

Community Aged Care Feedback Survey

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Please take a moment to complete this survey. Your feedback is important to us because it gives us the opportunity to evaluate and improve the care, services, and facilities we provide. We look forward to receiving your completed survey.

Thank you for your time.

Sheet ID

About You

1. Which of the following best describes you?

- Person receiving services
- Family member or advocate on behalf of a Jewish Care client

2. How are your Home Care Services funded?

- Home Care Package (HCP)
- Commonwealth Home Support Programme (CHSP)
- Holocaust Survivor (HSSP)
- HCP & HSSP
- CHSP & HSSP
- Private
- I don't know

3. Which of the following Home Care Services do you regularly use?

- Nursing services
- Assistance with personal care
- Domestic services
- Gardening services
- Preparation of meals
- Transport assistance
- Respite services
- Social activities and outings
- Podiatry
- Physiotherapy
- Group day therapy e.g. fitness classes

4. What is your name? (optional)

5. What is your age group? (optional)

- 50-54 years 55-59 years 60-64 years 65-69 years 70-74 years
 75-79 years 80-84 years 85-89 years 90-94 years 95-99 years
 100+ years

6. What is your gender? (optional)

- Man or male Woman or female Non-binary I use a different term Prefer not to say

7. What is your sexual orientation? (optional)

- Straight (heterosexual) Gay or lesbian Bisexual I use a different term Prefer not to say

8. What is your first language?

- English Other

9. If other, please record your first language:

10. Do you identify as Aboriginal and/or Torres Strait Islander?

- No Yes, Aboriginal Yes, Torres Strait Islander Yes, Aboriginal and Torres Strait Islander

Service Planning and Agreements

11. I have a signed copy of my service agreement.

- No Yes

12. My service agreement is easy to understand.

Strongly Disagree	Disagree	Unsure or Neutral	Agree	Strongly Agree
				

13.	My fees and charges have been explained clearly.					
14.	The information I get about available services is easy to understand.					
15.	I am included in making decisions about the services I get.					
16.	I trust that my personal information is kept private.					
		Never	Rarely	Sometimes	Most of the Time	Always
17.	The statements I get about my fees and charges are easy to understand.					

Service Delivery

		Strongly Disagree	Disagree	Unsure or Neutral	Agree	Strongly Agree
18.	I get the services I need on a day and time convenient to me.					
19.	I am happy with the services I get.					
20.	I am happy with the staff who provide my services.					
21.	Why are you happy or unhappy with the staff?					

23.	I am encouraged and supported to do the things I like.						N/A
24.	I am encouraged and supported to be involved in my community.						N/A

25. My services make my life better.

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26. My services are well planned and reliable.

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27. I get value for money.

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Service Management

28. I am happy with how my services have been explained to me.

Strongly Disagree	Disagree	Unsure or Neutral	Agree	Strongly Agree

29. I am included in regular reviews of my services.

					N/A
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30. I am happy with how often my services are reviewed.

					N/A
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31. I am happy with the choices I have about how my services are provided.

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32. The service provider lets me know about any changes to my services.

Never	Rarely	Sometimes	Most of the Time	Always

33. I let staff know when my care needs change.

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Staff

		Strongly Disagree	Disagree	Unsure or Neutral	Agree	Strongly Agree
34.	The staff know and respect what is important to me.					
		Never	Rarely	Sometimes	Most of the Time	Always
35.	When I contact the service provider the staff are polite and helpful.					
36.	The staff arrive on time.					
37.	I am treated with respect and dignity, and my privacy is respected by the staff.					
38.	Staff listen to me.					
39.	I get the emotional support that I need.					
						N/A
40.	The staff follow up on any problems I tell them about.					
						N/A

My Rights

		Strongly Disagree	Disagree	Unsure or Neutral	Agree	Strongly Agree
41.	I know how to give feedback or make a complaint.					

- 42. I would feel comfortable giving feedback or making a complaint.
- 43. The service provider manages feedback and complaints fairly.
- 44. I can choose an advocate (someone to speak on my behalf) if I want to.



General Questions

45. Overall, do you feel our service is well run?

- Never
 Rarely
 Sometimes
 Most of the Time
 Always

46. How likely are you to recommend this service to a friend or family member?

Not at all likely
Neutral
Extremely likely

0
1
2
3
4
5
6
7
8
9
10

47. What difference has the service made to your life?

- It has helped me stay in my own home.
 It has made me feel safer at home.
 It has made things easier for my family.
 It has helped me to keep my home clean.
 It has helped me to keep my yard safe and tidy.
- It has helped me to do the things I need to do, like going shopping or going to appointments.
 It has helped me to go out and socialise with people.
 It has helped me to do the things I enjoy.
 It has helped me to look after myself.
 It has made me feel less lonely because I see my aged care workers regularly.

48. What is the best thing about our Home Care services?

49. What is one thing we could do to improve our Home Care Services?

50. If you'd like to provide more feedback, please add it here:

51. Would you like to be contacted about this survey?

 No Yes

52. Name:

53. Phone number/email address: