



Pathways Southwest Inc.

National Standards for Mental Health Services - Mid-term assessment

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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 "Improvements" and an "Observations" worksheet. Improvements relate to any non-conformance (including major non-conformance), and this must be completed by the assessed organisation prior to finalising the report. Where improvements 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 – Mid-term assessment
Assessment start date	7/06/2023
Assessment end date	8/06/2023
Date of draft report	22/06/2023
Date of final report	6/07/2023
Assessment administrator	Eloise McKimm
Lead assessor	Jill O'Brien
Report reviewer	Penny Halpin
Certificate reference	1542NSM

3. Assessment summary

Assessment decision	• Certification to the National Standards for Mental Health Services.
Decision date	6/07/2023
Certification dates – National Standards for Mental Health Services	Certification date: 6/07/2023 Certification expiry: 3/01/2025

3.1 Service streams included in assessment.

Service stream	Service type
Mental Health Services	Mental Health

3.2 Previous non-conforming indicators

Rating	Conforming at this assessment	Not conforming at this assessment
Major non-conformance	Not applicable	Not applicable
Minor non-conformance	1.3	Not applicable

3.3 Current non-conforming indicators

Rating	Non-conforming at the draft report	Non-conforming at the final report
Major non-conformance	Not applicable	Not applicable
Minor non-conformance	Not applicable	Not applicable

4. Executive summary

This assessment was conducted remotely using IAF MD4:2018 (The IAF Mandatory Document for the use of information technology (ICT) for auditing/assessment purposes). Specific technologies used can be found in the "AssessmentPlan" tab of the Excel system accompanying this report.

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 maintain:

- **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 is an independent community based mental health service located in the southwest of Western Australia providing support and education to people living with mental health issues, their families, and carers. The supports include psychosocial support, education for carers and social connection through group programs. The organisation has service locations in Bunbury and Turkey Point and also provide support to people in their homes, in community locations, at the service locations, and using video conferencing or phone communications.

Recovery programs provided to consumers include one on one support, education programs, social programs, and advocacy support. Family and carer services include individual and group programs. Services are provided by a team of committed and passionate professional staff. The organisation has a focus on employing staff with lived experience of mental health and this approach ensures programs are provided by people with insight and understanding of the consumer or carers experience. The approach is valued by consumers who describe the ability to talk with someone who understands what they are going through first hand as healing.

Feedback from carers and consumers was overwhelmingly positive about the organisation and about the staff who provide support. Comments included:

- "They make you feel like a human being. When you have a 'win' you are congratulated, and if you have a crisis, they talk with you and assist you to work out a practical way forward."
- "Best thing that happened to me. I couldn't live without their support".
- "Very personalised care for me with amazing staff who understand what you are going through, because they have been there."

- "Social groups are a safe environment to enjoy and feel connected to people."

Feedback from staff was positive and evident of the organisation's passion and professional approach. Comments included:

- "My skill and strengths are supported by everyone. There is a very positive workforce."
- "It feels like a family and is a very inclusive workplace especially of 'cerebral neurodiversity'."

There are no nonconformances identified with evidence of continuous improvement through audit and review throughout the organisation.

5. National Standards for Mental Health Services summary

Standard description	Summary
NSMHS Standard 1 - Rights and responsibilities	The rights and responsibilities of people affected by mental health problems and / or mental illness are upheld by the Pathways Southwest. Information posters are displayed at each site and consumers interviewed were well informed. Staff outline a number of approaches they use to ensure people are aware of their rights and responsibilities.
NSMHS Standard 2 - Safety	The activities and environment of the service are safe for consumers, carers, families, visitors, staff, and its community. Safety is considered in all aspects of the environment and activities undertaken with consumers. Evidence of use of risk assessments including individual and environmental with supporting documentation in consumer files. Staffing and resources are monitored through regular review to ensure a safe environment.
NSMHS Standard 3 - Consumer and carer participation	Consumers and carers are involved in the delivery and evaluation of services through surveys and feedback.
NSMHS Standard 4 - Diversity responsiveness	Respect for and responsiveness to diversity is clearly identified in service delivery principles and values statements. Close connections to diverse community groups is evident and provides information and resources for staff and consumers.
NSMHS Standard 5 - Promotion and prevention	Pathways partners with the local community and develops strategies to promote mental health and address prevention of mental health problems. This includes participation in informal activities such as Mental health week activities.
NSMHS Standard 6 - Consumers (Note: This consumer standard is not assessable)	Not Assessed
NSMHS Standard 7 - Carers	Pathways provides supports and services focussed on the needs of any carer within their communities, as well as those carers who are involved in the life of a consumer the organisation supports. Carer programs are delivered by staff who know, understand, and have experienced the challenges and stressors that carers face.
NSMHS Standard 8 - Governance,	Pathways is governed, led, and managed effectively and efficiently to facilitate the delivery of quality and coordinated services. The service has

<p>leadership, and management</p>	<p>an organisation chart that demonstrates line of delegation and management. Selection and recruitment processes focus on getting the right staff for the role and consumers expressed how wonderful the staff are who support them. The service has an appropriate quality management system in place that includes policies, procedures, systems, internal audit schedules, and links to continuous improvements.</p>
<p>NSMHS Standard 9 - Integration</p>	<p>Pathways collaborates with and develops partnerships externally with other service providers to facilitate coordinated and integrated services for consumers and carers.</p>
<p>NSMHS Standard 10 - Delivery of care</p>	<p>Pathways 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. Consumers interviewed confirmed that they are treated with respect and supported in individual decision making related to their recovery plans. They indicated that they were supported to develop connections with their local community supports. Consumers receive a comprehensive, timely and accurate assessment and a regular review of progress is discussed with the consumer and their carer. Evidence of documented Recovery stars with identified review related to the consumer needs.</p>

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
8.6	A documented approach to supervision and staff review could be considered that meets the organisation needs and provides an opportunity for formal feedback from staff.
8.8	The Incident Policy and Procedure could outline the manner of support and debriefing for staff following critical incidents.

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, the Senior Manager has 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 no deaths of a client supported by the service during since the previous assessment.

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 maintain:

- Certification to the National Standards for Mental Health Services.

Role: Lead Assessor

Name: Jill O'Brien

Signed:

Jill O'Brien

Date: 19/06/2023

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 maintain:

- Certification to the National Standards for Mental Health Services.

Reviewer Name: Janet Davidson McGown

Signed:



Date: 6/07/2023

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	Jill O'Brien: As an assessor it is a privilege to work with organisations who strive to provide quality environments in their chosen healthcare fields with a focus on continuous improvement ensuring the best outcomes for their clients, patients, families, and staff. I enjoy the immense variety of organisations and people I come into contact with through the assessments and their passion for what they do. I have always had a desire to care for people, particularly when they are at their most vulnerable. I have worked in the healthcare sector for well over 35 years holding clinical education and executive positions including extensive experience as a Director of Nursing. I have expertise in strategic development, organisational change management, risk management, digital health, and quality management. As well as holding nursing qualifications, I am a qualified Lead Auditor for ISO Standards; National Safety and Quality Healthcare Standards; National Standards for Mental Health Services, Human Services Standards; NDIS Practice Standards and the Diagnostic Imaging Accreditation Scheme.

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	191
Turkey Point, Australind, WA 6230		38

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	
Staff	5	Recovery Workers, Support Workers, Group Program Facilitator, Family & Carer Support Worker
Management	4	CEO, Manager - Client Services, Manager - Business Services, Coordinator Quality & Service Improvement
Files sampled	Number	
Clients	10	
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

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	All consumers interviewed confirm they are treated with dignity and respect in all interactions within Pathways. Rights and Responsibilities and Australian Charter of Health Care Rights Posters are on display at both sites and brochure included in Consumer/carer intake pack.	Conformity
1.3	All consumers are voluntary. Consumer confirm signing consent forms on a regular basis (annually) and that they were also to change their consent form at any time. A Consent Form is completed by all consumers which outlines what information is collected and why and includes when information may be disclosed without their permission, which relates to duty of care and legal requirements. The Consent Form includes a list of what information can be shared and with whom.	Conformity
1.4	A Statement of consumer rights and responsibilities is provided to consumers when they access the service. There are Charter of Healthcare rights visible throughout the facilities.	Conformity
1.7	Information pamphlets are provided to clients that is easy to understand, which is further explained at the initial interview. Consumers interviewed confirm that information is clearly explained to them, including rights and responsibilities, complaints and accessing advocates, if needed.	Conformity
1.10	Consumers interviewed confirm they are involved in their care and treatment and recovery planning.	Conformity
Intention	The activities and environment of the MHS are safe for consumers, carers, families, visitors, staff, and its community.	Conformity
2.1	Freedom from Abuse and Neglect, Incident Management, Professional Boundaries, Family and Domestic Violence Support, Prevention of Crime Against Service Users Policies are available to staff. On discussion with staff, they were able to describe processes to ensure consumers are protected from abuse and exploitation and how to report any incidents. Human rights training is completed on orientation and on an ongoing basis.	Conformity
2.4	No medications administered or prescribed at the service. Any issues related to noncompliance with medication is referred to the consumer's mental health case manager or GP.	Not applicable

2.6	Workplace Health and Safety policy and procedure describes the organisations commitment to ensuring a safe workplace including compliance with legislation and safe systems of work. Evacuation drills are conducted six monthly and noted to be up to date, evacuation plans are displayed at the sites, and fire safety equipment is serviced and up to date. All cars and the bus have first aid kits which are checked on regular basis. Staff have attended Maybe training to increase awareness of managing aggressive behaviour.	Conformity
2.7	Infection Control Policy and procedure describes the organisations prevention methods including use of PPE and handwashing. All staff handling food have completed food handling certificate. Site inspection indicates infection control processes are in place with hygiene prompts, alcohol hand rub and frequent-use area surface are cleaned following use. Staff have participated in infection control training.	Conformity
2.9	Workplace environment inspection are conducted monthly at both locations and maintenance requirements are identified and responded to promptly. The inspection reports reviewed indicated no outstanding hazards or risks. Risk assessments are conducted before home visits and all events and group activities have risk assessments completed in preparation of the event.	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
3.4	Consumers (although all independently representing themselves) interviewed confirm an awareness of their right to determine who may represent them such as an advocate.	Conformity
3.6	Pathways do not employ consumers although do have staff with lived experience. All staff have Cert IV mental health and have mentoring available from their line managers.	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 careers and community throughout all phases of care.	Conformity
4.4	Cultural Safety policy and procedure describes engagement with other services including Southwest Aboriginal Mental Health Service (SWAMS) and other Aboriginal, CALD and LGBTIQ+ organisations to facilitate a culturally sensitive service.	Conformity
4.5	Cultural Awareness training has been providing to all staff and is recorded in staff files reviewed. SharePoint provides access to numerous resources related to the diverse needs of the consumers of Pathways. At interview staff discussed training in areas of diversity including Cultural safety and gender diversity.	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
5.6	Managers discussed their involvement with South west agencies and alliances and groups such as homelessness groups, sporting, and recreational clubs for promotion of mental health as relevant to their service provision.	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
7.4	Carers information packs are provided to carers including rights and responsibilities and general information regarding mental illness. Pathways facilitate carer programs including DBT, counselling and carer support groups.	Conformity
7.8	Information regarding carers and significant others is recorded where agreed by the consumer on the consumer files reviewed.	Conformity
7.11	Carers are involved throughout the consumers journey where agreed by the consumer.	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
8.3	Pathways strategic plan 2021-2026 is endorsed by the board. The board includes persons with lived experience, carers, and a member of the local aboriginal community. Feedback from consumers and staff from surveys is included in the development of the strategic plan.	Conformity
8.4	The Quality Manager maintains a Register of legislation, acts and standards to ensure compliance through regular review with notification to managers in the organisation a recent example includes the changes DV work leave as notified by Fair work Aust requiring review of HR policies.	Conformity
8.6	Recruitment and Induction Policy and Procedure has been reviewed in 2023 includes a checklist for the interview and onboarding process. Recruitment is based on key selection criteria such as qualifications, skills, lived experience. All staff have position descriptions. Minimum qualifications include Certificate IV Mental Health or community for support workers and Ba Social Work for Recovery workers with evidence available on review of staff files.	Conformity

8.8	Critical incidents are recorded in accordance with the Incident Reporting Policy and procedure. All incidents are reviewed by CEO and debrief are provided through the direct line manager. On discussion with managers, they were able to discuss how follow-up with staff occurs including ongoing check-ins as needed. The service has an employee assistance program for access by staff as needed. There has been no Critical incidents reported since the last assessment.	Conformity
8.10	Pathways has a Business Continuity and Risk Scenario Planning template that identifies risks and strategies related to business continuity including Business Operations, Service Delivery, Financial, Workforce, Governance and Management, and Consumers. This document is reviewed as needed by the CEO and Quality Manager and reported to the Board. There is a Risk Management Policy and Procedure that outlines identification, monitoring and management of risk.	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	Consumer care and supports is coordinated by Recovery Workers (Social Workers). The Recovery Workers monitor caseload of support workers who provide daily support activities to consumers. Recovery workers discussed how they liaise with other services such as housing, and clinical service providers throughout the consumers care journey. Examples also included facilitating and assisting people to access or maintain employment and education opportunities and connecting people with social groups.	Conformity
9.3	Pathways promotes integration and continuity of care between programs and sites through regular team meetings and service-wide meetings that include other programs such as group therapy activities and community mental health services as appropriate to the consumer's circumstances.	Conformity
9.5	The organisation works in collaboration with other related service providers, including welfare services, primary care practitioners, NDIS services, and housing services in ways that support consumers to achieve their recovery goals.	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
10.1.2	Clients interviewed they all confirmed they were treated with respect and dignity in all interactions with staff in the service. One consumer stated, "They treat me very well, better than anyone else".	Conformity

10.1.3	Consumers interviews feel they are treated as individual including staff assisting them to identify their strengths and abilities to develop their strategies and supports.	Conformity
10.1.6	The carer support worker advised the organisations Mental Illness Carer Assessment Tool (MICAT) is completed with carers to clarify the persons support needs, preferences, and goals. Recovery planning is completed with consumers and establishing what the consumer wants to achieve from the service is established through assessment and the use of the 'Recovery Star'.	Conformity
10.1.7	The organisation works collaboratively with consumers to develop and review goals for re-connecting with the community, family, and social connections. Examples discussed by recovery workers of consumer connection included supporting consumers to access Relationships Aust and will advocate for the consumer.	Conformity
10.1.10	Recovery workers explained that with the clients consent relationships are encouraged with family, friends, peers, cultural groups, and the community to support recovery.	Conformity
Intention - 10.2	Access The MHS is accessible to the individual and meets the needs of its community in a timely manner.	Conformity
10.2.3	Provide consumers with phone numbers for emergency care including public health services.	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
10.3.3	Service Access, Exit Policy and Procedure outlines prioritising of referrals and management of consumers where Pathways are unable to provide the service at time of referral. This includes referral to other services for example housing where options are limited, and consumers are prioritised on need and will be supported to access short term accommodation as an interim measure. Waitlist are reviewed on a regular basis with continued contact with consumers. Other service within Pathways such as recovery support or group activities may be accessed to re-establish connections while consumers may be awaiting services such as housing.	Conformity
10.3.8	Consumers interviewed were aware to identify the person responsible for coordinating their care and able discuss changes in their care including achieving goals and changes to goals.	Conformity
Intention - 10.4	Assessment and review	Conformity

	Consumers receive a comprehensive, timely and accurate assessment and a regular review of progress is provided to the consumer and their carer(s).	
10.4.2	Consumers are assessed by Manager Client Services (Mental Health Nurse) and Recovery Workers (Social Workers) at commencement with the service and records of assessment are maintained in consumer files.	Conformity
10.4.5	The service utilises the Recovery Star as part of recovery planning with the consumer. Staff discussed the consumer's recovery goals and plan 'is developed with them using the recovery star and that this will change as the consumer's priorities change and is reviewed accordingly. The recovery plan is used as a guide and is reviewed through service delivery. Exit and transition processes are documented in policy and workers also demonstrated understanding of the exit processes and the planning that requires.	Conformity
10.4.7	Pathway's services are voluntary and should the consumer not meet the service criteria or decline to participate the CEO would discuss this outcome with the referrer.	Conformity
10.4.8	Recovery plans are available in the form of recovery outcome stars and also in case notes. Consumers who attend group activities only have recovery goals as identified such as social connection with case notes to describe progress. A review of client records provide evidence of recovery plan in collaboration with the consumer and if consented, the nominated carer.	Conformity
Intention - 10.5	Treatment and support 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.	Conformity
10.5.3	The service is a community Mental Health Service providing social group programs and counselling services and does not provide clinical treatments.	Conformity
10.5.5	Interviews with staff show a good understanding of the program guidelines. They confirm that treatment is guided by the consumer, described by staff as working alongside consumers recognising their strengths and ensuring their needs and preferences are respected through soft introduction to programs and privacy for conversations.	Conformity
10.5.7	The service is a community Mental Health Service providing social group programs and counselling services and does not provide clinical treatments.	Conformity
10.5.10	The service is a community Mental Health Service providing social group programs and counselling services and does not administer or prescribe medications.	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	The Service Access and Exit policy indicates a supportive, planned processes is in place for consumes to exit the service although they may re-enter services at any time they may wish.	Conformity
10.6.5	Exit process indicated that prior to exit consumers must be provided guidance and support to re-enter the service. Staff discussed that this would be part of the exit plan discussion with the consumer.	Conformity
10.6.7	Documented processes indicate exit planning is done with the consumer including follow-up arrangements as required.	Conformity

