

**ABOUT YOUR SUPPORT WITH THE LINK NURSING & CARE AGENCY**



What is your Name?.....



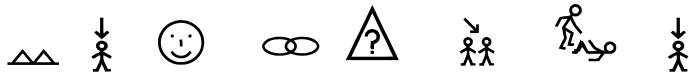
What do you think about your support worker/s? Do you get on well with them?.....



Do you get to choose who supports you?.....



Are you happy with how they support you?.....



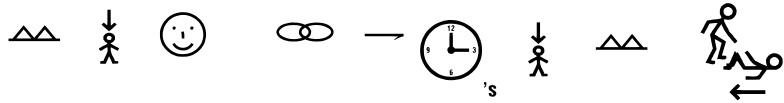
No, why?.....



.....



Are you happy with the hours you are supported?.....

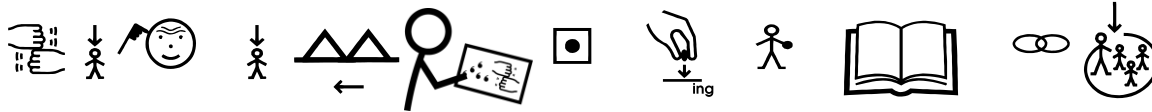


No, When do you want us to come in?.....



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Do you think you were involved in putting your Care Plan with us?.....



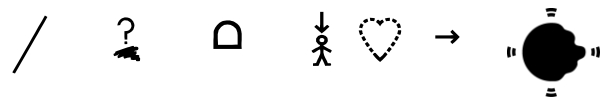
Are you happy with your Care Plan? .....



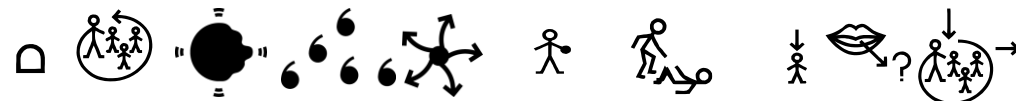
Are you happy with the activities at the time of your support?.....



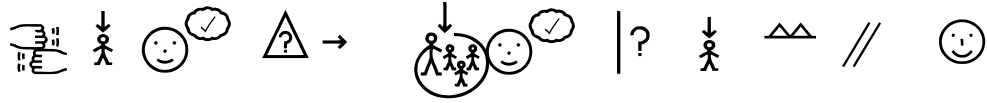
No, what would you like to change?.....



Will we change things about your support if you ask us to? .....



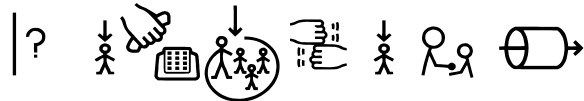
Do you know how to let us know when you are not happy? .....



When you did complain were you happy with the way we changed it?.....



When you call us do you get through? .....



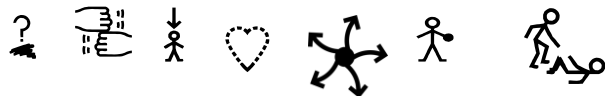
Do we understand what you need to have a good support? .....



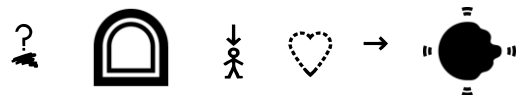
What do we do well? .....



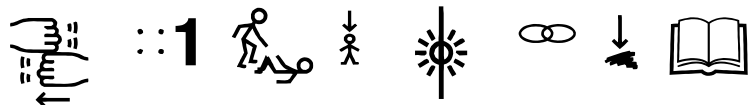
What do you like about your support? .....



What would you like to change? .....



Did someone help you today with this form?



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

