



Pathways SouthWest Inc

National Standards for Mental Health Services - Recertification
assessment

Acknowledgement

HDAA recognises the Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands on which we work and meet and the waters that surround us.

We acknowledge the vibrant and living culture of Aboriginal and Torres Strait Islander peoples in Australia today and pay our respects to Elders past, present and emerging.

We would like to thank the service for their cooperation and in guiding the assessment. We also thank staff and others for their support during the assessment visit. In addition, we would also like to thank people who use the service for participating in the assessment.

About HDAA

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1. Introduction

The purpose of this assessment is to determine the organisation's functioning as it relates to the stated standards. The assessment includes a review of the relevant requirements of the standard.

The assessment evaluates the implementation, including effectiveness, of the service's service delivery system according to the scope of the identified standards and assessment type. During this assessment, documentation and its implementation was assessed. Where relevant, discussions were also had with people who use the service, management, staff, and relevant others that were able to also contribute to discussions.

An experienced assessment team was identified by HDAA to complete the assessment and the HDAA assessment methodology provided the organisation with the opportunity to agree or seek to change the team or its individual members.

This assessment report describes the organisation's service delivery system and documentation, and its implementation in relation to the assessed standards. The report also includes relevant information relating to the assessment methodology.

The report is accompanied by relevant supporting information related to the assessment in an Excel Workbook. This includes an "Evidence" worksheet which provides specific evidence detail as it pertains to the assessed requirements and this supplements this report.

The Excel Workbook also includes an "CorrectiveActionPlan" and an "Observations" worksheet. Corrective Actions relate to any non-conformance (including major non-conformance) and this must be completed by the assessed organisation prior to finalising the report. Where corrective actions are identified, the organisation should complete the "Organisation Planned Improvement", "Person Responsible" and "Planned Completion Date" sections of the table, and where the action has been completed, also identify the "Date of Completion" section.

Responding to observations is discretionary, and where they are identified, they may be considered as part of the organisation's overall program of continual improvement.

2. Assessment details

Legal entity name	Pathways SouthWest Inc
ABN	91 769 457 185
Standards assessed	National Standards for Mental Health Services – Recertification assessment
Assessment start date	23/10/2024
Assessment end date	24/10/2024
Date of draft report	13/12/2024
Date of final report	23/01/2025
Assessment administrator	Brooke Sims
Lead assessor	Robyn DeJong
Report reviewer	Janet Davidson McGown
Certificate reference	1542NSM

3. Assessment summary

Assessment decision	• Certification to the National Standards for Mental Health Services.
Decision date	3/01/2025
Certification dates – National Standards for Mental Health Services	Certification date: 4/01/2022 Certification expiry: 3/01/2025

3.1 Service streams included in assessment

Service stream	Service type			
Mental Health Services	Personalised support - Housing	Personalised support - other (mental health recovery program)	Family and Carer Support (Mental Health)	Group Support Activities

4. Executive summary

Pathways SouthWest Inc has established organisational systems, processes, and practices that promote effective service provision and services are provided in accordance with the criteria for each assessed standard and consequently, this assessment has determined that Pathways SouthWest Inc should be awarded:

- **Certification to the National Standards for Mental Health Services.**

The above conclusion has been determined through a review of evidence obtained from a sample of documents and records as well as discussions with management, staff and people who access the service and a review of service delivery sites.

Pathways SouthWest continues to plan and deliver mental health services to its consumers and carers in accordance with the Standards and this assessment did not identify any non-conformities. The organisation is based in Bunbury, Western Australia and provides service to the SouthWest of Western Australia which include one on one recovery programs, group programs, housing and psychoeducation programs.

The organisation is currently reviewing its vision statement and while it will remain focussed on the consumers, carers and community Pathways supports, the wording is being updated to a more contemporary statement. Input is currently being obtained from stakeholders through discussion and a whiteboard in the board room at the service location; this informal and inclusive approach, where anyone who attends the service can provide feedback, is reflective of the organisation's approach. Everyone has a voice and their input is valued at Pathways, as one staff member said 'there is no line between the Support Workers and the CEO; we are all here to do the job'. That teamwork is evident in the cohesive way the staff and managers work together, and as a small organisation, communication with each other is done in person with daily team meetings, open plan offices and shared consumer support across often multiple programs within the organisation.

The quality management system consists of documented policy and procedure and these are developed in accordance with legislative and regulatory requirements and are kept current and relevant through monitoring and review. The performance and effectiveness of systems and processes is checked with internal audits conducted. Governance processes are relevant and effective for the size and scope of the service and include key functions of complaints, risk, financial and incident management, continual improvement and human resource management processes.

The organisation provides social and community support which includes individual recovery and group programs, psychoeducational programs, housing program in collaboration with the Department of Communities, and Carer programs. The safety and risk assessment mechanisms used by the service are relevant to these types of programs and risk information is recorded and communicated with the team at daily meetings where a consumers need or circumstance changes.

The organisation is actively preparing for transition to the National Safety and Quality Mental Health Standards for Community Managed Organisations (NSQMHSCMO) with the Coordinator Quality and Service Improvement (QSI) part of the working committee of the Commission. Some observations have been made in relation to potential improvements to consumer recovery planning records and staff supervision processes, however these should be considered in the context of the new standards to ensure any changes which may be implemented are relevant to those requirements.

There was a range of positive feedback received from consumers and carers which included the following comments:

- I learnt to manage reactions and responses through Pathways, helped me be calmer, maintain relationships with my family, and when it doesn't work, I can talk to my Recovery or Support Worker. I don't feel that I am alone.
- Pathways is small; in big organisation there are so many processes, but at Pathways you can speak to the Manager and things are fixed quickly.
- I can't speak highly enough – they helped keep me housed, helped with my mental health, and even day to day living, just getting by.
- The course, my recovery course taught me so much about myself; it is still useful to me even though I did it a while ago.
- I love the Clubhouse, the environment and how relaxed and soothing it is.
- Helped me build skills to take care of self and own home, environment – to come into a place where I feel welcomed and everyone else had the same experience.

Staff also provided positive comments about the organisation and the support they are provided to do their jobs:

- I just love my job and I see the difference in people every day this organisation makes.
- Management is good – there is support, nothing is ever a problem, and we are supported.
- I love being hands on in terms of providing a service, with the people within the community, and with other organisations.
- I love what I do, love working here, it is creative and social.
- The values of the organisation resonated with me; the organisation is so much more than I thought it would be though.

5. National Standards for Mental Health Services summary

Standard description	Summary
NSMHS Standard 1 - Rights and responsibilities	Consumers receive information about their rights, and are supported by the organisation to exercise those rights. Information is available at service locations about consumer and carer rights and this is refreshed with consumers annually when consents are updated. Staff demonstrated practical understanding of consumer rights which included, but was not limited to, privacy, advocacy and decision making.
NSMHS Standard 2 - Safety	The organisation promotes and provides an inclusive, safe space for staff, consumers and carers. Consumers feel safe with the Recovery and Support Workers and that was explained by one person when they spoke about behaviour expectations and boundaries established in psychoeducational programs when they explained they had learn how to manage their own behaviour and communicate with others, and they felt safe because others in the group had learnt to do the same. The same person said how they felt they could 'be themselves' and 'speak about anything' and the staff would not judge, but would assist them. Safety risks are identified and assessed in referral information, at intake assessment, with home risk assessments, safety planning and ongoing observation and interaction with staff.
NSMHS Standard 3 - Consumer and carer participation	Feedback processes are in place and readily accessed by consumers and carers. Feedback pathways include feedback forms available at service locations, consumer and carer surveys, consumer group meetings and co-design in some examples. Consumers and carers said they understand how to provide feedback, an example of a consumer raising a concern and having that satisfactorily resolved was provided. Staff advised they support consumers to raise concerns if needed and they welcome consumer and carer feedback through the mechanisms in place and through general interactions with the consumer.
NSMHS Standard 4 - Diversity responsiveness	Diversity is welcomed at the organisation and indicators of inclusion are evident from the front door of the service, to the training provided to staff by diverse groups, and is embedded in the organisation's culture. Signs and symbols of welcome are at the service locations, training provided to staff includes cultural awareness and safety with Red Dust Healing, and disability awareness with Autism SouthWest. Staff advised the professional development opportunities are relevant to their role and valuable learnings.
NSMHS Standard 5 - Promotion and prevention	The organisation's purpose is to promote and prevent mental health issues and the programs in place are designed to do this at an individual level with one on one support, group activities, housing and psychoeducation programs provided.

	The organisation is part of the local community and connected through a range of community and sector networks where they can advocate for people living with mental health issues, or those caring for people who do so. These networks provide opportunity to raise awareness of mental health and promote access to the services available to the community.
NSMHS Standard 6 - Consumers (Note: This consumer standard is not assessable)	Not assessed.
NSMHS Standard 7 - Carers	Carers are identified through the consumer they care for accessing the service, or they can self refer. The organisation supports carers who currently care for a person living with mental health issues, or have done so. Carer programs are provided by staff with carer lived experience and the feedback provided by carers who access the service described the support in overwhelmingly positive terms.
NSMHS Standard 8 - Governance, leadership and management	Governance processes are relevant to the size and scope of the organisation and include key systems for complaint, incident and risk management. Performance monitoring is done through surveys and feedback data obtained from consumers and carers, and also through the internal quality audits conducted by the Coordinator Quality and Service Improvement. The daily team meetings were consistently referenced by staff as a valuable means of communication and the connection and cohesiveness of the team was evident during the assessment. A manager has been appointed to coordinate consumer services and is also learning tasks related to the CEO role to minimise risk related to that key role. Staff are suitably qualified and trained to undertake their role, however supervision while completed one on one with a line manager informally, is not structured or conducted consistently and this could be improved to ensure support, direction and recognition is available to staff as the team grows.
NSMHS Standard 9 - Integration	The organisation has referral pathways in place and consumers must be referred by a mental health or general practitioner to access the service. The organisation is actively engaged in local community and sector networks through representation by staff and through being a long term service provider in the region who is part of the community.
NSMHS Standard 10 - Delivery of care	Delivery of care processes are documented and consumer and carer feedback indicate the organisation provides programs and support which meet, or exceed, the consumer or carers expectations. Consumer and carer files reviewed indicate information about the person and the services provided is available, however there is room to improve the format of this

	information to clearly indicate the person's recovery goal or area of focus for services, and for the notes about services provided to indicate if the person is progressing towards recovery, however that may present for the person.
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6. National Standards for Mental Health Services - Summary of improvements

The assessment team identified that all indicators assessed were conforming and consequently there are no improvement actions.

7. National Standards for Mental Health Services - Summary of observations

Reference	Description of observation
1.10	Recovery goals could be evident or used for reference by staff to ensure consistent service provision.
2.10	Staff training records could be centralised to provide a collective record of staff skills and qualifications.
10.4.8	The consumer's recovery plan, their goals, or what they want to achieve from the service could be presented or formatted to indicate the support provided by the organisation in assisting the consumer to progress towards recovery.

8. Assessment outcome

8.1 Assessor attestation

I have confirmed that, Pathways SouthWest Inc has established a process for ensuring relevant personnel have suitable probity checks. The responsible person has confirmed to me that, in accordance with the established process, probity checks have been performed for all relevant people in the organisation. In addition, Managers have confirmed that:

- All incidents that are required to be reported have been reported internally, recorded on the organisation's central incident register, and responded to; and
- There have been no cases of notifiable abuse or neglect since the previous assessment; and
- All critical incidents that are required to be reported externally have been reported to the appropriate authority as required by relevant legislative, regulation, and or contracts; and
- There have been two deaths of clients supported by the service since the previous assessment and these were natural causes or the result of illness.

In addition, Pathways SouthWest Inc has processes and practices that promote effective service delivery in accordance with the assessed requirements and consequently it is my opinion that Pathways SouthWest Inc should be awarded:

- Certification to the National Standards for Mental Health Services.

Role: Lead Assessor

Name: Robyn DeJong

Signed:



Date: 29/10/2024

8.2 Reviewer decision

This report for Pathways SouthWest Inc has been reviewed by me and I confirm that:

(a) The information provided by the assessment was within the scope for certification and meets certification requirements;

(b) The assessor identified that all indicators assessed were conforming and consequently there are no improvement actions.

Accordingly, I confirm that Pathways SouthWest Inc should be awarded:

- Certification to the National Standards for Mental Health Services.

Reviewer Name: Janet Davidson McGown



Signed:

Date: 3/01/2025

9. Assessment methodology

9.1 Assessment objective

The objective of this assessment is to determine the organisations functioning in relation to the stated standards by determining the effectiveness of service delivery and the achievement of outcomes as guided by the requirements of the Scheme.

9.2 Assessment overview

The assessment included:

- Initial briefing meeting
- Discussions with staff
- Discussions with management, financial manager, and board members
- Discussions with people accessing services and or family members
- Review of a relevant sample of documentation and records
- Review of a sample of service users' records and service delivery plans
- Service overview tour and observations
- Debriefing meeting
- Provision of a draft report to the organisation and receipt of feedback
- Finalising of the report and distribution

9.3 Assessment team

Role	Assessor
Lead assessor	Robyn DeJong: I enjoy the challenge of auditing, of having a blank page and learning about an organisation, their staff, the programs they provide and the people they support. I am continually amazed and inspired by the people I meet, staff, managers and clients/participants; in fact my favourite part of any audit is meeting with the clients/participants. I enjoy the travel, no day or site is ever the same. Since 2000 I have worked in disability services in a range of programs in direct support and managerial roles with service providers, and have also worked for government, most recently Disability Services, WA. I transitioned into to training, and then to quality and compliance. I own an RTO and provide consultancy services to disability service providers in WA.

9.4 Site sampling

Location	Service stream (refer to "Description" for specific activities)	Number of clients
1/14 Rose Street, Bunbury. WA 6230	Mental Health Services	195
Club House, Turkey Point, Leschenault, Bunbury WA		33

The details of all sites (including those not sampled in this assessment), are included in the organisation's service description (see worksheet titled "Description").

9.5 Interviews and file reviews

People interviewed	Number	Role
Clients	10	Group Leader, Support Workers, Recovery Worker
Staff	5	
Management	6	
		CEO, Manager Consumer Services, Manager Business and Finance, Coordinator Quality and Service Improvement, Coordinator Housing
Files sampled	Number	
Clients	8	
Staff	4	
Signed consent were sighted for all files reviewed.		

10. Assessment ratings and conformance rules

Rating	Definition
Conformity	The requirements of a standard, or an element associated with a standard such as a KPI or indicator, are met.
Minor non-conformity	The requirements of a standard, or an element associated with a standard such as a KPI or indicator, are not fully met, or the outcome is only partly effective.
Major non-conformity	The requirements of a standard, or an element associated with a standard such as a KPI or indicator, are not met, or the outcome is ineffective. A number of related non-conformities may also constitute a major non-conformity.

11. Certification conditions

The certificate remains the property of HDAA Australia Pty Ltd. Pathways SouthWest Inc is not to use this certificate or its certification in such a manner as to bring HDAA into disrepute nor should it make any statement regarding this certification which is misleading.

Pathways SouthWest Inc is to inform HDAA Australia Pty Ltd of the following changes to its business or events: (a) a change to its legal status, (b) change of ownership, (c) transferring services to new site or premises (relocation), (d) the closure of any site or cessation of service type, (e) adding in any new sites or service type, and (f) any serious event that requires that a statutory body is notified.

Should any of the above events occur, HDAA may, at its discretion conduct a follow-up assessment to confirm adherence to the requirements of certification.

12. Next steps

The assessment has identified that each of the assessed standards has been met and consequently no improvement action or follow up action is required at this time.

An opportunity is provided for feedback to the report. After feedback the report is finalised and distributed to the organisation and any relevant party.

Section 6.3 of the report identifies the certification and assessment dates. We will contact you before the date of the next assessment and confirm the scope and details (including dates) for the assessment.

It is recommended that assessments occur no later than 3 months before the due date so that any subsequent action needed can occur within the correct timeframe.

13. Confidentiality and conditions

Pathways SouthWest Inc and HDAA Australia Pty Ltd have a formal agreement that confirms the following confidentiality processes:

- a) Except where it is required by legislation or through its accreditation, we will treat information about the organisation acquired in the course of any work completed with organisation, as confidential and proprietary.
- b) We shall treat all confidential information about the organisation, clients, and associated persons in accordance with relevant privacy legislation.
- c) We shall not disclose information about a particular person which identifies the person.
- d) Except where there is a Notifiable Issue, information will not be disclosed without the consent of the person or the person's authorised representative, unless required by law or as required by a regulator.
- e) We shall not use information about people or organisation personnel for any purpose other than the assessment of conformity with the standards.
- f) If we are required through our accreditation to disclose information about the organisation to a regulator, we aim to inform the organisation prior to doing so.
- g) If necessary, we may ask that files and records be de-identified to allow sampling if the need arises; e.g., to investigate complaints or when there is a lack of consents for file access.
- h) Where the following requirements are a condition of our accreditation we may:
 - Issue a copy of the review reports and findings to authorised persons,
 - Contact a relevant authority if any health, safety or abuse risks, professional misconduct, financial improprieties is found or suspected during the assessment,
 - Disclose information to a relevant authority after we have notified the organisation and this may be without the organisations' consent, and
 - Maintain a register of assessed organisations.
- i) If evidence is found, or allegations made, of significant harm to a person in the service; e.g., abuse; health, safety, financial impropriety; professional misconduct, etc, we may notify a relevant authority.
- j) Where we wish to disclose information about you (other than a Notifiable issue) to the responsible body we shall first seek your permission.
 - If permission is denied, we shall only disclose this information to the responsible body if we take the view that to do so would be in the best interests of your clients or in accordance with any applicable legislation.

14. Disclaimer

The information contained in this report and associated assessment evidence records relates to the above organisation's compliance with a sample of the stated Standards requirements as at the time of the assessment. Nothing in this report pertains to organisation's compliance or otherwise with the relevant laws or regulations applicable to the organisation and the responsibility of compliance with the relevant laws or regulations applicable to the organisation remains the responsibility of the organisation.

The information contained in this report and associated assessment evidence record is based on the best information available at the time of the assessment. Although all due care has been exercised in its preparation, because it is not possible to foresee all possible uses of the information or the report, or to predict all future events and because this report is based on a random sample of information available at the time of the report, any subsequent action or inaction in reliance on the accuracy of

this report is at the sole decision of the user of the information including any person, government body, organisation or entity and is taken at their sole risk.

Although every attempt has been made to summarise the relevant findings accurately and to explain their application and practice to the relevant standards, nothing in this report should be taken as an authoritative statement of law. Every person should take their own independent legal advice for the purposes of interpretation and application of relevant laws. To the maximum extent permitted by law, HDAA Australia Pty Ltd, its directors, officers, agents, employees and representatives expressly disclaim any and all liability, losses, costs or damages to any person, government body, organisation or entity arising directly or indirectly as a result of any act, omission or failure to act by any person, government body, organisation or entity in reliance in whole or in part upon the whole or any part of any statement or information contained in this report.

15. Appendix 1: National Standards for Mental Health Services Findings

Reference	Evidence	Rating
Standard 1	Rights and responsibilities	Conformity
Intention	The rights and responsibilities of people affected by mental health problems and / or mental illness are upheld by the mental health service (MHS) and are documented, prominently displayed, applied and promoted throughout all phases of care	Conformity
1.1	The Rights and Responsibility audit record indicates the organisation develops, implements and reviews the systems in place to promote and uphold consumers rights. Information about consumer rights and responsibilities is provided to consumers at intake assessment, and reinforced in the approach to service delivery, such as in the conduct rules for each program. Consumer rights and responsibilities are also revisited annually with consumer when consents are updated.	Conformity
1.2	The organisation maintains a Compliance Register listing the legislation and regulation they work with. Policy and procedure reflects the legislative and regulatory requirements of the sector and the relevant legal instruments are referenced in each policy. The Quality and Service Improvement Coordinator (QSIC) reviews the register every 6 months to identify and implement any changes made to legislation and participates in sector networks, such as WA Mental Health (WAMH) working committees, which acts as another means of monitoring changes or updates. Information about legislative and regulatory requirements is also obtained through professional and sector networks.	Conformity
1.3	Consent to Share Information forms are available and used to record participant consent to share information with the nominated person or entity. Staff who explain and record the consent also sign the form verifying the information was explained to the consumer. The organisation does not provide services to involuntary consumers.	Conformity
1.4	Information about rights and responsibilities are provided to the consumer at intake and annually when consents are updated. Rights and responsibilities are documented and it was advised the RW, SW or Group Leader explain the information to consumers.	Conformity
1.5	Staff and volunteers are provided with documented rights and responsibilities and the organisations Code of Conduct at commencement with the organisation or during induction. Staff files sampled include record of the signed Code of Conduct and an induction checklist.	Conformity
1.6	Consumers confirmed they had received rights and responsibilities information and that the organisation assists them to understand, and to exercise their rights. Consumers are voluntary.	Conformity
1.7	The MHS provides an individualised services and many examples were provided by consumers of how the service had adjusted their service or gone out of their way to assist the consumer and the difference this has made to them.	Conformity

1.8	Consumer privacy is respected and protected. Consent forms are completed by consumers and include the person or entity information can be shared with and in what context. Information about consumer rights and responsibilities is provided to the consumer and record of this is included in the consent form. Verbal consent is documented by staff where required and consent forms are updated annually. Consent forms are maintained in consumer files for access by Support Workers (SW) and Recovery Workers (RW) providing support.	Conformity
1.9	Support Workers (SW) organisation does not restrict consumers movement and environments where services are provided are welcoming and were described by consumers as 'safe'.	Conformity
1.10	Consumer voice and participation in sessions is evident in consumer notes reviewed. Consumers advised they feel heard, and praised their RW or SW, saying they feel comfortable raising an issues with them and will discuss anything with them. Consumers provided varying feedback about planning with some advising they work with their RW to plan what they want to achieve from support, but most spoke of the service in terms of what they do with the SW or RW, rather than what that support meant in terms of recovery planning or planning for goals.	Conformity
1.11	Consumers determine who is involved in their care and consumer files sampled indicate who or what entity the person chooses to have information shared with.	Conformity
1.12	Consumers determine who is involved in their care and consumer files sampled indicate who or what entity the person chooses to have information shared with and this included carers in some examples reviewed.	Conformity
1.13	An Information Management policy is in place outlining how consumers can access their information which may be reviewed with the person or provided to them. Request forms are used for accessing information.	Conformity
1.14	Consent forms available in sampled consumer files indicate the person or entity information may be shared with and staff have access to those files. Staff and management demonstrated understanding of privacy and confidentiality during discussion and in sharing information during the assessment.	Conformity
1.15	Policy and procedure reviewed indicates consumers are supported by the organisation and RW and SW provided example of advocating for or with consumers. Staff also provided example of referring consumers to advocacy services such as SouthWest Advocacy and Advocare.	Conformity
1.16	The complaint form reviewed is designed to obtain information and record information about management of the complaint including investigation and Board review. Consumers can access feedback forms at service locations, phone or email the organisation, or as most consumers and staff advised, raise any concerns direct with the SW or RW. Record of complaints is maintained in the register, dates and actions taken to respond to or manage concerns is included.	Conformity
1.17	Coordinator advised consumers can request who they want to meet with and talk to, and this includes someone of their own gender; it was advised that most requests for a specific worker is about trust, who the consumer feels safe with, and while that may be someone of the same gender, that is usually not the determining criteria.	Conformity

Standard 2	Safety	Conformity
Intention	The activities and environment of the MHS are safe for consumers, carers, families, visitors, staff and its community.	Conformity
2.1	SW ensure the safety and wellbeing of consumers and advised programs and support includes educating consumers about boundaries and healthy relationships. SW also advised they are risk aware and advised the HVA is available, that safety plans are completed as required, and that a dynamic risk assessment is done during service provision. Example was provided of a consumer at risk of family violence and how the organisation monitored that with them. It was also advised that the concerns about consumers or carers is reported at the daily meetings.	Conformity
2.2	The MHS reduces and where possible eliminates the use of restraint and seclusion within all MHS settings.	Not Applicable
2.3	Self harm or risk of suicide training is provided to carers (Safe Talk) and staff also participate in these. RW advised referral information and sessions with consumers provide further information about the consumer individual risk, and home risk assessment (HRA) forms also include information about the consumer. RW also advised Safety Plans are developed with consumers where risk is identified or evident.	Conformity
2.4	The organisation does not provide clinical services or administer medication. The organisation may use their transport resources to assist consumers to pick up prescription medication and it is a requirement for two staff to participate in this activity.	Conformity
2.5	National Safe Transport Principles are reflected in policy and it was also advised consumers are assessed at intake which should identify any concerns for transport, including physical access for consumer or behaviour which may be triggered during transport. Manager advised this is identified through ongoing conversation with the consumer and changes can be made, such as transporting people in a car rather than the bus.	Conformity
2.6	Home Risk Assessment (HRA) is conducted of consumer homes where services are provided there and record maintained in the consumer files. SW advised they do a dynamic risk assessment while in the community with consumers as part of routine care. It was also advised SW are trained in the home safety practices and the processes described indicate situational awareness and regard for safety of self and others.	Conformity
2.7	Infection Control Policy and Procedure outlines processes in place to reduce risks of infection and respond to infections should they occur. The policy includes staff training and annual refresher training requirements. Cleaning and hand hygiene resources are readily available in the service location and were observed being used by staff and managers.	Conformity
2.8	The organisation invests in their staff and ensures sufficient resources and support are available for SW and RW to do their job. Staff complete an induction to the organisation, the programs and the service locations. They also complete shadow shifts with experienced staff to meet the consumers and learn the role in practice.	Conformity

2.9	Workplace inspections are conducted monthly in the organisations service locations and a HVA is conducted of the consumers home where services are provided in the residence and this includes the environment and individual consumer indicators of risk. The risk management processes include hazards being recorded and rated, and also recorded in the register and reviewed by the management team. The daily meetings were identified by staff and managers as the main forum for sharing information about risks relevant to daily practice.	Conformity
2.10	Maybo training is provided by the organisation annually and staff attend every second year to maintain or refresh skills and knowledge. Staff training records are maintained in attendance records of the specific training, or the staff meeting where training was provided, and the organisation could consider centralising staff training records to provide a collective record of staff skills and qualifications.	Conformity
2.11	The Coordinator Quality and Service Improvement (QSI) advised referral information may include a brief risk assessment (BRA), intake assessment also assesses risk, and HRA is completed by RW where services are provided in the persons home. Manager advised safety planning is completed with consumers as required and this includes at exit from services. It was explained consumers exiting services is rare, and that entry and exit processes are documented in policy.	Conformity
2.12	Monthly workplace inspections are completed of the service locations and records are maintained. Hazards are reported to management and a register is maintained of issues and actions resulting from the inspection.	Conformity
2.13	Formal process are in place to identify, mitigate and resolve or respond appropriately to safety issues and these include documented assessments of the locations, environment and consumers. The organisation conducts daily staff meetings each morning, attended by all staff rostered on that day. Any issues, challenges or risks staff need to be aware of are highlighted at these meetings and this was identified by all staff and managers met with as key to the organisations communication and staff awareness of areas of concern.	Conformity
Standard 3	Consumer and carer participation	Conformity
Intention	Consumers and carers are actively involved in the development, planning, delivery and evaluation of services.	Conformity
3.1	Example of consumer and carers having input to the programs provided includes the DBT COPE program being provided for carers and this is now conducted monthly with a new program commencing every 16-18 months. Program Lead of the Club House advised consumers provide feedback about services and this information contributes to program planning. Where the feedback indicates areas of concern it is provided to the coordinator and CEO to determine any required actions and the Coordination QSI documents this. Coordinator advised feedback is generally positive and is about new ideas for programs or resources that are required for the Club House. Surveys are conducted and these are also used to monitor consumer satisfaction. Consumer Meetings are held every 6 months; facilitated by the Coordinator who advised attendance is increasing at these meetings which let the consumer know how important their voice is in planning the programs and services.	Conformity

3.2	Feedback obtained is reviewed by the organisation and used to identify change or improvement to the service planning and delivery. The Club House provided multiple examples of consumer input informing changes to the program at the venue.	Conformity
3.3	The organisation supports people to develop skills for unpaid employment with the organisation and several examples of consumers or carers being supported to develop facilitator skills to deliver Family Connections program.	Conformity
3.4	Consumers are allocated to a RW who is the initial point of contact and their role includes maintaining contact with the consumer at least monthly. It was advised consumers may have a carer involved with their support planning and delivery, but the consumers tend to express their own ideas or concerns, should they have any. Consumers spoken with confirmed this.	Conformity
3.5	The programs provided by the organisation assist consumers and carers to develop coping skills and promote social inclusion. Consumers or carers who have undertaken roles with the organisation, which include paid and unpaid employment, are supported to gain skill and knowledge to perform those tasks. Example of formal advocacy was not obtained, however support roles such as staff providing carers services having lived experience as a carer demonstrates support roles within the MHS.	Conformity
3.6	Consumers and carers who participate in unpaid employment with the organisation are supported to undertake the work. A consumer sampled who undertakes unpaid work with the organisation provided example of the range of administrative tasks they have been supported to develop skills for and how their work with the organisation has had positive affect in other areas of their life.	Conformity
3.7	Coordinator QSI provided example of a consumer undertaking unpaid employment with the service, and also of the consumer being paid for acting in paid roles, such as reception. Example was also provider of a consumer being support to develop skills as a program facilitator in an unpaid role, and that consumer has not transitioned to another employer in a paid role.	Conformity
Standard 4	Diversity responsiveness	Conformity
Intention	The MHS delivers services that take into account the cultural and social diversity of its consumers and meets their needs and those of their carers and community throughout all phases of care.	Conformity
4.1	Diversity is welcomed and inclusion evident from the front door of the service to the training provided to staff by diverse groups, and is embedded in the organisational culture. Consumers and carers are employed in paid and unpaid roles at the organisation, the Moort Waangkiny group provide input to organisational processes and have provided cultural training to staff, Autism SouthWest have provided training to staff, the organisation is recognised as a Carer Inclusive employer, and indicators of respect and welcome are evident at the service location with signs and symbols representing diverse groups.	Conformity

4.2	The organisation uses its knowledge and connection with the local community to maintain knowledge of the community needs. There is an inclusive approach at the organisation which promotes welcome to all groups in the community, including diverse groups. Symbols of welcome and respect are evident at service locations and provides workshops and information to staff to extend the teams skill and knowledge about the groups. People with disability and Aboriginal culture are examples of this.	Conformity
4.3	The organisation works with consumers and carers of the local community and the diversity of that community is recognised and welcomed by the organisation. Autism SouthWest provided workshops for carers and staff to promote understanding of autism spectrum disorder (ASD). Moort Waangkiny group provide input to the organisations Cultural Safety and Inclusion Plan and provide workshops to the staff as part of the staff development program. Coordinator advised the program changes the way people think and feel about cultural groups. The group rules for programs conducted by the service include at item 1, Pathways Southwest provide cultural safety and respect in all activities and venues.	Conformity
4.4	Coordinators provided example of other service providers in the community who have diversity expertise which included Aboriginal medical services and migrant services. The organisation has an inward referral network which includes mental health and medical services and assists participants to connect with other providers relevant to their needs within the community. CALD, ATSI, no requests. SWAMS, Migrant Services can be referred to. MH Week Open Day - invite community groups and the community.	Conformity
4.5	The organisation has a range of information available at the service locations about additional or alternate services available to the consumers and these include services for diverse communities. It was advised that information about community programs or events is shared with the consumers and carers through email and socials, and that the Club House program includes visiting and promoting inclusion and access to community venues and activities. Staff are provided training and information to support services to diverse communities.	Conformity
4.6	The organisation has processes in place promoting an inclusive workspace and workplace. Code of Conduct outlines the legal and ethical framework of the organisation, and these are discussed and explained to the person where required. Staff sign the Code on commencement indicating their acknowledgement and commitment to the principles and requirements within.	Conformity
Standard 5	Promotion and prevention	Conformity
Intention	The MHS works in partnership with its community to promote mental health and address prevention of mental health problems and / or mental illness.	Conformity
5.1	The organisation promotes mental health awareness and access to services within their community through referral networks, mental health and community networks they are part of, website and social media, collaborations and partnerships with other providers, and events such as mental health week.	Conformity

5.2	The organisation identified mental health week as a means of promoting awareness of mental health within the community and contributed as part of the local consortia and also hosted or participated in a range of programs that week, or culminating in that week. SW advised they lead by example with mental health awareness by motivating people and recognising peoples needs, even if they are not a consumer or carer of the organisation.	Conformity
5.3	The organisation works with other providers and are part of a range of professional and community networks within the region. The connections with other providers promote access and inclusion for the consumers within the community, and also promote awareness of the organisation and the programs they provide to the community.	Conformity
5.4	The organisation is actively involved in the mental health sector and within their local community, advocating for the inclusion of people with mental health issues and promoting awareness of, and access to, mental health services. Examples of partnerships and collaborations include Mental Health Week Consortia, collaborations with the local TAFE, and a member of the SouthWest Mental Health and AOD group.	Conformity
5.5	The organisation works as a group to plan, prepare and conduct mental health week activities. The Clubhouse hosted a number of events, including open days during the week, and the organisation lead and participated in a range of programs during the week. Promotion and prevention is done all year by the organisation with their active involvement in professional networks and communities and maintaining an ongoing presence in the community they provide services within.	Conformity
5.6	Principles of mental health promotion and prevention are evident programs provided by staff which include the core service programs such as COPE and also the promotional programs provided during Mental Health Week.	Conformity
Standard 6	Consumers (Note: This consumer standard is not assessable, as it contains criteria that are all assessable within the other standards.)	Not applicable
Intention	Consumers have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.	Not applicable
6.1	Consumers have the right to be treated with respect and dignity at all times.	Not Applicable
6.2	Consumers have the right to receive service free from abuse, exploitation, discrimination, coercion, harassment and neglect.	Not Applicable
6.3	Consumers have the right to receive a written statement, together with a verbal explanation, of their rights and responsibilities in a way that is understandable to them as soon as possible after entering the MHS.	Not Applicable
6.4	Consumers are continually educated about their rights and responsibilities.	Not Applicable

6.5	Consumers have the right to receive the least restrictive treatment appropriate, considering the consumer's preference, the demands on carers, and the availability of support and safety of those involved.	Not Applicable
6.6	A mental health professional responsible for coordinating clinical care is identified and made known to consumers.	Not Applicable
6.7	Consumers are partners in the management of all aspects of their treatment, care and recovery planning.	Not Applicable
6.8	Informed consent is actively sought from consumers prior to any service or intervention provided or any changes in care delivery are planned, where it is established that the consumer has capacity to give informed consent.	Not Applicable
6.9	Consumers are provided with current and accurate information on the care being delivered.	Not Applicable
6.10	Consumers have the right to choose from the available range of treatment and support programs appropriate to their needs.	Not Applicable
6.11	The right of consumers to involve or not to involve carers and others is recognised and respected by the MHS.	Not Applicable
6.12	Consumers have an individual exit plan with information on how to re-enter the service if needed.	Not Applicable
6.13	Consumers are actively involved in follow-up arrangements to maintain continuity of care.	Not Applicable
6.14	The right of consumers to have access to their own health records is recognised in accordance with relevant Commonwealth and state / territory legislation / guidelines.	Not Applicable
6.15	Information about consumers can be accessed by authorised persons only.	Not Applicable
6.16	The right of the consumer to have visitors and maintain close relationships with family and friends is recognised and respected by the MHS.	Not Applicable
6.17	Consumers are engaged in development, planning, delivery and evaluation of the MHS.	Not Applicable
6.18	Training and support is provided for consumers involved in a formal advocacy and / or support role within the MHS.	Not Applicable
Standard 7	Carers	Conformity

Intention	The MHS recognises, respects, values and supports the importance of carers to the wellbeing, treatment, and recovery of people with a mental illness.	Conformity
7.1	Carers are involved with the consent or request of consumers. Examples were provided of Carers being informed and involved in decisions about change of service, such as transitioning to NDIS. Intake processes reviewed, including assessment, identify carers where relevant and consumer files sampled include carer details as required.	Conformity
7.2	Carers are involved with the consent or request of consumers. Managers explained carers may connect with the organisation through the consumer, or individually as someone who cares for a person with mental health issues, has done so. Consumer files reviewed included information about carers where involved in the persons life or care.	Conformity
7.3	Consumer files sampled include information about carers, but some also indicate that the person does not have a carer or significant person in their life outside of paid services. Example of a consumer refusing to nominate a carer was not evidenced in the files sampled or consumer discussions.	Conformity
7.4	Carers receive information about their rights and responsibilities and carer files sampled include record of this being provided in the consent form tick box. Carers spoken with confirmed they had received information about rights and responsibilities and that this information is offered to them annually when updating their consent.	Conformity
7.5	The organisation promotes and provides an inclusive service and staff participate in training to develop knowledge and understanding of diverse communities who may access services. As a mental health service, with direct services planned and lead by Social Workers, this approach is embedded in their profession and practice.	Conformity
7.6	Coordinator advised the organisation does not provide support to children but do refer and provide information about alternate programs where required. Resources are also available for consumers to share with their child. Aged persons as carers are represented in the carer cohort the organisation support and carer programs are designed to meet individual carer support needs.	Conformity
7.7	Confidentiality is explained to consumers and carers and consent is obtained from consumers to share information with others. Consent is recorded in the consumers file and identify the person or entity information may be shared with. Information management and privacy processes reviewed are in accordance with the legislative and regulatory requirements.	Conformity
7.8	Information about carers is identified in the consumers file as relevant. The organisation does not provide clinical or acute services however information about the persons mental health and wellbeing is maintained.	Conformity
7.9	Information is shared with carers when required providing they are nominated in the consumers consent form.	Conformity

7.10	Coordinators and RW provided example of working with, or supporting consumers to access, medical or mental health practitioners. The organisation does not provide clinical or acute services however information about the persons mental health and wellbeing is maintained.	Conformity
7.11	The Coordinator advised safety plans are developed with consumers as required and where those plans involve a carer they will be identified.	Conformity
7.12	The organisation provided example of supporting consumers to transition from hospital to home and of providing social and community support services. The organisation is not a crisis service.	Conformity
7.13	Carers are identified through the people the care for accessing the service, and also by making direct contact with the organisation as a carer seeking support. The organisation provides information, mental health services and carer support programs which maximise carers mental health and well being. Carers spoken with described how the program had supported them and continues to be a support to them. In addition to the service provided by the organisation, the carers had established their own support network of carers and the value of this was described by those spoken with.	Conformity
7.14	The organisation has feedback processes in place for carers and consumers to provide feedback. Consumers spoken with are aware of the feedback mechanisms in place.	Conformity
7.15	The organisation provides support to carers and the programs and services provided are delivered by carers with lived experience. Coordinator advised the service is individual may include providing information or guidance to carers to advocate or represent the person they care for. The coordinator also provides DBT for Carers program.	Conformity
7.16	Staff provided a range of examples of workshops or development opportunities they had been provided and these included formal training by external providers, internal training programs and training to learn how to facilitate programs delivered by the service, such as DBT training. Carers are employed in the Family and Carer Support program and bring lived experience and perspective to the program.	Conformity
7.17	The organisation has documented policy and procedure about working with carers which recognise their role in the consumers care and service delivery, and also recognise the carer as a person who may need support to do that role.	Conformity
Standard 8	Governance, leadership and management	Conformity
Intention	The MHS is governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services.	Conformity
8.1	The organisations governance processes are documented in policy and procedure which is aligned with the legislative and regulatory framework the organisation works within. The organisations internal referral pathway is from PHN, mental health practitioners, general practitioners, and other providers. Self referral is also an option for carers, consumers who 'walk up' are assisted to access the established referral pathways.	Conformity

	Coordinators and RW provided example of working with other providers such as mental health or medical practitioners to support consumers with recovery. The consumer files sampled included consent to share information with other providers and the Club House programs promote connection with the local community by supporting people to access venues and events, and developing skills, confidence and knowledge of the consumers to do this themselves. The organisation provides information about other services and programs to consumers as well, and RW and Coordinators demonstrated during discussion their comprehensive knowledge of the range of services and supports available in the SouthWest.	
8.2	Staff and managers explained how the programs provided assist people to develop strategies to manage mental health all programs provided by the service support people with mental health issues. The programs are individual and group, and are individualised such as the Recovery program, and group programs, include the Family and Carer program for carers and the Clubhouse which promotes social engagement and community inclusion. The organisation also delivers structured psychoeducational programs including the dialectical behaviour therapy (DBT) and Creating Opportunities for Personal Empowerment (COPE) programs designed to assist people to develop skills and strategies to manage their mental health.	Conformity
8.3	The current Strategic Plan 2021-2026 consists of three strategic directions which the CEO advised remain relevant. Objectives are stated for the directions and the Annual Report 2023/24 provides a statistical summary of the services provided. The Plan is endorsed by the Board and is informed by the feedback and input of the consumers, carers and staff of the organisation.	Conformity
8.4	The Compliance Register lists the instruments which form the legislative and regulatory framework of the organisation. Policy and procedure reviewed articulates the requirements in the context of the organisation and also identifies the instrument relevant to each policy or procedure. The Coordinator QSI advised the instruments in the register are reviewed every 6 months for changes and updates are made to policy and procedure as required to ensure it remains current and complies with requirements.	Conformity
8.5	Human resources were identified as the key resource of the organisation and it was advised attracting and retaining staff is not presenting the organisation with any challenges currently. The organisation work with the local TAFE and provide placement for students, which has lead to employing students as SW. Staff within the organisation receive training and development opportunities and example of staff completing workshops and tertiary qualifications relevant to their role and the organisations strategic direction was provided. Financial management processes are in place which includes financial reports prepared and provided to the Board by the Business Manager, and financial audit completed by an external accountant.	Conformity
8.6	Recruitment processes include resume and interview questions aligned to the position description and record of this is available in staff files sampled.	Conformity
8.7	Staff induction checklists indicate the training completed on commencement and staff also shadow experienced staff to meet the consumers they will be working with and learn about the role. SW have Certificate IV in Mental Health and RW are Social Workers.	Conformity
8.8	Incident management processes reviewed include critical incidents and human resource processes, and discussions with staff, indicate employee assistance and support is available to staff should an event occur.	Conformity

8.9	The organisations consumer information management system is SMS (Alchemy) and participant files and records maintained in the system are protected with password and access protocols in place. Privacy and confidentiality is maintained and participant information is collected, stored, shared and accessed in accordance with legislative requirements. The Coordinator QSI audits the organisations information management systems, and other management systems within the organisation, to monitor their effectiveness and application.	Conformity
8.10	The Risk management processes are documented in policy and procedure and processes reviewed indicate risk are identified, monitored and managed and record of risk management activities are maintained in the register. The organisation has a Business Continuity Plan, Risk Management Policy and Procedure and Fraud Risk Policy and Procedure in place as well as operational risk assessments for property, service locations, individual consumers and environments.	Conformity
8.11	The Continuous Improvement policy outlines the organisations intent and mechanisms used to monitor performance and implement ongoing improvement. The Coordinator QSI conducts regularly staged audits of the quality and information management systems the organisation uses to inform improvement and feedback or input is also obtained from carers, consumers and staff. A register of improvements is maintained and examples of improvements reviewed included changes to the service environment, and service delivery processes.	Conformity
Standard 9	Integration	Conformity
Intention	The MHS collaborates with and develops partnerships within in its own organisation and externally with other service providers to facilitate coordinated and integrated services for consumers and carers.	Conformity
9.1	Consumers are allocated to a RW who is the initial point of contact for the consumer. SMS is set up to identify the RW to direct calls or enquiries from the consumer and it was also advised that RW will record contact with the consumer each month and this may be a meeting, phone call, text or email.	Conformity
9.2	The organisation does not provide acute or clinical services and involvement in interdisciplinary teams is limited to where a consumer is supported to connect or reconnect with clinical support and the RW remains involved in the persons service. Example included working with a hospital Support Worker.	Conformity
9.3	Consumers require a referral from a mental health or general practitioner to access the service and at intake assessment, completed by the CEO or Coordinator, the consumer identifies and is recommended services to meet their needs. It was advised consumers may access multiple programs within the service and can reaccess programs if required which include, repeating the COPE structured program. Participants must be a consumer of the organisation to access the housing program. Continuity of care is indicated by the ease consumers can move between, or access multiple programs, within the service, however it is noted that the individual consumers are included in statistics for multiple programs.	Conformity

9.4	Manager advised the organisation may work with the PHN Support Worker to provide recovery support following discharge. The organisation may also be involved with a person transitioning from hospital into their housing program and provided example changes that may be made to the residence to support the transition.	Conformity
9.5	The organisation has inward referral processes in place and works with the referral network to ensure current information about the service and the referral pathway is available to referrers.	Conformity
Standard 10	Delivery of care	Conformity
Intention - 10.1	Supporting recovery The MHS incorporates recovery principles into service delivery, culture and practice providing consumers with access and referral to a range of programs that will support sustainable recovery.	Conformity
10.1.1	Recovery oriented values are evident in documented information and the organisation has access to a digital recovery star program to record individual consumer information about the areas of their life which are challenging or could use development. The program has reporting functions which can be done for an individual or a group of consumers. The consumer files sampled included 2 of 8 who had elected to use the recovery star; other files included consumer notes recorded in SMS as a means of identifying recording progress towards the consumers recovery.	Conformity
10.1.2	The organisation treats consumers with respect and dignity. Consumers advised they feel safe at the service and said they are welcomed, and not judged.	Conformity
10.1.3	Information about the consumer, their circumstance and support network is provided in referral and also added to during intake assessment. The persons strengths and abilities are recognised and depicted in a recovery star where available.	Conformity
10.1.4	RW and SW explained they work with the consumer and support them in their life, home or community as needed by the consumer. The recovery star is available to consumers and can be used to identify the areas of a consumers life where development or support is needed, however, services are still informed by the consumers preferences and their willingness to participate, not just by what assessment indicates. It was explained that while carers may be initially identified through the consumer seeking services, carers are individual clients of the organisation and their support is separate to the consumer they care for.	Conformity
10.1.5	The Club House was identified by staff and managers of the organisation as a social inclusion hub, where people can participate in activities at the Club House and access community activities and events through the Club House. SW explained 'activities here assist with connection to the wider community and assists consumers with their recovery journey' and examples of programs assisting people with anxiety, and social isolation were provided. It was explained that the group activities and support of staff to access community facilities and events, can lead to consumers developing the skills and confidence to do so independently.	Conformity

10.1.6	The organisation assesses and works with consumers to determine what supports are required and recovery planning, while not structured and obvious in the client file records, is evident in discussions with the RW, SW and consumers.	Conformity
10.1.7	The Clubhouse includes community connect program which assists people to build knowledge, confidence and skills to access community facilities. Family are welcomed and included in events the organisation conducts.	Conformity
10.1.8	Consumer feedback processes are in place and surveys are conducted. The Coordinator advised consumer group meetings are held at the Clubhouse 6 monthly to promote consumer input to the program.	Conformity
10.1.9	The organisation has a range of information available at the service locations about additional services, programs and supports. The Club House program includes external services providing information or workshops at the location to 'bring the community to the group', and the program of the Club House includes providing opportunity and activities for consumers to access other services and activities in their local community. Participant files reviewed included record of referral to other services where required and examples provided by RW of assisting people to access other services included Aboriginal health services, family violence services, general health services and AOD services.	Conformity
10.1.10	SW advised the COPE program may include the consumer and the carer in the sessions and this is used as a pathway for carers to access support. The COPE program is also offered to Carers where emotional dysregulation is evident and COPE for Carers which is a version of the DBT program delivered specifically for the Carers is provided. Assessment is completed by the service to determine where a carer requires support. Support Worker (SW) explained how they connect carers with other people of similar experience promoting connection, refer or provide education programs and social inclusion opportunity.	Conformity
Intention - 10.2	Access The MHS is accessible to the individual and meets the needs of its community in a timely manner.	Conformity
10.2.1	Manager advised a waitlist is not currently in place for the Club House. The Housing Program has a waitlist of 5 with 29 properties available and 2 vacant currently. Consumers are contacted on receipt of referral and assessment conducted in a timely manner.	Conformity
10.2.2	The organisation has a website, Facebook, carers programs, and word of mouth within the regional community was also noted as a means of people learning about the organisation. Referral from a clinician is required for all consumer programs and information is provided to the practice.	Conformity
10.2.3	The organisation provides a card with after hours crisis support information and this is provided at intake assessments, and available at service locations. Coordinators advised a safety plan is in place with consumers in the recovery program, and for consumers in the housing program where risk is identified.	Conformity
10.2.4	Service locations reviewed are accessible to the community they support including physical access for people with disabilities. The organisation provides transport support to assist people to access programs provided by the organisation.	Conformity

Intention - 10.3	Entry The entry process to the MHS meets the needs of its community and facilitates timeliness of entry and ongoing assessment.	Conformity
10.3.1	Entry processes are document and include referral pathways and eligibility criteria. Referral forms identify the required information to assist medical and mental health practitioners with completing referrals and providing the required information. Managers advised consumers are supported to access other providers if the intake assessment indicates the organisation does not have the capacity or the program scope to support their needs.	Conformity
10.3.2	Information about programs provided is available on the website, through referral networks, social media and brochures available within the community.	Conformity
10.3.3	It was advised referrals are prioritised based on the information obtained through referral and intake. The service was described as a needs based service and the persons needs determines priority.	Conformity
10.3.4	Consumers access the service by mental health or general practitioner referral. Carers do not need a referral, and consumers who walk-up or self-refer are supported to access the referral pathway.	Conformity
10.3.5	Referral information is received and reviewed Manager may RW does the recovery plan and the recovery star may be used and alternately the persons goals for recovery can be recorded in the persons notes.	Conformity
10.3.6	Where admission to an inpatient psychiatric service is required, the MHS makes every attempt to facilitate voluntary admission for the consumer and continue voluntary status for the duration of their stay.	Not Applicable
10.3.7	When the consumer requires involuntary admission to the MHS the transport occurs in the safest and most respectful manner possible and complies with relevant Commonwealth and state / territory policies and guidelines, including the National Safe transportation Principles.	Not Applicable
10.3.8	Intake assessments are completed by the CEO or Coordinator and consumers who progress to service are allocated to an RW as part of their case load. It was explained that RW check in with consumers monthly and that this may be a phone call or email for some consumers.	Conformity
Intention - 10.4	Assessment and review Consumers receive a comprehensive, timely and accurate assessment and a regular review of progress is provided to the consumer and their carer(s).	Conformity
10.4.1	The organisation does not provide acute or clinical services and diagnoses are not made. Information about a diagnosis may be evident in consumer files, such as the referral information, as part of the consumers overall profile and indication of support needs.	Conformity

10.4.2	Intake assessments are completed by the CEO or Coordinator who are social workers and record of the intake assessment is maintained in consumer files. Referral information may include a BRA and the intake assessment will assist with determining the persons support needs and risk factors and which programs will be of benefit to them.	Conformity
10.4.3	Carers are included in consumer assessment with the consent of the consumer. Consent forms in consumer files sampled identify the person or entity consumer information can be shared with and carers are included in files where relevant.	Conformity
10.4.4	The MHS actively plans as early as possible in the course of psychiatric inpatient admission, for the discharge of the consumer from inpatient care.	Not Applicable
10.4.5	The organisation has access to the recovery star digital system and this was used in 2 of the 8 files sampled to identify the areas of the persons life where support was required and with subsequent stars indicating review and changes in the persons needs. Recovery plans for the majority of consumers are included in documented information, such as the intake assessment, and the consumer notes. RW advised the consumers recovery plan is reviewed at each meeting, in terms of the consumer notes being updated. It was also advised safety planning is done as required and this includes where history of suicide ideation is noted. Alerts can be on the persons file where risk or change is identified and this is highlighted in the team meetings, which were consistently referenced by staff as a key form of team communication. The information in the consumer notes is added to following each engagement or observation by a staff member. The consumers recovery goals are not clearly evident in the files and as a result, the case notes, while relevant to the persons support needs, do not reflect a recovery journey.	Conformity
10.4.6	The organisation provided a report indicating the number of times consumers sampled had met with a RW or SW and it indicates engagement at least every 3 months. The 3 month time frame is not scheduled, and reviews of the recovery plan is described as ongoing by staff. As noted previously in 10.4.5, it is difficult to see the assessment or review of the persons recovery plan as this is embedded in the consumer notes.	Conformity
10.4.7	Consumers are referred to the organisation and participate in programs voluntarily, however the manager advised that assessment is required for intake. Example was provided of a person who has failed to attend multiple assessment times, and addition opportunity is provided to promote engagement.	Conformity
10.4.8	RW advised the team at Pathways are interdisciplinary and advised that where the PHN or GP are involved, the RW has involvement with these additional providers. RW advised plans would be shared with consumer consent and provided example of recently attending a GP appointment with a consumer. The organisations processes indicate recovery planning is conducted with consumers and in some examples, 2 of the 8 files sampled, a recovery star model was used to support planning. Consumer intake assessment and notes were indicated as the means of identifying and monitoring a consumers recovery goals and progress. The consumer goals, or what they want to achieve from the service, and how the support provided and outlined in consumer notes, could be presented or formatted to indicate the support provided is assisting the consumer to progress towards recovery as it is currently difficult to determine that from the consumer notes alone.	Conformity
Intention - 10.5	Treatment and support	Conformity

	The MHS provides access to a range of evidence based treatments and facilitates access to rehabilitation and support programs which address the specific needs of consumers and promotes their recovery.	
10.5.1	The organisation does not provide acute or clinical services. The support programs provided are designed to assist consumers and those spoken with described positive outcomes they have achieved as a result of their participation.	Conformity
10.5.2	The organisation does not provide acute care or clinical services. SW advised where there is a change in the consumers needs or circumstance they report this to the RW. Coordinators attends the Club House where group programs are conducted regularly and also recognise any changes in consumer behaviour. It was advised that observations are recorded in the participants files as well as being reported the RW.	Conformity
10.5.3	The organisation does not provide acute or clinical services and does not advise on therapies. Consumer files sampled included information about medical services the consumer accesses and RW provided example of consumers being supported to attend medical appointments if required.	Conformity
10.5.4	The organisation does not provide acute or clinical services, and therefore clinical trials and experimental treatment is not relevant to the services provided. Consumer files sampled included information about medical services the consumer accesses and RW provided example of consumers being supported to attend medical appointments if required.	Conformity
10.5.5	Consumers participate in programs voluntarily and no restrictions are implemented. Consumers are assessed and supported to access the most appropriate program for their needs and example was provided of a consumer being directed towards the recovery program, or supported to participate in the group programs, and also referred to external services where required. The consumer circumstance and support network is considered at intake assessment and discussions with RW and SW indicated their intimate knowledge of the consumers needs and circumstances.	Conformity
10.5.6	The organisation may assist consumers to access the pharmacy to collect a consumers medication, but do not administer medication.	Conformity
10.5.7	The organisation does not provide acute or clinical care, or provide information about treatments. The consumers support is guided by assessment and the persons needs or preferences.	Conformity
10.5.8	The organisation does not provide acute or clinical care and does not administer medication. The consumers are supported to access medical support if required and consumer files sampled included medical contact in some examples.	Conformity
10.5.9	The organisation provided example of working with PHN or Social Worker at the local hospital to assist consumers to transition from hospital.	Conformity
10.5.10	The organisation does not provide acute or clinical care and does not administer medication or other therapies.	Conformity

10.5.11	The consumers support is guided by assessment and the persons needs or preferences. Planning for support is included in the participant files, and in 6 of the 8 files sampled, this included the recovery star system being used to provide a clear indication of identified support needs.	Conformity
10.5.12	The organisation has a range of information available at the service locations about additional services, programs and supports. The Club House program includes external services providing information or workshops at the location to 'bring the community to the group', and the program of the Club House includes providing opportunity and activities for consumers to access other services and activities in their local community. Participant files reviewed included record of referral to other services where required and examples provided by RW of assisting people to access other services included Aboriginal health services, family violence services, general health services and AOD services.	Conformity
10.5.13	SW explained how the group programs support consumers with self care in the context of mental health and examples included assisting people with anxiety to participate in social programs and access community facilities with the group, to develop the confidence to do that unsupported. Example was also provided of meal planning and preparation, and of developing a chart with a consumer to prompt self care tasks in the home and with personal care and hygiene.	Conformity
10.5.14	SW explained the approach as 'do with not do for' in terms of prompting and assisting people to complete or continue with self care activities in the home, community and in terms of personal care. Self care was also described in terms of mental health and wellbeing and SW provided example of encouraging people to do things that support their mental health.	Conformity
10.5.15	Information is provided to consumers in hardcopy brochures, digital formats including the website and social media, and also explained to consumers by their SW or RW.	Conformity
10.5.16	The organisations Housing Program provides community housing options for people who are accessing services as part of the Department of Communities, Community Disability Housing Program. The program provides tenancy for people who may not manage or be able to afford to maintain a regular tenancy agreement. Managers advised the service has 29 homes, with 34 residents currently; 2 homes are vacant and a waitlist of 5 people is in place. It was advised that residents are usually long term and it was also advised the organisation is applying to become a registered Community Housing Provider which will assist with accessing funding going forward.	Conformity
10.5.17	SW provided example of assisting consumers to access volunteering courses. A consumer who also volunteers with the organisation advised the organisation provided them with housing, mental health supports and unpaid employment.	Conformity
Intention - 10.6	Exit and re-entry The MHS assists consumers to exit the service and ensures re-entry according to the consumer's needs.	Conformity
10.6.1	Exit and transition processes are documented in policy which outlines a supportive process for consumers choosing to exit the service. It was advised exit from the service is rare as consumers tend to transition to other programs, such as from the recovery program to the Club House programs, rather than exit	Conformity

	services. It was also advised that people can re-access services if required and this includes where there is a change in the persons mental health or support needs.	
10.6.2	Information about alternative and additional services available to consumers in the community is available at service locations. Coordinators advised information is shared with the consumer cohort through email, social media platforms, and organisational newsletters, and shared with individual consumers by the SW or RW during service provision.	Conformity
10.6.3	Exit planning processes are documented and exit is conducted with consumers as required, however it was advised consumers rarely exit the service.	Conformity
10.6.4	Exit planning processes are documented and exit is conducted with consumers as required, however it was advised consumers rarely exit the service. Safety planning is completed with consumers where evidence of risk is identified or reported. Information is provided to the consumers and with consent is also provided to relevant others.	Conformity
10.6.5	Consumers can reaccess the service, or different programs within the organisation, as and when required and this is explained to consumers and carers. Staff explained the consumers who participate in the COPE program and complete the program, can reaccess the program if required. Carer SW advised carers services are provided to people who are, or has been, a carer of someone with a mental health illness. Example of a person re-accessing services after 5 years was provided during discussions - the support does not stop when the caring stops.	Conformity
10.6.6	Consumers who want to reaccess the service are reviewed on a case by case basis. Extended period of time away from the service may require a new referral where the persons mental health and support needs have changed, but reaccess is supported by the organisation.	Conformity
10.6.7	Exit processes include risk assessment and exit plans being available to the consumer, or their alternate service provider if involved.	Conformity
10.6.8	The MHS, in conjunction with the treating clinician, has a procedure for appropriate follow-up of all consumers within 7 days after discharge from inpatient care wherever possible, and has a follow-up procedure for those consumers who do not keep the planned follow-up arrangements.	Not Applicable