Residential Care Homes

Family Perceptions of Care Scale (FPoC)

(Brazil et al 2004)

Here at St Christopher's Hospice we are working with local care homes to develop high quality end of life care for frail older people who die in care homes. In order to do this, it is important that we understand the care being given. We therefore wish to collect people's perceptions of care given at the end of life.

We would be most grateful if you could spare a few minutes to tell us about the care that you and your relative/friend received in the last **four** weeks of their life (or less if your relative was only in the home for under a month). It may be that your relative died unexpectedly or suddenly; we would still like you to complete as many questions as appropriate.

If you would like to tell us other things not covered in the questionnaire there is space at the end for you to write further comments.

We really appreciate your time.

NB If you would prefer **not** to complete the questionnaire please just return the uncompleted questionnaire in the envelope provided.

Please return the questionnaire to:

Jean Levy, Family Perception of Care, Care Home Project Team,
St Christopher's Hospice, 51-59 Lawrie Park Road, Sydenham, London. SE26 6DZ
Email: j.levy@stchristophers.org.uk (020 8768 4729)

RH code: Identification code: [ ]

Instructions:

Please circle the number that best describes how you feel about the **care given to your family member up to or during his/her last FOUR weeks of life in the care home.** There are no right or wrong answers to any of these questions. Please circle only one response per question. In this questionnaire, "staff" refers to anyone who was providing care in the care home.

	Strongly Disagree	Disagree	Mildly Disagree	Neutral	Mildly Agree	Agree	Strongly Agree
1. The staff were friendly to me.	1	2	3	4	5	6	7
2. The staff treated my family member with dignity.	1	2	3	4	5	6	7
3. The staff spent enough time with my family member.	1	2	3	4	5	6	7
4. The staff provided comfort to my family member.	1	2	3	4	5	6	7
5. The staff were sensitive to the needs of my family member.	1	2	3	4	5	6	7
6. The staff kept me informed about my family member's health.	1	2	3	4	5	6	7
7. The staff kept me updated based on what I wanted to know.	1	2	3	4	5	6	7
8. The staff spoke to me in a way that was easy to grasp.	1	2	3	4	5	6	7
9. The staff described what to expect as my family member came closer to death.	1	2	3	4	5	6	7
10. The staff informed me about care options during my family member's last days.	1	2	3	4	5	6	7
11. The staff involved me in the planning of care.	1	2	3	4	5	6	7

RH code: Identification code: [ ]

	Strongly Disagree	Disagree	Mildly Disagree	Neutral	Mildly Agree	Agree	Strongly Agree
12. There was a plan of care tailored specifically to the needs of my family member.	1	2	3	4	5	6	7
13. The staff put decisions I made into action quickly, in regards to my family member's care.	1	2	3	4	5	6	7
14. My family member's pain was eased to the greatest extent possible.	1	2	3	4	5	6	7
15. Other symptoms were eased to the greatest extent possible. (E.g. difficulty breathing, coughing, swelling or weakness)	1	2	3	4	5	6	7
16. The staff informed me when they thought that death was at hand.	1	2	3	4	5	6	7
17. The staff welcomed me to stay with my family member.	1	2	3	4	5	6	7
18. The staff helped me to be involved in the care of my family member.	1	2	3	4	5	6	7
19. My family member was placed on an appropriate floor/unit.	1	2	3	4	5	6	7
20. My family member's room offered privacy.	1	2	3	4	5	6	7
21. Chaplaincy services were at hand for my family member.	1	2	3	4	5	6	7
22. The staff asked about the rites and rituals of my family.	1	2	3	4	5	6	7
23. There was someone there for my family member to talk to.	1	2	3	4	5	6	7
24. There were enough staff to deal with my concerns.	1	2	3	4	5	6	7
25. Overall, I am satisfied with the end of life care that was given to my family member.	1	2	3	4	5	6	7

RH code: Identification code: [ ]

	Strongly Disagree	Disagree	Mildly Disagree	Neutral	Mildly Agree	Agree	Strongly Agree
26. The GP visited my family member as much as was necessary.	1	2	3	4	5	6	7
27. The GP had time to discuss issues with me whether face to face or on telephone.	1	2	3	4	5	6	7
28. Community Nurses were available to support the Care Home Staff and ensure that my family member had their nursing care needs met	1	2	3	4	5	6	7

Please list, in order, the **three** questions in this survey that you think are the most important for excellent end of life care.

1. Question _____ 2. Question _____ 3. Question_____

What was your relationship to the deceased?

Husband ☐ Wife ☐ Partner ☐ Daughter ☐ Son ☐ Brother ☐ Sister ☐ Other ☐

How often were you able to visit?

Several times a week: ☐ Several times a month: ☐ Less frequently: ☐

How long was your relative/friend in the residential care home?

Days: ☐ Weeks: ☐ Months: ☐ Years: ☐

If you feel that there are factors that are important to end of life care that are not covered on this survey, please add further comments below. Feel free to continue your comments on a separate page if need be.

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Thank you for completing this survey to help us understand your views.

Please return the questionnaire to:

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