



Review of Service

Please complete and either post to: ASA 17 Watergate, Sleaford, Lincs NG34 7PG or take a photo of the completed form and email to admin@asaorg.co.uk, your support worker will be able to help with this. If you have any questions, please contact a member of staff on 01529 416270, this is an answer phone but someone from the team will return your call.

Name: AA	Date review completed: May 2022	Date Support started: March 2012
Please tick which service you access	<input checked="" type="checkbox"/> I access Day Time Provision support	
	<input type="checkbox"/> I access Sit2gether support	
What activities or tasks are you supported to undertake using your support? To get out into the community.		
What difference does this support have on your daily life and wellbeing? Refreshed and something to look forward to.		
How important is this support to you and why? Very important for my mental health.		
Would you like this support to continue? <input checked="" type="radio"/> YES <input type="radio"/> NO		
Are there any aspects of your support you would like to change? Changing the times or day of support, increasing mileage or support hours (please note this may incur a cost to yourself) Would you like another person to cover when your regular worker is unavailable? Due to my poor health, it would be nice for my carer, to still be able to visit and not go out if feeling unwell, I do understand its not the norm.		
Do you feel in control and safe when receiving support?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Comment: I do enjoy going out with my carer - and I know I will be safe
I feel person who supports me is knowledgeable about their role.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree	Comment: Carer communicates well, and I look forward to her visits
What do they do well?		
Please use this space to offer any feedback about your support or how ASA could improve services. N/A		
Client Signature: A. J. Alan	Please sign this section if you have completed the document on behalf of person accessing support.	
PTO	Name: Julie Davies Signed: Julie Davies	Relationship to client: DTP.

As part of Adults Supporting Adults contractual arrangement with the Local Authority, we may be asked to share this information when your care/support package is reviewed. This document will be stored in accordance with ASA's policy and procedure on Confidentiality GP.02.

Adults Supporting Adults Survey

It is important to ASA to continue to develop our services and to do this we would value your comments and feedback about our service, the way it's delivered and any ideas you may have which could improve the service we provide you.

Please take a few minutes to complete this survey and rate ASA's overall performance at the end. We take all feedback positively and very much look forward to receiving yours.

Thank you in advance

From your own experience of using the support ASA provide, what in your opinion are we good at?

~~Power~~ Being Reliable - putting me at ease.
I can confide in my carer, and it won't go any further.

What do you think we could improve on?

Don't think there is anything

ASA are always looking at new ways to keep people up to date with news and information. Would you access an ASA website if it were available?

Yes

No

Would you like to offer any comments or feedback about our service?

We are happy with the people & service we receive

How would you rate ASA overall performance?

- 1  Poor
- 2  Good
- 3   Very Good
- 4    Excellent

Thank you in advance for your feedback. ✓