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Service-User Feedback Survey

2017/18

Wexford Disability Services conducted a Service-user Survey of its client base during the month of April, 2018. Sixty one (61) feedback forms were posted to service-users and thirty five (35) were returned in the stamped addressed envelope provided. This is a 57% return rate, which is an excellent result given the fact that a 30% return rate is considered to be the norm for such surveys. This is the fourth Service-user Survey carried out by Wexford Disability Services and once again the feedback from our service-users is very positive.

The Feedback Form (copy attached) gives the service-user the opportunity to rate their service over seven (7) areas. The service-user has the option to sign the form or to give an anonymous appraisal of the service. On this occasion, most of the Feedback Forms returned had been signed (91%). In addition, some forms had hand-written comments e.g.

* “Brilliant service, hugely appreciated. Would be lost without our wonderful PA”
* “My PA is a highly valued, much respected, highly professional person who contributes to my quality of life…”
* “P is a great PA and has helped me so much since she started and very good to me on my bad days”.
* I cannot express how lucky I feel to have such wonderful, kind, respectful ladies…they also help me emotionally, intellectually with charm and kindness”.
* “Could not be happier with S. A cannot wait for her visits. Thank you so much for everything you do”.
* “Thank you for providing excellent service”.
* “The service you provide makes a real difference to me and my family and for this I am very grateful”.
* “I think it would be a good idea for WDS to introduce a uniform”.

Overall, the exercise has been a positive one for all concerned. The high satisfaction rating across all seven areas demonstrates that Wexford Disability Services is continuing to meet the needs of its service-users. I believe that this is in line with HIQA’s National Standards for Safer Better Healthcare. HIQA National Standards also require service providers to use feedback surveys to improve the quality and safety of the services that they provide from the perspective of “Person-centred Care and Support”. Additionally, the preferences and views of service-users are taken into account in the development and delivery of services.

As the manager of Wexford Disability Services, I take great pride in the results of this Service-user Feedback Survey. It demonstrates that the time taken to carefully compile an individual Care Plan, coupled with the placement of a suitable P.A., pays dividends for the service-user, Wexford Disability Services and the HSE as our main funder.

The collated results of each area surveyed are attached for your attention. The returned forms are available for inspection at our administration office.

**Declan Denny,**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| As you are a valued client of Wexford Disability Services, we would be grateful to hear from you in relation to various aspects of our work.  We, therefore, request that you complete this form by giving a score from 1 to 5 in response to the questions/statements set out below.  You may provide your name with this form but this information is not required. Your responses are confidential and shall only be used internally by Wexford Disability Services as an aid in our aim to provide quality services.  **Please score all questions 1, 2, 3, 4 or 5 by drawing a circle around the number:**  **1 = Very Happy, 2 = Happy, 3 = No Opinion 4 = Unhappy, 5 = Very Unhappy.**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | 1. Are you satisfied that your P.A. does the work set out in your Care Plan?   **1 2 3 4 5** | | 1. Please rate how helpful your P.A. is.   **1 2 3 4 5** | | 1. Please rate the respect shown to you by your P.A.   **1 2 3 4 5** | |  | | 1. Please rate your P.A.’s timekeeping.   **1 2 3 4 5** | | 1. Please rate the quality of the service provided by your P.A.   **1 2 3 4 5** | |  | | 1. Please rate the day-to-day management of your service by our office.   **1 2 3 4 5** | | 1. Pease rate your level of satisfaction with Wexford Disability Services overall.   **1 2 3 4 5** | |   **Signed (only if you wish to):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PLEASE PLACE THIS FORM IN THE STAMPED, ADDRESSED ENVELOPE PROVIDED AND POST BACK TO WEXFORD DISABILITY SERVICES.**  **THANK YOU FOR TAKING THE TIME TO COMPLETE AND RETURN THIS FORM.** |

1. Are you satisfied that your P.A. does the work set out in your Care Plan?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very happy** | **Happy** | **No opinion** | **Unhappy** | **Very unhappy** |
| 32 | 2 | 1 | 0 | 0 |

1. Please rate how helpful your P.A. is.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very happy** | **Happy** | **No opinion** | **Unhappy** | **Very unhappy** |
| 31 | 2 | 1 | 1 | 0 |

1. Please rate the respect shown to you by your P.A.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very happy** | **Happy** | **No opinion** | **Unhappy** | **Very unhappy** |
| 32 | 1 | 1 | 1 | 0 |
|  |  |  |  |  |

1. Please rate your P.A.’s timekeeping.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very happy** | **Happy** | **No opinion** | **Unhappy** | **Very unhappy** |
| 28 | 5 | 1 | 0 | 1 |
|  |  |  |  |  |

1. Please rate the quality of the service provided by your P.A.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very happy** | **Happy** | **No opinion** | **Unhappy** | **Very unhappy** |
| 31 | 3 | 1 | 0 | 0 |

1. Please rate the day-to-day management of your service.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very happy** | **Happy** | **No opinion** | **Unhappy** | **Very unhappy** |
| 27 | 5 | 3 | 0 | 0 |

1. Please rate the level of satisfaction with Wexford Disability Services overall.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very happy** | **Happy** | **No opinion** | **Unhappy** | **Very unhappy** |
| 29 | 5 | 1 | 0 | 0 |