



QF139	CUSTOMER WELLBEING CHECKLIST
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Note: Ensure all handwriting is clear and legible text

Date	
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Customer Name		Ph	
Primary Contact		Ph	

Section 1 – Update Details

Can I just check your information is correct?	
(mark the box on the left if information is correct, write in updated information on the right if applicable)	
	DOB
	Address
	Email address
	Emergency contact
	Key safe
Response procedure if not answering the door?	

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Section 2 – Satisfaction

How would you rate your satisfaction with Enhanced Lifestyles on a scale of 1 to 5? (circle the appropriate answer)				
1. Dissatisfied	2. Poor	3. Average	4. Good	5. Excellent
What could Enhanced Lifestyles do to improve your services?				

Section 3 – Communication

	YES	NO
Do we communicate with you in a method that you find accessible?	<input type="checkbox"/>	<input type="checkbox"/>
Are you happy with the responses you received from our Service Delivery Team?	<input type="checkbox"/>	<input type="checkbox"/>
Are your calls responded to in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to receive correspondence from Enhanced Lifestyles?	<input type="checkbox"/>	<input type="checkbox"/>
- Email?	<input type="checkbox"/>	<input type="checkbox"/>
- Hard copy?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

Please update Marketing Officer on the customers communication preferences

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Section 4 – Customer Needs

	YES	NO
Are you happy with your Lifestyle Attendants?	<input type="checkbox"/>	<input type="checkbox"/>
Do your staff need more training?	<input type="checkbox"/>	<input type="checkbox"/>
What training do you think they need?		
Do you require additional staff for your roster? (if answered yes, pass information to service delivery team)	<input type="checkbox"/>	<input type="checkbox"/>
Is your current roster correct?	<input type="checkbox"/>	<input type="checkbox"/>
Write down any required changes to roster (information must be passed to service delivery team)		

Section 5 – Complex Health

	YES	NO
What types of services do you receive?	<input type="checkbox"/>	<input type="checkbox"/>
Bowel Care?	<input type="checkbox"/>	<input type="checkbox"/>
Catheter Care?	<input type="checkbox"/>	<input type="checkbox"/>

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Medications?		
- Do you self-administer your medication?		
- Does your staff administer your medication?		
- Do you have a medication chart?		
Seizure Management?		
PEG Feeding?		

Section 6 – Feedback

		YES	NO
Do you know how to provide feedback or make a complaint?			
Have you submitted any formal feedback/complaint in the last six months?			
How satisfied were you with how we responded to your feedback/complaint, on a scale of 1 to 5?			
1. Dissatisfied	2. Poor	3. Average	4. Good
5. Excellent			
Did you know you can provide suggestions for ways we can improve our services as part of our formal Continuous Improvement process?			
Have there been any incidents that have occurred that resulted in injury or loss to yourself or one of your staff in the last six months?			
Do you know how to report incidents that occur and whom to report them to?			

Section 7 – Support

		YES	NO
Do you have any family members or friends who support you on a regular basis?			
Do you have any family/friends or people who know you well that regularly visit you?			

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Do you have any other providers of regular face to face supports other than Enhanced Lifestyles?		
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Section 8 – Restrictive Practices

	YES	NO
Do you know what a restrictive practice is?		
Do you have a Positive Behaviour Support Plan in place?		
Do you think you have had any restrictive practices used in the past six months?		
If the customer answered yes, then please capture the details of the restrictive practice below including, date, time, location, events and people involved:		

If customer has been subject to a restrictive practice please immediately inform the GM Accommodation and Services as this may be a reportable incident.

Section 9 – Goals

	YES	NO
Are the customer goals recorded in CIMS?		
Will the customer share their NDIS plan goals with Enhanced Lifestyles?		

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If the customer answered yes to either question above, what is something they have done recently to help them achieve their goals?

Section 9 – Completed by SDO

	YES	NO
Is the customer folder missing any required paperwork?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Support Plans Service Agreements NDIS Plan Risk Profile Consent Forms (Media, Collection, Share, Medications that we administer for customers Customer contact list 	<input type="checkbox"/>	<input type="checkbox"/>
Does the customer have a My Safety Plan on CIMS?	<input type="checkbox"/>	<input type="checkbox"/>
Is the My Safety Plan current? (Created within the last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>
Customer provided a copy of their Positive Behaviour Support Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Are any review dates in the customer summary page overdue?	<input type="checkbox"/>	<input type="checkbox"/>
Check with billing, is the customer over or under?	<input type="checkbox"/>	<input type="checkbox"/>



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Office Checklist – Completed by SDO

	Updated customer personal information in CIMS
	Pressed update NAV button on CIMS profile to export updated information
	Sent information to Marketing Officer on customer communication preferences
	Information passed to Service Delivery Team about staffing and rosters
	Customer Relations Officers informed about any missing customer paperwork
	Customer goals are entered on CIMS
	Create progress note against customer goals
	Customer referred to CRO if over/under budget
	Progress note made with “wellbeing call” note type to document call
	Form scanned into customer folder “audit”

Completed by	
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Once all actions are complete, these pages must be stapled together and then placed in the current Customer Wellbeing folder indexed alphabetically by surname.