

Domiciliary Care Client Feedback Form

Please review our services on a scale of 1 to 5 with 1 being Poor and 5 being Excellent. Thank you for completing this form. Your responses will help us to improve our services.

Name of Client	
Person Completing Form	
Relationship to Client	
Weekly Hours Provided	
Date	

CONFIDENTIALITY STATEMENT

At Acorn 2 Oak Care Ltd, we are committed to protecting your privacy and ensuring the confidentiality of your personal information in compliance with the UK General Data Protection Regulation (GDPR).

How We Use Your Information:

The feedback you provide in this form will be used solely to improve the quality of our home care services. Your responses will be analysed to help us understand your needs better and to enhance the services we offer.

Data Storage and Security:

Your personal information and feedback will be stored securely and accessed only by authorised personnel. We implement appropriate technical and organisational measures to safeguard your data against unauthorised access, disclosure, alteration, or destruction.

Anonymity and Disclosure:

You may choose to submit your feedback anonymously. If you provide your name or other identifying details, this information will be treated with the utmost confidentiality and will not be shared with any third parties without your explicit consent, unless required by law.

Your Rights:

Under the UK GDPR, you have the right to access, correct, or request the deletion of any personal data we hold about you. If you wish to exercise any of these rights or have concerns about how your data is being used, please contact us at Acorn 2 Oak Care Ltd, 8 Dunlin Drive, Wymondham, Norfolk, NR18 9FB or alternatively online at www.acorn2oakcare.co.uk

By submitting this form, you acknowledge that you have read and understood this confidentiality statement and consent to the processing of your data as described above.



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General Satisfaction

 How would you describe the overall care provided by our service? 	1	2	3	4	5
2. How would you rate the professionalism of our CareGivers?	1	2	3	4	5
3. How well do our services meet your expectations?	1	2	3	4	5
4. How satisfied are you with the level of communication from our care team?	1	2	3	4	5
Quality of Care					
5. How would you rate the quality of care provided by our CareGivers?	1	2	3	4	5
6. Do our CareGivers show compassion and respect during their visits?	1	2	3	4	5
7. Are your personal care needs being met in a way that makes you feel comfortable?	1	2	3	4	5
8. How well do our CareGivers assist with your daily tasks and routines?	1	2	3	4	5
Reliability and Consistency					
9. How reliable are our CareGivers in terms of punctuality and attendance?	1	2	3	4	5
10. Do you receive consistent care from the same CareGivers?	1	2	3	4	5
11. How well does our care team communicate any changes in your care schedule?	1	2	3	4	5



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Communication and Support

12. How effectively does our care team communicate with you and your family?	 1	2	3	4	5
13. Do you feel listened to when you have questions or concerns?	1	2	3	4	5
14. How satisfied are you with the responsiveness of our care team in addressing any issues?	 1	2	3	4	5
Personalisation and Flexibility					
15. Are your care services tailored to your specific needs and preferences?	 1	2	3	4	5
16. How flexible is our service in accommodating changes to your care plan?	 1	2	3	4	5
17. Do our CareGivers respect your preferences and routines?	1	2	3	4	5
Safety and Comfort					
18. How safe and comfortable do you feel with our CareGivers in your home?	 1	2	3	4	5
19. Are your privacy and dignity respected by our CareGivers?	 1	2	3	4	5
20. How well do our CareGivers support your independence?	 1	2	3	4	5
Recommendation/Comment					
21. Would you recommend our services to others?	 1	2	3	4	5
22. In your opinion, are there any aspects of our service that might be improved?					