**Care Home Pilot – Family / Friends Questionnaire**

**Introductory/ice breaker questions:**

The aim is to try to establish a conversation with the family member / friend. Introduce yourself and ask them their name and how they would like to be referred to.

Explain the purpose of the conversation - Including the independence of Healthwatch and how they remain anonymous in any reports that are produced.

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| **About the Resident** |
| Which care home does your relative / friend live in? |
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| How long have they lived here? |
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| Do they have any health / cognitive issues? |
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| **Staying in Contact** |
| How would you normally stay in contact with your friend/relative? |
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| How often did you normally stay in contact? |
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| Can you remember when the care home ceased visits? |
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| Please tell us how this was communicated to you |
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| How did you feel about this change? |
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| Have you still been able to maintain contact with your  loved one since the start of the pandemic? | Yes |  | No |  |
| How have the care home helped to make this happen? | | | | |
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| Were there any limits on this? | | | | |
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| What worked well, what didn’t work so well? | | | | |
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| What could be done to improve this? | | | | |
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| **Communication with the Care Home** |

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| Were you kept up to date on the COVID-19 situation in this care home? | Yes |  | No |  |
| If yes, how often did you receive updates? | | | | |
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| How concerned were you concerned about your relative’s risk of contracting the virus in the care home? | | | | |
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| Did you share these concerns with the care home team? | Yes |  | No |  |
| If yes, how did they address these concerns? | | | | |
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| Were you able to contact the care home when needed? | Yes |  | No |  |

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| Have you needed to share any other concerns or provide feedback to the care home during the pandemic? | Yes |  | No |  |
| Please explain how you found this, both the positives and the negatives | | | | |
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| Did you find the care home staff to be friendly and polite? | Yes |  | No |  |
| If no, please explain why? | | | | |
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| Are you satisfied with the care that your loved one has received during the pandemic? | Yes |  | No |  |
| Can you please explain why? | | | | |
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| **Access to services / activities** |

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| Did your friend / relative have access to activities during COVID-19 pandemic? | Yes |  | No |  |
| What activities did they participate in, please list: | | | | |
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| Do you feel your friend/relative has access to all they need? This may include food, drinks, toiletries, treats etc. | | | | |
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| Did your friend / relative need to access any health care services during COVID-19 pandemic? | Yes |  | No |  |
| How was this process? (Was it virtual etc.) | | | | |
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| Did your friend / relative have to be admitted to hospital during COVID-19 pandemic? | Yes |  | No |  |
| If so, please explain in as much detail as possible about the process | | | | |
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| Are there any other comments you would like to make or anything you feel we need to be aware of? | | | | |
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| Would you be happy to help us to speak to your friend / relative? | Yes |  | No |  |
| If yes, explain the need for consent for the resident to be contacted and discuss the best day / time for this to be arranged. | | | | |
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