



The Aged Care Quality and Safety Commission assessment visit Confidential feedback form

All feedback is used to inform continuous improvement of the conduct of our site visits.

Information is managed independently by DataTime Services Pty Ltd and is not used for regulatory purposes i.e. quality assessment or decision.

This form should be completed by the person in charge at the service on the day of the visit.

To assure you of confidentiality, we have contracted Datatime Services Pty Ltd to independently manage our feedback system.





The Commission welcomes your confidential feedback on the recent site visit to your service. Please rate your experience with the Commission.

Please indicate your rating with a tick or cross	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. On arrival, the assessment team members introduced themselves to you and gave you a written notice about their authority for the visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The assessment team explained how the assessment would be conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The assessment team communicated effectively with you and your staff during the visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The assessment team spoke with consumers and their representatives to discuss the care and services they are receiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The assessment team were respectful during the visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The assessment team took reasonable steps to minimise the impact of their visit on the operation of the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The assessment team helped you and your staff to understand the information they were seeking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The assessment team were fair in their approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. A member of the assessment team met with you on the last day of the visit to discuss the key issues that the team identified during the visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. What improvements, if any, could be made by the Commission?					

**Your responses are anonymous and confidential.
The feedback form should only take a few minutes to complete.**

Focus Question

From time to time the Commission will include a focus question.
The Commission is currently interested in the following:

Please indicate your rating with a tick or cross	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My service engages consumers as partners in the design and delivery of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional

Your feedback is not identified unless you choose to provide your details here:

What is your job title?

Service name

Service ID

Contact person

Phone number

Complaints

If you have a complaint the Commission will need more information to respond. Please visit agedcarequality.gov.au/about-us/complaints-about-us where you can access our complaints policy and complaints form.

**Thank you for taking the time to complete this confidential feedback form.
Your feedback is greatly appreciated.**



Q1. What is the service type/s?

(Tick all those that apply)

- | | |
|---|--------------------------|
| Residential Care | <input type="checkbox"/> |
| Home Service | <input type="checkbox"/> |
| Aboriginal and Torres Strait Islander Flexible Care | <input type="checkbox"/> |
| Short Term Restorative Care | <input type="checkbox"/> |
| Other, Please specify: | <input type="checkbox"/> |

Q2. In which State/Territory is the service located?

(Tick all those that apply)

- | | |
|------------------------------|--------------------------|
| New South Wales | <input type="checkbox"/> |
| Victoria | <input type="checkbox"/> |
| Queensland | <input type="checkbox"/> |
| South Australia | <input type="checkbox"/> |
| Western Australia | <input type="checkbox"/> |
| Tasmania | <input type="checkbox"/> |
| Northern Territory | <input type="checkbox"/> |
| Australian Capital Territory | <input type="checkbox"/> |

Q3. What is the service's location?

(Tick all those that apply)

- | | |
|--|--------------------------|
| Major city (metropolitan) | <input type="checkbox"/> |
| Regional (Including inner regional and outer regional areas) | <input type="checkbox"/> |
| Remote (Including remote and very remote areas) | <input type="checkbox"/> |

Q4. What was the purpose of this visit?

(Tick all those that apply)

- | | |
|--------------------|--------------------------|
| Assessment contact | <input type="checkbox"/> |
| Site audit | <input type="checkbox"/> |
| Review audit | <input type="checkbox"/> |
| Quality review | <input type="checkbox"/> |

Q5. What type of visit was this?

(Tick all those that apply)

- | | |
|---|--------------------------|
| Announced (not applicable to site audits) | <input type="checkbox"/> |
| Unannounced | <input type="checkbox"/> |

Assessment team to complete this page before leaving the form with the provider.



Phone
1800 951 822



Web
agedcarequality.gov.au