Respite.SatisfactionSurvey.2015

(Completion rate: 100.0%)

# Name of the person filling out the survey

Carrie Gleeson

# Email of the Person Completing the Survey

Carrie\_Gleeson@hotmail.com

# Complete mailing address for Person Completing the Survey (for SACL record update)

PO Box 65, Salmon Arm, BC V1E 4N2

# I am ......

|  |  |  |  |
| --- | --- | --- | --- |
| Response | Chart | Percentage | Count |
| A Family Member |  |  | 100.0% | 1 |
| A Care Giver |  |  | 0.0% | 0 |
| Person Supported |  |  | 0.0% | 0 |
| Other, please specify... |  |  | 0.0% | 0 |
|  | **Total Responses** | **1** |

## I am ...... (Other, please specify...)

|  |  |
| --- | --- |
| # | Response |

# 1. Do you feel that Respite Services provided by SACL are responsive to your needs?

|  |  |  |  |
| --- | --- | --- | --- |
| Response | Chart | Percentage | Count |
| Yes |  |  | 100.0% | 1 |
| No |  |  | 0.0% | 0 |
| Sometimes |  |  | 0.0% | 0 |
| Other, please specify... |  |  | 0.0% | 0 |
|  | **Total Responses** | **1** |

## 1. Do you feel that Respite Services provided by SACL are responsive to your needs? (Other, please specify...)

|  |  |
| --- | --- |
| # | Response |

# 2. Do you feel that Respite services provided by SACL are safe for Persons Supported?

|  |  |  |  |
| --- | --- | --- | --- |
| Response | Chart | Percentage | Count |
| Yes |  |  | 100.0% | 1 |
| No |  |  | 0.0% | 0 |
| Sometimes |  |  | 0.0% | 0 |
| Other, please specify... |  |  | 0.0% | 0 |
|  | **Total Responses** | **1** |

## 2. Do you feel that Respite services provided by SACL are safe for Persons Supported? (Other, please specify...)

|  |  |
| --- | --- |
| # | Response |

# 3. Do the Respite services provided by SACL meet the medical needs of the Person Supported?

|  |  |  |  |
| --- | --- | --- | --- |
| Response | Chart | Percentage | Count |
| Yes |  |  | 100.0% | 1 |
| No |  |  | 0.0% | 0 |
| Sometimes |  |  | 0.0% | 0 |
| Other, please specify... |  |  | 0.0% | 0 |
|  | **Total Responses** | **1** |

## 3. Do the Respite services provided by SACL meet the medical needs of the Person Supported? (Other, please specify...)

|  |  |
| --- | --- |
| # | Response |

# 4. Do you feel that SACL Respite services accommodate your preferences, needs, and expectations?

|  |  |  |  |
| --- | --- | --- | --- |
| Response | Chart | Percentage | Count |
| Yes |  |  | 100.0% | 1 |
| No |  |  | 0.0% | 0 |
| Sometimes |  |  | 0.0% | 0 |
| Other, please specify... |  |  | 0.0% | 0 |
|  | **Total Responses** | **1** |

## 4. Do you feel that SACL Respite services accommodate your preferences, needs, and expectations? (Other, please specify...)

|  |  |
| --- | --- |
| # | Response |

# 5. Do you feel that SACL Respite services meets the needs of both the Person Supported and the Family/Caregiver?

|  |  |  |  |
| --- | --- | --- | --- |
| Response | Chart | Percentage | Count |
| Yes |  |  | 100.0% | 1 |
| No |  |  | 0.0% | 0 |
| Sometimes |  |  | 0.0% | 0 |
| Other, please specify... |  |  | 0.0% | 0 |
|  | **Total Responses** | **1** |

## 5. Do you feel that SACL Respite services meets the needs of both the Person Supported and the Family/Caregiver? (Other, please specify...)

|  |  |
| --- | --- |
| # | Response |

# 6. Do you find SACL Respite service to be flexible around the following criteria:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes   | No   | Sometimes   | Total Responses |
| The schedule of the Person Supported | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) | 1 |
| The schedule of the Family/Caregiver | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) | 1 |
| The specific needs of the Person Supported | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) | 1 |
| The specific needs of the Family/Caregiver | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) | 1 |
| The location for Respite delivery suits the needs of the Person Supported | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) | 1 |
| The location for Respite delivery suites the needs of the Family /Caregiver | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) | 1 |

# 7. Do you find that SACL will have replacement Respite providers available should illness or emergency prevent a regular respite worker from attending a scheduled service?

|  |  |  |  |
| --- | --- | --- | --- |
| Response | Chart | Percentage | Count |
| Yes |  |  | 0.0% | 0 |
| No |  |  | 100.0% | 1 |
| Sometimes |  |  | 0.0% | 0 |
| Other, please specify... |  |  | 0.0% | 0 |
|  | **Total Responses** | **1** |

## 7. Do you find that SACL will have replacement Respite providers available should illness or emergency prevent a regular respite worker from attending a scheduled service? (Other, please specify...)

|  |  |
| --- | --- |
| # | Response |

# 8. When you access SACL Respite Services, are there clear instructions/procedures in place for the following;

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes   | No   | Sometimes   | Total Responses |
| Necessary Medications | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) | 1 |
| Required Medical technology (respirators, blood pressure machines etc.) | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) | 1 |
| If medical attention is required | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) | 1 |
| Addressing any special needs  | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) | 1 |
| Addressing any paterns or triggers for the comfort and safety of Persons Supported | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) | 1 |

# 9. Please add any suggestions on how we may improve our Respite Services to Persons Supported and Caregivers?

There are no responses to this question.