

Do you know who is your:



Doctor	Yes or no
Social worker	Yes or no
Advocate	Yes or no
Psychologist	Yes or no
Speech and language therapist	Yes or no
Behaviour therapist	Yes or no



Have the staff talked to you about your discharge plan?  
\_\_\_\_\_

Where are you going to live when you are ready?  
\_\_\_\_\_

Thank you for completing our satisfaction form

Have you got any other comments you would like to add?  
\_\_\_\_\_

CRANFIELD MEN'S WARD

Muckamore Abbey Hospital

# Patient Satisfaction Survey

*Muckamore Abbey Hospital*



Name:

Completed on:

With:

### **Person Centered Care/ Compassionate Care**

How long have you been in hospital?

\_\_\_\_\_



Do you like your ward?

\_\_\_\_\_ YES or NO



Do you know all of the staff in the ward? YES or NO

Do you like how the staff treat you in the ward?

\_\_\_\_\_

How do the staff help you on the ward?

\_\_\_\_\_



How often do you have 1:1 time with your named nurse?

\_\_\_\_\_

Do you have the opportunity to attend your meetings?

YES or NO

Easy read Patient Satisfaction  
R.Brennan & A.Mills

Have your family/friends met the staff in the ward?

YES or NO



Can your family/friends visit you on the ward?

YES or NO

Do you have a care plan?

YES or NO



Have you seen your care plan before?

YES or NO

Do you have easy read information to help you understand your care plan?

YES or NO

Have your family seen your care plan?

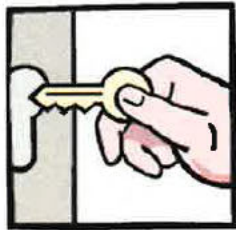
YES or NO

Easy read Patient Satisfaction  
R.Brennan & A.Mills

**Safe & Effective Care**

Are you being well cared for?  
YES or NO

Are the doors locked into /in the ward?  
YES or NO



How do you feel about this?  
\_\_\_\_\_

How do the staff in the ward keep you safe when your or others are upset or cross?  
\_\_\_\_\_

Do the staff have to hold you to keep you safe when you are upset?  
YES or NO

Activities/named nurse

Do you have a named nurse?  
YES or NO



What is your named nurse called?  
\_\_\_\_\_

Do you feel you have enough time with your named nurse?  
\_\_\_\_\_

Do you know who your doctor is?  
YES or NO

What activities do you do in the ward?  
\_\_\_\_\_

Do you get to do activities on 1:1 and in a group?  
YES or NO

Are there activities for you to take part in the day and evening time?  
\_\_\_\_\_

Are there any other activities you would like?  
\_\_\_\_\_



### Privacy and Dignity

Have you have your own bedroom key?  
YES or NO



Is your room decorated with things that you like?  
YES or NO

What is the day space like?

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How do you think your room or the day space could be made better?

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Do you get to see your family in private?  
YES or NO

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### Capacity Consent and Human Rights

Are you involved in making decisions about your care?

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Are you provided with easy read information about your care?  
YES or NO

Do staff ask your permission when taking your blood or giving you an injection?  
YES or NO

When your medication changes do staff explain this to you?  
YES or NO



When you have to make a decision is your family involved to help you?  
YES or NO



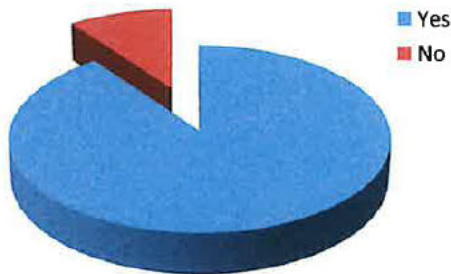


# Cranfield ICU

## Patient Satisfaction Feedback

Responses received by bed occupancy: 67%

### Patient Centred Care



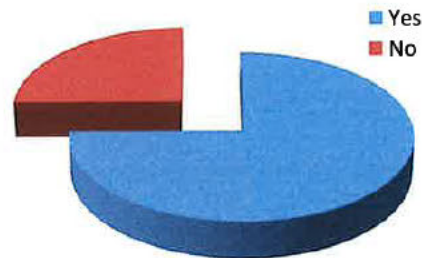
### Safe & Effective Care



### Capacity & Consent



### Privacy & Dignity



### General Comments

How to make dayspace better: quieter  
re keeping safe: staff reassure me and take me to a quiet room  
re keeping safe: wrap/care plan