project Team  
Centre for Quality Improvement  
Royal College of Psychiatrists  
21 Prescot Street  
London E1 8BB

**Tel:**

020 3701 2682  
(9am to 5pm)

**Email:**

[nad@rcpsych.ac.uk](mailto:nad@rcpsych.ac.uk)

**Website:**

[www.NADCARER.uk](http://www.NADCARER.uk)

For each question please select your answer by putting a cross in the box. If you make a mistake, please fill in the box like this  and put a cross in the correct box. Please answer all questions.

Which of these best describes your relationship to the person you look after?

- Spouse or partner
- Family member
- Friend
- Professional carer (health or social care)
- Other

Are you one of the main carers for the person you look after? For example, family carer or keyworker.

- Yes
- No

**PATIENT CARE**

1. Do you feel that hospital staff were well informed and understood the needs of the person you look after?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

2. Do you feel confident that hospital staff delivered high quality care that was appropriate to the needs of the person you look after?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

3. Was the person you look after given enough help with personal care from hospital staff? For example, eating, drinking, washing and using the toilet.

- Yes, definitely
- Yes, to some extent
- No
- Don't know

4. Was the person you look after treated with respect by hospital staff?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

**COMMUNICATION**

5. Were you (or the patient, where appropriate) kept clearly informed about their care and progress during the hospital stay? For example, about plans for treatment and discharge.

- Yes, definitely
- Yes, to some extent
- No
- Don't know

6. Were you (or the patient, where appropriate) involved as much as you wanted to be in decisions about their care?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

7. Did hospital staff ask you about the needs of the person you look after to help plan their care?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

**OVERALL**

8. Overall, how would you rate the care received by the person you look after during the hospital stay?

- Excellent
- Very good
- Good
- Fair
- Poor

9. How likely would you be to recommend the service to friends and family if they needed similar care or treatment?

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



10. Overall, how satisfied are you with the support **you** have received from this hospital to help you in your role as a carer?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- I don't need/want any support

11. Do you have any comments about the service provided by the hospital to the person you look after? For example, anything you were particularly happy or unhappy about.

**Please note:** Any comments you make will be included in the report for this hospital and may be quoted in the national report. All information included in reporting will be anonymous and any identifying information you give will be removed before reporting.

## ABOUT YOU

1. How do you define your **gender**?

- Male
- Female
- Other
- Prefer not to say

2. What is your **age**?

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75-84 years
- 85 years and over
- Prefer not to say

3. Please specify your **ethnicity**:

- White/White British
- Black/Black British
- Asian/Asian British
- Mixed
- Other
- Prefer not to say

**Thank you very much for your responses.**

**Please return the questionnaire in the FREEPOST envelope provided or to the address shown on the information sheet.**

## FOR OFFICE USE ONLY

Hospital code

--	--	--	--

