

# E.J. McQuigge Lodge 2022

## Resident Satisfaction Survey

OPTIONAL: How long have you lived at the Home? \_\_\_\_\_

<b>Section 1: My Personal Care</b>  On a scale of 1 to 4, please indicate how much you agree or disagree with the following statements. When answering the questions below, please think about the Care Team members (Nursing staff) who assist you regularly.	Please Choose One			
	4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
<b>PLEASE NOTE: Questions 1-5 do not apply to our Home.</b> 6. I am treated with kindness, courtesy, compassion, fairness, respect and dignity.				
7. I feel that team members (nursing staff) appreciate / respect my personal privacy.				
8. Team members (nursing staff), take into consideration my religious, ethnic and cultural values.				
9. I am encouraged and/or involved in decisions about my care.				
10. Team members (nursing staff) answer when I call (when they do so, they are respectful – knock on the door, introduce themselves, etc.)				
11. Good personal care is provided (tooth brushing, bathing and dressing)				
12. Team members (nursing staff) actively listen to me (listen and acknowledge what I am saying).				
13. My preferences are respected regarding bathing (day/time/bath or shower)				
14. My preferences are respected regarding time I prefer to go to bed.				
15. My preferences are respected regarding time I prefer to get up.				
16. I am given enough information about changes in my medication, physical condition and plan of care to feel capable of giving my consent.				

<b>Personal Care continued</b>	<b>Please Choose One</b>			
	<b>4 Strongly Agree</b>	<b>4 Strongly Agree</b>	<b>4 Strongly Agree</b>	<b>4 Strongly Agree</b>
17. I am given timely information on how I may access external healthcare services (ie. dental, advanced foot care, hearing services)				
18. The incontinence products (briefs, pads, liners) provided in the Home meet my needs.  <input type="checkbox"/> Check here if you do not use products from the Home.				
19. I am satisfied with the medical attention provided by my Physician (and Nurse Practitioner, if applicable)				
<b>20. Please feel free to add additional comments / suggestions for improvements:</b>				
<b>Section 2: My Home Environment</b>	<b>Please Choose One</b>			
	<b>4 Very Satisfied</b>	<b>3 Satisfied</b>	<b>2 Dissatisfied</b>	<b>1 Very Dissatisfied</b>
<b>On a scale of 1 to 4, please indicate how satisfied you are with the Home in terms of: Homelike Environment – Environmental Services (Housekeeping, Laundry and Maintenance)</b>				
21. The overall cleanliness of the Home.				
22. Feeling safe and secure with all team members (all staff)				
23. Feeling safe and secure with other residents.				
24. Feeling safe and secure in my home environment.				
25. Feeling the gardens and grounds outside are inviting and well maintained.				
26. Feeling the décor in public and shared areas is homelike.				
27. The cleanliness and layout of my room.				
28. Feeling an overall homelike environment.				
<b>29. Please feel free to add additional comments / suggestions for improvements:</b>				

	Please Choose One			
	4 Very Satisfied	3 Satisfied	2 Dissatisfied	1 Very Dissatisfied
<b>Laundry Services:</b>				
30. The Laundry Services provided over the past year. (ie. were they delivered timely and to the appropriate owner; quality of care of my clothing; missing items being found)  <input type="checkbox"/> Check here if you do not use the Laundry services provided in the Home.				
31. Overall, I am treated with kindness, courtesy, compassion, fairness, respect and dignity by the environmental team (staff members (includes housekeeping, laundry, maintenance)				
32. Please feel free to add additional comments / suggestions for improvements:				
<b>Section 3: My Products and Services</b>	Please Choose One			
<b>On a scale of 1 to 4, please indicate how satisfied you are with the Home in terms of <i>Mealtime Experiences</i>:</b>	4 Very Satisfied	3 Satisfied	2 Dissatisfied	1 Very Dissatisfied
33. Menu Choices: variety and meal options for breakfast / lunch / dinner.				
34. The availability and choice of nourishments and between meal snacks.				
35. Taste and temperature of meals.				
36. Quality and quantity of meals.				
37. Overall dining experience (service and atmosphere)				
38. Overall, I am treated with kindness, courtesy, compassion, fairness, respect and dignity by the Dietary team (staff members.				
39. Please feel free to add additional comments / suggestions for improvements:				

<b>Recreation and Therapy Services:</b>  <b>On a scale of 1 to 4, please indicate how satisfied you are with the Home in terms of:</b>	Please Chose One				
	4 Very Satisfied	3 Satisfied	2 Dissatisfied	1 Very Dissatisfied	I choose not to attend/not applicable
40. Recreational activities (bingo, cards, games)					
41. Community Outings (shopping trips, lunches out, day trips)					
42. Intellectual Programs (trivia, reminiscing, current events)					
43. Social Programs (special events, resident socials, parties)					
44. Spiritual Programs (Church, Bible study)					
45. The assistance/encouragement I receive from team members (Activation/Recreation staff) to enjoy a program					
46. The team members (Activation/Recreation staff) are respectful of my wishes not to participate in activities.					
47. I am always asked if I want to participate in activities happening in the Home					
48. Physiotherapy services					
49. Restorative Care Program (i.e. meal support, bladder training, and/or walking program)					
50. Exercise Programs					
51. My involvement and/or the work of the Residents' Council in the Home					
52. Hairdressing Services (assistance, availability, friendliness)					
53. Overall, I am treated with kindness, courtesy, compassion, fairness, respect and dignity by the Activation/Recreation team (staff)					
54. Please feel free to add additional comments/suggestions for improvements:					

<b>Section 4: Communication</b>				
<b>Sharing of Information and Communication</b> On a scale of 1 to 4, please indicate how satisfied you are with the Home in terms of:	<b>Please Choose One</b>			
	<b>4 Very Satisfied</b>	<b>3 Satisfied</b>	<b>2 Dissatisfied</b>	<b>1 Very Dissatisfied</b>
55. I can share my opinion without fear of consequences				
56. Team members (staff) care about any issues I may convey, I feel listened to.				
57. Team members (staff) take the time to understand my concerns				
58. The Home responds to my questions/concerns in a timely manner				
59. The Home resolves my concern(s) to my satisfaction. Check here if you have not brought forward a concern <input type="checkbox"/>				
<b>60. Please feel free to add additional comments/suggestions for improvements:</b>				
<b>Section 6: Overall</b>				
	<b>Please Choose One</b>			
	<b>4 Always</b>	<b>3 Mostly</b>	<b>2 Sometimes</b>	<b>1 Never</b>
66. I would recommend this Home to others.				
67. Overall, I am happy with the home and the team members (staff)				
<b>Please feel free to add additional comments/suggestions:</b>				

If you would like us to follow-up with you regarding this survey, please provide your contact information below:

Name: \_\_\_\_\_ E-mail address (if applicable) \_\_\_\_\_

Telephone #/Room number \_\_\_\_\_

To be completed by November 30 2019

Page 5 of 5