

Anonymous Care Home Feedback Form

Name of service visited: _____

Date visited: _____

How did you hear about this service? _____

What did you like most about your visit? _____

What could we have improved during your visit? _____

Did you choose to move in/make use of this service? Yes No

Please give reasons: _____

Based on your visit, on a scale of 1-10 (10 being the highest), how likely would you be to recommend an Abbeyfield Kent service to a friend?

1 2 3 4 5 6 7 8 9 10

Additional comments: _____

If you wish to, you can submit your feedback anonymously, however, if you would like to provide us with your details, we may contact you to discuss your feedback.

Name: _____

Telephone number: _____

Thank you for providing your feedback

Your comments are important to us and ensure we can continue to improve our services.