

7. Stakeholder Questionnaire

| | |
|---|--|
| Please Tell Us What You Think About Services Provided By Marsh Villa | |
| Completing this form will help the home in the Carbrey group understand how well we deliver services. | |
| Date? | |
| Your Organisation? | |
| Your Role? | |
| When did you work with Carbrey Care? | |

Please rate Carbrey's care performance

1. How would you rate the way Carbrey Care assesses young people's Needs and Risks in their care?

| | | | |
|------|--------------|------|-----------|
| Poor | Satisfactory | Good | Excellent |
|------|--------------|------|-----------|

2. How would you rate the way Carbrey Care periodically asks for your feedback about their assessments of Needs and Risks for young people in their care?

| | | | |
|------|--------------|------|-----------|
| Poor | Satisfactory | Good | Excellent |
|------|--------------|------|-----------|

3. How would you rate how Carbrey Care involve young people in their Individual Care Plans, which record intended outcomes that are both specific and appropriate to the individual?

| | | | |
|------|--------------|------|-----------|
| Poor | Satisfactory | Good | Excellent |
|------|--------------|------|-----------|

4. How would you rate how Carbrey Care periodically ask for your feedback concerning the Individual Care Plans?

| | | | |
|------|--------------|------|-----------|
| Poor | Satisfactory | Good | Excellent |
|------|--------------|------|-----------|

5. How would you rate Carbrey Care in how we protect the Security, Health and Safety of young people in their care?

| | | | |
|------|--------------|------|-----------|
| Poor | Satisfactory | Good | Excellent |
|------|--------------|------|-----------|

6. How would you rate the quality of care offered?

| | | | |
|------|--------------|------|-----------|
| Poor | Satisfactory | Good | Excellent |
|------|--------------|------|-----------|

7. How would you rate the quality of staff offered?

| | | | |
|------|--------------|------|-----------|
| Poor | Satisfactory | Good | Excellent |
|------|--------------|------|-----------|

8. How do you rate the environment?

| | | | |
|------|--------------|------|-----------|
| Poor | Satisfactory | Good | Excellent |
|------|--------------|------|-----------|

6. How would you rate how Carbrey Care safeguards the right of young people in their care to be protected from abuse?

| | | | |
|------|--------------|------|-----------|
| Poor | Satisfactory | Good | Excellent |
|------|--------------|------|-----------|

7. How would you rate Carbreycare's commitment to the values of Diversity and Inclusion?

| | | | |
|------|--------------|------|-----------|
| Poor | Satisfactory | Good | Excellent |
|------|--------------|------|-----------|

8. How would you rate Carbreycare's commitment to the practice of Equal Opportunity?

| | | | |
|------|--------------|------|-----------|
| Poor | Satisfactory | Good | Excellent |
|------|--------------|------|-----------|

9. Are you aware of both the complaints procedures for young people in their care and how you as a stakeholder can use them?

| | |
|-----|----|
| Yes | No |
|-----|----|

10. Is there anything you would like to tell us?

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11. Would you change anything?

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Thank you for taking the time to complete this document.

Please e-mail the completed form to ? or post hard copy to 23 Spa Road, Gloucester .

8. Young Person Questionnaire – Carbrey Care

Please Tell Us What You Think About Services Provided By Carbrey Group

Completing this form will help the home in the Carbrey group understand how well we deliver



services.

| | |
|--|--|
| Date? | |
| When did you move into Marsh Villa? | |
| When did you leave March Villa? | |
| Are Carbrey Care still supporting you? | |

Date:

1. Before living in Marsh Villa, did anyone ask you what was important to you about where you live?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

2. When you moved into Marsh Villa, was it what you were expecting?

| | | |
|------------|----|------------|
| Yes | No | Don't Know |
| If No Why? | | |

3. After you moved into Marsh Villa, did anyone ask you whether the placement was right for you?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

4. If moving into Marsh Villa isn't working for you, is anyone helping you to make it better?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

5. Do you feel your views are included in the assessments Marsh Villa do and you feel involved in your care plan?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

6. Have you been asked to help improve Marsh Villa?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

7. Do you feel involved in day to day decision that are made within Marsh Villa?

| | | |
|-----|----|------------|
| Yes | No | Don't Know |
|-----|----|------------|

If Yes can you give an example?

8. Do you feel you know how to make a complaint and do you feel able to make a complaint if you want to?

Yes

No

Don't Know

If No Why?

9. What is the best way of asking young people for their views and involving them in decision?

10. Is there anything you would like to change?

11. Is there anything you would like to say?

Thank you for taking the time to complete this questionnaire.

9. Young Person Questionnaire – Carbrey Housing

Please Tell Us What You Think About Services Provided By Carbrey Group

Completing this form will help the home in the Carbrey group understand how well we deliver services.

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|--|--|
| Date? | |
| When did you Carbrey Housing start supporting you? | |
| When did Carbrey Care's support end? | |
| Are Carbrey Care still supporting you? | |

Date:

1. Before Carbrey Housing started supporting you, did anyone ask you what was important to you about where you live?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

2. When Carbrey Housing started supporting you, was it what you were expecting?

| | | |
|------------|----|------------|
| Yes | No | Don't Know |
| If No Why? | | |

3. After Carbrey Housing started supporting you, did anyone ask you whether the placement was right for you?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

4. If Carbrey Housing support isn't working for you, is anyone helping you to make it better?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

5. Do you feel your views are included in the assessments Carbrey Housing do and you feel involved in your support plan?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

6. Have you been asked to help improve the support Carbrey Housing offer?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

7. Do you feel involved in decisions that are made within Carbrey Housing that affect you on a day to day basis?

| | | |
|---------------------------------|----|------------|
| Yes | No | Don't Know |
| If Yes can you give an example? | | |

8. Do you feel you know how to make a complaint and do you feel able to make a complaint if you want to?

| | | |
|------------|----|------------|
| Yes | No | Don't Know |
| If No Why? | | |

9. What is the best way of asking young people for their views and involving them in decision?

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10. Is there anything you would like to change?

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11. Is there anything you would like to say?

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Thank you for taking the time to complete this questionnaire.

10. Adult Questionnaire – Carbrey Health

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|---|--|
| Please Tell Us What You Think About Services Provided By Carbrey Group | |
| Completing this form will help the home in the Carbrey group understand how well we deliver services. | |
| Date? | |
| When did you Carbrey Health start supporting you? | |
| When did Carbrey Health support end? | |
| Are Carbrey Health still supporting you? | |

Date:

1. Before Carbrey Health started supporting you, did anyone ask you what was important to you about where you live?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

2. When Carbrey Health started supporting you, was it what you were expecting?

| | | |
|------------|----|------------|
| Yes | No | Don't Know |
| If No Why? | | |

3. After Carbrey Health started supporting you, did anyone ask you whether the placement was right for you?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

4. If Carbrey Health's support isn't working for you, is anyone helping you to make it better?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

5. Do you feel your views are included in the assessments Carbrey Health do and you feel involved in your support plan?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

6. Have you been asked to help improve the support Carbrey Health offer?

| | | |
|-------------|----|------------|
| Yes | No | Don't Know |
| If Yes Who? | | |

7. Do you feel involved in decisions that are made within Carbrey Health that affect you on a day to day basis?

| | | |
|---------------------------------|----|------------|
| Yes | No | Don't Know |
| If Yes can you give an example? | | |

8. Do you feel you know how to make a complaint and do you feel able to make a complaint if you want to?

| | | |
|------------|----|------------|
| Yes | No | Don't Know |
| If No Why? | | |

9. What is the best way of asking young people for their views and involving them in decision?

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10. Is there anything you would like to change?

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11. Is there anything you would like to say?

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Thank you for taking the time to complete this questionnaire.