

National Nursing Home Experience Survey

Questionnaire for Nursing Home Residents



Section 1: Your experience here

1. Do you find it homely here?

- Yes, definitely
 - Yes, to some extent
 - No
 - Prefer not to say
-

2. Are you as involved as you would like to be in decisions about the care and support you receive?

- Yes, definitely
 - Yes, to some extent
 - No
 - Prefer not to say
-

3. Are you involved as much as you want to be in planning ahead for any changes in your circumstances and your preferred care in the future?

- Yes, definitely
 - Yes, to some extent
 - No
 - I do not wish to be involved
 - Prefer not to say
-

4. Do you have an opportunity to ask questions when you want to?

- Yes, always
- Yes, sometimes
- No
- I don't have any questions
- Don't know
- Prefer not to say

5. Overall, do you have confidence and trust in the staff who care for you here?

- Yes, always
- Yes, sometimes
- No
- Don't know
- Prefer not to say

6. Overall, do you feel you are treated with respect and dignity by the staff who care for you?

- Yes, always
- Yes, sometimes
- No
- Don't know
- Prefer not to say

7. Do staff here keep you safe and protect you from harm?

- Yes, definitely
- Yes, to some extent
- No
- Don't know
- Prefer not to say

8. Do you receive help when you need it in daily tasks, such as eating your meals, getting dressed, or using the bathroom?

- Yes, always
- Yes, sometimes
- No
- I don't require any help
- Prefer not to say (DNRO)

9. Do you have enough privacy in this nursing home?

- Yes, always
- Yes, sometimes
- No
- Don't know
- Prefer not to say

10. Are your dietary needs and choices taken into account in the food that is served?

- Yes, always
- Yes, sometimes
- No
- I do not have any requirements or preferences
- Prefer not to say

Section 2: Admission/moving in to the nursing home

10b. Why do you live in a nursing home?

- Prefer not to say

11. Were you involved as much as you wanted to be in the decision to move into this nursing home?

- Yes, definitely
- Yes, to some extent
- No
- Don't know/can't remember
- Prefer not to say

12 Before you moved in, did you receive enough information about what life would be like here?

- Yes, definitely
- Yes, to some extent
- No
- Don't know/can't remember
- Prefer not to say

13 When you moved in, were you supported to keep in touch and maintain relationships with family or friends?

- Yes, definitely
- Yes, to some extent
- No
- Don't know / Can't remember
- Prefer not to say

Section 3: Caregivers and staff in the nursing home

14. Are the staff here knowledgeable about the care and support you need?

- Yes, definitely
- Yes, to some extent
- No
- Don't know
- Prefer not to say

15. Do the people who work here check in with you often enough to see if you need anything?

- Yes, definitely
- Yes, to some extent
- No
- Don't know
- Prefer not to say

16. Is there a staff member who you can talk to about your worries and fears?

- Yes, always
- Yes, sometimes
- No
- I have no worries or fears
- Prefer not to say

Section 4: Spending time here

17. Do you get to decide how you spend your day?

- Yes, always
- Yes, sometimes

-
- No
 - I don't wish to provide input
 - Prefer not to say
-

18. Are you supported to take part in activities that interest you?

- Yes, always
 - Yes, sometimes
 - No
 - Don't know
 - Prefer not to say
-

19. Do you have enough control over the visits you receive here?

- Yes, definitely
 - Yes, to some extent
 - No
 - Don't know
 - Prefer not to say
-

20. Besides visits, are you enabled to stay in contact with the people you would like to stay in contact with?

- Yes, definitely
 - Yes, to some extent
 - No
 - Don't know/ I don't have anyone to stay in contact with
 - Prefer not to say
-

21. If you have a visitor, can you find a place to talk to them in private, other than your bedroom?

- Yes, always
 - Yes, sometimes
-

-
- No
 - Don't know/I don't normally have visitors
 - Prefer not to say
-

22. Are you able to mark special occasions in the way that you would like?

- Yes, definitely
 - Yes, to some extent
 - No
 - Not relevant to my situation
 - Prefer not to say
-

Section 5: Your living environment

23. In your opinion, how clean is the nursing home?

- Very clean
 - Fairly clean
 - Not very clean
 - Not at all clean
 - Prefer not to say
-

24. Do you have as much control as you would like over your personal finances?

- Yes, definitely
 - Yes, to some extent
 - No
 - I have asked someone else to look after my finances for me
 - Prefer not to say
-

25. Are your belongings and personal items safe here?

- Yes, definitely
 - Yes, to some extent
-

-
- No
 - Prefer not to say
-

Section 6: Person-centred care

26. Are you able to make choices about your daily routine?

- Yes, definitely
 - Yes, to some extent
 - No
 - Prefer not to say
-

27. Are you encouraged to be as independent as you are able to be?

- Yes, always
 - Yes, sometimes
 - No
 - Don't know
 - Prefer not to say
-

28. When receiving support with personal care and hygiene, do you feel that staff respect your privacy and do not rush you?

- Yes, always
 - Yes, sometimes
 - No
 - I don't require any support with personal care and hygiene
 - Prefer not to say
-

29. If you want to make an appointment with a GP or family doctor are you supported to?

- Yes, definitely
-

-
- Yes, to some extent
 - No
 - Don't know/I have not needed to talk to my GP
 - Prefer not to say
-

30. If you want to see a healthcare professional (such as a Physiotherapist, Occupational Therapist, Speech and Language Therapist, Dietician, Chiropody, Optician, Dentist) about a condition, treatment or tests, do you have enough opportunity to do so?

- Yes, definitely
 - Yes, to some extent
 - No
 - Don't know/I have not needed to see a healthcare professional
 - Prefer not to say
-

31. Do staff in the nursing home support your family members and/or friends to be as involved in your care as you would like them to be?

- Yes, definitely
 - Yes, to some extent
 - No
 - I do not want them to be involved
 - Prefer not to say
-

32. Do the staff support you to practice your religious or spiritual needs?

- Yes, always
 - Yes, sometimes
 - No
 - Not relevant
 - Prefer not to say
-

33. Are you encouraged to speak up about things you don't like here if you don't agree with something?

- Yes, definitely
- Yes, to some extent
- No
- Don't know
- Prefer not to say

34. Thinking about your overall care, if you wish to give feedback or make a complaint, do you know how and where to do so?

- Yes
- No
- Prefer not to say

35. If you have ever made a complaint, did the staff respond to it promptly and appropriately?

- Yes
- No
- I have not needed to make a complaint
- I wanted to make a complaint but was not able to
- Prefer not to say

36. Do you know how to access organisations that can support you to express your views and wishes, and to help you to assert your rights?

(Such as the National Advocacy Service, Sage Advocacy or Age Action Ireland)

- Yes, definitely
- Yes, to some extent
- No
- Not relevant to my situation

Prefer not to say

Section 7: Food and nutrition

37. How would you rate the food served here?

- Very good
 - Good
 - Fair
 - Poor
 - Don't know
 - Prefer not to say
-

38. Are you offered a choice of food?

- Yes, always
 - Yes, sometimes
 - No
 - Prefer not to say
-

39. Do you get enough support from staff to eat your meals?

- Yes, always
 - Yes, sometimes
 - No
 - I do not need support to eat meals
 - Prefer not to say
-

40. Do you get enough fresh water to drink?

- Yes, always
 - Yes, sometimes
 - No
 - Prefer not to say
-

41. Can you get snacks and drinks outside of mealtimes if you want to?

- Yes, always
 - Yes, sometimes
 - No
 - Prefer not to say
-

Section 8: Overall

42. Overall, how would you rate your experience here? Select a number between 0 (very poor experience) and 10 (very good experience).

0 1 2 3 4 5 6 7 8 9 10

Prefer not to say

Section 9: About you

43. In what year were you born?

- _____
 - Don't know
 - Prefer not to say
-

44. Are you:

- Male
 - Female
 - Other
 - Prefer not to say
-

45. In total, about how long have you lived here?

- less than 6 months
- 6 months to less than 1 year
- more than 1 year, but less than 2 years
- more than 2 years but less than 5 years
- more than 5 years
- Don't know
- Prefer not to say

46. Do you currently share a bedroom with other residents here?

- Yes
- No
- Prefer not to say

47. Do you currently share a bathroom with other residents here?

- Yes
- No
- Prefer not to say

48. Please indicate which ethnic group you belong to?

White:

- Irish
- Irish Traveller
- Any other white background

Black or Black Irish:

- African
- Any other black background

Asian or Asian Irish:

- Chinese
- Indian/Pakistani/Bangladeshi
- Another Asian background

Other, including mixed group/background:

- Arabian
 - Mixed, please specify _____
 - Other, please write your ethnic group here: _____

 - Prefer not to say
-
-

Section 10: Free-text responses

49. Overall, is there anything particularly good about the care here?

Prefer not to say

50. Is there anything that could be improved? (For example, are there activities that you would like to engage in that you currently cannot? Do you feel limited by anything here?)

Prefer not to say

51. Do you have any comments about how the COVID-19 pandemic affected the care you received here or your overall experience here during that period? If so, please elaborate.

Prefer not to say

52. Do you have any other comments or suggestions? If so, please elaborate.

Prefer not to say

Thank you for your time. Its really appreciated.