**Care Home Pilot – Resident Questionnaire**

**Introductory/ice breaker questions:**

Hello / how are you / what’s you name etc- try and establish a conversational feel.

Explain the purpose of the conversation – including the independence of HW and how they will remain anonymous in any reports that are produced

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| **General Experience** |
| How long have you lived here? |
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| How do you feel about living here? |
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| **Care Needs** | | | | |
| Do you think your care has changed as a result of the restrictions? | Yes |  | No |  |
| If yes, how has it changed? | | | | |
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| Have you been able to make decisions regarding your own care / has your opinion been included in these decisions? | Yes |  | No |  |
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| Have you still had a named carer throughout the pandemic? | Yes |  | No |  |
| Has COVID-19 changed your named carer / meant a combination of carers? | | | | |
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| Have you felt safe (against COVID-19) in your home? | Yes |  | No |  |

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| If you haven’t, why was this? |
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| Have the staff explained any changes to your care due to COVID-19? | Yes |  | No |  |

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| Did the staff explain the changes going on in your home? | Yes |  | No |  |

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| Have your views been listened to throughout this time? | Yes |  | No |  |

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| Is there a complaints procedure put in place that is  COVID-19 specific? | Yes |  | No |  |

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| Do you know who you could talk to if you did have any concerns? | Yes |  | No |  |

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| Do you still feel your care needs are being met? | Yes |  | No |  |
| If no, how are they not being met? | | | | |
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| **Services / Appointments**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Have you still been able to access services that you’ve needed (such as dentistry / opticians / community nurse)? | Yes |  | No |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Has your GP been changed because of COVID-19? | Yes |  | No |  |  |  | | --- | | If yes, how do you feel about this? | |  | |  | |  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Have you had any ‘virtual’ GP appointments since the lockdown? (iPad / phone etc.) | Yes |  | No |  |  |  | | --- | | If yes, how have you found these appointments? | |  | |  | |  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Have you attended hospital during the COVID pandemic? | Yes |  | No |  | | If yes, how was this experience? | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Have you been able to take part in any activities in the care home in the last few months? | Yes |  | No |  | |
| Has there been any changes to activities due to COVID-19? |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Testing** | | | | | | Have you been tested for COVID-19? | Yes |  | No |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Have you had an antibody test? | Yes |  | No |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Have you experienced any problems with testing? | Yes |  | No |  |   What is the procedure, if you test positive for COVID-19? |
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| In the case of a positive test, how are you supported with this? |
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| What is the procedure, if they test positive for COVID-19? |
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| How have you found the changes in visiting to the care home? |
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| How has your mental / overall wellbeing been over this period? |
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| Have you experienced feelings of loneliness/isolation? |
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| Do you feel positive about the future? |
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| **Overall Experience** |
| What has been your experience of living in a care home during this time? |
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| What do you think the home could put in place to improve your experience? |
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| Is there anything else you would like to share with Healthwatch? |
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