

# Gosnells Womens Health Services Inc

ABN: 96 134 998 954

## Maintenance Assessment Report

Accreditation against

National Standards for Mental Health Services

Conducted by

Institute for Healthy Communities Australia Certification Pty Ltd

Org no.: 1656 Job no.: A13048

21-22 November 2022

Assessor: Dr Michelle Denton

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## EXECUTIVE SUMMARY

This report contains the findings of the Gosnells Womens Health Service (GWHS) Inc maintenance assessment against the National Standards for Mental Health Services (NSMHS), undertaken from 21-22 November 2022. The assessment was based on a sampling process of the available information provided by the organisation in accordance with the assessment plan provided on 5 October 2022. In this mid-cycle maintenance audit Standards 1-4 and Standard 8 were assessed.

Gosnells Womens Health Service Inc, trading as Womens Health and Wellbeing Services (WHWS), is an organisation supporting women and their families across the South East Metropolitan Area of Perth, Western Australia (WA). The organisation also trades in three other related entities: WA Centre for Perinatal Mental Health and Parenting Support; Elevate Well-being (fee for service workshops; counselling and employee assistance program - EAP) and Hidden World of You (self-directed learning packages). The organisation as a whole, promotes the overall wellbeing, self-esteem, independence, self-responsibility and health awareness of women in the community. Womens Health and Wellbeing Services began in 1991 from a meeting of professional and community women who shared concerns about the lack of health services for women in the South East Metropolitan region. The services in scope of this assessment are Counselling (Face to Face and Telephone) for individuals, teens, men, couples, families and therapeutic groups.

The organisation is governed by a Board bound by a Constitution and Board Charter. The Board has ten members. There are the following positions: Chairperson, Vice Chairperson, Treasurer, Secretary and Directors including an Aboriginal person (female), client representation and people with lived experience.

In addition to counselling, GWHS provides a wide variety of what appear to be high quality services, including workshops, classes, learning packages, groups and so on; with 22 staff / 9.5 full time equivalent (FTE) positions. The organisation does not provide any acute or crisis services, inpatient facilities, medication nor transport. Clients attend voluntarily and the organisation is not involved in any clinical trials.

The Assessor in this assessment interviewed eight clients by telephone and reviewed six client files. The Assessor also interviewed one Board Director, the Chief Executive Officer (CEO) and eight staff from across the service.

GWHS demonstrated that it has met all of the NSMHS standards assessed in the mid-cycle audit and that:

- The rights and responsibilities of people affected by mental health problems are upheld by the service and are documented, displayed, applied, and promoted throughout all phases of care.
- The activities and environment of the organisation are being made safe for clients, significant others, families, visitors, staff, and its community.
- Clients and significant others are actively involved in the development, planning, delivery and evaluation of services.
- The cultural and social diversity of clients is taken into account to meet clients need throughout all phases of support.
- The organisation is actively governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services.
- The organisation incorporates recovery principles into service delivery, culture and practice providing clients with access and referral to a range of programs that support sustainable recovery.
- Policies and procedures are clear, comprehensive and easy to access and use.
- Services are delivered by passionate and knowledgeable staff who have a thorough and nuanced understanding of recovery principles and applying the recovery framework in their work with clients.

Client feedback was very positive with clients commenting that they found the service very helpful, staff empathic and skilled and reception staff friendly and welcoming.

## Summary of compliance

A Stage 1 Assessment was not required for this maintenance assessment. A refreshed Self-Assessment was provided.

The previous assessment was a Certification Audit conducted remotely 10-12 May 2021 by IHCA. There were no Not Met Findings and six Observations related to works in progress, all of which were found in the current assessment to have been significantly progressed or completed.

### **Maturity and effectiveness of the Quality Management System**

The organisation is currently continuing to formalise its quality improvement program to ensure it incorporates information from data and evaluation of its services to inform continuous improvement.

The Assessor found a strong link between the culture and the organisation's vision, purpose and values being implemented on a day-to-day basis in the way the staff are working with clients to manage their recovery.

Across the organisation, from the Board to service delivery there is a high level of commitment to meeting the needs of individual clients and complying with the requirements of contracts, legislation and regulation. Compliance and assurance is being addressed and there are systems and processes in place and being implemented to improve efficiency and effectiveness.

The organisation has a comprehensive set of policies and procedures as well as program documentation to support service delivery and governance and management. Policies and procedures and program documentation are subject to organisational control and approval and are reviewed to ensure they reflect the requirements of legislation, regulation and contracts.

The Assessor found the staff to be very committed, caring and supportive of the clients, as well as very knowledgeable and capable. During the assessment, there was evidence of the organisation's agility and responsiveness to continuous improvement and the increasing maturity and effectiveness of the quality management system and its capacity to systematically meet these Standards.

Client interviews confirm that there is a strong focus on meeting their requirements. The clients that were interviewed all expressed very high levels of satisfaction with the services provided and were able to recount many ways in which the services and staff are working to support them and meet their mental health needs.

The organisation does not hold certification to any other standards.

### **Use of the IHCA Certification Mark**

The IHCA Certification Mark is not currently used.

## Assessment Summary

### **NSMHS Assessment Criteria**

- Met:** The organisation has demonstrated evidence to meet the requirements of the Standard Criteria.
- Partially Met:** The organisation has evidence to meet some the requirements of the Standard Criteria, or can demonstrate progress towards the achievement of meeting the requirements of the Standard Criteria.
- Not Met:** The organisation has not demonstrated evidence to meet the requirements of the Standard Criteria or the evidence is inadequate.
- Observation:** A positive observation in relation to the organisation's Quality Management System (QMS), or a minor point for which no clear evidence of being Not Met or Partially Met exists, but which if addressed has the potential to improve the QMS.

Rating	Number of Standards
Met	5 / 5 assessed
Partially Met	0
Not Met	0
Observations	1

Standard		Rating	Observations
1	Rights and responsibilities	Met	No
2	Safety	Met	No
3	Consumer and carer participation	Met	No
4	Diversity responsiveness	Met	No
5	Promotion and prevention*	Not Applicable	No
6	Consumers	Not assessable	
7	Carers*	Not Applicable	No
8	Governance, leadership and management	Met	Yes
9	Integration*	Not Applicable	No
10	Delivery of Care*	Not Applicable	No
	10.1 Supporting recovery	Not Applicable	No
	10.2 Access	Not Applicable	No
	10.3 Entry	Not Applicable	No
	10.4 Assessment and review	Not Applicable	No
	10.5 Treatment and support	Not Applicable	No
	10.6 Exit and re-entry	Not Applicable	No

\* Not assessed in this maintenance audit.

There have been no changes to the findings presented to the organisation at the closing meeting on the 22 November 2022.

No Not Met / Partially Met ratings were raised during this assessment and so no action plan is required.

One Observation was raised which the organisation may consider for continual improvement.

The next scheduled assessment for Gosnells Womens Health Service Inc will be a Reaccreditation assessment and will be planned before May 2024. An onsite assessment has not yet been conducted for NSMHS in this cycle. Given that the Accreditation assessment and this maintenance assessment have been conducted remotely, the next assessment must be conducted onsite. The organisation understands this and has verbally agreed to an onsite audit for Recertification.

### Recommendation to Accreditation Decision Maker

The assessment team recommends that Gosnells Womens Health Service Inc continues to be accredited against the National Standards for Mental Health Services.

Assessor: Dr Michelle Denton

Signed:  \_\_\_\_\_

Date: 23 November 2022

# ASSESSMENT SUMMARY

## Assessment objective

The audit objectives will confirm the organisation complies with their own policies and procedures and will confirm that the management system's effectiveness enables the organisation to achieve its own objectives. The audit will determine the ability of the management system to ensure the client meets applicable statutory, regulatory and contractual requirements.

## Assessment criteria

The audit criteria will confirm the organisation's management system complies with the applicable elements of the Standard.

## Scope of assessment

Counselling (Face to Face and Telephone) for individuals, teens, men, couples, families and Therapeutic Groups.

## Amendments to the scope of accreditation

Nil

## Assessment team

- Michelle Denton - Assessor

## Governing Body

Board Gosnells Womens Health Service Inc

## Sites visited during this assessment

Site	Date	Assessor
<b>Head Office</b> Suite 7 Lv1 Gosnells Community Lotteries House 2232c Albany Highway Gosnells WA 6110 <i>Scope: Governance and Management</i> <i>Requirements determined as not applicable:</i> 1.6, 1.9, 2.2, 2.4, 2.5, 3.5, 3.7	22-23 November 2022	Michelle Denton
<b>Service delivery site/s</b>		
Suite 7 Lv1 Gosnells Community Lotteries House 2232c Albany Highway Gosnells WA 6110 <i>Scope of Services: Counselling (Face to Face and Telephone)</i> for individuals, teens, men, couples, families and Therapeutic Groups.	22-23 November 2022	Michelle Denton
<i>Gosnells Womens Health Service Inc representative: Marina Newby Operation and Finance Manager</i> <a href="mailto:Marina.newby@whws.org.au">Marina.newby@whws.org.au</a> 08 9490 2258		

## Organisational chart

Refer to end of report.

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## STANDARD 1 – RIGHTS AND RESPONSIBILITIES

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*The rights and responsibilities of people affected by mental health problems and / or mental illness are upheld by the mental health service (MHS) and are documented, prominently displayed, applied and promoted throughout all phases of care.*

- 1.1 The MHS upholds the right of the consumer to be treated with respect and dignity at all times.
- 1.2 All care is delivered in accordance with relevant Commonwealth, state / territory mental health legislation and related Acts.
- 1.3 All care delivered is subject to the informed consent of the voluntary consumer and wherever possible, by the involuntary consumer in accordance with Commonwealth and state / territory jurisdictional and legislative requirements.
- 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.service, its staff and its volunteers treat individuals with dignity and respect.
- 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.
- 1.6 The MHS communicates with consumers, carers and other service providers and applies the rights and responsibilities of involuntary patients as per relevant Commonwealth, state / territory mental health legislation and related Acts.
- 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.
- 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.
- 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.
- 1.10 The MHS upholds the right of the consumer to be involved in all aspects of their treatment, care and recovery planning.
- 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.
- 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
- 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.
- 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.
- 1.15 The MHS upholds the right of the consumer to access advocacy and support services.



- 1.16** The MHS upholds the right of the consumer to express compliments, complaints and grievances regarding their care and to have them addressed by the MHS.
- 1.17** The MHS upholds the right of the consumer, wherever possible, to access a staff member of their own gender.

**Standard 1 rating:** Met

### **Evidence reviewed to arrive at this rating**

The organisation has a range of relevant documentation including but not limited to the following documentation, policies and procedures:

- Client's Rights & Responsibilities Policy, documentation and pack of information
- Rights and responsibilities of Carers and Support Persons
- Rights and Responsibilities of Volunteers
- Accessibility Policy
- Disability Action and Inclusion Plan (2022)
- Privacy and Confidentiality policy
- Template of Welcome Email to clients
- Consent for Release of Information
- WHWS Information Booklet
- Equity of Access Policy and Procedure
- Code of Conduct
- Child Protection Policy
- Confidentiality- Child and Family sessions Policy
- Confidentiality- Children Policy
- Complaints Policy and Procedures
- Complaint Form Children 12 plus
- Complaint Form Children under 12
- Child Care Plan – My Goals
- Disability Access and Inclusion Plan
- Equity of Access Policy
- Induction and in-house training documentation
- Prevention of crime against clients Policy and procedure
- Carer and Consumer Participation Policy and procedure
- Client File Management Process

Relevant policies and procedures are in place to promote clients' rights to: access and equity; culturally safe high quality service provision; client and carer engagement; privacy and confidentiality; open disclosure; and advocacy. The provision of feedback and to make complaints is embedded throughout the vision and mission and operational policies and procedures outlined above.

Management and staff demonstrated an understanding of and a commitment to the need for clients to have the right to counselling and support that respects their dignity and privacy. Examples were provided of greeting clients respectfully and making them comfortable, providing choices and options, providing information, implementing the consent process, ensuring privacy and confidentiality, providing services in private interview rooms that are sound proofed, and enabling clients to provide feedback and make complaints. Photos provided indicates that the environment is conducive to the services delivered and there are private rooms available for assessments and consultations. Staff also explained how information about their rights is given to clients when they come into the service, and that it is provided in a format appropriate to their age, communication needs and their cultural background.

Contract documentation and Service Agreements with the funding body detail the services to be provided, the outcomes, the required deliverables and reporting requirements. There are policies and procedures in place and documents that provide relevant information for staff on rights and responsibilities, privacy and confidentiality. For clients there is also information on their rights and how they can fully participate in their service delivery in the Client's Rights and Responsibilities documentation and pack of information. GWHS has a video link about the service for all clients and carers to access sent to them via a welcome email on engagement with the service.

Management demonstrated how they ensure they have access to and comply with legislation, acts and guidelines related to their service using a legislation compliance register. Current information on applicable legislation, acts and guidelines was also sighted in the policies, procedures and documentation provided.

Staff demonstrated an understanding of the privacy and confidentiality requirements and consent processes, including informed consent. Client file review indicates that there are records of informed consent and receipt of information on rights and responsibilities and confidentiality. Client file review also indicates that staff document client involvement in initial assessments and individual service review processes.

Staff confirmed that they receive an induction and are provided with information on the rights and responsibilities of clients and carers, and the code of conduct when they commence employment with the organisation. Staff also explained how information about rights and responsibilities is given to clients when they come into the service, and that it is explained in a way that is appropriate and understood. Staff also provided examples of how they respect clients' rights and uphold those rights, including decision making, choices, goal setting and participation. They demonstrated documenting the client's active participation in developing their goals and individual support plans and the review arrangements demonstrating how the client was actively involved in the process. Samples of client files were reviewed and confirm client involvement in the consent, plan, review and service delivery.

Staff demonstrated an understanding of the right of the client to nominate (or not to have) others involved in their care. Staff also demonstrated an understanding of the client's informed consent related to support people. Whilst they said that most clients do not choose to have a carer involved, staff provided examples of how carers might be supported to be involved in the management of the client's care with the client's informed consent.

Staff explained that clients can access the information that is held about them. The staff were aware of relevant policies and procedures relating to confidentiality, information privacy and records management.

Clients report providing consent by signing a consent form, receiving information about their rights and confidentiality, and confirmed that their rights are upheld. They also confirmed that they are able to be fully involved in their recovery planning and progress reviews. There is information for clients and brochures on privacy and confidentiality. Within the triage process clients and carers are informed about and provided with the opportunities to make advance directives related to the service they receive. Some clients recalled confirmed being offered the care plan at the initial, mid and final review, other clients could not recall.

Staff explained that clients can access advocacy and support services or receive support to access them and examples were provided of supporting clients to access domestic and family violence services, welfare and other health care for example.

Staff explained that there is a Feedback, complaints and appeals management process. There is evidence of formal client feedback surveys with findings being used to support continuous service improvement.

There are both female and male counsellors on staff and clients and staff explained how clients are given a choice of gender of the counsellor on engagement with the service. A male psychologist interviewed explained how he also delivers some of the services directed at men for example a Dad's Chat workshop.

The Operations Manager explained in interview that there are processes for maintaining physical security, including access to the building, rooms and filing cabinets (e.g. paper-based documents kept in a secure, lockable area). There are processes for maintaining digital security, including hierarchy of access, double authenticated individual logins and password protection.

Involuntary clients are not involved in the program or services in scope of this audit. It is not an inpatient facility and does not use any restrictive measures. All clients attend voluntarily.

## STANDARD 2 – SAFETY

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*The activities and environment of the MHS are safe for consumers, carers, families, visitors, staff and its community.*

- 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.
- 2.2 The MHS reduces and where possible eliminates the use of restraint and seclusion within all MHS settings.
- 2.3 The MHS assesses and minimises the risk of deliberate self harm and suicide within all MHS settings.
- 2.4 The MHS minimises the occurrence of adverse medication events within all MHS settings.
- 2.5 The MHS complies with relevant Commonwealth and state / territory transport policies and guidelines, including the current National Safe Transport Principles.
- 2.6 The MHS meets their legal occupational health and safety obligations to provide a safe workplace and environment.
- 2.7 The MHS complies with infection control requirements.
- 2.8 The MHS can demonstrate investment in adequate staffing and resources for the safe delivery of care.
- 2.9 The MHS conducts a risk assessment of staff working conditions and has documented procedures to manage and mitigate identified risks.
- 2.10 Staff are regularly trained to, wherever possible, prevent, minimise and safely respond to aggressive and other difficult behaviours.
- 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.
- 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.
- 2.13 The MHS has a formal process for identification, mitigation, resolution (where possible) and review of any safety issues

**Standard 2 rating:** Met

### **Evidence reviewed to arrive at this rating**

The organisation has a range of relevant documentation including but not limited to the following documentation, policies and procedures:

- Risk Management Policy and Risk Matrix (2021-2022)
- Risk Appetite Statement
- Suicide and Self Harm Risk Assessment and Form
- De-escalation for Suicidal Clients
- Administration Procedures for At Risk Clients
- Procedure for Prioritising Referrals
- Critical Incidents policy
- Working from Home checklist

- Individual Staff Flexibility Agreements
- Evaluation and Feedback Policy and Form (Individual and Group Counselling)
- Feedback Form Covid-19 Management
- Partnership and Network Evaluation Template
- Covid 10 Workplace Risk Assessment
- Occupational Safety and Health (OSH) policies and procedures and documentation (including but not limited to) OSH Induction, OSH Responsibilities, Violence and Threats, Emergency Response, Security, Safety of Stakeholders, Injury Management, Hazard identification, incidents and accidents, After Hours appointments and activities, First Aid and Alcohol and Drugs
- Emergency Procedures Manual
- Emergency Management and response Plan
- Emergency Evacuation Procedure
- Duress System Instructions
- Incident Register
- Complaint Register
- Induction and in-house training documentation
- Coronavirus Workplace Management policy and documentation
- Workplace risk assessment documentation
- Policy On Zero Tolerance For Harassment
- Child Protection Policy

A range of relevant documentation is in place and management and staff demonstrated an understanding of the need to ensure the safety and wellbeing of clients, carers, staff and others. They explained the range of formal and informal mechanisms that are implemented including but not limited to:

- Policies and procedures including Workplace Health and Safety, emergency procedures and infection control
- Comprehensive triage process including documenting risk assessments
- Training and support of staff in risk assessment and strategies to identify, prevent or de-escalate agitation, aggression and interpersonal violence as well as identify and respond to self-harm, Domestic and Family Violence and other high-risk presentations
- Records of building inspections and safety checks
- Fire extinguishers are regularly maintained by the landlord (City of Gosnells City Council)
- Emergency evacuation procedure and plan are displayed and staff are aware of the procedure and regular drills are done by the building management
- Duress system and reception distress alarm bell

Management and staff demonstrated an understanding and provided examples of the ways they promote the optimal safety and wellbeing of the client. This includes provision of information and upholding rights, ensuring the environment for each of the services is safe, zero tolerance of harassment and violence, undertaking risks assessments, supporting clients that are victims of domestic and family violence to get the support they need and ensuring privacy and confidentiality of client records. Staff provided examples of training and continuous professional development and implementing what they have learned regarding safety and risk management.

Staff interviewed described in detail their workplace safety responsibilities, including understanding of security protocols, incident reporting and promoting and maintaining wellbeing of themselves and others while at work. Documents provided outline transparent and accountable process that demonstrate commitment to equal opportunity and building and maintaining a safe and diverse workforce. Staff explained that WHWS has identified possible risks of the workplace and established the following:

- Individual rooms can be unlocked from outside by another staff member
- Reception distress procedure is in place
- Staff are not to leave premises alone at the end of a working day
- Arrangements are in place that staff working evenings have parking spots in secure underground car park
- Video surveillance (CCTV) is in place in and around building
- Hazardous substances are addressed in policy and in induction
- COVID19 Risk assessment and management practices were introduced
- Evacuation in the event of a fire or other danger, adverse event or incident is addressed in policy and induction.
- Regular drills occur; and there is a nominated fire warden who has attended training.
- The Annual risk assessment for Workplace Health and Safety is completed by the Operations Manager, and there is a procedure in place for risks and incidents to be reported and acted upon.
- Individual Duress badges are individually coded to help fast identification of staff member / volunteer in distress and a centralised display to alert WHWS reception and all other tenancies in the building.
- The glass front door has a lock controlled by remote from reception
- The Emergency Management response plan is updated annually

Position descriptions appear to accurately reflect the skills, qualifications, experience and personal attributes required to perform duties effectively and provide information on roles and responsibilities, including around safety. Samples of staff meeting minutes are available and indicate regular focus on risk and safety matters. Clients that were interviewed confirmed they feel safe and are treated with respect.

Mechanisms are in place to identify clients at increased risk and early action is taken for at-risk clients. Systems exist to escalate the level of care as required There is a strong emphasis on individual risk assessment at triage and ongoing engagement with the client from self-report; external sources such as the referring practitioner; a risk history; and a summary of the assessment; supported by of the following resources:

- Triage risk assessment sighted on client files
- Risk assessment at reception – staff trained
- Suicide and self-harm risk assessment sighted on client files
- Therapy staff trained in risk assessment
- Mandatory reporting
- Child safety policies and procedures

Workplace Health and Safety (WHS) documents are comprehensive and outline the framework for establishing and maintaining a healthy and safe workplace. Information on infection control is available to staff, clients and visitors and is including in the induction process. GWHS demonstrated that it is a risk focussed organisation that assesses, monitors, manages and reviews risk appropriately. Incidents, near misses and hazards are collected, reported and analysed, however the service has experienced very few incidents in the past several years.

Critical incidents are very infrequent at WHWS, and the CEO explained they have not experienced a critical incident since 2017, however policy outlines that if a critical incident does occur a full and immediate team debriefing will take place with the possibility of a closure of site. A rarely used Incident Register is in place.

Staff explained that apart from induction, there is a strong emphasis on professional development (PD) with at least two full days of PD per year involving all staff; a PD allowance for staff to seek additional training; and lunchtime seminars and talks from other relevant agencies, which staff said they found very helpful to stay connected to community resources.

Staff interviewed verified that the service supports a safe and inclusive working culture. Staff receive a comprehensive induction process following a planned checklist and records are retained. The induction process includes safety matters, WHS and risk management. Staff interviewed expressed that they loved their work and workplace and felt respected, valued and safe. There was a strong sense of collegiality and cooperation amongst the staff interviewed during the audit, including several staff members who had recently joined the organisation and were very pleased to be there.

The organisation does not have any involvement with medication nor do they transport clients. All clients are entirely voluntary and the service does not use seclusion or restraint; nor is it involved with medications or transport.



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## STANDARD 3 – CONSUMER AND CARE PARTICIPATION

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*Consumers and carers are actively involved in the development, planning, delivery and evaluation of services.*

- 3.1 The MHS has processes to actively involve consumers and carers in planning, service delivery, evaluation and quality programs.
- 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.
- 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.
- 3.4 Consumers and carers have the right to independently determine who will represent their views to the MHS
- 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.
- 3.6 Where the MHS employs consumers and carers, the MHS is responsible for ensuring mentoring and supervision is provided.
- 3.7 The MHS has policies and procedures to assist consumers and carers to participate in the relevant committees, including payment (direct or in-kind) and / or reimbursement of expenses when formally engaged in activities undertaken for the MHS.

**Standard 3 rating:** Met

### **Evidence reviewed to arrive at this rating**

The organisation has a range of relevant documentation including but not limited to the following documentation, policies and procedures:

- Network and Partnership Goals
- Social Media and Marketing Policy
- Accessibility Policy
- Disability Action and Inclusion Plan (2022)
- Code of conduct
- Client's rights & responsibilities documentation and pack of information
- Induction and in-house training documentation
- Equity of Access documentation
- Client information and Booklet
- Clients & Carers Complaint Policy and Procedure
- Carer and Client Participation Policy and Procedure
- Carer rights and responsibility Policy and Procedure

GWHS demonstrated a commitment to client and carer involvement in their own recovery journey and encouraging feedback to the organisation. The Client Information package, Booklet and video link provides relevant information for clients and how they can fully participate in their service delivery or nominate someone else to act/ advocate on their behalf. Interviewed clients confirmed receiving the Client Information with verbal explanations from their counsellor to assist them to play an active role in recovery goal setting, individual service planning, review and the provision of feedback. Client files



evidenced staff facilitating the active participation by clients in the development of recovery goals, development of support plans and review after five and ten sessions. Clients are encouraged to give feedback after every session as well as at end of episode; and data is analysed to inform service improvements. Clients interviewed also confirmed that they knew how to provide feedback or make a complaint if they needed to. There is a feedback portal is on the website with clear directions as to how to provide feedback or make a complaint.

Staff demonstrated an understanding of the rights of the clients and carers including that they have the right to independently determine who will represent their views to the service. Samples of staff induction and training were provided and indicate staff receive information on the rights of the clients, including active participation.

The organisation is not funded or resourced to provide training or reimbursement to clients who may be involved in service development or committees.

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## STANDARD 4 – DIVERSITY RESPONSIVENESS

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*The MHS delivers services that take into account the cultural and social diversity of its consumers and meets their needs and those of their carers and community throughout all phases of care.*

- 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.
- 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.
- 4.3 Planning and service implementation ensures differences and values of its community are recognised and incorporated as required.
- 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.
- 4.5 Staff are trained to access information and resources to provide services that are appropriate to the diverse needs of its consumers.
- 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.

**Standard 4 rating:** Met

### **Evidence reviewed to arrive at this rating**

The organisation has a range of relevant documentation including but not limited to the following documentation, policies and procedures:

- Draft REFLECT RAP – awaiting sign off by Reconciliation Australia
- Strategic Plan 2021- 2025
- Client’s rights & responsibilities documentation and pack of information
- Cultural Consideration Procedure
- Social Media and Marketing Policy
- Accessibility Policy
- Disability Action and Inclusion Plan (2022)
- Policy On Zero Tolerance For Harassment
- Induction and in-house training documentation
- Client information and Booklet on website
- Clients & Carers Complaint Policy and Procedure
- Carer and Client Participation Policy and Procedure
- Carer rights and responsibility Policy and Procedure
- Consent to release information to health professionals outside of WHWS or third party’s documentation.

Documents outlined above take into account the cultural and social diversity of clients and their needs. The Strategic Plan outlines core values including Respect, Equity and Integrity and the Purpose which includes “To provide a confidential holistic health service for the benefit of

disadvantaged women regardless of age, religion, politics or lifestyle.” GWHS Board has at least two members who identify lived experience of vulnerability, disadvantage including perinatal depression and anxiety and Domestic and Family Violence and a Director with Aboriginal heritage. There is also diversity reflected in employed staff including a carer, GLBTQIA+ identified and several people with disabilities and lived experience of mental health concerns. Staff provided examples of considering the needs of all clients (regardless of their needs) equally and they recognise that the service supports a diverse range of clients, carers and support people.

The City of Gosnells, where the service is located a richly diverse community with 43% of residents born overseas (Australian Bureau of Statistics (ABS), 2016) and 157 different languages spoken (ABS, 2016). There is a range of documentation to guide practice including the Cultural Consideration Procedure, the Accessibility Policy, the Disability Action and Inclusion Plan (2022) and information about accessing interpreters.

There is a sign on the front door which states:

*We welcome All ages All cultures All genders All beliefs All identities All abilities All sexualities  
We welcome YOU*

The Accessibility Policy outlines the various strategies the organisation uses to enhance clients experience in accessing the service:

- Using multiple culturally appropriate communication methods
- Recognizing cultural blind spots
- Addressing language barriers
- Choosing accessible locations
- Overcoming scheduling barriers
- Providing essential accommodations
- Offering incentives and financial assistance

Discussions with management and staff indicate programs are provided in an open and transparent manner within a supportive and non-discriminatory environment and extensive training of staff including ongoing cultural competence training and forums involving visiting services. The initial engagement process with the client identifies Indigeneity, language/s spoken and preferred language and whether an interpreter is required, observed on client files. The service is increasingly offering programs and support for men as fathers in the form of individual and group work aimed at early prevention strategies and promotion of healthy parenting.

Development of the Strategic Plan 2021 – 25 was explained by the Board Director interviewed and how the organisation used available data on identified diverse groups and the needs of its community in its development. Staff demonstrated an understanding and awareness of culturally appropriate service delivery. Documentation and HR review and discussions with staff indicate that staff have training in cross cultural awareness, disability awareness and working with interpreters.

Staff recognise the diversity of the community in their local area and provided examples of how they celebrate diversity and operate as a non-discriminatory service.

Discussion with the CEO and staff indicated that the WHWS either hosts in their building and/or works closely and collaboratively with a number of other relevant agencies with memorandum of understanding (MOU) in place:

- Sexual Assault Resource Centre (SARC)
- Association for Services to Torture & Trauma Survivors (ASETTTS)
- Ishar Multicultural Women’s Health Services
- Mother Baby Nurture
- Perinatal mental health reference group
- Centre for Women’s Safety and Wellbeing
- Women’s Community Health Network.
- Gosnells Community Lotteries House Board

- Family Support Network

The Policy on zero tolerance for harassment includes definitions of unacceptable workplace conduct, defining and addressing prejudice and discrimination to support staff and set expectations. Staff demonstrated that they know how to access specialist services such as interpreters, ethnic and Aboriginal and Torres Strait Islander community services and health workers. Staff explained there is a regular lunchtime forum where relevant agencies are invited to the service to present.

The funding agreements largely determines the extent and nature of the service to be provided and the required deliverables. The funder requires regular reporting against specific objectives and indicators including diversity data.

Clients and carers are not involved in formal advocacy and/or support roles within the service.

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## STANDARD 5 – PROMOTION AND PREVENTION

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*The MHS works in partnership with its community to promote mental health and address prevention of mental health problems and / or mental illness.*

This Standard was not assessed at this maintenance assessment.

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## STANDARD 6 – CONSUMERS

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*Consumers have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.*

**NOTE** The consumer standard is not assessable, as it contains criteria that are assessable within the other standards. It is included here for reference only.

- 6.1 Consumers have the right to be treated with respect and dignity at all times.
- 6.2 Consumers have the right to receive service free from abuse, exploitation, discrimination, coercion, harassment and neglect.
- 6.3 Consumers have the right to receive a written statement, together with a verbal explanation, of their rights and responsibilities in a way that is understandable to them as soon as possible after entering the MHS.
- 6.4 Consumers are continually educated about their rights and responsibilities.
- 6.5 Consumers have the right to receive the least restrictive treatment appropriate, considering the consumer's preference, the demands on carers, and the availability of support and safety of those involved.
- 6.6 A mental health professional responsible for coordinating clinical care is identified and made known to consumers.
- 6.7 Consumers are partners in the management of all aspects of their treatment, care and recovery planning.
- 6.8 Informed consent is actively sought from consumers prior to any service or intervention provided or any changes in care delivery are planned, where it is established that the consumer has capacity to give informed consent.
- 6.9 Consumers are provided with current and accurate information on the care being delivered.
- 6.10 Consumers have the right to choose from the available range of treatment and support programs appropriate to their needs.
- 6.11 The right of consumers to involve or not to involve carers and others is recognised and respected by the MHS.
- 6.12 Consumers have an individual exit plan with information on how to re-enter the service if needed.
- 6.13 Consumers are actively involved in follow-up arrangements to maintain continuity of care.
- 6.14 The right of consumers to have access to their own health records is recognised in accordance with relevant Commonwealth and state / territory legislation / guidelines.
- 6.15 Information about consumers can be accessed by authorised persons only.
- 6.16 The right of the consumer to have visitors and maintain close relationships with family and friends is recognised and respected by the MHS.
- 6.17 Consumers are engaged in development, planning, delivery and evaluation of the MHS.
- 6.18 Training and support is provided for consumers involved in a formal advocacy and / or support role within the MHS.

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## STANDARD 7 – CARERS

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*The MHS recognises, respects, values and supports the importance of carers to the wellbeing, treatment, and recovery of people with a mental illness.*

This Standard was not assessed at this maintenance assessment.

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## STANDARD 8 – GOVERNANCE, LEADERSHIP AND MANAGEMENT

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*The MHS is governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services.*

- 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.
- 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.
- 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.
- 8.4 The MHS has processes in place to ensure compliance with relevant Commonwealth, state / territory mental health legislation and related Acts.
- 8.5 Identified resources are allocated to support the documented priorities of the MHS.
- 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.
- 8.7 Staff are appropriately trained, developed and supported to safely perform the duties required of them.
- 8.8 The MHS has a policy and process to support staff during and after critical incidents.
- 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, state / territory legislation and related Acts.
- 8.10 The MHS has an integrated risk management policy and practices to identify, evaluate, monitor, manage and communicate organisational and clinical risks.
- 8.11 The MHS has a formal quality improvement program incorporating evaluation of its services that result in changes to improve practice.

**Standard 8 rating:** Met

### **Evidence reviewed to arrive at this rating**

The organisation has a range of relevant documentation including but not limited to the following documentation, policies and procedures:

- Strategic Plan 2021-2025
- Strategic Decision-Making Principles Framework
- Delegation of Authority Policy
- Board Policy
- Board Meeting Minutes 29 July 2022
- Constitution
- Amendments to Constitution (October 2021) showing addition of Consumer Representatives to Board



- Code of Conduct
- Risk Management Policy and Risk Matrix (2021-2022)
- Risk Appetite Statement
- Compliance Register
- Suicide and Self Harm Risk Assessment and Form
- Administration Procedures for At Risk Clients
- Evaluation and Feedback Policy and Form (Individual and Group Counselling)
- Feedback Form Covid-19 Management
- Partnership and Network Evaluation Template
- Covid 10 Workplace Risk Assessment
- Occupational Safety and Health (OSH) policies and procedures and documentation (including but not limited to) OSH Induction, OSH Responsibilities, Violence and Threats, Emergency Response, Security, Safety of Stakeholders, Injury Management, Hazard identification, incidents and accidents, After Hours appointments and activities, First Aid and Alcohol and Drugs
- Emergency Procedures Manual
- Emergency Management and response Plan
- Emergency Evacuation Procedure
- Duress System Instructions
- Incident register
- Complaint register
- Critical Incidents policy
- Induction and in-house training documentation
- Coronavirus Workplace Management policy and documentation
- Workplace risk assessment documentation
- Policy On Zero Tolerance For Harassment
- Child Protection Policy
- Confidentiality and Privacy Policies and Forms
- Report on Compliance with WA Carers Recognition Act 2004
- Client information and Booklet on website
- Human Resources documentation (including but not limited to) Recruitment Policy; Job Descriptions; Anti-discrimination and EEO Policy; Induction; Conflict of Interest Policy; Performance Appraisals; Employee Conduct Policy; Prevention of Bullying in the Workplace Policy; Volunteers and Casual Staff Policies; TOIL and Annual leave; Working from Home checklist and Individual Staff Flexibility Agreements

Discussion with the CEO, Board Director and Operations Manager and review of a range of documents provided and outlined above, indicate that GWHS has an effective and accountable governance, service management and leadership structure, proportionate to the size and requirements of the organisation (22 staff / 9.5 full time equivalent positions - FTE), which is committed to maximising positive outcomes for clients, carers and stakeholders. The policies and procedures in place guide the governance, management and delivery of coordinated services. Governance processes are designed to maximise organisational transparency, effectiveness and ensure accountability and compliance with legislation. There is an emphasis on evaluation, professional development, supervision, mentoring and support and safety of staff.

The Strategic Plan 2021-2025 outlines a vision and strategies for service delivery and growth of the organisation to become more self-sustaining by generating revenue. The CEO explained that the percentage of revenue generated has almost doubled in the previous 12 months to around 35% through implementing a variety of the strategies identified in the Strategic Plan, such as some fee for service provision, Medicare rebates, symposiums and the offering of online learning packages.

In an interview with a long-standing Board Director, they explained that the organisation is governed by a Board of 10 members that meets monthly and is engaged in strategic leadership and oversight of

GWHS including overseeing the development of the Strategic Plan in several planning day sessions as well as involvement in the reconciliation action plan (RAP) reflect. The Director described robust and productive discussion in the meetings and planning sessions where efforts are made to ensure that everyone has a voice and is respected. The Board completes an annual self-reflection and identified the need for more finance and legal experience which has now been achieved with a new Certified Practising Accountant (CPA) treasurer, a lawyer and a risk expert joining the board in the last 12 months. The CEO provides a detailed report to the Board and standing items include Acknowledgement of Country, Conflict of Interest, Risk discussion and monthly financial reporting verified by Board minutes sighted. WHWS undergoes annual financial audit by an independent registered auditor (approved by ACNC). There is a Delegation of Authority Policy in place. Current Insurances were sighted.

There is a formal Risk Management Policy and Risk Appetite Statement in place. Risk is discussed at all Board and staff meetings as standard items to ensure the opportunity to identify, evaluate, monitor and manage risk. Staff explained they are encouraged to raise any risk issues prior to regular staff meetings and there is a form in place for documenting the risk and a standing item on the agenda. Examples of staff meeting minutes, management team meetings, Board meeting minutes were provided.

Although not funded for mental health promotion, GWHS provide a wide range of early intervention and prevention activities and has a Health Promotion Program Plan template for all health promotion events. There is a strong emphasis on perinatal mental health issues for women and their partners including attending community events aimed at people at risk of Perinatal mental health issues, their carers or support people. Staff explained that the service have developed robust collaborative relationships with child health nurses and local general practitioners (GPs) to ensure early identification of at-risk women and families. The service offers a range of self-directed learning packages and/or podcasts on preparing for parenthood, Caring for Carers, Circle of Security workshops and dad's chat groups. The service is active on social media including an emphasis and activities addressing Pregnancy and birth in a pandemic. A Perinatal Mental Health Symposium due to run in 2023 and an evaluation project is currently underway in partnership with Curtin University. On 20 November 2022 GWHS hosted an event "Wheelie Good Dads." This event was aimed at raising awareness of mental health in the perinatal period and hosted a range of community services who had stalls to raise awareness and promote early identification and prevention of mental health problems.

The Legislation Compliance Register was demonstrated by the Operations Manager to ensure compliance with all regulatory requirements. A Human Resources (HR) consultant *ProcessWorks* is engaged to provide a regularly updated HR portal to comply with commonwealth state mental health legislation and related acts such as the *Privacy Act*. All staff have access to that portal. A range of HR policies and documentation, as outlined above, are accessible through this portal.

Position Descriptions indicate that GWHS employ therapeutic staff with an appropriate qualification (counselling, social work, psychology) with five years of experience with preferably additional education in perinatal mental health. The recruitment process outlined in policy includes requiring a curriculum vitae (CV) and selection criteria followed by an interview with the CEO and therapeutic manager which includes a role play to ensure that the therapist can make connection with clients. Once employed there is a comprehensive induction process which includes the induction package and observing a triage and then performing a triage while supported to ensure familiarity with the continuum of care. New therapeutic staff confirmed this process.

WHWS offers staff access to professional development as well as regular external supervision, internal fortnightly scheduled staff debriefing as well as the opportunity for ad hoc, as needed staff debriefing. All staff have access to EAP and a staff wellness package. There is a professional development allowance for staff to use on training of their choice. There is a Critical Incident policy outlining practice should this rarely (according to staff) occur.

There is a developing Quality Management System in place proportionate to the size and scope of the organisation. An organisation-wide system is in place for the development, implementation and regular review of policies, procedures and documents. There is an Evaluation and Feedback Policy and Form in place. There are a number of feedback mechanisms available to clients including end of session and end of episode client feedback and a portal on the website. The policy states that the WHWS management team (and or Board as relevant) regularly discuss any feedback or complaints, evaluate it to ascertain if improvements to service or practice are indicated and a staff consultation and change process implemented. Interviews with staff indicated awareness of improvement process and engagement with continuous quality improvement and understanding their role in the achievement of the organisation's objectives. Staff reported continuous discussion of new ideas to improve services.

Client files are maintained on the *Power Diary* platform. Staff and CEO explained that transition to this platform in 2022 has been impeded by the impact of Covid lockdown and staff working from home; and the service having to move out of the building for several months after losing the building roof in a severe weather event. Nevertheless, there were several gaps identified in review of six client files in terms of a full set of documents appropriate to the case, including care plans and evidence of review of the care plan after five sessions on every applicable record.

**Observation:**

An internal client file audit process is not currently in place to ensure client records are fully maintained.

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## STANDARD 9 – INTEGRATION

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*The MHS collaborates with and develops partnerships within in its own organisation and externally with other service providers to facilitate coordinated and integrated services for consumers and carers.*

This Standard was not assessed at this maintenance assessment.

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## **STANDARD 10 – DELIVERY OF CARE**

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### **CRITERION 10.1 – SUPPORTING RECOVERY**

*The MHS incorporates recovery principles into service delivery, culture and practice providing consumers with access and referral to a range of programs that will support sustainable recovery.*

This Standard was not assessed at this maintenance assessment.

### **CRITERION 10.2 – ACCESS**

*The MHS is accessible to the individual and meets the needs of its community in a timely manner.*

This Standard was not assessed at this maintenance assessment.

### **CRITERION 10.3 – ENTRY**

*The entry process to the MHS meets the needs of its community and facilitates timeliness of entry and ongoing assessment.*

This Standard was not assessed at this maintenance assessment.

### **CRITERION 10.4 – ASSESSMENT AND REVIEW**

*Consumers receive a comprehensive, timely and accurate assessment and a regular review of progress is provided to the consumer and their carer(s).*

This Standard was not assessed at this maintenance assessment.

### **CRITERION 10.5 – TREATMENT AND SUPPORT**

*The MHS provides access to a range of evidence based treatments and facilitates access to rehabilitation and support programs which address the specific needs of consumers and promotes their recovery.*

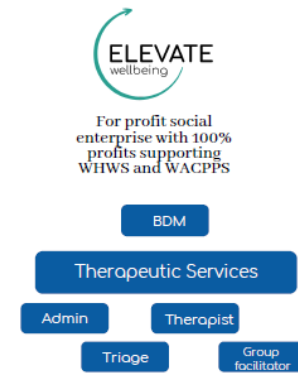
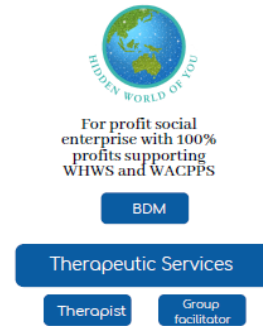
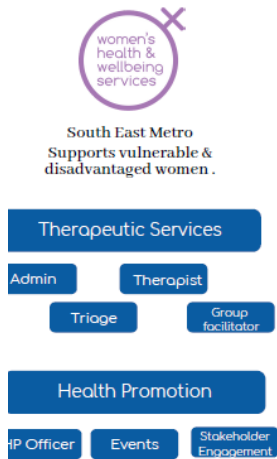
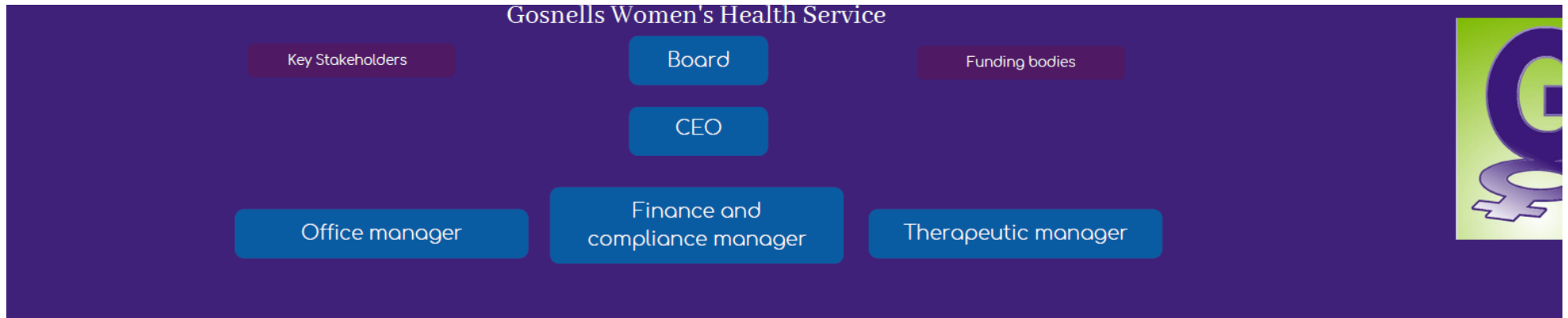
This Standard was not assessed at this maintenance assessment.

### **CRITERION 10.6 – EXIT AND RE-ENTRY**

*The MHS assists consumers to exit the service and ensures re-entry according to the consumer's needs.*

This Standard was not assessed at this maintenance assessment.

# ORGANISATIONAL CHART



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