



## 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: P Taylor	Date review completed: Aug 22	Date Support started: 06/2018
Please tick which service you access	I access Day Time Provision support <input checked="" type="checkbox"/>	
	I access Sit2gether support <input type="checkbox"/>	
What activities or tasks are you supported to undertake using your support? <div style="font-family: cursive; font-size: 1.2em; padding: 5px;">Board Games, Painting &amp; Word Games.</div>		
What difference does this support have on your daily life and wellbeing? <div style="font-family: cursive; font-size: 1.2em; padding: 5px;">Paul looks forward to his visits and enjoys chatting with the support workers. It's good for him to socialise with other people.</div>		
How important is this support to you and why?		
Would you like this support to continue? <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin: 0 10px;">YES</span> NO		
Are there any aspects of your support you would like to change? <i>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?</i> <div style="font-family: cursive; font-size: 1.2em; padding: 5px;">The days and times are okay and yes I would like another person to cover.</div>		
Do you feel in control and safe when receiving support?	<input checked="" type="radio"/> Yes <input type="radio"/> No Comment:	
I feel person who supports me is knowledgeable about their role.	Agree: <input checked="" type="checkbox"/> Disagree: <input type="checkbox"/> Comment:	
What do they do well?	The support workers are very good with Paul they know what he is capable of doing and know when he needs to rest.	
Please use this space to offer any feedback about your support or how ASA could improve services.		
Client Signature:     <div style="text-align: right; font-weight: bold;">PTO</div>	Please sign this section if you have completed the document on behalf of person accessing support.  Name: <u>Hester Hayden</u> Relationship to client: Signed: <u>H. Hayden</u> Partner	

### Adults Supporting Adults Survey

It is important to ASA to continue to develop our services and in order 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?**

Getting the client involved in activities and very good at listening and talking to the client. Always feel confident leaving Paul in their care.

**What do you think we could improve on?**

**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?**

**How would you rate ASA overall performance?**



Poor



Good



Very Good ✓



Excellent

Thank you in advance for your feedback.