

Feedback survey for visiting healthcare professionals

Name of service:	
Date:	

The views of people who use, live or work in a care service are important to us. They help us form a view of the way in which a service and its staff help promote people's well-being.

Please take a few minutes to tell us your views about the care and support provided by this service.

Your individual comments are confidential and will not be shared with the service provider. If you would prefer to speak to us about your feedback, please contact us on 0300 7900 126.

CGL © Crown copyright 2020 WG41287

1.	In what capacity did you visit the service? Please tick 1 box:						
	a. GP						
	b. Community nurse						
	c. CPN						
	d. Pharmacist						
	e. Other (please specify below):						
2.	In your view, how we Please circle:	ell does the service	e meet people's care	e and support nee	eds?		
2.	•	ell does the service	e meet people's care	e and support nee	eds?		
	Please circle:	ell does the service Good	meet people's care Needs Improveme		eds?		
Exc	Please circle:	Good This is an except		nt F	Poor		
Exc	Please circle:	Good This is an except well and exceeds	Needs Improveme ional service that su sour expectations.	nt f	Poor		
Exc	Please circle: cellent xcellent:	Good This is an except well and exceeds This is a good se meets our expect	Needs Improveme ional service that su sour expectations.	nt F pports people ve people well and	Poor		
Exc E G	Please circle: cellent xcellent:	Good This is an except well and exceeds This is a good se meets our expect This service is no improve to meet This service is not improve to meet	Needs Improveme ional service that sus our expectations. ervice that supports partitions.	nt pports people verbeople well and needs	Poor		

3.	What does the service do well? Please provide details:
4.	What needs to change or improve? Please provide details:
5.	Do you have any concerns about this service you would like to discuss with us?
	Yes No
If y	es, please provide details or a contact number so we can discuss these:

6.	Please add any other comments you would like to make:
7.	Contact details:
W	hat we do with the information we receive from you

We may discuss issues raised within this questionnaire as part of the inspection and matters may be referred to in the inspection report. However, we will not disclose your identity.

Important: We process any personal and/or sensitive information we hold about you fairly and lawfully, and we only ask for such information where it is necessary for us to carry out our role. For more information about how we process your personal data, and your rights in relation to this, please see our Privacy Notice at www.careinspectorate.wales/how-we-use-your-information, or contact us for a paper copy.

For office use only:					
Date of Issue:	/	/	INSP No:		