**Care Home Pilot – Staff Questionnaire**

**Introductory/ice breaker questions:**

The aim is to try to establish a conversation with the staff member. 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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| **General Experience** | | | | |
| How long have you worked at the Care Home? | | | | |
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| Do you enjoy working at the Care Home? | Yes |  | No |  |
| Please can you explain why that is? | | | | |
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| **Care Needs** | | | | |
| Did your job role change during this period? | Yes |  | No |  |
| If yes, how has it changed? | | | | |
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| Were there any aspects of care that you were unable to deliver? |
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| What is / were your main concerns during this time? |
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| Do you feel your views have been listened to throughout this time? |
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| **Health and Wellbeing** |
| Do you feel you were kept well informed about any changes to practice? |
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| What support did you receive? |
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| What were your main concerns? |
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| What is / was it like working in a care home at this time? |
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| Was there an outbreak of the infection in the Care Home? | Yes |  | No |  |
| If yes, how did this affect you? | | | | |
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| Do you feel enough was done to make you feel safe? | | | | |
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| **Health & Safety** |
| What changes were made to safeguard you and residents?  (PPE, regular hand washing, sanitizer gel) |
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| Were there any problems obtaining supplies? | Yes |  | No |  |
| If yes, what problems were there? | | | | |
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| When were you told about the restrictions to visitors? | | | | |
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| What were the restrictions? | | | | |
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| How did you feel about the restrictions? | | | | |
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| **Staff Testing** |
| Have you been tested for COVID-19? | Yes |  | No |  |

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| Have you had an anti-body test? | Yes |  | No |  |
| How often will you be tested? | | | | |
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| Did you experience any problems with testing? | | | | |
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| What is the procedure, if you test positive for COVID-19? | | | | |
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| In the case of a positive test, what support do you receive? | | | | |
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| **Overall Experience** | | | | |
| How well do you feel the Care Home managed / is managing during the pandemic? | | | | |
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| Overall, what has been your experience of working 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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