

## Feedback survey about your care home

Name of care home:	
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 you receive in your care home.

You do not need to provide your name and contact details, unless you would like to do so, or if you wish to speak to us. Your individual comments are confidential and will not be shared.

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The care and support	I receive is (p	lease tick):					
Excellent	Good	Needs Improvement	Poor				
What is good about living here?							
What would you like to	o change or in	nprove?					
Would you recommen	d living here t	o a friend or relative?					
Yes		No	Maybe				
Please say why							
For office use only:							

INSP No:

Date of Issue:

Please add any other comments you would like to share with us					
at we do with the information we receive from you					
nay discuss issues raised within this questionnaire as part of the inspection					

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 <a href="https://www.careinspectorate.wales/how-we-use-your-information">www.careinspectorate.wales/how-we-use-your-information</a>, or contact us for a paper copy.

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