



Government of Western Australia  
Mental Health Commission

Mental Health Commission



# Quality Management Framework

## Information for Community Managed Organisations

August 2014

For further information contact:  
Louise Cefalo or Tammy Ford  
Mental Health Commission  
Phone: (08) 6272 1200  
Email: [quality@mentalhealth.wa.gov.au](mailto:quality@mentalhealth.wa.gov.au)





## Table of Contents

The Quality Management Framework .....	4
How do the Outcome Statements fit within the Quality Management Framework? .....	4
Annual (Self) Assessment .....	5
Notifiable Incidents .....	5
Independent Quality Evaluations .....	6
Quality Evaluation Process .....	7
Pre-evaluation .....	7
Notification of organisation and completion of organisation profile .....	7
Notification to individuals, families and carers .....	7
Individuals' Participation in the Evaluation – Shortlist .....	8
Evaluation .....	9
Preliminary on-site meeting(s) .....	9
Quality Evaluation visits and collection of evidence .....	9
Post Evaluation .....	9
The draft Independent Quality Evaluation report .....	9
What is included in the Independent Quality Evaluation report .....	9
What the Independent Quality Evaluation report does not include .....	10
Post Evaluation presentation meeting .....	10
Promoting availability of the final Independent Quality Evaluation report .....	11
Appeal and review .....	11
Feedback from Organisations .....	12
<u>Attachment 1</u> Summary of the Independent Quality Evaluation Process .....	13
<u>Attachment 2</u> Sample letter .....	14
<u>Attachment 3</u> Sample Organisation Profile .....	15
Attachment 4_ Community Managed Organisations – Policy, Procedures and other documentation that relate to the Standards .....	18

## The Quality Management Framework

In 2011, the Commission engaged international mental health advisors Gregor Henderson Ltd to provide advice on a quality assurance framework for WA's mental health system. The purpose was to recommend functions and processes that will ensure Western Australians with mental health problems or mental illness (individuals) receive the best available evidence based care.

This involved consultations with an extensive range of stakeholders. The feedback obtained in addition to research undertaken determined that the following was identified as essential to a quality assurance framework:

- Transparent and understandable;
- Fair and impartial;
- Centred on the needs of the person and the outcomes being achieved in their lives, for them, their family, friends, neighbours and colleagues;
- Supporting safe and reliable services;
- Helping in the development of better services and improved practice;
- Supporting continuous improvement, evaluation and learning;
- Enabling partnerships and collaboration to happen across agencies and across sectors; and
- Culturally competent, both in the way it responds to indigenous people's needs and culture and also to the wide variety of a range of cultures and ethnic groups resident in WA.

The final report "Developing a Quality Assurance Framework for Mental Health in Western Australia" (available on the Commission's website [here](#)) recommended the establishment of an independent monitoring and evaluation process for Community Managed Organisations<sup>1</sup> (organisation) modelled on the one currently used in the disability sector. This recommendation has been progressed by the Commission and forms one part of the Quality Management Framework which comprises:

- an annual self assessment against the National Standards for Mental Health Services (the Standards) and person centred practices, this includes a 12 month continuous improvement plan;
- improved reporting, tracking, management and investigation (as required) of Notifiable Incidents; and
- Quality Evaluations that will be conducted by a panel of independent evaluators (including carers and people with a lived experience of mental illness).

Throughout the duration of establishing the Quality Management Framework, a committee comprised of Commission representatives, individuals, family/carers, the Chief Psychiatrist, WAAMH and organisations have overseen and contributed to its development.

## How do the Outcome Statements fit within the Quality Management Framework?

The Commission initiated a suite of forums held in both metropolitan and regional areas with individuals, their families, carers<sup>2</sup> and organisations to develop a set of Outcome

---

<sup>1</sup> Includes all Commission funded not-for-profit and for-profit non government organisations, including licensed private psychiatric hostels

<sup>2</sup> A carer is a person who (without being paid) provides ongoing care or assistance to another person who has a disability, a chronic illness or a mental illness, or who is frail ([Carers Recognition Act 2004](#)).

Statements. Through this consultative process six Outcome statements have been developed and are available on the Commission's website [here](#).

The Outcomes are not mutually exclusive, nor are they listed in order of priority or importance. These Outcomes cover the areas that have been identified as most important to individuals, their families and carers to live a good life. Organisations are expected to continually strive towards the Outcomes through actively engaging with individuals and their families/carers to identify their personal goals and then seeking innovative support strategies to assist the individuals and their families/carers to achieve them.

It is not expected that organisations will be able to meet all of the outcomes in isolation, partnership arrangements with other community organisations, mental health services and any other key stakeholders will be essential to support a holistic approach to meeting individual needs.

These Outcomes will be evaluated as part of the independent Quality Evaluations. In addition, questions focused on person centred approaches also form part of the Annual Assessment.

### **Annual (Self) Assessment**

The Mental Health Commission's Annual Assessment process is an opportunity for all Organisations to reflect on how well their services:

- have adopted the [Mental Health Outcomes](#)
- comply with the [Standards](#)
- implement continuous service improvements.

Involvement of individuals, their families and carers in service evaluations is one of the key principles that underpin [Mental Health 2020](#) and the Standards. Therefore, in completing the Annual Assessment, the Commission encourages organisations to include the views of the individuals accessing services and their families and carers. Other stakeholder groups such as direct care workers, management and external stakeholders (eg other service providers / partners) are also important in identifying service gaps and improvements.

As part of the Annual Assessment, organisations are required to provide an update on the implementation of previously identified continuous service improvements (from the previous years Annual Assessment) and provide at least three new continuous service improvements to be implemented over the next 12 months. Where an organisation has had an Independent Quality Evaluation during the 12 month reporting period, any Opportunities for Service Improvement identified in the final quality report will be pre-filled in the continuous service improvement section (of the Annual Assessment) and an update on the implementation of these should be reported through this mechanism.

Each organisation is required to complete only one Annual Assessment to represent all Commission funded service types. This Annual Assessment is included in the on-line reporting system and is due on the 25<sup>th</sup> January each year.

### **Notifiable Incidents**

The reporting of Notifiable Incidents is essential to minimise risk, prevent harm and to continuously improve service quality for everyone who uses and provides non-government services.

It is a requirement for all Commission funded services to report any Notifiable Incidents that occur, to the Commission as soon as practicable. For organisations with licensed

facilities, there is an additional requirement to also report Notifiable Incidents to the Office of the Chief Psychiatrist (OCP) and the Licensing and Accreditation Regulatory Unit (LARU). A standardised form has been developed (available on the Commission's website [here](#)) that can be sent to the Commission for Notifiable Incidents across all services and the same form can also be used to report to the OCP and LARU for licensed facilities.

The responsibility for reporting all Notifiable Incidents rests with the organisation that is providing services to the person(s) with a mental illness when the incident occurs. The most senior staff member present at the time of the incident should complete the Notifiable Incident form as soon as possible. It is expected that the organisation's Chief Executive Officer will review and endorse all completed Notifiable Incident forms, prior to submission to the Commission and other agencies.

Following receipt of the Notifiable Incident form, the Commission may require additional information to ensure all the facts about the reported Notifiable Incident are accurately recorded and all appropriate actions have been taken. It is expected that organisations will take action as soon as possible to minimise the consequences of the incident and where possible prevent the occurrence of a similar incident in the future.

Some incidents may also warrant further independent investigation and this will be determined by the Commission. In the event of an independent investigation, once completed, a written report outlining any required actions, suggested service improvements and timeframes for completion will be provided to both the Commission and the organisation. Organisations can contact their Contract Officer to discuss implementation of the actions and improvements resulting from any investigation. A written report on the implementation of the recommendations will then need to be forwarded to the organisation's Contract Officer within an agreed timeframe.

## **Independent Quality Evaluations**

The intent of Independent Quality Evaluations is to focus on how an organisation is continuously improving its services, supporting individuals to meet their individual goals (Outcomes) and meeting the Standards. A key component of Quality Evaluation is identifying the satisfaction people (individuals, families and carers) have experienced accessing the services including their perception and confidence in how the organisation is meeting their needs. Having an independent team of Evaluators look at an organisation's services and speak to the people accessing them in a confidential manner can provide the opportunity for continuous improvement activities that otherwise may not be identified.

Independent Quality Evaluations will be undertaken approximately every three years at a whole of organisation level for your Commission funded services (programs funded through other departments, e.g. FaHCSIA are not included in these evaluations).

Independent Quality Evaluations will provide the opportunity for Evaluators, external to the service and the Commission to:

- meet with individuals, family members, carers, advocates and other stakeholders;
- observe services in operation;
- meet with Board members, management and staff; and
- review documentation, systems and management processes as required.

All Independent Quality Evaluations will involve a minimum of two Evaluators, of which one will be a Team Leader who will be the primary contact and also responsible for collating the evidence and writing the report. The number of Evaluators in a team

undertaking a Quality Evaluation of an organisation will depend on the size (number of people served), spread (locations) and complexity (e.g. clinical services, target groups) of the services being evaluated. The aim is that at least one member in the team will be a person with lived experience of mental illness or a family member / carer for someone who has a mental illness. From commencement of the preliminary meeting it is expected to take up to 12 weeks to collect the evidence and complete the final report. Please note: Independent Quality Evaluations do not include a financial audit.

The following provides a more detailed explanation of the Independent Quality Evaluation process (or refer to Attachment 1 for the summary version).

## **Quality Evaluation Process**

### **Pre-evaluation**

#### **Notification of organisation and completion of organisation profile**

The Commission notifies the organisation at least six (6) weeks prior that an Independent Quality Evaluation has been scheduled to commence in a particular month. The Commission sends the notification letter by email to the primary contact person for the organisation and advises the name and contact details of the Team Leader responsible for conducting the evaluation. Additional information is attached to the email which includes this booklet, an organisation profile template and a sample invitation letter for individuals accessing your services (which can be tailored to suit as appropriate).

The organisation then contacts the Team Leader (as soon as possible after notification) to confirm time-lines for the evaluation and a date for the preliminary meeting. If the organisation has multiple sites and individuals would have difficulty accessing the preliminary meeting if held in only one location, please raise this with the Team Leader so that additional preliminary meetings can be negotiated as required. The completed organisation profile (see attachment 3 for an example) should also be sent to the Team Leader.

#### **Notification to individuals, families and carers**

As soon as possible (and preferably within two weeks of the date of notification), the organisation invites people accessing<sup>3</sup> their Commission funded services to participate in the evaluation. An invitation letter (see sample letter in Attachment 2) or other means of communication, for example via a website or newsletter, provides information about the process and the date and location(s) of the preliminary meeting(s) should they wish to attend.

It is essential to provide the Team Leader's name and contact details in these communications, so that individuals can contact the Team Leader directly if they wish to participate. Participation is voluntary and all information provided is kept confidential. Pertinent information provided about the quality of services will only be included in the final report in a de-identified manner. Individual details of who has participated in the evaluation process will not be disclosed. Evaluators are instructed to destroy all information collected during the evaluation process once the final report has been approved by the Commission.<sup>4</sup> People are also advised that they may withdraw from providing input into the evaluation process at any time.

---

<sup>3</sup> For face to face counselling services this may relate to individuals who are not actively receiving services but have accessed the service in the past 12 months as it is not a priority to discuss Quality Evaluation while seeking urgent assistance.

<sup>4</sup> Please see the Commission's Guidelines for Independent Quality Evaluation (July 2013)

The letter/communication to individuals, families and carers should provide the following three options:

- If individuals, their families, carers or other stakeholders **definitely wish to provide feedback on the services they receive**, they need to contact the Team Leader directly.
- If individuals, their families, carers or other stakeholders **are happy to provide feedback should they be contacted**, they do not need to do anything. The organisation will provide their name and contact details to the Team Leader for possible contact.
- If individuals, their families, carers or other stakeholders **definitely do not wish to participate in the evaluation**, they need to advise the organisation's contact person by a date specified (e.g. two weeks from the date of the letter sent to them), to ensure their details are not provided to the Team Leader.

People who have exited services within the previous twelve (12) months may also be included, so their level of satisfaction with services may be assessed.

### **Individuals' Participation in the Evaluation – Shortlist**

The organisation sends the list of all individuals accessing Commission funded services (except those people who definitely do not wish to participate in the evaluation process) to the Team Leader. Wherever possible this list should be broken down by service(s) accessed so that a mix of individuals across all service types can be selected by the Team Leader. From this list, the Team Leader will randomly select a larger number of people than will be contacted (to maintain anonymity) to compile their shortlist. For organisations that provide face to face counselling services it may be more appropriate to obtain consent from individuals that are not currently accessing services, but have accessed the service in the previous 12 months, as it is not a priority to discuss Quality Evaluation while seeking urgent assistance.

For each individual on the shortlist, the Team Leader will request that the organisation provide current contact details and a current assessment<sup>5</sup> for any individuals who may be placed at risk by being involved in the process (e.g. if they are currently too unwell to participate or if involvement may result in increased anxiety, etc) or if there is the potential to place the Evaluator at risk. Please note that Evaluators operate under the *Guidelines for Independent Evaluation* and have an obligation to take reasonable care (duty of care) to avoid causing foreseeable harm to another person. When contacted, individuals will be informed that they can withdraw from the evaluation process, including an interview, at any time.

Once the shortlist details are provided, the Team Leader and other members of the evaluation team will commence contacting the individuals to explain the purpose of Quality Evaluation, confirm their consent to provide feedback, and to organise their participation (for example, in an interview or to view their individual plans/file).

---

<sup>5</sup>For face to face counselling services this may not be possible if the individual is not currently accessing services. In these cases phone interviews or email will be the only methods utilised.

## Evaluation

### Preliminary on-site meeting(s)

The organisation organises the preliminary meeting(s) in conjunction with the Team Leader. The meeting provides an opportunity:

- for Evaluators to explain the Independent Quality Evaluation process to individuals, their family members, carers, staff and other stakeholders;
- for Evaluators to provide information about the focus on the person-centred Outcomes and the role of the Standards;
- for Evaluators to gain a greater understanding of the operations of the organisation;
- for participants to ask Evaluators questions about the process; and
- to arrange dates for the Evaluation visits and where possible interviews.

### Quality Evaluation visits and collection of evidence

The Independent Quality Evaluation will usually involve several visits and includes Evaluators spending time at the organisation observing the service and talking to individuals, staff and management. Evaluators will also arrange interviews directly with individuals that may occur at a different location and may also liaise with other interested stakeholders such as local area mental health services, advocates and people who have exited services, to obtain their perceptions of the organisation being evaluated.

Evaluators will be seeking credible evidence to support whether positive outcomes are being achieved and the Standards are being met. The Evaluators may also examine documentation maintained by the organisation as part of the collection of evidence, including individuals' files (by consent), organisational records, policies and procedures (see attachment 4), as required. This will occur in greater detail if a gap in services, or a concern such as conflicting evidence, is observed.

It is important that the service operates as usual during the visits. There is no need to cancel regular activities or appointments.

## Post Evaluation

### The draft Independent Quality Evaluation report

Based on the evidence collected, the Team Leader writes a draft report outlining the key findings, which is forwarded to the organisation three (3) weeks before the post evaluation meeting (date to be negotiated). The draft report is forwarded by the Team Leader to the previously nominated contact person in the organisation. This person is responsible for ensuring that management and staff who participated in the Quality Evaluation are aware the draft report is available for review. The draft report provides an opportunity for management and staff to review the content and provide additional relevant information. The Team Leader is then able to correct any errors of fact, before the report is finalised. There is a one week timeframe for this feedback to allow sufficient time for the Team Leader to review the report and make any amendments (if deemed necessary by the Team Leader) prior to the post evaluation meeting (an electronic copy of the revised draft report will be sent to the contact person prior to the post evaluation meeting).

### What is included in the Independent Quality Evaluation report

The intention of the Independent Quality Evaluation is to identify service improvements to ensure the best quality care for people with a mental illness and their families. The aim of

the report is to provide an assessment of how well an organisation is progressing towards achieving positive person-centred outcomes and meeting the Standards. The report takes into account the views of all stakeholders about the organisation. It highlights positive aspects of the organisation, records the Evaluators' observations, includes comment on the service's systems, policies and procedures and identifies Opportunities for Service Improvement and possibly Required Actions.

### **Opportunities for Service Improvement**

The inclusion of one or more Opportunities for Service Improvement does not indicate that a Standard is not being met. Opportunities for Service Improvement are identified to support or enhance an organisation's strategies and practices to more fully achieve the Outcomes (or meet individual goals/needs) and improve compliance with the Standards.

Opportunities for Service Improvement need to be carefully considered by management as part of their contractual obligations, normal organisational planning processes and then implemented. They are required to be reported upon in the next Annual Assessment requested by the Commission, as evidence of continuous service improvement.

### **Required Actions**

A Required Action will result when a Standard is not met. Required Actions focus on the action(s) necessary to address matters that have serious implications for the safety, well-being and dignity of people accessing services, their family and carers. Required Actions may cover but are not limited to matters of duty of care, safety and legal requirements.

For each Required Action there will be a date specifying when the action must be completed. The Team Leader sets reasonable dates for implementation of Required Actions and confirms with the organisation. Organisations can contact their Contract Officer to discuss the Required Action if they require support or advice in its implementation. The organisation is responsible for notifying the Commission of the completed implementation of all Required Actions by close of business on the due date.

In exceptional circumstances services may be unable to complete a Required Action within the specified timeframe. Any request by the organisation to extend the implementation date needs to be forwarded to the Commissioner for approval, through the Quality Unit at least two weeks prior to the completion date specified in the Independent Quality Evaluation report.

### **What the Independent Quality Evaluation report does not include**

The purpose of the report is not to single out individuals, their family members, carers or staff who are unhappy with the service. Consistent with this approach, any comments or concerns made by individuals, family members, carers or staff are included in the report in a non-identifying manner.

The report is not focussed on financial issues and does not comment on individual staff performance or industrial relations issues. In addition the report does not comment on current unresolved complaints raised by individuals, their family members, carers or staff (however this may result in further clarification of the organisation's Complaints policy).

### **Post Evaluation presentation meeting**

A post evaluation presentation meeting date is arranged between the Team Leader and the organisation once the (draft) report has been prepared and provided to the organisation for comment (the Team Leader will also send a copy of the draft report to any individuals, family members and carers who express an interest in commenting on the draft version). Responsibility resides with the organisation to invite staff, individuals,

family members, carers and relevant others (including the Contract Officer) to the post evaluation meeting.<sup>6</sup>

At the meeting the Team Leader presents the key findings from the report. Issues identified during the Independent Quality Evaluation will already have been raised during the course of the evaluation by the Evaluators with the organisation and the draft report would have been provided at least three weeks prior to the post evaluation meeting. As a result, there should be no surprises for the organisation at the post evaluation meeting.

The objectives of the meeting are to:

- table the key findings;
- provide feedback about positive aspects of the organisation;
- discuss the evaluation;
- discuss Opportunities for Service Improvement; and
- discuss Required Actions (if applicable).

### **Final report**

The final report is sent by the Team Leader to the Commission's Quality Unit as soon as possible after the post evaluation presentation meeting for endorsement.

### **Promoting availability of the final Independent Quality Evaluation report**

A PDF copy of the final report and a covering letter is sent to the organisation by the Commission's Quality Unit. The organisation should advise individuals, family members, carers and other stakeholders of the existence of the final report and provide access to it in an appropriate format. Good practice would include promoting the availability of the final report to stakeholders by letter, newsletter, the organisation's website, etc. It is recommended that organisations consider at a minimum placing the Executive Summary of the final report on their website.

### **Appeal and review**

The Independent Quality Evaluation process is designed to be a collaborative process between organisations, individuals, family members, carers and Evaluators. However, situations may occasionally arise where stakeholders involved have issues about the process, the behaviour or conduct of an Evaluator or the outcome of the Independent Quality Evaluation report. Stakeholders should raise any concerns as soon as possible with the evaluation Team Leader in the first instance.

If the stakeholder is not satisfied with the outcome of the complaint as determined by the Team Leader, the complaint can be referred to the Commission's Quality Unit. If the complaint relates directly to the behaviour and conduct of the Team Leader, complainants are advised to contact the Commission's Quality Unit. Wherever possible, a resolution to the complaint regarding the Independent Quality Evaluation process will be sought by the Team Leader/Quality Unit.

Where there is a significant disagreement with the content of the Independent Quality Evaluation report submitted to the Commission by the Team Leader, a written complaint can be made against the findings and recommendations of the report and lodged with the Assistant Director of the Commission's Quality Unit, by any stakeholder participating in the Quality Evaluation process.

---

<sup>6</sup> Contract Officers from the Commission are encouraged to attend to support the organisation with any issues going forward.

Where a complaint has been lodged against the final Quality Evaluation report, an independent Appeal and Review Panel will be assembled by the Commission. Members of the Appeal and Review Panel will have knowledge of, and experience in, matters relevant to people with a mental illness and have no conflict of interest in the matters to be reviewed. The composition of the panel will be influenced by the nature and circumstances of the appeal, and the types of services provided by the organisation. The panel's decision will be forwarded to the Mental Health Commissioner.

The complainant will be informed of the outcome of the complaint and if dissatisfied, can refer their complaint to other agencies such as the Health and Disability Services Complaints Office and/or Ombudsman Western Australia.

### **Feedback from Organisations**

On completion of the Independent Quality Evaluation the Commission's Quality Unit will seek feedback from the organisation about the evaluation process and performance of the Quality Evaluation team. An email will be sent to the organisation with a feedback form for completion by staff directly involved in the evaluation visits. Feedback received will be used by the Quality Unit for performance evaluation of Team Leaders and Evaluators in addition to continuous improvement of the Quality Evaluation process.

<b>Pre-Evaluation</b>	
1	The Commission notifies the organisation at least 6 weeks in advance of their upcoming Quality Evaluation by email along with the contact details for the Team Leader.
2	The organisation contacts the Team Leader to confirm timelines for the Quality Evaluation, a date for the preliminary meeting and timeline for preparation of an organisation profile.
3	Within two weeks of notification, the organisation invites individuals and families to participate in the Quality Evaluation (see sample letter which can be tailored to suit the organisation).
4	The organisation sends the list of individuals prior to the preliminary meeting (except those who definitely do not wish to participate in the evaluation), to the Team Leader, who organises a random shortlist of individuals to be contacted.
5	From this list, the Team Leader will randomly select a larger number of people than will be contacted (to maintain confidentiality) to compile their shortlist. The Team Leader will request the organisation to provide current contact details and a current risk assessment (as appropriate <sup>7</sup> ) for the individuals in the shortlist.
<b>Evaluation</b>	
1	A preliminary on-site meeting is held with individuals, staff and interested stakeholders so that the Evaluation team can explain the process in more detail.
2	The Quality Evaluation takes place and Evaluators consult with individuals (by consent), families, carers, staff and interested stakeholders. Consultations are confidential; they are either face to face, via email, by telephone or in focus groups.
3	The Evaluators may observe services operating (where appropriate) to evaluate the engagement and support provided to individuals.
4	As part of the process, individual files will be reviewed (with consent) along with the organisation's policies and procedures.
<b>Post-Evaluation</b>	
1	The Team Leader writes a draft report which outlines the key findings and forwards it to the organisation three (3) weeks before a post evaluation meeting (date to be negotiated). There is opportunity for participants in the Quality Evaluation to review the content of the draft report and provide additional relevant information before the report is finalised.
2	The organisation is responsible for advising all individuals, families, carers, staff and stakeholders, including the relevant Contract Officer, about the opportunity to attend the post evaluation presentation meeting to hear the key findings.
3	The final report is sent by the Team Leader to the Commission's Quality Unit.
4	Once endorsed by the Mental Health Commission, a PDF copy of the final report is sent to the organisation, which is responsible for notifying all stakeholders that the final report is available. Organisations are encouraged to place a copy of the report on their website.
5	The organisation has the opportunity to appeal report findings if significant issues relating to the report or the Quality Evaluation process have not already been resolved.
6	The organisation is invited to provide feedback to the Quality Unit on the Quality Evaluation process and the Evaluation team's performance.
7	Any Opportunities for Service Improvement identified in the report should be implemented by the organisation over the following 12 months and progress reported in the next annual self assessment.
8	If any Required Actions are identified in the report, they will require implementation and a report outlining actions taken (along with evidence if required) to the Commission's Quality Unit within the set timeframe.

<sup>7</sup> This information will only be required for individuals that could be at risk participating in the interview process or where the evaluator could be placed at risk. This may not be possible for face to face counselling services where individuals participating in the evaluation may not be currently accessing the service.

Dear

The Mental Health Commission has arranged for <Organisation Name> to undergo an evaluation to assess how we are continuously improving our services, to support you to meet your individual goals and needs as well as meeting the National Standards for Mental Health Services.

This evaluation will be conducted by an independent evaluation team that would like to talk to as many people as possible about their experience of our services. We encourage you to participate in this process, it is voluntary and confidential, we will not be informed of who has participated in the evaluation. Even if you agree to participate you can choose to withdraw from the evaluation at any time.

There are three options for participating (or not) in the evaluation:

1. If you are happy to provide feedback on the quality of the services you receive and do not mind being contacted, you don't need to do anything. Your contact details will be passed on to the Team Leader and you may be randomly selected to participate.
2. If you definitely wish to provide feedback on the quality of the services you receive, please contact the Team Leader directly, <name> on <phone number> or <email>.
3. If you definitely do not wish to be contacted to participate in the evaluation, please let <organisation contact name> know before <date> and your details will not be provided to the Team Leader.

If you would like to find out more about the evaluation process and meet the evaluation team a meeting will be held at:

<address>

<date & time>

If you wish to attend the meeting please contact <organisation contact name> on <phone number> or by email <email address> by <date>. You are welcome to invite your family, carers, friends or anyone else you may wish to have involved to this meeting and/or when you meet with an evaluator.

Once the evaluation team have completed their evaluation of our services they will prepare a report based on all the information collected. You will receive a copy of this evaluation report.

Yours Sincerely

<Org Contact person>

Date

## Organisation Profile

The Organisation Profile helps to inform the Evaluation Team about your organisation, its culture and the nature of the services provided. To reduce administrative burden, the profile may contain pre-filled information taken from your last online bi-annual report to the Mental Health Commission. Please update this information if it has since changed.

Please send a copy of your last online **Annual Assessment** report against the Outcomes and the Standards to the Team Leader.

**In a separate document, please also attach the names of each person using your services and indicate which service outlet(s) / facility they use.** This will assist the Team Leader to draw a shortlist of people to interview across the range of services you provide. Once the shortlist has been established, the Team Leader will ask you to provide each person's contact details so that interview times can be established.

Please return the completed Organisation Profile to your nominated Team Leader within the agreed timeframe.

---

**Organisation Name:**

**Organisation head office address**

**Contact details for primary contact person**

**Name:**

**Phone:**

**Email:**

**Preferred date(s), time(s) and location for the preliminary meeting**

**Overview of the Organisation** (eg history, original purpose, current mission/ vision, significant developments, pertinent service specific and target group information)

**Snapshot/Overview of any current successes and/or challenges for Organisation:**

**Any information relevant to the Quality Evaluation planning** (for example hours of service operation; individuals/families and carers who may not be available for consultation during working hours)

### Overview of each service type provided by the Organisation

Please indicate:

- The name of the service
- The relevant service type (eg Personalised support – Other; Staffed Residential Services, etc)
- In relation to each service type please provide sufficient and pertinent descriptions of each service provided and target group information.

<b>Name of Service (and relevant Service Type)</b>	<b>Service Description</b> – please provide a summary of the nature of the services provided for each service type and the target group		<b>Funding GST Inclusive</b>		
Name:			\$		
Service Type:					
<b>Service Outlet (if applicable)</b>	<b>Address</b>	<b>Contact Name and phone number</b>	<b># Individuals</b>	<b>Funding</b>	<b>FTE</b>

<b>Name of Service (and relevant Service Type)</b>	<b>Service Description</b> – please provide a summary of the nature of the services provided for each service type and the target group		<b>Funding GST Inclusive</b>		
Name:					
Service Type:					
<b>Service Outlet (if applicable)</b>	<b>Address</b>	<b>Contact Name and phone number</b>	<b># Individuals</b>	<b>Funding</b>	<b>FTE</b>

<b>Name of Service (and relevant Service Type)</b>	<b>Service Description</b> – please provide a summary of the nature of the services provided for each service type and the target group	<b>Funding GST Inclusive</b>			
Name:					
Service Type:					
<b>Service Outlet (if applicable)</b>	<b>Address</b>	<b>Contact Name and phone number</b>	<b># Individuals</b>	<b>Funding</b>	<b>FTE</b>

**Please provide contact details of partnership arrangements with other key service providers / stakeholders** (eg public mental health services, local government services, community leaders, other CMOs, advocacy services, church and community groups etc)

<b>Name and Contact details</b>	<b>A brief description of each Partnership / Stakeholder and the types of support provided</b>

**Community Managed Organisations – Policy, Procedures and other documentation that relate to the Standards** (not captured in the Indicators and Examples of Evidence document)

It is important to remember that policies and procedures alone are not sufficient to demonstrate meeting the requirements of a standard. It is also necessary to demonstrate how the policies and procedures have been implemented and guide organisational practices and behaviours.

<b>Documentation</b>
<b>Standard 1 – Rights and Responsibilities</b>
<b>Policies/Procedures that address:</b>
Storage of consumer’s personal information is secure and upholds privacy and confidentiality
Complaints management - including keeping effective records of all complaints made
<b>Standard 2 - Safety</b>
Individual Risk Management Plans, with review arrangements (this may form part of the individual plan)
Staff induction/training arrangements in place for safety awareness (prevent, minimise and safely respond to aggressive and other difficult behaviours)
<b>Policies/Procedures that address:</b>
Organisational risk identification, management and review process
Staff safety - working alone and their access to others at all times
Managing verbal and physical violence
Lifting and manual handling
Safe transportation of consumers (if applicable)
* Security of medications and administration process (if applicable)
* Evacuation in the event of a fire or other danger adverse event
* Hygiene, infection control and safe food handling (as appropriate to the type of service being provided)
* Reporting and management of Notifiable Incidents (this is also required under Standard 8.8)
Staff, consumers, family/carers receive critical incident debriefings after exposure to traumatic incidents
<b>Standard 8 – Governance, Leadership and Management</b>
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)
Duty to declare Conflict of Interest – This should be a standing item on the agenda for all Board meetings
<b>Policies/Procedures that address:</b>
Ongoing training opportunities for staff
Staff code of conduct
Staff supervision and performance management
Obtaining National Police checks and Working with Children Checks (as required) for all staff, volunteers, Board members and contract workers prior to commencement of work, this should also include: <ul style="list-style-type: none"> <li>• regular reviews of police clearances;</li> <li>• process for determining suitability if a police clearance returns with a conviction listed</li> </ul>

Organisational risk management issues and actions are documented and provided to board and management committees for consideration
Organisational governance - including documented roles and responsibilities of the board, office bearers and the Chief Executive Officer
Quality improvement/evaluation processes – this should include consumer and carer feedback, complaints, critical incidents
Clinical supervision and risk management (for applicable services such as face to face counseling)
<b>Standard 10 – Delivery of Care</b>
Accessibility to the service is clearly documented and advertised as appropriate to the needs of the catchment community
Information is available on how consumers can access emergency after hours care and support
<b>Policies/Procedures that address:</b>
Service eligibility, assessment and priority of access
Referral process (for both consumers and carers) including follow up
Exit and re-entry to services



[www.mentalhealth.wa.gov.au](http://www.mentalhealth.wa.gov.au)