



Quality Evaluation Report

Avivo: Live Life Inc.

Final Report

January 2019

This report was prepared by an independent Evaluation Team comprising members of the Panel Contract of Independent Evaluators and Team Leaders. The Panel Contract is managed by the Mental Health Commission.

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Acknowledgement

The Evaluation Team extends its thanks to the individuals, families and carers, Avivo employees and other stakeholders for the assistance provided throughout evidence gathering process. Your contribution has been very much appreciated.

1. Introduction

The Mental Health Commission (MHC) has established a quality management framework for funded Community Managed Organisations (the Organisation) in Western Australia. The Mental Health Outcomes Statements (the Outcomes) and the National Standards for Mental Health Services (the Standards) form part of the quality framework, along with reporting and managing Notifiable Incidents and adhering to the requirements specified in the funding and service contract.

This report describes the evidence and the findings of the independent Evaluation Team who visited the services provided by Avivo and completed an assessment of the organisation's overall progress towards:

- assessing the achievements of the Outcomes in practice; and
- complying with the Standards

The quality evaluation process entailed the gathering of evidence across a number of different sources: Some of these sources include:

1. feedback from customers/carers/families/external stakeholders
2. staff knowledge and understanding of their roles, responsibilities and practice
3. direct observation of activities / events supported by the organisation
4. policies, procedures practice guidelines and other documentation including individual plans

Importantly, information obtained from each of these sources is used to assess compliance for **each** standard and progress of achievement towards **each** outcome.

Evaluation Process:

The Evaluation Team comprised of:

- Mark Diamond (Team Leader)
- Manjit Kaur
- Lisette Kaleveld

Team Leaders and Evaluators are required to operate in accordance with the Guidelines for Independent Quality Evaluation (*MHC, July 2013*).

The quality evaluation visits occurred between 9 March 2018 and 16 June 2018. The preliminary meeting was conducted on 9 March 2018 and was attended by support workers, service managers, program managers and senior staff responsible for the service. Approximately 8 people were in attendance. The Post Evaluation feedback meeting with the organisation occurred on 31 August 2018.

Members of the Evaluation Team conducted interviews, received emails or other written correspondence or telephone calls from the following range of stakeholders:

Source of information	No.
Customers	23
Families & carer(s)	3
Support worker employees and volunteers	7
Manager(s) / Service coordinators	12
Board – Deputy Chair	1
CEO	1
Other stakeholders: Inner City Mental Health Subiaco Community Mental Health Joondalup Community Mental Health Clinic RUAH Access Housing Umbrella Multi-Cultural Centre Uniting Care West	7

The Evaluation Team undertook observations in service settings including:

- Avivo – Osborne Park
- Avivo - Jandakot
- Group meeting with customers - Osborne Park
- Community locations as negotiated with individual customers
- Telephone and email contact with customers

2. Overview of Avivo: Live Life Inc.

Chief Executive Officer:

Ms Rosie Lawn

Organisational History

Avivo, formerly known as Perth Home Care Services has been in operation for over 50 years. Avivo provides a range of disability, mental health, and aged care supports and services intended to enable people to live satisfying and meaningful lives in the community. Types of services provided include individualised care and support in the home and community, respite and family support funded by a range of Commonwealth and State Government Departments. Avivo is committed to supporting self-direction and offers people Self-Management and Shared Management to customers and families who want greater control of their own supports and services.

In addition to the funding received from the Mental Health Commission, Avivo has contracts to deliver the Personal Helpers and Mentors program (PHaMS) in the Wheatbelt and Geraldton as well as Partners in Recovery in the North Metropolitan area and the Wheatbelt. Avivo also delivers low level support to people with mental health issues through Home and Community Care (HACC) program and has a Commonwealth Government Mental Health Respite program to support families and carers. Avivo is a registered provider with the National Disability Insurance Scheme.

Avivo supports customers with a wide range of support needs. Levels and types of supports provided are based on individual need and funding provided.

Our Purpose:

Working in partnership with people to develop and provide the supports and services they choose to live life.

Vision:

To contribute to a society whereby people live as valued citizens, making their own decisions, developing their abilities and growing in their relationships. We believe in:

- Citizenship and self-direction
- People living life at home and in communities
- Developing people’s capacity and autonomy
- Connecting with and contributing to communities

Values:

‘Each day we challenge ourselves to do our best and to look ahead to make things better by:

- Respecting the person as the expert in their own life, valuing their strengths and listening to what’s important to them.
- Working in a partnership with people, supporting growth and development, and respecting the decisions they make.
- Being optimistic and innovative, as well as practical and persistent.
- Valuing our employees and supporting each other to do good work.’

Organisational Issues Relevant to the Evaluation Process:

Prior to the commencement of the evaluation, Avivo will ensure the Team Leader is in receipt of information that contains alerts and communication requirements of customers who should not be contacted directly, Customers and Carers preferred method and time of contact will also be included.

Avivo refers to the individuals who use the service as ‘customers’ and this term will be used throughout the report.

Service Profile:

The following service types / programs were included in this evaluation:

Name of Service/Facility	Service Outlet Names (eg location if applicable)	MHC Service Type	Total No. of Customers	Funding \$	FTE
1. Osborne Park Office	ICLS	Personalised support - linked to housing	21	710,790	5.6
		Personalised support - other	45	518,225	4
		Family & carer support	14	106,874	1.2
2. Jandakot Office		Personalised support - other	24	434,280	2.2
		Family & carer support	5	83,508	1
3. Coral Coast Office	ICLS	Personalised support - linked to housing	1	68,238	0.7
4. Mandurah Office		Personalised support - other	10	168,582	2
		Family & carer support	2	35,612	0.5
TOTAL (MHC funded programs)			122	1,540,232	17.2

3. Evaluation Findings

Areas of Good Practice

- It is clear from the evidence that Avivo support workers and facilitators practice person centred care. This was evident based on observations, discussions with customers, families and carers and in discussions with staff. This finding was also supported by the stakeholders interviewed as part of the evaluation.
- The evaluation team noted the authenticity of the relationships established by support workers with customers. This was both evident from discussions with customers, families and carers as well being observed in the workplace in how workers related with each other, communicated ideas and discussed observations.
- Although Avivo is undertaking a major change process in response to system level changes in the disability, mental health and aged care sectors, the organisation is to be commended for the approach taken to making sure staff are fully engaged in participating in the change process. The transition to establishing locally based care teams will strengthen the service focus on local communities and the needs of customers within these communities.
- Evaluators were particularly impressed by the self-reported progress made by many customers and their families even in situations where support hours were as little as 1.5 hours per week. Customers reported great gains made since receiving support from Avivo. Customers attribute this to the genuinely caring nature of the staff, their ability to walk with them on their journey and gain their trust. Staff felt that they were able to establish close relationships with customers and this enabled better understanding of when and how goals could be progressed.
- Avivo is to be commended for the pro-active response taken to meet the specific needs of Aboriginal customers – including the appointment of Aboriginal staff to a Coordinator and two support worker positions. As well as providing input into cultural safety within the workplace, the customer outcomes experienced by Aboriginal customers was a particular highlight.

National Standards for Mental Health Services

NSMHS Standards		Met/Not Met	Required Action	Opportunities for Service Improvement
1.	Rights and Responsibilities	Met	-	OSI 2
2.	Safety	Met	-	-
3.	Consumer and Carer Participation	Met	-	OSI 1
4.	Diversity and Responsiveness	Met	-	-
5.	Promotion and Prevention	Met	-	-
6.	Customers			
7.	Carers	Met	-	-
8.	Governance, Leadership and Management	Met	-	-
9.	Integration	Met	-	-
10	Delivery of Care			
	10.1 Supporting Recovery	Met	-	-
	10.2 Access	Met	-	OSI 4
	10.3 Entry	Met	-	OSI 3
	10.4 Assessment and Review	Met	-	OSI 5
	10.5 Treatment and Support	Met	-	-
	10.6 Exit and Re-Entry	Met	-	-

Mental Health Commission Outcomes

MHC Outcome	Addressed/Not Addressed	Opportunities for Service Improvement
Health Wellbeing and Recovery	Addressed	OSI1; OSI 3; OSI 4; OSI 5
A Home and Financial Security	Addressed	
Relationships	Addressed	
Recovery, Learning and Growth	Addressed	
Rights, Respect, Choice and Control	Addressed	OSI 2
Community Belonging	Addressed	

Required Actions:

The organisation is required to meet all contractual obligations of their Service Agreements with the MHC. Required Actions (RAs) focus on the minimum satisfactory level of service and must be implemented by the specified date.

The rating scale used to assess the National Standards for Mental Health Services is **met / not met**.

The Evaluation Team did not identify any Required Actions during the evaluation visit and subsequent analysis of the information obtained.

Opportunities for Service Improvement:

Opportunities for Service Improvement (OSI) identify actions to enhance practices in:

- addressing outcomes for people with a lived experience of mental illness, their families or carers; and/or
- meeting the Standards.

OSI's need to be carefully considered by service management as part of their contractual obligations and normal organisational planning processes, and then implemented. A minimum of one OSI can be expected from every Quality Evaluation. OSI's are expected to be completed within 12 months. CMOs are required to report either progress or completion of OSIs in the biannual online report to the MHC as evidence of continuous service improvement.

The Evaluation Team identified the following Opportunities for Service Improvement:

OSI 1 Outcome 1 - Health, Wellbeing and Recovery

That a review be undertaken of all service delivery sites to ensure that a secure facility exists (feedback or suggestion box) to enable written feedback to be provided, including feedback provided anonymously.

OSI 2 Outcome 5 - Rights, Respect, Choice and Control

The Complaints Policy refers to providing details of other sources of assistance (eg HaDSCO, the Ombudsman's Office) only after the complaint has been received and processed by Avivo. This is inconsistent with the requirement for the service to publish contact details of the alternative choices available for lodging a complaint about the service. All brochures, pamphlets and customer related information regarding feedback should include the contact details for HaDSCO and the Ombudsman's Office. It is noted that the 'Avivo Feedback – We Listen to You – it helps us do better' brochure does not include this information.

In addition, the Complaints Policy is cross referenced with the Advocacy and External Review of Complaints Policy. This latter policy does provide some (but not all) of the required information however it is not accessible publicly via the website.

Finally, the Complaints Policy available on the Avivo website is not the most current version of the Complaints Policy.

It is recommended that both current policies be amalgamated into one using the most up to date information and that all externally directed publications are reviewed to ensure consistency with the policy.

OSI 3 Outcome 1 - Health, Wellbeing and Recovery

There is insufficient information on the Avivo website relating to service eligibility for mental health services. Additional information should be developed to ensure prospective customers have a clear understanding of eligibility for assistance. It is noted that this is

intended to be addressed as part of the website redevelopment process that is presently underway.

OSI 4 Outcome 1 - Health, Wellbeing and Recovery

The Avivo website does not include any information about where people can access afterhours crisis or emergency services. The website needs to be updated (see OSI 3) to clearly include telephone contact details for Lifeline, Kids Helpline, the Suicide Call-back service and emergency services via 000.

OSI 5 Outcome 1 - Health, Wellbeing and Recovery

The audit of customer files confirmed that:

- There was no indication on the customer record whether a copy of the support plan had been provided to the customer.
- Case notes were of variable quality and consistency. Support staff acknowledged that there are technical difficulties in documenting to the electronic record remotely however a new platform is planned to be introduced in 2019.

It is recommended that guidelines be developed to assist Support Workers in contributing to the customer record so that both these issues are addressed as the new platform is introduced.

Matters for Further Consideration:

1. Evaluators were made aware of the difficulty experienced in planning support services for customers returning to the community from hospital. Often insufficient notice is received to enable effective planning for changes to staff rosters, pre-discharge consultation with the hospital and mental health clinic. It is suggested that this issue should be discussed in the first instance with the Community Mental Health Team with a view to a protocol being developed to guide the discharge planning and referral process. In the event that progress is not forthcoming escalation may be required.
2. In reviewing the policies, procedures and work instructions at both corporate and service level there did not seem to be a standardised process for identifying the authorisation of the documents (whether endorsed by the Board or CEO) or provision for a nominated date of review. It is suggested that the policy template be amended to allow provision for this.

3.1 Outcome 1 - Health, Wellbeing and Recovery

People enjoy good physical, social, mental, emotional and spiritual health and wellbeing and are optimistic and hopeful about their recovery:

- Individuals, families and carers are supported to explore and address their physical health, social, emotional and mental wellbeing needs
- Individuals, families and carers are supported to have collaborative, equal partnerships with their GPs and other health/mental health practitioners
- Individuals, families and carers experience increased hope and optimism about their recovery
- Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI and CALD people's health, wellbeing and recovery

Evaluation Finding:

The organisation **addresses** this Outcome

The organisation **meets** the related Standards

Evidence:

- Customers reported high levels of satisfaction with the services provided by Avivo. It is clear that Customers found the support provided by support workers to be very helpful to their recovery. Comments included "Avivo are wonderful. My life has completely turned around since coming into contact with Avivo. You don't get to thank the service enough. The two support workers are just lovely. I've been with them for four years. I have lots of support. I wouldn't change anything..."
- Customers also reported that Avivo support staff did not impose themselves or assume a certain starting position in their contact with them. One respondent commented "I'm so different now. I still have ups and downs but I'm in a much better place...It took about a year so it took some time. I initially didn't want to engage as I was wary about losing my independence, but they worked with that, and if anything, I am much more independent now after the support."
- Support Workers reported that there have been some really significant changes in some people's lives from being in a long-term psychiatric hospital environment to living in the community with day to day support provided by Avivo workers and other community activities. Several customers had previously experienced suicidal thoughts with one customer reflecting that they had attempted suicide on numerous occasions over a 10-year period however since being supported by Avivo a little over a year ago there have been no reported attempts.
- Support Workers clearly have developed close supportive relationships with customers. The regularity of visits to customers in both the ICLS and personal support programs enables workers to identify changes in support needs. Staff reported that in the first instance planning occurs with the customer on what changes may be appropriate. Liaison with the community mental health team occurs in accordance with the support plan.

- Support workers reported that Avivo has a strong focus on the importance of achieving and maintaining physical health and the effect this has on mental health and wellbeing. Physical activities are seen as a vehicle for empowerment, development of skills and the enhancement of wellbeing and life enjoyment. There were many instances raised in discussions with customers where improvements in physical health has had a positive impact on a sense of wellbeing. One customer described by a family member as being a “prisoner in their own home” now enjoys going swimming regularly with their key worker. This person’s family are amazed at this transformation after just 18 months of seeing their worker twice a week. “They encourage him and push him. Otherwise he wouldn’t go. But he actually enjoys going out now. He likes to go out with them. He feels safe.” While this person is still not independent and able to go out on his own, the family recognise that even going out with Avivo staff is significant progress at this point in the person’s recovery.
- Discussions with support workers and customers confirmed that support workers take a whole of person view of wellbeing, complemented with a holistic view of wellbeing. Diet, exercise, looking after yourself are prioritised as part of the support offered. Customers report that changing their lifestyle habits has been something they have needed support with, but now they have healthier habits they feel much better and their mental health and wellbeing has improved. “They’ve helped me with changing my habits. It takes time, but they have been patient. They go shopping with me, selecting healthy food. And now I just do it automatically. I go to the supermarket and just know what to do now.... I’m feeling much healthier.”
- Another customer reflected that “I used to live on lots of takeaways but now I do cooking and meal planning” and that “I never used to eat a lot of fruit but I do now.”
- Staff speak well of customers, with respect and recognition of their humanity, whole self, lives and personal histories. When staff described challenging interactions, such as when someone was unwell, they did not mention diagnosis or labels, and pin-pointed difficult behaviours to one point in time and also mentioned customers many positive qualities.
- Customers reported that during regular visits support workers always asked about how they were coping with day to day living. These conversations would include details about diet and exercise and what activities they had been involved in. Customers access a local gymnasium, swimming pool and other community activities (eg Men’s Shed, discussion groups organised by other service providers). There were many instances where both customers and their families separately reported how positively these activities had impacted on the customers physical and mental health and wellbeing. Family members reported noticeable changes in their son/daughters’ outlook on life, stability in mood and an ability to take on more responsibility in organising their lives. “I have seen such a change in him since Avivo started working with him. Before, my son would not go out anywhere. Now, there is a big difference. Avivo is really good and there is a lot of improvement. I have seen such a difference in my son.”
- At the Jandakot site, there did not appear to be a customer feedback facility (feedback or suggestions box) to enable customers, families and carers to be able to provide feedback anonymously. It is recommended that a review of all sites occur to

ensure that secure facilities exist to enable anonymous feedback to be provided. (see OSI 1)

- The audit of customer files confirmed that all customers have a current Support Plan and that this is regularly reviewed. Crisis Respite and Support plans were also documented along with all relevant consents and contact details. Two issues were identified regarding the currency of case note information held on file:
 - There was no indication on the customer record whether a copy of the support plan had been provided to the customer
 - Case notes were of variable quality and consistency. Support staff acknowledged that there are technical difficulties in documenting to the electronic record remotely however a new platform is planned to be introduced in 2019.

It is recommended that guidelines be developed to assist Support Workers in contributing to the customer record so that both these issues are addressed as the new platform is introduced. (See OSI 5)

Supporting documentation, policies and procedures in relation to this Outcome and related Standards

Title	Comments
Individual Care Plan	Includes reference to physical health and social activities, diet and exercise
Crisis Respite Support Plan	Comprehensive crisis planning document completed for all customers and held on file.
AVIVO website	It is of concern that no additional contact information is provided on the website to assist people experiencing crisis (eg Lifeline, beyond blue contact details)
Various policies and procedures to guide practice	Avivo has a comprehensive suite of policies and procedures to guide practice for all service areas including mental health. (see Section 4)
Mental Health Fact Sheets	Includes emphasis on recovery concepts of connection, hope, identify, meaning and empowerment. Also references additional available resources. Other fact sheets have also been developed to provide information to staff about most mental health diagnoses.
Charter of Rights and Responsibilities	Describes Avivo's service obligation to customers, families and carers. Based on core values of the organisation.
Working with Vulnerable People Policy	Core values that guide all contact with customers, carers and families.

NSMHS Compliance:

Standard	Criteria
2. Safety	2.3; 2.6; 2.9; 2.10; 2.12; 2.13
5. Promotion and Prevention	5.1; 5.2; 5.5; 5.6
6. Consumers	
8. Governance, Leadership and Management	8.2
9. Integration	9.2; 9.4
10. Delivery of Care	
10.2 Access	10.2.3; 10.2.4
10.3 Entry	10.3.1; 10.3.2; 10.3.4; 10.3.5
10.4 Assessment and Review	10.4.1; 10.4.2; 10.4.4; 10.4.5; 10.4.6; 10.4.7; 10.4.8
10.5 Treatment and Support	10.5.2; 10.5.11

3.2 Outcome 2 – A Home and Financial Security

People have a safe home and adequate source of income:

- Individuals are actively supported to engage in volunteer or paid employment of their choosing
- Individuals are actively supported to engage in further education and training (e.g. TAFE, University, short courses etc) of their choosing
- Individuals are actively supported to manage their finances and resolve issues impacting on their financial security
- Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI and CALD people to address their needs for a safe home and financial security

Evaluation Finding:

The organisation **addresses** this Outcome

The organisation **meets** the related Standards

Evidence:

- In discussions with staff, many examples were provided of the ability for the service to be flexible in meeting with customers to fit in with customers' needs regarding employment and fitting in with their daily activities. Management has flexibility in ensuring that services are coordinated in response to customer needs.
- Avivo provides support to customers in managing their financial circumstances if required or if circumstances change. The service provided examples of where homelessness risks were identified early and proactive steps taken with the customer to address the issue of concern.
- One Indigenous customer was at risk of homelessness, as they had 22 others living in their house, but only her name on the lease. Avivo helped to manage their cultural needs with expectations of a tenancy. They advocated for the woman to live closer to family members who were visiting her. This approach had a successful outcome and the approach was sensitive to the cultural needs of the customer. A staff member commented "We had to really build trust with everyone in that house. Our two Aboriginal mentors were integral to this success."
- A sample of individual support plans indicated that active steps towards study and/or employment, and dreams about future careers are an integral part of discussions Avivo has with customers. This was also reflected in interviews with customers, who report that they are encouraged to participate in the community and make a contribution. For example, one customer commented "I volunteer at Lorikeet Centre. I help clean up and with workshops".
- Customers reported on the types of assistance provided to them in assisting with their day to day living requirements - "My support worker helps me with planning around the house. Together we work out the objectives and goals of what I want to achieve –

generally it is for home maintenance or gardening. Then I get things from Bunnings, tools for painting and things like that”.

- Avivo is responsive to the individual needs of customers. Some customers reported that they did not require assistance with housing or with managing financial matters, others cited this assistance as one of the things that Avivo does that is really helpful. Comments included:
 - “Avivo makes sure my son does not spend a lot of money. They always make sure he gets his food first and they are aware of his allocation of money.”
 - “Avivo helps my sons to understand they have to contribute to the household and how much it is.”
 - “They have helped me with budgeting - what comes in versus what goes out. I have a shopping list and they help me to get bargains. I used to volunteer however after the stroke I can no longer drive and can no longer volunteer.”
 - “I handle my money myself and I don’t need any help with housing. They have however helped me to apply for the NDIS and fill in the forms. They have also helped me to apply for a grant to get some money so I can go to Rottneest with my sister.”

Supporting documentation, policies and procedures in relation to this Outcome and related Standards

Title	Comments
Customer Journey Guidance Booklet	Identifies requirement to address holistic client needs and the care pathway that links these. Includes the importance of money (having enough to live life) and home (having a place where you belong) as well as community life, connectedness and looking after your health and wellbeing.
Carer Support Plan	Identifies goals to support carers in their role
Supporting People with their Financial Affairs and Access to their Home Procedure	A guide to practice for staff in supporting customers in their housing and financial affairs.

NSMHS Compliance:

Standard	Criteria
2. Safety	2.1
3. Consumer and Carer Participation	3.6
6. Consumers	
10. Delivery of Care 10.5 Treatment and Support	10.5.16

3.3 Outcome 3 – Relationships

People have enriching relationships with others that are important to them such as family, carers, friends and peers:

- Genuine and valued social relationships are developed with people who are important to individuals (e.g. children, partner, siblings, parents, friends, peers)
- Valued, safe, meaningful, respectful and empowering relationships are developed with support workers, professionals, service providers and other community members
- Recognition of family members (including dependents eg elderly/children) carers as partners in the individual's recovery
- Support for family members (including dependents eg elderly/children) to access supports and services for themselves
- Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI and CALD people to address their relationships with family and community

Evaluation Finding:

The organisation **addresses** this Outcome

The organisation **meets** the related Standards

Evidence:

- Official messages delivered by the organisation via their website and on-hold phone message reiterate that customer preferences and views are paramount. Avivo will listen to “what’s important to you in terms of service, and who you’d like to work with.” The message also states that Avivo provides services for carers and family members.
- Staff report that they are supported by Avivo in their professional development and training – “We have support workers, often they are students or casuals, but we invest in them so they don’t move on.” It is clear as well that attempts are made to secure training opportunities that are the most appropriate to needs and reflect current industry leading training initiatives. For example, a manager reported trying to arrange vicarious trauma training for staff despite how difficult it is to obtain in Perth.
- The organisation has robust team management structures in place to support staff in providing care and support to customers. Staff reported that “relationships in teams have been strengthened so we can communicate in ways that’s right. We are well connected; we spend time together so we can talk through things.”
- The organisation has a clear focus on building teams’ sense of self-worth that enables them to support customers - “They are the ones working closely with customers, so they need support.”
- The organisation places a lot of emphasis on the recruitment and selection process for all service and support positions with a view to enhancing team functioning and collaboration. “In other places faceless beings are doing the recruiting, but here, we put relationships up front. We ask, do you mind meeting with the customer? The customer might meet with both of the candidates and their preference will guide us.”

- Regarding the service delivery structure staff reported “We now work in local teams. We think about how will new people fit with us and with customers. We do recruitment for our customers, this directs our decisions, we are always looking for a good fit.”
- It was apparent in all customer interviews that customers have good rapport with staff. All customers interviewed seemed highly satisfied with the personal qualities of their support workers. Examples of comments received included:
 - “She is so fun. She has a wicked sense of humour. She is so beautiful and so caring. At the end of the day if I need more hours (name of another worker) will pick it up.”
 - “He is good. He gives good eye contact, you know they are hearing what you say. For me that’s really important.”
 - “Very good. My two support workers are really lovely.”
 - “I can ring (name of worker) and send her a message any time and I know she will get back to me. They are so lucky to have her at Avivo. We connect.”
 - “I have no family support anymore. But I do have my support worker, so that’s enough.”
- Customers describe their relationship with Avivo on equal terms, their language indicates they are growing together and in partnership, for example one customer commented “I don’t cope with change. But when I work with Avivo I see they are on a journey, I am on a journey. Avivo is able to accommodate all this, discomfort with change. We work together.”
- Family members and carers also reflected positively about their contact with support workers and Avivo staff – “(customer name) has been seeing a key worker for 18 months and there has been a remarkable difference in him”.
- It was also noted that some customers do not have contact with any family members and for them the support provided by Avivo support workers was particularly important and highly valued.
- Case record review confirmed that that support planning process includes the development of a specific carers plan. The plan is developed based on the customers wishes in respect of involvement of carers.
- Customer interviews supported the significance of the development of a support plan – “I have a support plan, where I am involved in writing it. It is reviewed every year and amendments are made then.”

Supporting documentation, policies and procedures in relation to this Outcome and related Standards

Title	Comments
Carer Support Plan	Identifies goals to support carers in their role
Working with Vulnerable People Policy	Core values that guide all contact with customers, carers and families.
Vision, Purpose and Values Policy	Specifies the core values of the organisation including definitions of valued citizenship (freedom, purpose, money, home, help, community life, love and relationships, safety and good health)
Supervision Policy	Defines the requirement for workers to work in partnership with customers to assist them in exercising choices and exploring options. Then articulates the partnership approach between supervisor and supervisee relationships.
Avivo Reconciliation Action Plan	A 2016-17 document that identifies a range of commitments to address cultural capacity building and develop positive relationships with Aboriginal and Torres Strait Islander people.
Customer Journey Guidance Booklet	Identifies requirement to address holistic client needs and the care pathway that links these. Includes the importance of money (having enough to live life) and home (having a place where you belong) as well as community life, connectedness and looking after your health and wellbeing.
Avivo Vision	The vision is referred to in most of the customer and care related policy and procedure documents in the introduction of values section, viz - "Our vision is that people live as valued citizens, making their own decisions, developing their abilities and growing in their relationships."

NSMHS Compliance:

Standard	Criteria
1. Rights and Responsibilities	1.12
2. Safety	2.8
6. Consumers	
7. Carers	7.2; 7.3; 7.11; 7.13; 7.16
8. Governance, Leadership and Management	8.6; 8.7
9. Integration	9.3; 9.5

Standard	Criteria
10. Delivery of Care 10.4 Assessment and Review 10.5 Treatment and Support 10.6 Exit and Re-Entry	10.4.3 10.5.12 10.6.4

3.4 Outcome 4 - Recovery, Learning and Growth

People develop life skills and abilities, and learn ways to recover that builds their confidence, self-esteem and resilience for the future:

- Individuals, families and carers are offered person-centred, holistic supports and services underpinned by recovery principles and practice
- Individuals, families and carers are empowered to develop their strengths, acquire the skills and knowledge they need to progress their personal recovery
- Individuals, families and carers have access to the right information and supports at the right time to help with factors that impact on recovery
- Individuals, families and carers are informed about mental health, recovery and effective supports and strategies that address their needs and aspirations
- Individuals, families and carers experience increased confidence and resilience about their recovery
- An appropriately skilled and resourced workforce, including peer support workers, provide recovery oriented services and supports
- Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI and CALD people's recovery, learning and growth

Evaluation Finding:

The organisation **addresses** this Outcome

The organisation **meets** the related Standards

Evidence:

- The evaluation team found that Avivo staff demonstrate a nuanced and contemporary understanding of the meaning of recovery. Importantly, this understanding was a common feature in discussions with staff and was consistently interpreted, for example "We need to be in the inner circle of a person's life, in order to make a difference. ... Customer focus is the centre of everything. We are in there, as part of their full life as a citizen."
- It is clear also that Avivo has an approach which is responsive and adaptable to peoples needs within an overarching caring orientation that is focussed in meeting customers' needs and preferences.
- Staff reported that they take time to get to know individuals – "It's haphazard. We have freedom to work with customer on everything. With new customers the time is taken to work out what makes them tick."
- Staff demonstrate appropriate flexibility in their approach to recovery work. They report that it can take a lot of time to work with someone about what their goals are, and even if 'goals' is a suitable framework at that time – "Sometimes it is more about "What's a good day going to look like for you right now?...If the person is not well, the idea of 'goals' can be confronting."

- One customer interviewed reported that Avivo has grown in their understanding of recovery work and their ability to adapt, as the mental health system grows. One customer observed “They are a lot better at doing things than they used to be.”
- Avivo express their approach to recovery through various concepts and principles, which are summarised in the following table. The Evaluation Team believes that these principles are appropriate for the customer group and demonstrate sound understandings of recovery work:

Principle	How this looks in practice
Small steps	The focus is very much on the daily routine for the person. Embedding small and positive steps and habits in someone’s life, that leads them towards their goals. This is constantly assessed and updated.
Pacing	Avivo has an approach that would indicate they would never give up on a person even in highly complex circumstances. While this is consistent with observations of the evaluation team, it is also apparent that they are aware that at times recovery is slow, and it is important to work at the pace of the customer, that allows for their full recovery – eg ‘ <i>Recovery work can be slow work</i> ’
Adapted to individuals and to points in time	<i>“Recovery is a varied experience. It can’t be generalised.”</i>
Working through resistances	<i>“The mental health system has not built reciprocity into the system so there is resistance to that initially. We try to find, what is the ‘why’ that will motivate a person to engage and recover. We try to reshape ourselves, but it also means having honest chats with the person.</i> <i>“We also have conversations with teams about how to engage people.”</i> <i>Where the goal is the clean up the house, that is easy, but there are more difficult changes to make.”</i>
Working through hard times	<i>“When she’s well she has a good relationship with us, but she can be very aggressive and needs to be admitted to hospital under the Mental Health Act. During these times she calls me and there’s verbal abuse. When she’s well we try to work through these times, she has insight. We have conversations about her thought processes.”</i> <i>“We know the early indicators for her and support her understanding of what her early indicators are. We support her understanding of what her early indicators are.</i> <i>We’ve made arrangements with Peth Clinic for respite. This requires early access, it has worked in preventing.”</i> <i>“She would call me to vent her anger. I took the brunt of it. She settled down. I guess she needed to get things off her chest and I helped with that.”</i>

- In relation to staff supervision and support, Avivo conduct ‘Reflect and Learn sessions’, which are reported by staff to be really useful – “It’s group supervision, self-directed by the team (non-clinical). There is also one on one supervision as needed.”
- Coordinators show high levels of trust in their support workers – “If I have a good support worker I don’t need to hover. I let them get on with it.”

- In relation to support plans, sample reviews revealed that the customer record includes:
 - Individual Funding Plan – including Risks and Safeguards document (ICLS)
 - Interim Funding Plan (ICLS)
 - Outcome Measurement and Reporting Tool (ICLS)
 - Support Plan (non-ICLS)
 - Support Plan Review Form (non-ICLS)
 - Working Safety Assessment Report (non-ICLS)
 - Carer's plan
- In all instances the support plan reviews were up to date with evidence of constant review and documentation. For ICLS customers a personal story is included in the record. There is evidence of support staff checking with the person regularly about whether this story still reflects the truth about who they are and how they experience the world, people can easily change it, it is seen as a dynamic process.
- The quality of documentation in the written record was of a very high standard. The following evaluator observations of support planning documentation in particular was reflective of this:

Observation	Notes
Customer voice	<ul style="list-style-type: none"> - Customers' voice seemed really strong in the documents; evidence that customer was included and very much an active participant in creating the plan - Creativity about how and in what format plans were filled in
Evidence of individualised planning	<ul style="list-style-type: none"> - Every plan was completely different and individual; evidence that this was not a template approach to filling in forms, not a cookie-cutter process - A large range of activities and goals were evidence – from paying bills, doing art, volunteering, exercising etc.
Plans reflected achievable goals and founded on a realistic baseline of where customer was at	<ul style="list-style-type: none"> - At times goals were aspirational (plans for work and study) other times reflected small steps (cooking); goal setting is based on where a customer is at and customer preferences - Plans reflected strengths and vulnerabilities – a good balance between what the customer is like when they are thriving, and how to care for the customer when they become unwell

- Customers commonly reported positive experiences of getting better with support from Avivo, for example:
 - “I don't like a lot of changes but I'm getting better.”
 - “We get caught up with mental health treatment, but when you get the right support it's good.”
 - “I'm quite easy to treat. I don't have drug or alcohol issues. I just need some extra help.”
 - “Before I would recover, but I was not staying in recovery. But now I'm stable, I'm on medication now.”
 - “My support worker has provided avenues to discuss my condition. It has provided greater insight to me and made a difference to me.”

- With (support workers) help I learnt to let things go. I'm very anxious. He (support worker) helped reduce my anxiety when I go shopping. By going shopping with me. By actually being there.”
- “Emotional stability has improved, plus practical skills”
- Carers and family members also reported many positive comments about the service provided:
 - “With Avivo, my son has definitely improved. It is still baby steps with him. His quality of life has also had a huge improvement, since Avivo. He can now have a conversation with the support workers, when he was very withdrawn before. His confidence has improved. I would say he has definitely learned and grown with having the support workers.”
 - “Avivo always rings to check that things are going smoothly. I have found Avivo to be very transparent. If there are any issues or complaints, I ring to discuss it with Avivo. Compliments, I normally discuss directly with the support worker. I didn't consider ringing the office, now I will.”
- Customer observations of the care and support provided by Avivo workers indicates that staff do work to empower customers on their recovery journey. When customers are well Avivo takes this opportunity to talk with them about staying well - “I know what makes me unwell. It is when I don't sleep. Lifestyle choices, my choices, will affect that. The doctor said not to have a TV in the bedroom but my worker said to do what suits you. I do meditation and relaxation, I started that. I've committed to that, to myself.”
- One customer of Avivo reported going from strength to strength with their recovery. They indicated that they responded really well to their support worker and the number of doctors' visits decreased the number of consultations with Foundation Housing decreased. The worker supported this - “(customer) used to call Foundation Housing three or four times a week, but they have now stabilised. When we spoke with Foundation Housing they asked is she OK? We said, yes you haven't heard from her because she is doing well.”
- The evaluation team were impressed by the way the whole service is focussed around the individual, from the way the service is designed, the way staff are supported to be flexible and adaptive, and the way customers feel safe to provide feedback. It is apparent from the range of interviews conducted with staff that this is their passion and their strength:
 - “Even when we were Perth Home Care, we were leading in the State in terms of person-centred care.”
 - “ICLS is easy, it is easy to do person centred care...support is determined by customers, their needs are complex. So, for example if a staff member is sick the customer might forgo support rather than get a stranger in, it's up to them.”
 - “With other streams of funding outside of ICLS it can be harder.”
- There is evidence also from customer interviews that, as much as possible, the service accommodates the preferences of individuals:
 - “Because I'm a morning person, she comes early.”

- “My needs were being met. I started with three hours a week, but those hours were hard to fill. So we changed to 1.5 hours a week, which was much better. The change was based on my feedback to them.”
 - When staff were sick, I said I preferred not to have support, rather than have someone I don’t know turn up. Everyone was OK with that.”
- Where they cannot due to staffing issues, rostering etc., there is evidence that customers have a lot of warning of any changes and a lot of consultation so they feel they are participants in the change. In one example a customer described how they were supported to be more flexible:
 - “I don’t like change. I think my key worker may need to change their days. They come Fridays but they may need to change their day to Thursdays. Avivo gets busy you see. I am willing to accommodate this. I can be flexible. I’m not usually, but they’ve been talking with me about this.”
- Staff report that their approach is to have conversations with customers so they understand if the service cannot be delivered as expected. Customers also report this:
 - “I have to be flexible. So sometimes Avivo staff might be late, but that’s because they get caught up with others who might need their help. So (support worker) helps me, but I’ve been able to help her as well.”
- It is clear that Avivo has developed considerable expertise in working with a range of customers, including those with high and complex needs. Staff report that the approach is to get to know the person and actively try to destigmatise their ‘illness’. In one example, the worker indicated that instead of reading 87 pages of reports involving incidents that had occurred at Graylands, the approach was taken to meet the customer in the first instance to develop the relationship without preconceptions. There have not been any incidents since this customer commenced with the ICLS program with Avivo and both the customer’s carer and clinical case manager have reported amazement at the transformation that has occurred since leaving Graylands.
- Staff reported that meeting the needs of customers with high and complex needs was difficult, especially within the limited hours of support per week that are allocated. The service demonstrated that the response to acute needs and situations of crisis had been managed effectively by drawing upon the resources of the team to support the primary worker:
 - “We were trying to sort out this women’s whole life in four hours a week. We linked her into more and more services, but it became difficult to define our own boundaries with her. She kept contacting the worker. We stepped into the chaos to engage with her, to try and clarify our role and to manage her expectations. One staff member got 116 missed calls from a customer in an hour. Conversations were about, who to ring and for what, agreed to a team response and a consistent message, we tightened up our response with team meetings, to reinforce the customer’s understanding, which was effective.”
- Many customers have had previous, possibly negative experiences with the mental health system which then presented as an unwillingness and resistance to engaging with the service. The Evaluation found evidence that Avivo is effective at overcoming these barriers and earning the trust of customers, for example:

- “When I met them, they came to my home. I didn’t want to engage, but they came to my home and I thought that was OK. They did it gently, I guess. They wanted to see me, and to see what I can do.”
- “There have been changes in mental health sector. Some people resist these changes but Avivo has walked with me.”
- “First step is getting to know the person, take this carefully. Helps engage the person and feel safety.” (staff interview)

Supporting documentation, policies and procedures in relation to this Outcome and related Standards

Title	Comments
Customer Journey Guidance Booklet	Identifies requirement to address holistic client needs and the care pathway that links these. Includes the importance of money (having enough to live life) and home (having a place where you belong) as well as community life, connectedness and looking after your health and wellbeing.
Working Locally Roadmap V2	Describes the organisational change process toward establishing local self-managed teams servicing a defined community of interest population catchment. Based on principles of enhancing continuity of care for customers and developing a sense of belonging and connectedness for both customers and staff to the local community. Staff responsiveness to local needs is also encouraged.
Training and Development Policy	The organisations statement of obligation to provide staff with the skills necessary to fulfil their customer service and duty of care responsibility.
Welcome Pack	Orientation and induction package issued to all newly appointed staff and volunteers.
Diversity Policy	Identifies the principles that guide organisational culture to provide a culturally safe workplace.
Continuous Improvement Procedure	Identifies the mechanisms and reporting requirements to ensure a culture of continuous improvement occurs is embedded in the organisation.

NSMHS Compliance:

Standard	Criteria
2. Safety	2.11
6. Consumers	
7. Carers	7.12
8. Governance, Leadership and Management	8.1; 8.7
10. Delivery of Care	
10.1 Supporting Recovery	10.1.1; 10.1.3
10.5 Treatment and Support	10.5.1; 10.5.3; 10.5.7; 10.5.9; 10.5.13; 10.5.14; 10.5.15; 10.5.17
10.6 Exit and Re-entry	10.6.1; 10.6.2; 10.6.3; 10.6.5; 10.6.6; 10.6.7; 10.6.8

3.5 Outcome 5 - Rights, Respect, Choice and Control

People are treated with dignity and respect across all aspects of their life and their rights and choices are acknowledged and respected. They have control over their lives and direct their services and supports:

- Individuals, families and carers are aware of their rights and responsibilities, and are treated with respect and dignity
- Individuals, families and carers are actively supported to be involved in all aspects and levels of service planning, delivery and review
- Individuals, families and carers are empowered to explore, choose and make decisions from a full range of opportunities
- Individual diversity (including cultural and spiritual), is recognised and actively supported
- Complaints and concerns, are heard, managed and resolved sensitively, effectively and efficiently by the organisation, in culturally appropriate ways
- Relevant cultural understanding shapes the provision of supports and services to help Aboriginal and CALD people to address their rights, respect, choice and control

Evaluation Finding:

The organisation **addresses** this Outcome

The organisation **meets** the related Standards

Evidence:

- All customers, carers and family members spoken with reported that Avivo support workers and other staff treat them with respect and dignity. Stakeholders interviewed stated that support workers and facilitators were respectful in their dealings with the children and young people, and their respective adults. This was supported by separate interviews with support workers, facilitators and the service manager.
- Similarly, interviews with customers confirmed that their requests for preferences regarding activities or community events were also respected and they felt that they were well informed by workers about what choices were available to them and that it was their decision.
- The findings of the evaluation team were that Avivo has procedures in place to ensure customers feel empowered to make decisions, that individual circumstances are considered as an essential element in discussing plans, goals and activities and that customers are supported in their recovery journey.
- It was also apparent that the approach taken in understanding the needs of people from different cultures, ethnic backgrounds and language groups was also well developed and embedded in staff practices. For example, in relation to Aboriginal or Torres Strait Islander people, the Indigenous facilitator initially makes contact with the customer and meets them informally – “they just sit down and have a chat – get the person comfortable”.

- In working with Aboriginal people there were several requests from customers to work with an Indigenous support worker. As a result, the organisation has proactively recruited two Indigenous support workers to complement the cultural mix and capacity of the support teams.
- Examples of customer comments regarding their involvement in decision-making included:
 - “All the support workers I have had have always been respectful to me. My support workers change about every 2 years. It is ok with me.”
 - “I always have a choice in everything. I find they don’t try to influence my decisions instead they back me up and support my decisions. I have control over everything.”
 - “The support workers are very respectful to both my sons. Having the support workers come, it gets my sons out of bed, dressed and looking decent. If not, they would probably stay in bed all day. It is an incentive and they look forward to having Avivo. I have also found the support workers listen to both my sons and give them choices. They try to help my sons to make their own decisions.”
 - “I can change my mind at any time and there is no drama. My support workers given me absolute respect. Sometimes I don’t even get this level of respect from my family.”
 - If I have a complaint or compliment, I telephone them. Also, if I am anxious and uncomfortable, I can call my support workers. I make the decisions – although they do give me support once a month to attend meetings at Graylands.
 - They always treat me with respect and as an equal.

Supporting documentation, policies and procedures in relation to this Outcome and related Standards

Title	Comments
Charter of Rights	Sighted
Working with Vulnerable People	Sighted
Restrictive Practices Consultative Committee	Terms of Reference – review process for ensuring least restrictive practices for people cared for with a disability, mental ill health and frail aged.
Diversity Policy	Sighted
Privacy and Confidentiality Policy	Sighted
Confidentiality Agreement	Employee and volunteer requirement to adhere to confidentiality and privacy principles.
Complaints Policy	An online facility allows providing feedback and/or complaint anonymously however no additional information is provided should the complainant not wish to lodge the complaint directly with Avivo (eg Ombudsman’s Office, Health and Disability Complaints Office). An older version (than the version which is currently part of the policy suite) of the Complaints Policy is accessible via website, however while it refers to the requirement for staff to provide contact details for

Title	Comments
	external complaints authorities to the complainant, the actual contact details of advocacy and complaints organisations are not accessible publicly in advance. An additional policy document (Advocacy and External Review of Complaints) is referenced within the Complaints Policy which does provide some of the information required but this policy is not accessible on the website. (See OSI 2)
Avivo Feedback brochure – ‘We Listen to you – it helps us do better’	Brochure lists Customer Liaison Officer contact details and other Avivo contact details only (see above).
ICLS Individual Funding Plan	Sighted and verified that these are completed for each customer
MHC Participant Agreement Form (ICLS)	Sighted and verified that these are completed for each customer
Mental Health Service Agreement	Sighted and verified that these are completed for each customer
Carer Support Plan	Sighted – for all records sampled
Advocacy Policy	Sets out Avivo’s obligations to support people who may require increased support.
Customer Support Plan	The primary support planning document which captures the goals and aspirations of the customer and sets milestones and actions to achieve them.
Quality Management System Procedure	Intranet based Quality Management System procedure statement – employee focussed
Continuous Improvement Plan (2017)	Detailed action plan across critical service domains including mandatory cultural awareness training for all staff, audit of restrictive practices, improving support plan progress notes against goal attainment.
YourLink	Electronic customer information recording system.
Evaluation and Learning Plan	Primarily constructed to assist in the ‘working locally’ initiative it also includes evaluation criteria for customer surveys about improvement in care provided – including increased choice and control in decision-making.

NSMHS Compliance:

Standard	Criteria
1. Rights and Responsibilities	1.1; 1.2; 1.3; 1.4; 1.5; 1.7; 1.8; 1.9; 1.10; 1.11; 1.13; 1.14; 1.15; 1.16; 1.17
3. Consumer and Carer Participation	3.1; 3.2; 3.3; 3.4; 3.5; 3.7
4. Diversity Responsiveness	4.1; 4.2; 4.4; 4.5; 4.6
6. Consumers	
7. Carers	7.1; 7.4; 7.6; 7.7; 7.8; 7.9; 7.10; 7.14; 7.15; 7.17
8. Governance, Leadership	8.4; 8.5; 8.8; 8.9; 8.10; 8.11

Standard	Criteria
and Management	
10. Delivery of Care	
10.1 Supporting Recovery	10.1.2; 10.1.4; 10.1.6; 10.1.8; 10.1.10
10.3 Entry	10.3.3; 10.3.8
10.5 Treatment and Support	10.5.4; 10.5.5

3.6 Outcome 6 - Community Belonging

People are welcomed and have the opportunity to participate and contribute to community life:

- Individuals are actively supported to explore identify with and participate in the community and culture they wish to belong to
- Individuals are actively supported to participate in a range of community activities and events of their choosing
- Individuals are actively supported to acquire the skills, competencies and knowledge to enhance their independence and inclusion in the community
- Individuals are actively supported to pursue activities that promote their personal interests, lifelong learning and well being
- Recognition of family members (including dependents eg elderly/ children) carers and friends as an integral part of the person's community and culture
- The community is welcoming and actively implements strategies to deliberately engage and involve individuals with mental illness, their families and carers to be contributing members
- The community works with partner organisations to advance the valued status of people with mental illness, their families and carers
- Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI and CALD people to address their need for community belonging and create opportunities to participate and contribute

Evaluation Finding:

The organisation **addresses** this Outcome

The organisation **meets** the related Standards

Evidence:

- When discussing the types of activities that customers were involved in in the community, respondents referred to a variety of things including attendance at Lorikeet House, gym memberships, swimming activities, music club and Men's Shed activities.
- Support workers reported providing assistance to customers who hadn't lived outside an institutional setting for considerable periods of time and the work that was required to assist the person in becoming familiar with local facilities and services and gaining confidence in completing day to day tasks such as shopping, using public transport and managing finances.
- Customers referred to other assistance provided by support workers such as assistance in arranging local library membership and exploring study options at local TAFE colleges. One customer remarked "they have looked into a mathematics course at TAFE for me. This is one of my goals". Another indicated "they found a music club for me, which is just down the road from where I live. I haven't started going yet as I need to get a guitar. They have helped me to get a grant to buy a guitar".
- One customer stated that "it's not only person centred, it's community centred. They connect you up with things in my area".

- A parent reflected on Avivo's contact with her sons – “they take part in the community in their own way as they have to be comfortable with it. Avivo is very good in this respect. They have not forced them and always ask and listen to what they wish to do. As such, my sons’ confidence has improved, and they look forward to the time when their support workers will be back.”
- Another customer commented “I can see now that hospital does not suit me. I get worse in hospital. There’s nothing to do. But with 1.5 hours a week of support that’s all I need to live my life. The month I had without them (during a recent hospital admission) was not pleasant for me. But at the end of the day it is about being responsible for yourself. My needs were complex, but now I get a couple of hours per week and that is enough.”
- Another customer responded “my support workers have helped me to stay in the community. Without them I wouldn’t be here. They do anything for me. Because of Avivo, I am living independently and not in a nursing home. I can’t do without them. They are angels.”
- One person who has been receiving support for some time said “I have slowed down a lot over the last 2 years and am not overly concerned about going out and about in the community especially with all the house maintenance and gardening I have to do.”
- Another customer reflected “It is because of Avivo I am more in touch with my friends and family as they take me to activities and I can keep in touch with the people who are important to me. My life has turned around and is much better now.”

Supporting documentation, policies and procedures in relation to this Outcome and related Standards

Title	Comments
Avivo website	Under the ‘our services’ tab additional information for customers on other services provided by Avivo as well as limited information concerning Avivo’s mental health service.
Working Locally Roadmap V2	Describes the organisational change process toward establishing local self-managed teams servicing a defined community of interest population catchment. Based on principles of enhancing continuity of care for customers and developing a sense of belonging and connectedness for both customers and staff to the local community. Staff responsiveness to local needs is also encouraged.
Customer Journey Guidance Booklet	Identifies requirement to address holistic client needs and the care pathway that links these. Includes the importance of money (having enough to live life) and home (having a place where you belong) as well as community life, connectedness and looking after your health and wellbeing.

NSMHS Compliance:

Standard	Criteria
4. Diversity Responsiveness	4.3
5. Promotion and Prevention	5.3; 5.4
6. Consumers	
7. Carers	7.5
8. Governance, Leadership and Management	8.3
9. Integration	9.1
10. Delivery of Care	
10.1 Supporting Recovery	10.1.5; 10.1.7; 10.1.9
10.2 Access	10.2.1; 10.2.2

4. Check List – Other Issues

Requirements	Documentation checked	Key elements
Storage of consumers' personal information is secure and upholds privacy and confidentiality (7.7; 1.13; 1.14; 8.9)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Review dates for policy / procedure.</i> <input checked="" type="checkbox"/> <i>Reference to 2012 Privacy Amendment Act.</i> <input checked="" type="checkbox"/> <i>Principles included in policy.</i>
<p>Comment:</p> <p>Information and Records Management Policy (2016) – current. Excellent overarching corporate policy on all records regardless of storage medium. Includes reference to relevant legislation and related policies.</p> <p>Privacy and Confidentiality Policy (2017) – would benefit from including reference to relevant legislation and cross referencing to other policies and procedures (see Information and Records Management Policy above).</p> <p>Privacy and Confidentiality Work Instructions</p> <p>ICT Incident Prevention Procedure (2016) - current</p>		
Complaints management - including keeping effective records of all complaints made (1.16; 3.2)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<i>Multiple methods of submitting complaints.</i> <input checked="" type="checkbox"/> <i>Accessibility.</i> <input checked="" type="checkbox"/> <i>Decision-making process.</i> <input checked="" type="checkbox"/> <i>Outcome.</i> <input checked="" type="checkbox"/> <i>Feedback to complainant.</i> <input checked="" type="checkbox"/> <i>Timeliness.</i> <input checked="" type="checkbox"/> <i>Examples of service improvement.</i> <input checked="" type="checkbox"/> <i>Sustainability.</i>
<p>Comment:</p> <p>Complaints Policy (2016) – current – does not include requirement to ensure alternative sources of assistance such as HaDSCO and the Ombudsman's Office are made available to customers, carers and families prior to making contact with the service (see OSI 2)</p> <p>Complaints Procedure (2016) – current</p> <p>Feedback brochure – 'We listen to you – it helps us do better' brochure does not provide additional information regarding other sources of assistance (see above).</p> <p>Advocacy and External Review of Complaints (2018) – current. This document does include other sources of assistance (eg HaDSCO) as well as advocacy organisations such as CoMWA, Carers WA and Helping Minds.</p>		

Serious Incidents, Complaints and Compliments Procedure (2018) – current		
Individual Risk Management Plans, with review arrangements (this may form part of the individual plan) (2.11; 10.1.6; 10.4.5)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Joint (with consumer) consideration of what will happen when consumer unwell or in crisis.</i> <input checked="" type="checkbox"/> <i>Consideration of precipitating factors.</i> <input checked="" type="checkbox"/> <i>Mitigation strategies.</i> <input checked="" type="checkbox"/> <i>Expected responses of others.</i> <input checked="" type="checkbox"/> <i>Planned interventions.</i> <input checked="" type="checkbox"/> <i>Single point of Care Coordination.</i> <input checked="" type="checkbox"/> <i>Restorative actions.</i>
<p>Comment:</p> <p>Care Respite Support Plan (2018) – comprehensive customer plan to identify and mitigate risk exposures. Includes contact details for carers/family/next of kin.</p> <p>Support Plan – Customer care plan</p> <p>Support Plan Review – specifies Goal review process and identification of contributory factors assisting or restricting progress</p>		
Staff induction/training arrangements in place for safety awareness (including prevent, minimise and safely respond to aggressive and other difficult behaviours, manual handling) (2.10; 2.6; 10.4.2) Ongoing training opportunities for staff (3.3; 7.16)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Annual training calendar for mandatory training including fire, first aid, manual handling.</i> <input checked="" type="checkbox"/> <i>How are staff inducted on commencement of employment?</i> <input checked="" type="checkbox"/> <i>Volunteers included? Students?</i> <input checked="" type="checkbox"/> <i>Includes managing difficult behaviours?</i> <input checked="" type="checkbox"/> <i>Process for identifying training opportunities for staff?</i> <input checked="" type="checkbox"/> <i>Performance Development Review process in place and current?</i>
<p>Comment:</p> <p>Training and Development Policy (2017) – Identifies responsibilities for levels of staff in providing training and skills development, supervision and mentoring to all staff and volunteers.</p> <p>Probationary Procedure (2017) – procedure for 6 monthly probation period applying to all substantive staff following commencement</p> <p>Evaluation and Learning Plan (2017-18) – identifies mandatory and targeted training requirements, KPIs, evaluation and audit processes for the plan.</p>		
Organisational risk identification, management and review process (8.10;	<input checked="" type="checkbox"/> Policy	<input checked="" type="checkbox"/> <i>Organisation wide Risk Register inclusive of local service risks, Risk</i>

2.13)	<input checked="" type="checkbox"/> Procedure	<p><i>Management Framework and Plan.</i></p> <input checked="" type="checkbox"/> <i>Evidence of regular review of identified risks, matrix analysis, mitigation strategies and re-rating.</i>
<p>Comment:</p> <p>Risk Management Policy (2017) – scope includes board, executive, management, staff and volunteers.</p> <p>Risk Management Framework (2018) – overarching description of the risk management system. Includes risk appetite and tolerance statement and definitions table. Refers to Risk Register, Risk Assessment Matrix, Risk Treatment Action Plan and Risk Management Policy as separate documents.</p> <p>Audit and Risk Committee Charter- board, committee and CEO / management responsibility for risk is defined.</p> <p>Risk Assessment Matrix (2018)</p> <p>Serious Incident Procedure (2017) – a safeguarding policy, procedure and work instruction which relates to procedures to be followed in the event of a serious issue being identified and information including client information is required to be disclosed to an external authority, including funding authorities.</p>		
<p>Staff safety:</p> <p>Working alone and their access to others at all times (2.9; 2.12)</p> <p>Evacuation in the event of a fire or other danger adverse event (2.6)</p>	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Occupational Safety and Health policy commitment to provide and maintain a safe workplace (this is a legislative requirement).</i>
<input checked="" type="checkbox"/> <i>Does the policy specifically address sole workers and workers working out of the office?</i>		
<input checked="" type="checkbox"/> <i>Default alert systems for staff conducting home visits failure to return.</i>		
<input checked="" type="checkbox"/> <i>Communication protocols.</i>		
<input checked="" type="checkbox"/> <i>Transport safety compliances.</i>		
<input checked="" type="checkbox"/> <i>Verification of participation in accredited fire safety program and audit processes.</i>		
<input checked="" type="checkbox"/> <i>Floor plans, evacuation drills, assembly points, building code compliances.</i>		

<p>Comment:</p> <p>Health and Safety Policy (2013) – may require review</p> <p>Working Safely Procedure – Assessment Report; Incident, Hazard or Accident Report Form;</p> <p>Continuous Improvement Plan – identifies activities relating to worker safety procedures for home visiting.</p> <p>Fleet Vehicle Procedure – describes staff responsibilities for using fleet vehicles and vehicle entitlements as part of employment conditions.</p> <p>Working Safely Assessment Report (2015)</p> <p>Critical Incident Management Procedure (2017)</p> <p>Work Instructions – Emergency & Evacuation Community Services – Support Workers (2016)</p> <p>Disaster and Emergency Planning Procedure (2015)</p> <p>OSH Responsibilities – Employees (2018)</p>		
<p>Managing verbal and physical violence (2.10)</p>	<p><input checked="" type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Procedure</p>	<p><input checked="" type="checkbox"/> <i>Policies, procedures and training for incident notification, response, de-escalation and reporting.</i></p> <p><input checked="" type="checkbox"/> <i>Check physical mechanisms for reducing physical threats to front-line staff.</i></p> <p><input checked="" type="checkbox"/> <i>Seclusion and restriction of movement (Restraint) practices are not applicable or appropriate in CMO service settings – please take note if any such policies/practices are in place.</i></p>
<p>Comment:</p> <p>Wellbeing and Safety Planning Guidance Document (2107) – comprehensive guide to the management of dignity of risk. Training document and resource.</p> <p>Working with Vulnerable People Policy (2017)</p> <p>Working with Vulnerable People Framework (2017)</p> <p>Charter of Rights and Responsibilities (2017)</p> <p>Elimination of Restrictive Practices Procedure (2017)</p> <p>Social Media Policy (2017)</p> <p>Fair Treatment Procedure (2015)</p> <p>Fair Treatment and Whistleblowing Form</p> <p>OSH Responsibilities – Employees (2018)</p> <p>Restrictive Practices Consultative Committee</p> <p>Serious Incident Procedure (2017)</p>		
<p>Safe transportation of consumers</p>	<p><input checked="" type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Procedure</p>	<p><input checked="" type="checkbox"/> <i>Requirements for private (staff, volunteers) vehicles to be registered, roadworthy and have regular services and safety checks. Audit process in</i></p>

		<p><i>place. Comprehensive insurance may also be required for organisational risk management purposes.</i></p> <p><input checked="" type="checkbox"/> <i>Requirement for drivers to have current drivers licence.</i></p> <p><input checked="" type="checkbox"/> <i>Pooled vehicles to be registered, roadworthy and have regular servicing and safety check regimen in place.</i></p>
<p>Comment:</p> <p>Motor Vehicle Policy - Process in place to ensure that staff who use their own vehicle for work purposes maintain registration and insurance.</p>		
Hygiene, infection control and safe food handling (as appropriate to the type of service being provided) (2.12)		<p><input type="checkbox"/> <i>No requirement to report unless Evaluation Team wishes to feedback unhygienic practices or premises.</i></p> <p><i>NB Food handling compliance in residential facilities is subject to assessment by LARU.</i></p>
<p>Comment:</p> <p>N/A</p>		
Reporting and management of Notifiable Incidents (8.8)	<p><input checked="" type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Procedure</p>	<p><input checked="" type="checkbox"/> <i>Sentinel event policy and procedures addressing event classification, notification, reporting to MHC, investigation (root cause analysis) and action plan.</i></p> <p><input checked="" type="checkbox"/> <i>Check history of serious incidents and how these events were handled. Is action consistent with the policy and MHC requirements?</i></p>
<p>Comment:</p> <p>Critical Incident Management Procedure (2017) Management and Reporting of Serious Incidents Procedure (2017) Serious Incident Procedure (2107) Medication Procedure (2017) Critical Incident Report Form Serious Incident Report Form ICT Incident Prevention Procedure (2016) Serious Incidents, Complaints and Compliments Procedure (2018) Incident Action Plan, Logs and Checklists – accessible on intranet (ConnectUS) to guide business continuity and incident recovery.</p>		
Staff, consumers, family/carers receive critical incident debriefings after exposure to traumatic	<p><input checked="" type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Procedure</p>	<p><input checked="" type="checkbox"/> <i>Inclusion of debriefing as part of policy.</i></p> <p><input checked="" type="checkbox"/> <i>Evidence of agreements in place with external provider to provide debriefing to people affected.</i></p>

incidents (2.12; 7.13)		
<p>Comment:</p> <p>The Management and Reporting of Serious Incidents Procedure includes requirement to report outcome of incident investigation to all parties and the provision of counselling and debriefing support to affected customers, carers, families, staff and other people impacted. Provision also for assessing safeguarding planning and positive behaviour support. There is provision for considering the involvement of external debriefing agents including the EAP provider - PeopleSense.</p>		
Strategic plan – this should incorporate needs analysis, resource planning and service evaluation (this should be developed with the participation of staff, stakeholders, consumers, family/carers) (8.3)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>A current organisational level Strategic Plan and operational business plans relating to the business unit directly?</i> <input checked="" type="checkbox"/> <i>Evidence of review of progress on achieving objectives.</i>
<p>Comment:</p> <p>Strategic Goals 2017-2019:</p> <p>Reporting of progress on key KPIs to Board including CEO KPI's. Annual reporting against progress – Annual Report 2017-18 – CEO's Report Reconciliation Action Plan (Reflect) – (2016-17)</p>		
Organisational governance - including constitution, meeting procedure (including declaration of conflicts of interest) documented roles and responsibilities of the Board, Board Directors and Chief Executive	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Governing body requirements documented in a Board Constitution or Rules.</i> <input checked="" type="checkbox"/> <i>Constitution or Rules should specify the roles and responsibilities of the CEO, Board Directors, Office Bearers, board composition and terms of appointment, meeting frequency and procedure including requirement to declare actual or perceived conflicts of interest.</i> <input checked="" type="checkbox"/> <i>Confirm standing items are actually a part of the agenda – eg conflict of interest declaration.</i>
<p>Comment:</p> <p>Board Policy Document (2017) describes Board Director responsibilities, office bearing roles, decision-making protocols, conflict of interest declaration, fiduciary responsibilities, Board performance and evaluation, succession planning, governance compliance, relationship of Board to management, CEO accountabilities to the Board, Risk Management, Audit and Quality Assurance.</p>		

<p>Conflict of Interest Procedure (2018) – covers all people engaged in work on behalf of Avivo not limited to Board Directors and staff.</p> <p>Code of Conduct (2016) Purchasing Policy (2017) ICT Incident Prevention Procedure (2016)</p>		
Code of Conduct (1.5)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Evidence of staff acknowledgement of receipt of Code of Conduct at time of employment commencement.</i> <input checked="" type="checkbox"/> <i>How are breaches processed?</i> <input checked="" type="checkbox"/> <i>Does it include volunteers, students?</i>
<p>Comment:</p> <p>Code of Conduct - policy in place inclusive of all volunteers and staff. Board has a separate policy which includes code of conduct for Board Directors. Detail is included for the procedure to apply in the event of a breach of the code of conduct.</p> <p>Fair Treatment Procedure (2015) - covers staff and volunteers with the service.</p> <p>Whistleblowing Policy (2015)</p>		
Supervision, Performance and Development, including clinical supervision (8.7)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Evidence of regular line and discipline specific (if relevant) supervision process and practice.</i> <input checked="" type="checkbox"/> <i>Scope of practice statement.</i> <input checked="" type="checkbox"/> <i>Registration compliance in place for all regulated positions (if relevant).</i>
<p>Comment:</p> <p>Supervision Policy (2017) Probationary Procedure (2017) Training Policy (2015) People and Culture Committee Charter (2017)</p>		
Probity Checks (National Criminal History Check, WA Working with Children Check) completed in accordance with policy; assessment process for review of prior convictions; renewal compliance) (1.2; 8.4)	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Evidence of all staff and volunteers having received a positive criminal history clearance prior to commencing employment.</i> <input checked="" type="checkbox"/> <i>All clearances to be current (renewable three yearly is best practice).</i> <input checked="" type="checkbox"/> <i>Policy or procedure must detail process for consideration of exemption according to conviction type and circumstances.</i> <input checked="" type="checkbox"/> <i>Prescribed offences must be clearly</i>

		<p><i>identified in the policy.</i></p> <p><input checked="" type="checkbox"/> <i>Evidence of decision-making at appropriate level where exemption granted.</i></p>
<p>Comment:</p> <p>Recruitment and Employment Clearance Procedure (2017) – covers students on placement, volunteers and employees. Includes guidance in decision making in the event of a negative check. Self-provided clearances less than 6 months old accepted. Can only start under supervision if not provided at commencement of employment. Working with Children Check is included in procedure.</p>		
<p>Quality improvement and evaluation processes – this should include consumer and carer feedback, complaints, critical incidents (3.1; 8.11)</p>	<p><input checked="" type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Procedure</p>	<p><input checked="" type="checkbox"/> <i>Evidence of quality improvement projects and activities that have been undertaken resulting in a sustained improvement.</i></p> <p><input checked="" type="checkbox"/> <i>Evidence of consumer involvement in the whole process – from identification of an issue to improved outcome, evaluation and review.</i></p>
<p>Comment:</p> <p>Quality Management System Procedure Policy (2014) – describes the resources accessible through the QMS portal which includes all policies, procedures and work instructions. Also describes the document development process and how staff and customers have input (eg work groups and focus group involvement).</p> <p>Critical Incident Management Procedure (2017)</p> <p>Management and Reporting of Serious Incidents Procedure (2017)</p> <p>Serious Incident Procedure (2107)</p> <p>Medication Procedure (2017)</p> <p>Critical Incident Report Form</p> <p>Serious Incident Report Form</p> <p>ICT Incident Prevention Procedure (2016)</p> <p>Serious Incidents, Complaints and Compliments Procedure (2018)</p> <p>Incident Action Plan, Logs and Checklists – accessible on intranet (ConnectUS) to guide business continuity and incident recovery.</p>		
<p>Accessibility to the service is clearly documented and advertised as appropriate to the needs of the catchment community (10.3.1; 10.2.1; 10.1.10)</p> <p>Service eligibility, assessment and priority of access (10.2.1; 10.3.1; 4.6)</p>	<p><input checked="" type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Procedure</p>	<p><input checked="" type="checkbox"/> <i>Publications which clearly identify the services offered, how they can be accessed and contact details relating to the specific service or the organisation as a whole.</i></p> <p><input checked="" type="checkbox"/> <i>Information must be available in a manner consistent with the cultural and demographic needs of the community.</i></p> <p><input checked="" type="checkbox"/> <i>Check policy and procedure for service entry and referral.</i></p> <p><input checked="" type="checkbox"/> <i>Consumer level information must be</i></p>

		<i>available identifying eligibility requirements and the process through which services are provided.</i>
Comment:		
<p>Documents and brochures are accessible at the point of care and main administrative office location at Osborne Park. The Avivo website is generic with a separate drop down for mental health services. A customer video presentation is included. Online access to the service is available.</p> <p>There is not a lot of information available on the website to assist people with questions regarding service eligibility. (see OSI 3)</p>		
<p>Information is available on how consumers can access emergency after-hours care and support (10.2.3)</p> <p>Referral process (for both consumers and carers) including follow up (10.3.3)</p>	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Afterhours contact details for the service and/or alternative services in the event of urgency or crisis.</i> <input checked="" type="checkbox"/> <i>Check brochures, website, recorded after-hours telephone answering recording.</i> <input checked="" type="checkbox"/> <i>Check policy and procedure for indicators of referrals are prioritised according to identified urgency, risk, safety or dysfunction.</i>
Comment:		
<p>While brochures and printed material include this information, the website does not. No information is provided regarding after hours, emergency and crisis response service contact details (eg Lifeline, Kids Helpline Suicide Call-Back Service, 000). (See OSI 4)</p> <p>The most recent newsletter published on the website is summer 2017.</p>		
<p>Exit and re-entry to services (2.11; 10.6.3; 10.6.7)</p>	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> <i>Evidence that service exit and re-entry is considered as part of the initial care plan and subsequent care plan review process.</i>
Comment:		
<p>Access, Entry and Exit Procedure (2017) – comprehensive description of entry and exit pathway and related communication and decision-making processes.</p> <p>Customer Journey Guidance Booklet (2016) (as above)</p>		

Appendix 1: Look-up Table – MHC Outcomes and NSMHS

Outcome 1 - Health, Wellbeing and Recovery

Standard	Criteria
2. Safety	<p>2.3 The MHS assesses and minimises the risk of deliberate self-harm and suicide within all MHS Settings.</p> <p>2.6 The MHS meets their legal occupational health and safety obligations to provide a safe workplace and environment.</p> <p>2.9 The MHS conducts a risk assessment of staff working conditions and has documented procedures to manage and mitigate identified risks.</p> <p>2.10 Staff are regularly trained to, wherever possible, prevent, minimise and safely respond to aggressive and other difficult behaviours.</p> <p>2.12 The MHS conducts regular reviews of safety in all MHS settings, including an environmental appraisal for safety to minimise risk for consumers, carers, families, visitors and staff.</p> <p>2.13 The MHS has a formal process for identification, mitigation, resolution (where possible) and review of any safety issues.</p>
5. Promotion and Prevention	<p>5.1 The MHS develops strategies appropriate to the needs of its community to promote mental health and address early identification and prevention of mental health problems and/or mental illness that are responsive to the needs of its community, by establishing and sustaining partnerships with consumers, carers, other service providers and relevant stakeholders.</p> <p>5.2 The MHS develops implementation plans to undertake promotion and prevention activities, which include the prioritisation of the needs of its community and the identification of resources required for implementation, in consultation with their partners.</p> <p>5.5 The MHS identifies a person who is accountable for developing, implementing and evaluating promotion and prevention activities.</p> <p>5.6 The MHS ensures that their workforce is adequately trained in the principles of mental health promotion and prevention and their applicability to the specialised mental health service context with appropriate support provided to implement mental health promotion and prevention activities.</p>
6. Consumers	
8. Governance	<p>8.2 The MHS has processes to ensure accountability for developing strategies to promote mental health and address early identification and prevention of mental health problems and/or mental illness.</p>

<p>9. Integration</p>	<p>9.2 The MHS has formal processes to support and sustain interdisciplinary care teams.</p> <p>9.4 The MHS establishes links with the consumer's nominated primary health care provider and has procedures to facilitate and review internal and external referral processes.</p>
<p>10. Delivery of Care</p>	<p>10.2.3 The MHS makes provision for consumers to access acute services 24 hours per day by either providing the service itself or information about how to access such care from a 24/7 public mental health service or alternate mental health service.</p> <p>10.2.4 The MHS, wherever possible, is located to provide ease of physical access with special attention being given to those people with physical disabilities and / or reliance on public transport.</p> <p>10.3.1 The MHS has a written description of its entry process, inclusion and exclusion criteria and means of facilitating access to alternative care for people not accepted by the service.</p> <p>10.3.2 The MHS makes known its entry process, inclusion and exclusion criteria to consumers, carers, other service providers, and relevant stakeholders including police, ambulance services and emergency departments</p> <p>10.3.4 The entry process to the MHS is a defined pathway with service specific entry points that meet the needs of the consumer, their carer(s) and its community that are complementary to any existing generic health or welfare intake systems.</p> <p>10.3.5 Entry to the MHS minimises delay and the need for duplication in assessment, treatment, care and recovery planning and care delivery.</p> <p>10.4.1 Assessments conducted and diagnoses made are evidence-based and use accepted methods and tools, as well as internationally accepted disease classification systems.</p> <p>10.4.2 Assessments are conducted during the consumer's first contact with the MHS by appropriately qualified staff experienced and trained in assessing mental health problems, and where possible in a consumer's preferred setting with consideration of safety for all involved.</p> <p>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.</p> <p>10.4.5 The MHS conducts a review of a consumer's treatment, care and recovery plan when the consumer:</p> <ul style="list-style-type: none"> • requests a review • declines treatment and support • is at significant risk of injury to themselves or another person

	<ul style="list-style-type: none"> • receives involuntary treatment or is removed from an involuntary order • is transferred between service sites • is going to exit the MHS • is observed through monitoring of their outcomes (satisfaction with service, measure of quality of life, measure of functioning) to be in decline. <p>10.4.6 The MHS conducts assessment and review of the consumer's treatment, care and recovery plan, whether involuntary or voluntary, at least every three months (if not previously required for reasons stated in criteria 10.4.5 above).</p> <p>10.4.7 The MHS has a procedure for appropriate follow-up of those who decline to participate in an assessment.</p> <p>10.4.8 There is a current individual interdisciplinary treatment, care and recovery plan, which is developed in consultation with and regularly reviewed with the consumer, and with the consumer's informed consent, their carer(s) and the treatment care and recovery plan is available to both of them.</p> <p>10.5.2 Treatment and services provided by the MHS are responsive to the changing needs of consumers during their episodes of care that address acute needs, promote rehabilitation and support recovery.</p> <p>10.5.11 The treatment and support provided by the MHS is developed and evaluated collaboratively with the consumer and their carer(s). This is documented in the current individual treatment, care and recovery plan.</p>
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Outcome 2 – A Home and Financial Security

Standard	Criteria
2. Safety	2.1 The MHS promotes the optimal safety and wellbeing of the consumer in all mental health settings and ensures that the consumer is protected from abuse and exploitation.
3. Consumer and Carer Participation	3.6 The MHS employs consumers and carers, the MHS is responsible for ensuring mentoring and supervision is provided.
6. Consumers	
10. Delivery of Care	10.5.16 The MHS endeavours to provide access to a range of accommodation and support options that meet the needs of the consumer and gives the consumer the opportunity to choose between these options.

Outcome 3 – Relationships

Standard	Criteria
1. Rights and Responsibilities	1.12 The MHS upholds the right of carers to be involved in the management of the consumer's care with the consumer's informed consent.
2. Safety	2.8 The MHS can demonstrate investment in adequate staffing and resources for the safe delivery of care.
6. Consumers	
7. Carers	<p>7.2 The MHS implements and maintains ongoing engagement with carers as partners in the delivery of care as soon as possible in all episodes of care.</p> <p>7.3 In circumstances where a consumer refuses to nominate their carer(s), the MHS reviews this status at regular intervals during the episode of care In accordance with Commonwealth and state / territory jurisdictional and legislative requirements.</p> <p>7.11 The MHS actively encourages routine identification of carers in the development of relapse prevention plans.</p> <p>7.13 The MHS provides information about and facilitates access to services that maximise the wellbeing of carers.</p> <p>7.16 The MHS provides training to staff to develop skills and competencies for working with carers.</p>
8. Governance, Leadership and Management	8.6 The recruitment and selection process of the MHS ensures that staff have the skills and capability to perform the duties required of them.
9. Integration	<p>9.3 The MHS facilitates continuity of integrated care across programs, sites and other related services with appropriate communication, documentation and evaluation to meet the identified needs of consumers and carers.</p> <p>9.5 The MHS has formal processes to develop inter-agency and intersectoral links and collaboration.</p>
10. Delivery of Care	<p>10.4.3 The MHS, with the consumer's informed consent includes carers, other service providers and others nominated by the consumer in assessment.</p> <p>10.5.12 The MHS facilitates access to an appropriate range of agencies, programs, and/ or interventions to meet the consumer's needs for leisure, relationships, recreation, education, training, work, accommodation and employment in settings appropriate to the individual consumer.</p>

	10.6.4 The consumer and their carer(s) and other service providers are involved in developing the exit plan. Copies of the exit plan are made available to the consumer and with the consumers' informed consent, their carer(s).
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Outcome 4 – Recovery, Learning and Growth

Standard	Criteria
2. Safety	2.11 The MHS conducts risk assessment of consumers throughout all stages of the care continuum, including consumers who are being formally discharged from the service, exiting the service temporarily and / or are transferred to another service
6. Consumers	
7. Carers	7.12 The MHS engages carers in discharge planning involving crisis management and continuing care prior to discharge from all episodes of care.
8. Governance, Leadership and Management	<p>8.1 The governance of the MHS ensures that its services are integrated and coordinated with other services to optimise continuity of effective care for its consumers and carers.</p> <p>8.7 Staff are appropriately trained, developed and supported to safely perform the duties required of them.</p>
10. Delivery of Care	<p>10.1.1 The MHS actively supports and promotes recovery oriented values and principles in its policies and practices.</p> <p>10.1.3 The MHS recognises the lived experience of consumers and carers and supports their personal resourcefulness, individuality, strengths and abilities</p> <p>10.5.1 Treatment and support provided by the MHS reflects best available evidence and emphasises early intervention and positive outcomes for consumers and their carer(s).</p> <p>10.5.3 The MHS is responsible for providing the consumer and their carer(s) with information on the range and implications of available therapies.</p> <p>10.5.7 The MHS actively promotes adherence to evidenced based treatments through negotiation and the provision of understandable information to the consumer.</p> <p>10.5.9 The MHS ensures that there is continuity of care or appropriate referral and transfer between inpatient, outpatient, day patient,</p>

	<p>community settings and other health / support services.</p> <p>10.5.13 The MHS supports and/or provides information regarding self-care programs that can enable the consumer to develop or re-develop the competence to meet their everyday living needs.</p> <p>10.5.14 The setting for the learning or the re-learning of self-care activities is the most familiar and/or the most appropriate for the skills acquired.</p> <p>10.5.15 Information on self-care programs or interventions is provided to consumers and their carer(s) in a way that is understandable to them.</p> <p>10.5.17 The MHS promotes access to vocational support systems, education and employment programs</p> <p>10.6.1 The MHS ensures that on exiting the service the consumer has access to services that promote recovery and aim to minimise psychiatric disability and prevent relapse.</p> <p>10.6.2 The consumer and their carer(s) are provided with understandable information on the range of relevant services and support available in the community.</p> <p>10.6.3 The MHS has a process to commence development of an exit plan at the time the consumer enters the service.</p> <p>10.6.5 The MHS provides consumers, their carers and other service providers involved in follow-up with information on the process for re-entering the MHS if required.</p> <p>10.6.6 The MHS ensures ease of access for consumers re-entering the MHS.</p> <p>10.6.7 Staff review the outcomes of treatment and support as well as ongoing follow-up arrangements for each consumer prior to their exit from the MHS.</p> <p>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.</p>
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Outcome 5 - Rights, Respect, Choice and Control

Standard	Criteria
1. Rights and Responsibilities	1.1 MHS upholds the right of the consumer to be treated with respect and dignity at all times.

	<p>1.2 All care is delivered in accordance with relevant Commonwealth, state / territory mental health legislation and related Acts.</p> <p>1.3 All care delivered is subject to the informed consent of the voluntary consumer in accordance with Commonwealth and state/territory jurisdictional and legislative requirements.</p> <p>1.4 The MHS provides consumers and their carers with 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 and at regular intervals throughout their care.</p> <p>1.5 Staff and volunteers are provided with a written statement of the rights and responsibilities of consumers and carers, together with a written code of conduct as part of their induction to the MHS</p> <p>1.7 The MHS upholds the right of the consumer to have their needs understood in a way that is meaningful to them and appropriate services are engaged when required to support this</p> <p>1.8 The MHS upholds the right of the consumer to have their privacy and confidentiality recognised and maintained to the extent that it does not impose serious risk to the consumer or others.</p> <p>1.9 The MHS upholds the right of the consumer to be treated in the least restrictive environment to the extent that it does not impose serious risk to the consumer or others.</p> <p>1.10 The MHS upholds the right of the consumer to be involved in all aspects of their treatment, care and recovery planning</p> <p>1.11 The MHS upholds the right of the consumer to nominate if they wish to have (or not to have) others involved in their care to the extent that it does not impose serious risk to the consumer or others.</p> <p>1.13 The MHS upholds the right of consumers to have access to their own health records in accordance with relevant Commonwealth, state / territory legislation</p> <p>1.14 The MHS enacts policy and procedures to ensure that personal and health related information is handled in accordance with Commonwealth, state / territory privacy legislation when personal information is communicated to health professionals outside the MHS, carers or other relevant agencies</p> <p>1.15 The MHS upholds the right of the consumer to access advocacy and support services.</p> <p>1.16 The MHS upholds the right of the consumer to express compliments, complaints and grievances regarding their care and to have</p>
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	<p>them addressed by the MHS.</p> <p>1.17 The MHS upholds the right of the consumer, wherever possible, to access a staff member of their own gender.</p>
3. Consumer and Carer Participation	<p>3.1 The MHS has processes to actively involve consumers and carers in planning, service delivery, evaluation and quality programs.</p> <p>3.2 The MHS upholds the right of the consumer and their carer(s) to have their needs and feedback taken into account in the planning, delivery and evaluation of services.</p> <p>3.3 The MHS provides training and support for consumers, carers and staff, which maximise consumer and carer(s) representation and participation in the MHS.</p> <p>3.4 Consumers and carers have the right to independently determine who will represent their views to the MHS.</p> <p>3.5 The MHS provides ongoing training and support to consumers and carers who are involved in formal advocacy and/or support roles within the MHS.</p> <p>3.7 The MHS has policies and procedures to assist consumers and carers to the relevant committees, including payment (direct or in-kind) and/or reimbursement of expenses when formally engaged in activities undertaken for the MHS.</p>
4. Diversity Responsiveness	<p>4.1 The MHS identifies the diverse groups (Aboriginal and Torres Strait Islander, Culturally And Linguistically Diverse (CALD), religious/spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age and socio-economic status) that access the service.</p> <p>4.2 The MHS whenever possible utilises available and reliable data on identified diverse groups to document and regularly review the needs of its community and communicates this information to staff.</p> <p>4.4 The MHS has demonstrated knowledge of and engagement with other service providers or organisations with diversity expertise/programs relevant to the unique needs of its community.</p> <p>4.5 Staff are trained to access information and resources to provide services that are appropriate to the diverse needs of its consumers.</p> <p>4.6 The MHS addresses issues associated with prejudice, bias and discrimination in regards to its own staff to ensure non-discriminatory practices and equitable access to services.</p>
6. Consumers	
7. Carers	<p>7.1 The MHS has clear policies and service delivery protocols to enable staff to effectively identify carers as soon as possible in all episodes of</p>

	<p>care, and this is recorded and prominently displayed within the consumer's health record.</p> <p>7.4 The MHS provides carers with 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 engaging with the MHS.</p> <p>7.6 The MHS considers the special needs of children and aged persons as carers and makes appropriate arrangements for their support.</p> <p>7.7 The MHS has documented policies and procedures for clinical practice in accordance with Commonwealth, state / territory privacy legislation and guidelines that address the issue of sharing confidential information with carers.</p> <p>7.8 The MHS ensures information regarding identified carers is accurately recorded in the consumer's health record and reviewed on a regular basis.</p> <p>7.9 The MHS provides carers with non-personal information about the consumer's mental health condition, treatment, ongoing care and if applicable, rehabilitation.</p> <p>7.10 The MHS actively seeks information from carers in relation to the consumer's condition during assessment, treatment and ongoing care and records that information in the consumer's health record.</p> <p>7.14 The MHS actively seeks participation of carers in the policy development, planning, delivery and evaluation of services to optimise outcomes for consumers.</p> <p>7.15 The MHS provides ongoing training and support to carers who participate in representational and advocacy roles.</p> <p>7.17 The MHS has documented policies and procedures for working with carers.</p>
<p>8. Governance, Leadership and Management</p>	<p>8.4 The MHS has processes in place to ensure compliance with relevant Commonwealth, state / territory mental health legislation and related Acts</p> <p>8.5 Identified resources are allocated to support the documented priorities of the MHS</p> <p>8.8 The MHS has a policy and process to support staff during and after critical incidents.</p> <p>8.9 The MHS manages and maintains an information system that facilitates the appropriate collection, use, storage, transmission and analysis of data to enable review of services and outcomes at an individual consumer and MHS level in accordance with Commonwealth,</p>

	<p>state / territory legislation and related Acts.</p> <p>8.10 The MHS has an integrated risk management policy and practices to identify, evaluate, monitor, manage and communicate organisational and clinical risks.</p> <p>8.11 The MHS has a formal quality improvement program incorporating evaluation of its services that result in changes to improve practice.</p>
10. Delivery of Care	<p>10.1.2 The MHS treats consumers and carers with respect and dignity.</p> <p>10.1.4 The MHS encourages and supports the self-determination and autonomy of consumers and carers.</p> <p>10.1.6 The MHS provides education that supports consumer and carer participation in goal setting, treatment, care and recovery planning, including the development of advance directives.</p> <p>10.1.8 The MHS demonstrates systems and processes for consumer and carer participation in the development, delivery and evaluation of the services</p> <p>10.1.10 The MHS provides access for consumers and their carer(s) to a range of carer-inclusive approaches to service delivery and support.</p> <p>10.3.3 The MHS has a documented system for prioritising referrals according to risk, urgency, distress, dysfunction and disability with timely advice and / or response to all those referred, at the time of assessment.</p> <p>10.3.8 The MHS ensures that a consumer and their carer(s) are able to identify a nominated person responsible for coordinating their care and informing them about any changes in the care management.</p> <p>10.5.4 Any participation of the consumer in clinical trials and experimental treatments is subject to the informed consent of the consumer.</p> <p>10.5.5 The MHS provides the least restrictive and most appropriate treatment and support possible. Consideration is given to the consumer's needs and preferences, the demands on carers, and the availability of support and safety of those involved.</p>

Outcome 6 - Community Belonging

Standard	Criteria
4. Diversity Responsiveness	4.3 Planning and service implementation ensures differences and values of its community are recognised and incorporated as required.
5. Promotion and	5.3 The MHS, in partnership with other sectors and settings supports the

Prevention	<p>inclusion of mental health consumers and carers in strategies and activities that aim to promote health and wellbeing.</p> <p>5.4 The MHS evaluates strategies, implementation plans, sustainability of partnerships and individual activities in consultation with their partners. Regular progress reports on achievements are provided to consumers, carers, other service providers and relevant stakeholders.</p>
6. Consumers	
7. Carers	<p>7.5 The MHS considers the needs of carers in relation to Aboriginal and Torres Strait Islander persons, culturally and linguistically diverse (CALD) persons, religious/spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age profile and socio-economic status.</p>
8. Governance, Leadership and Management	<p>8.3 The MHS develops and regularly reviews its strategic plan in conjunction with all relevant service providers. The plan incorporates needs analysis, resource planning and service evaluation. This should be developed with the participation of staff, stakeholders, consumers, carers and representatives of its community.</p>
9. Integration	<p>9.1 The MHS ensures that a person responsible for the coordination of care is available to facilitate coordinated and integrated services throughout all stages of care for consumers and carers.</p>
10. Delivery of Care	<p>10.1.5 The MHS promotes the social inclusion of consumers and advocates for their rights of citizenship and freedom from discrimination.</p> <p>10.1.7 The MHS supports and promotes opportunities to enhance consumers' positive social connections with family, children, friends and their valued community.</p> <p>10.1.9 The MHS has a comprehensive knowledge of community services and resources and collaborates with consumers and carers to assist them to identify and access relevant services.</p> <p>10.2.1 Access to available services meets the identified needs of its community in a timely manner.</p> <p>10.2.2 The MHS informs its community about the availability, range of services and methods for establishing contact with its service.</p>

Appendix 2: Disclaimer

The Quality Evaluation is necessarily limited by the following:

The methodology used for the Quality Evaluation has been designed to allow a reasonable degree of assessment in all the circumstances, as well as cost effectiveness of the evaluation process.

The Standards against which the assessment is made involve subjective terms and this entails an exercise of subjective judgement.

The assessment involves a reliance on multiple sources of evidence, including observations, feedback and written records. The accuracy of written records cannot always be completely verified.

Where outcomes for individuals, and where relevant their families and carers, are of a high standard, and observation and other evidence indicates no apparent gaps in meeting the National Standards for Mental Health Services, the Standards are deemed to have been met.

The assessment will often involve a determination as to which of two or more versions of the same facts put to the Evaluation Team is correct under circumstances where this issue cannot be determined with absolute certainty.

The assessment will involve the Evaluation Team raising issues with a sample of individuals with lived experience of mental illness, their family members and carers. On some occasions information gathered from a sample will not reflect the circumstances applying over the whole group.

For these reasons the Evaluation Team cannot and do not accept responsibility for the veracity of any information on which they have based their reports and for a subsequent incorrect assessment that may have occurred based upon that information.
