Certification Partner Global FZ LLC

AUDIT REPORT

Facilitatrix Australia Pty Ltd

CERTIFICATION (Stage 2) Audit for compliance to NDIS Practice Standards

Team Leader: Alison McGrath

Date(s) of Audit: 1 to 2 December 2021

Client File No: HS/A61/0976

PROVIDER INFORMATION			
Provider Legal Name:	Facilitatrix Australia Pty Ltd		
Provider Business name:	Facilitatrix Australia Pty Ltd		
Provider's ARN:	4-G402KWY	**ABN:**	53613692470
Email:	caroline@facilitatrix.com.au	**Website:**	www.facilitatrix.com.au
Client Contact:	Caroline Marshall		
Position:	Director		
Phone:	0450 091 478		

AUDIT DESCRIPTION			
Standard	NDIS Practice Standards		
Audit Type:	Stage 2 ☒	Stage 2 @Mid Term Audit ☐	Mid term ☐
Duration:	4 Person-days		
Site Address (HO):	170A Hubert Street East Victoria Park WA 6101		
Additional Outlets:	**Address**	**Contact name & email**	
	Outlet 1: Audited: ☐	Email:	
	Outlet 2: Audited: ☐	Email:	
	Outlet 3: Audited: ☐	Email:	
	Outlet 4: Audited: ☐	Email:	
Audit Team:	Team Leader: Alison McGrath	Team Member: Judy Beeken	
Technical Expert/ Observer:	N/A		
Pre-triennial review conducted:	N/A		
Previous certification details:	N/A		

CERTIFICATION INFORMATION

Scope of Audit

Core Module	☒	Module 2	☐
Core Module 4.3	☒	Module 2a	☒
Core Module 4.4	☐	Module 3	☐
Core Module 4.5	☐	Module 4	☒
Module 1	☐	Module 5	☐

If more than 1 site, detail per outlet reg groups

Outlet 1*:*

Outlet 2:

Outlet 3:

Outlet 4:

Registration Groups (Select the applicable registration groups)

0101 Accommodation / Tenancy Assistance	☒	0120 Household Tasks	☐
0102 Assistance to access and maintain employment or higher education	☒	0121 Interpreting and Translation Interpreter/Translator	☐
0103 Assist Prod-Pers Care/Safety	☐	0122 Hearing Equipment	☐
0105 Personal Mobility Equipment	☐	0123 Assistive Products for Household Tasks	☐
0106 Assist-Life Stage, Transition (Support Coordination -Level 2) and Psychosocial Recovery Coaching	☒	0124 Communication and Information Equipment	☐
0107 Assistance with daily personal activities	☒	0125 Participate Community	☒
0108 Assist-Travel/Transport	☒	0126 Exercise physiology and personal training	☐
0109 Vehicle Modifications	☐	0127 Plan Management	☐
0111 Home Modifications	☐	0128 Therapeutic Supports	☒
0112 Assistive Equip-Recreation	☐	0129 Specialised Driver Training	☐
0113 Vision Equipment	☐	0130 Assistance Animals	☐
0114 Community nursing care	☐	0133 Specialist Supported Employment	☐
0115 Daily Tasks/Shared Living	☐	0134 Hearing Services	☐
0116 Innov Community Participation	☐	0135 Custom Prosthetics	☐
0117 Development of daily care and life skills	☒	0136 Group and centre-based activities	☐
0119 Specialised Hearing Services	☐		

Supplementary Module Registration Groups

0104 High intensity daily personal activities	☐	0131 Specialist disability accommodation	☐
0110 Specialist positive behaviour support	☐	0132 Specialist support coordination	☒
0118 Early intervention supports for early childhood	☐		

Module 1 Outcomes (if applicable):

Complex Bowel Care	☐	Urinary Catheter Management	☐
Enteral Feeding Management	☐	Ventilator Management	☐
Severe Dysphagia Management	☐	Subcutaneous Injections	☐
Tracheostomy Management	☐	Complex Wound Management	☐

Registration Groups in the Scope of Audit	*Examples of services offered/intended to offer (Refer qualification/experience in HR section)*	*Witnessed*	*Not Witnessed*
0101	Accommodation/Tenancy by SC/SW	☐	☒
0102	Assist Access/Maintain Employ	☐	☒
0106	Assist-Life Stage, Transition	☒	☐
0107	Assist-Personal Activities within the mentoring program	☒	☐
0108	Assist-Travel/Transport	☒	☐
0117	Development-Life Skills planned for within the mentoring program	☐	☒
0125	Participate Community	☒	☐
0128	Therapeutic Supports by the Occupational Therapist	☒	
0132	Specialised Support Coordination	☒	

Witnessed means - Provider has delivered services to NDIS Participants and claimed services directly through NDIS /Self-managed /Plan Managed). Full Certification is Recommended

Not Witnessed means: Service delivery has not yet occurred although Provider has provisions for service delivery, including staff and resources. A provisional audit does not require witnessing (including interviews) because this audit occurs prior to the provider commencing the delivery of services. Provisional Certification could be at the Registration Group Level.

Note for Auditors: In some cases, service delivery may have commenced however the provider has not claimed under NDIS or may not have claimed under same reg group. In this case, please note as 'Witnessed' with justification.

EMPLOYEES AND PARTICIPANTS SAMPLING			
Employee numbers:	34 (4 currently on long term leave)	**Number of employees interviewed:**	7
Comments: No shift workers.			
Participant numbers:	278(high risk)	**Number of participants/carers interviewed:**	17
The Participants were selected as per the sampling plan. Interviews were conducted with Participants and Family Members Number of interviews conducted over the phone: 16 Number of interviews conducted face to face: 0 As requested 1participant conducted an audit via email: 1 Number of participants who opted out: 10 Evidence of opting out sighted: Yes Comments: 8 participants chosen were receiving specialist support coordination			
SITE SAMPLING (if applicable)			
Outlet numbers:	Mobile services	**Number of Outlets audited:**	Nil

CHANGES IN CLIENT INFORMATION AT THIS AUDIT			
Client Name/Address	nil	Scope	nil
Employee Numbers	nil	Other	Beatitude Chirongoma & Rebecca Prebble to be removed from key personnel.

EXECUTIVE SUMMARY

An audit of Facilitatrix Australia Pty Ltd was conducted on the above date(s) by Certification Partner Global in accordance with the requirements outlined in National Disability Insurance Scheme (Approved Quality Auditors Scheme) and ISO 17065.

Audit Objectives

The purpose of the audit was to verify compliance and evaluate the effectiveness and implementation to the NDIS Provider's system to the requirements of all relevant modules or parts of the NDIS Practice Standards (as per the scope) against

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018;
- NDIS Practice Standards and Quality Indicators, Ver. 4, November 2021
- National Disability Insurance Scheme (Practice Standards-Worker Screening) Rules 2018

Executive Summary of Audit Findings

The Stage 2 Certification audit for Facilitatrix Australia Pty Ltd was conducted on the 1st and 2nd December 2021.
The audit was conducted remotely. This was a mutual agreement between CPG and the provider due to the Covid 19 pandemic situation.

- Justification of doing remote audit: COVID 19 advice as all staff work from a home office which includes the Head Office. Social distancing could not be provided.
- Method of accessing policies, procedures, and other relevant information: SharePoint
- Method of accessing staff files: secure link to the CRM, Nightingale
- Method of interviews with the provider: Zoom

Facilitatrix Australia Pty Ltd operates from a home office for the Head Office and mobile services/home offices for staff. Each person interviewed were located in their home office and this is where the Director and Executive Manager were located during the opening and closing meetings.

Facilitatrix Australia Pty Ltd has provided sufficient evidence to meet the requirements of the NDIS Practice Standards and is recommended for Certification.

Audit objectives were met	Yes ☒	No ☐
Provider will be offering support for Management of Medication, as confirmed at the audit. If yes, refer Core Module within the report.	Yes ☐	No ☒
Provider will be supporting Participant who has authorised Restrictive practices, as confirmed at the audit. If yes, refer Module 2a within the report.	Yes ☒	No ☐

Non-conformances were identified at this audit:	Yes ☐	No ☒
Number and category of non-conformances:	N/A	
Description of non-conformances:		

Ratings Summary

Standard	Name	Rating
Core Module 1 - Rights and Responsibilities		
1.1	Person-Centred supports	2
1.2	Individual values and beliefs	2
1.3	Privacy and Dignity	2
1.4	Independence and Informed Choice	2
1.5	Violence, Abuse, Neglect, Exploitation and Discrimination	2
Core Module 2 – Governance and Operational Management		
2.1	Governance and Operational Management	2
2.2	Risk Management	2
2.3	Quality Management	2
2.4	Information Management	2
2.5	Feedback and Complaints Management	2
2.6	Incident Management	2
2.7	Human Resource Management	2
2.8	Continuity of Supports	2
2.9	Emergency and Disaster Management	2
Core Module 3 – Provision of Supports		
3.1	Access to Supports	2
3.2	Support Planning	2
3.3	Service Agreements with Participants	2
3.4	Responsive Support Provision	2
3.5	Transitions to or from a Provider	2
Core Module 4 – Support Provision Environment		
4.1	Safe Environment	2
4.2	Participant Money and Property	2
4.3	Management of Medication	2
4.4	Mealtime Management	2
4.5	Management of Waste	N/A
Module 2A: Implementing Behaviour Support Plans		
1	Behaviour Support in the NDIS	2

Standard	Name	Rating
2	Regulated Restrictive Practices	2
3	Supporting the Assessment and Development of Behaviour Support Plans	2
4	Behaviour Support Plan Implementation	2
5	Monitoring and Reporting the Use of Regulated Restrictive Practices	2
6	Behaviour Support Plan Review	2
7	Reportable Incidents involving the Use of a Restrictive Practice	2
8	Interim Behaviour Support Plans	2
Module 4: Specialised Support Coordination		
1	Specialised Support Coordination	2
2	Management of a Participant's NDIS Supports	2
3	Conflict of Interest	2

RATING

Rating	Attainment Level	Interpretation
3	Conformity with elements of best practice	The NDIS provider can clearly demonstrate conformity with best practice against the criteria. Best practice is demonstrated through innovative, responsive service delivery, underpinned by the principles of continuous improvement of the systems, processes and associated with the outcomes.
2	Conformity	The NDIS provider can clearly demonstrate that the outcomes and indicators are met as proportionate to the size and scale of the provider - evidence may include practice evidence, training, records and visual evidence. ***This would mean there was negligible risk and certification can be recommended.***
1	Minor Non-conformity	A rating 1 will require a corrective action plan which reduces the likelihood of any risks identified occurring or impacting participant safety before certification or verification can be recommended - one of two situations usually exists in relation to minor non-conformity: • There is evidence of appropriate process (policy/procedure/guideline etc.), system or structure implementation, without the required supporting documentation • A documented process (policy/procedure/ guideline etc.), system or structure is evident but the provider is unable to demonstrate implementation review or evaluation where this is required
0	Major Non-conformity	The NDIS provider is unable to demonstrate appropriate processes systems or structures to meet the required outcome and indicators and/or the gaps in meeting the outcome present a high risk - Three Minor Non-Conformities within the same module may also constitute a Major Non-Conformity - ***A rating of 0 will preclude a recommendation for certification***.

DESCRIPTION OF CLIENT OPERATIONS

Facilitatrix Australia Pty Ltd is a new applicant/renewal of registration with NDIS Commission to become an NDIS Registered Provider.	☒
It is confirmed that NDIS participants sample selection included self-managed, plan managed or/and NDIA managed Participants.	☒

Information about Providers experience, services offered and participants profile:

Facilitatrix was founded in 2014 by Rebecca Salamon and Caroline Marshall, with the aim of providing services that would fill gaps in the disability and aged care sectors and improve on the quality of existing service provision. Initially set up to provide private services, Facilitatrix has grown to provide funded services in the disability sector as a registered provider under the National Disability Insurance Scheme (NDIS) and previously under the Department of Communities -Disability Services. The partnership was dissolved in 2017 after the sad passing of Rebecca and is now a private company owned by Caroline Marshall the sole Director. Facilitatrix services include allied health, training, consultancy, advocacy, case management, mentoring, support coordination, placement services and advice on adult guardianship and administration. The majority of the income is generated through the NDIS.

There are 34 team members in total including the Director. 4 of these team members are currently on long term leave. All team members including the Executive team work from their individual home offices which has been working seamlessly over the many years. Participants are visited either in their homes or a safe place of the participant choosing.

Client Representatives:

Name	***Title***
(List name of all Key Personnel) ***Key Personnel" means individuals who hold key executive, management or operational positions in an organisation, such as directors, managers, board members, chief executive officer or chairperson.)***	
Caroline Marshall	Director
Natalie McAllister	Executive Manager
David Dickinson	Manager of Service Development and Strategy
Jasmin Creece	Acting Supervising Support Coordinator
Caitriona Byrne	Practice Manager
Christine Dee	Mentoring Program Coordinator
Daniel Chamoun	Trainee – Support Coordinator
Patricia Miles	Support Coordinator
Fatima Safro	Snr Mentor, Mentoring Program
Kim Witkin	Acting Supervisor S/C
Siew Wai Ng	Virtual Assistant
Susan Rouillard	SSC
Sharon Cavanagh	Support Coordinator (on extended leave)
Name of Personnel interviewed	
Caroline Marshall	Director
Natalie McAllister	Executive Manager
Julian Ku	Support Worker
Caitriona Byrne	Occupational Therapist / SSC
Jasmin Creece	SSC
Melisa Lawton	SC
Christine Dee	Mentoring Coordinator

Attendees for Opening and Closing meeting	
Caroline Marshall	Director
Natalie McAllister	Executive Manager
Alison McGrath	Lead Auditor
Judy Beeken	Auditor

AUDIT INFORMATION

CORE MODULE 1 - RIGHTS AND RESPONSIBILITIES

Person – centred supports

Outcome: Each participant accesses support that promote, uphold and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making.

To achieve this outcome, the following indicators should be demonstrated:

- Each participant's legal and human rights are understood and incorporated into everyday practice.
- Communication with each participant about the provision of supports is responsive to their needs and is provided in the language, mode of communication and terms that the participant is most likely to understand.
- Each participant is supported to engage with their support network and chosen community as directed by the participant.

Audit Findings

Evidence/Observations/Opportunities for Improvement/ NCR:

- Cultural Humility Policy, Version 1.2,
- Individual Human Rights Policy Version 1.2
- Person-Centred Policy Version 1

Easy Read Code of Conduct
East Read Quality & Safeguards Commission, Ensure my rights

Interviews with the Director and selected team members demonstrated a solid understanding of participant's rights and the responsibilities of FA to inform participants of their rights. Their commitment to the participant's legal and human rights was evident. It was confirmed interpreters or advocates are contacted to assist any participants who require assistance with language.

The intake process was explained by the Executive Manager along with a copy of the intake flow diagram which is used by the intake team. It was confirmed participants receive a Welcome Pack during intake which includes information in regard to participant's rights. The Service Agreement also outlines participants rights and responsibilities.

As a Training and Community Education provider FA delivers Safeguarding, Human Rights and Duty of Care competency.

Interviews with selected participants/family members of participants confirmed that they feel their rights are respected and they had been given information about their rights.
"*They (FA staff) are very respectful to me*"

Individual values and beliefs

Outcome: Each participant accesses supports that respect their culture, diversity, values and beliefs.

To achieve this outcome, the following indicators should be demonstrated:

- At the direction of the participant, the culture, diversity, values and beliefs of that participant are identified and sensitively responded to.
- Each participant's right to practice their culture, values and beliefs while accessing supports is supported

Audit Findings

Evidence/Observations/Opportunities for Improvement/ NCR:

- Cultural Humility Policy, Version 1.2, informs values diversity and respects the rights of all client's to access services. culturally sensitive and competent workforce that will implement inclusive practices and procedures that meet the needs of a diverse client group that includes people of all ages, cultural backgrounds, gender identity, race, sexual orientation, physical or mental ability, neurodiversity, ethnicity, and perspective.
- Individual Human Rights Policy Version 1.2
- Person-Centred Policy Version 1

External training in language and culture in the disability sector has been undertaken by most team members at FA. Additionally, it was noted most staff recently completed CALD training with a reflection session following their training. Those who have not undertaken the training have access to the recording of the session and various remote self-directed learning tools

The Director and Executive Manager, during interview, stated that recognising the participant's culture, values and beliefs and respecting their diversity are inherent to what they do. Prior to Stage 1 the intake generally only recorded cultural information however this has now been altered to gather and record gender identity, race, sexual orientation, physical or mental ability, neurodiversity, ethnicity, and perspective. All staff at FA have undertaken training in how to ask these further questions in an 'easy language' to be aware of not overwhelming the participant with questions. This new intake process has now actioned.

It was noted the new intake process is prompted by following the tabs which are set out along the top of the participant's individual file which has been created in the CRM Nightingale. A follow up of the participant information gathered is undertaken face to face where the coordinator or manager checks through all the tabs ensuring all information is gathered and if not, it is added at this stage. Additional information around culture, gender etc is being gathered retrospectively with existing participants.

Intake forms were sighted in each participant's file sampled.
Participants/family members interviewed confirmed the respect that was afforded by the Director and allocated workers to their individual values and beliefs during the provision of supports.

Privacy and Dignity

Outcome: Each participant accesses supports that respect and protect their dignity and right to privacy.

To achieve this outcome, the following indicators should be demonstrated:

- Consistent processes and practices are in place that respect and protect the personal privacy and dignity of each participant.
- Each participant is advised of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand.
- Each participant understands and agrees to what personal information will be collected and why, including recorded material in audio and/or visual format

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Privacy and Data Management Policy, Version 1.3
An updated version of this policy has been completed since Stage 1

The Service Agreement provides for a section for consent to share information with 3rd parties. The Participant Privacy & Data Management Consent Form has been developed which includes the information to be collected and why, including recorded material in audio and/or visual format.

It was noted that on the participant dashboard an alert in red states where consent has not been given for any media.

Signed Service Agreements where consent has been provided for 3rd party sharing of information were evidenced during file reviews. During participant/family member interviews it was confirmed that all felt their privacy and dignity is respected and their information is stored safely.

Independence and informed choice

Outcome: Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided.

To achieve this outcome, the following indicators should be demonstrated:

- Active decision-making and individual choice is supported for each participant including the timely provision of information using the language, mode of communication and terms that the participant is most likely to understand.
- Each participant's right to the dignity of risk in decision-making is supported. When needed, each participant is supported to make informed choices about the benefits and risks of the options under consideration.
- Each participant's autonomy is respected, including their right to intimacy and sexual expression.
- Each participant has sufficient time to consider and review their options and seek advice if required, at any stage of support provision, including assessment, planning, provision, review and exit.
- Each participant's right to access an advocate (including an independent advocate) of their choosing is supported, as is their right to have the advocate present

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

- Individual Human Rights Policy Version 1.2 includes right to the dignity of risk in decision making, supporting informed choices, rights to intimacy and sexual expression

National Disability Services (NDS) training in Human Rights is undertaken during on-boarding of all team members.

Easy Read, Getting-help-from-an-Advocate includes various WA contacts which is provided as part of the participant welcome pack.

Practices to promote active decision-making and individual choice were evident in policies and in information provided to participants and through confirmation of practices by both staff and participant/family members interviewed.

Interviews with Director and selected team members confirmed their practices to support participant choice and control, such as always discussing options for providers and checking the participant's understanding. Dignity of risk was discussed and understood. It was confirmed FA respects participants autonomy including sexual expression.

Participants/family members interviewed confirmed they felt FA support their informed choices.

Participant's comment:
"I like to know my staff – have a cuppa with them and have a chat. They are good company for me. They respect my space and personal choices."

Violence, Abuse, Neglect, Exploitation and Discrimination

Outcome: Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination.

To achieve this outcome, the following indicators should be demonstrated:

- Policies, procedures and practices are in place which actively prevent violence, abuse, neglect, exploitation or discrimination.
- Each participant is provided with information about the use of an advocate (including an independent advocate) and access to an advocate is facilitated where allegations of violence, abuse, neglect, exploitation or discrimination have been made.
- Allegations and incidents of violence, abuse, neglect, exploitation or discrimination, are acted upon, each participant affected is supported and assisted, records are made of any details and outcomes of reviews and investigations (where applicable) and action is taken to prevent similar incidents occurring again.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

- Individual Human Rights Policy Version 1.2 includes abuse prevention noting Facilitatrix will not tolerate violence, abuse, neglect exploitation and discrimination of any kind in relation to its client group and people with disabilities in general. Facilitatrix recognises that abuse occurs in varying forms including, but not limited to verbal, physical, sexual, exploitation, financial and neglect.

Easy Read, Getting-help-from-an-Advocate includes various WA contacts

FA policies and procedures to prevent violence, abuse, neglect, exploitation or discrimination are in place with very clear guidelines to follow. It was confirmed all staff receive training in identifying abuse and the procedure to follow for reporting. A senior team member is always available to assist any team member if there is any suspected or actual abuse. The Executive team members approve all reporting.

FA are recognised for their training and community education. One course they deliver in the community program is 'Human Rights, Abuse and Restrictive Practices', which includes a section on ‘Identifying and Dealing with Abuse’"

There were no concerns raised by the participants/family members who were interviewed.

CORE MODULE 2 – GOVERNANCE AND OPERATIONAL MANAGEMENT

Governance and Operational Management

Outcome: Each participant's support is overseen by robust governance and operational management systems relevant (proportionate) to the size, and scale of the provider and the scope and complexity of supports delivered.

To achieve this outcome, the following indicators should be demonstrated:

- Opportunities are provided by the governing body for people with disability to contribute to the governance of the organisation and have input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights.
- A defined structure is implemented by the governing body to meet a governing body's financial, legislative, regulatory and contractual responsibilities, and to monitor and respond to quality and safeguarding matters associated with delivering supports to participants.
- The skills and knowledge required for the governing body to govern effectively are identified, and relevant training is undertaken by members of the governing body to address any gaps.
- The governing body ensures that strategic and business planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS (for example Agency requirements and guidance), participants' and workers' needs and the wider organisational environment.
- The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices.
- The provider is managed by a suitably qualified and/or experienced persons with clearly defined responsibility, authority and accountability for the provision of supports.
- There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place.
- Perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The "Operational Business Plan 2021 – 2022" provides an overview of the organizational goals, strategic objective, measures/targets/ by when, by who and outcomes

The "Governance Structure 2021 – 22" provides an overview of the overall governance of the organisation including, Position, current incumbent, qualifications, key responsibilities, relevant experience. The document also provides a gap analysis overview including the following aspects: Identified Gap, remedial strategy, Timeframe and allocation.

The "Strategic Plan 2021 – 2024" provides the following information: - stories and testimonials, director profile, charter, vision, purpose, values, strategic focus, and five strategic objectives.

The "Multi Service Provisions – Conflict of interest Policy" states the following "Facilitatrix is committed to managing and resolving all conflicts of interest to ensure that individuals receive fair, individual-centred services"

Other Documentation:

- Feedback policy
- Financial management policy
- Internal audit policy

- Incident management policy
- Internal audit policy
- Multiple services policy – conflict of interest
- Privacy and data management policy
- Risk management policy
- Executive Meetings Agenda & Minutes
- Customer feedback register
- Facilitatrix Team Structure
- Facilitatrix Governance Structure
- Organisational Chart
- Various Job Descriptions
- Governance structure and Gap analysis
- Annual Audit Calendar – including internal audits again the NDIS standards
- Executive meetings minutes
- Policy Register Masters
- Employee handbook
- Conflict of interest staff form
- Competencies Register

FA provide various opportunities for people with disability to contribute to the governance of the organisation and have input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights including:

Invitation to participate in the AGM – this year the AGM was hosted by their business consultant, and all stakeholders including participants, representatives and staff where invited to provide input into the business and related processes. The AGM outcome provided significant feedback into the providers quality management process.

Delegation of authority was sighted.

FA 2021 Client survey provided evidence of data gathered including the following areas of operation from 22 participants: Section A – Service provision, Section B – NDIS Code of Conduct.

FA provided the following evidence to demonstrate a proactive approach to the identification and implementation of filling skill and knowledge gaps:

Leadership and management mentoring program provided by an external consultant has been engaged to conduct performance reviews on the leadership and management team and provide mentoring where required to fulfil the identified gaps.
The document “Management team leadership action plan for review” - December management meeting identities CPD of the management group e.g., train the trainer, exploration of clinical supervision training that is then delivered internally, integration of KPIs into staff development process.

FA provided evidence of meeting minutes for strategy meetings, executive meetings and operational meetings along with the quality indicators action plan Nov 2021. An external accountant is used for financial management/reporting requirements.

Sampling of the key personnel files confirms that the provider is managed by a suitably qualified and/or experienced persons with clearly defined responsibility, authority, and accountability for the provision of supports, evidence includes:

A sampling of staff and participants files provided evidence of completed Conflict of interest forms filed. Both conflict of interest multi services and conflict of interest register sighted (43 COI listed in the register) and confirmed the following aspects: date COI signed, counter signed by line manager, COI identified, action plan.

Interviews with Senior Management confirmed appropriate management of COVID-19 is in place.

A covid-19 management plan is in place which includes; Outbreak management, Infection control, WA requirements and continuity of service. It was confirmed all staff who provide direct service delivery/face to face supports are to have received their first vaccination by 1 December and second vaccination by 31 December 2021.

Risk Management

Outcome: Risks to participants, workers and the provider are identified and managed.

To achieve this outcome, the following indicators should be demonstrated:

- Risks to the organisation, including risks to participants, financial and work health and safety risks, and risks associated with provision of supports are identified, analysed, prioritised and treated.
- A documented risk management system that effectively manages identified risks is in place, and is relevant and proportionate to the size and scale of the provider and the scope and complexity of supports provided.
- Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.
- The risk management system covers each of the following:
  - Incident management;
  - Complaints management and resolution;
  - Financial management;
  - Governance and operational management;
  - Human resource management;
  - Information management;
  - Work health and safety;
  - Emergency and disaster management.
- Where relevant, the risk management system includes measures for the prevention and control of infections and outbreaks.
- Supports and services are provided in a way that is consistent with the risk management system.
- Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The Risk management policy provides an overview of the organisations commitment to best practice in the management of all risks that threaten to adversely impact the agency, its customers, staff and/or members of the public. The policy states, “Risk management will form part of the strategic planning process”.

The Workplace injury management and return to work policy statement states, “Across all of the Organisation operations, we develop, implement and maintain effective workplace injury management procedures that are compliant with our legislative requirements.”

The NDIS Worker screening and risk assessed roles policy and procedure states, “Facilitatrix will develop and maintain records regarding compliance with the worker screening standards and make these available to the NDIS and Commission on request”

The Financial management policy demonstrates that the executive management team and administration staff will be primarily responsible for oversight of the organisation’s finances and financial policies. The policy states “All annual accounts will be prepared by external chartered accountants in July/August of the following financial year and be subjected to an internal audit process by no later than 31 October of said financial year”

The Incident management policy states, “ Facilitatrix is committed to providing an environment for all service users that is free of incidents that do/could cause harm to a person with a disability or to others within the service environment as a result of an action of a person with a disability.”

Other Documentation:

- Dealing with Coronavirus in the workplace policy
- Disaster management strategic policy statement
- Incident management policy
- Safe Operating Procedure
- Risk Management Policy
- SOP Assisting People who have fallen
- SOP Client Meeting
- Workplace injury management and return to work policy statement
- Organisational Risk Register
- Practice Alert Register
- Risk management plan (client template)
- Staff Risk Register
- Employee handbook
- Health and safety handbook
- Incident/Accident report form
- Safe operating procedure: Manual Handling
- Health and safety manual
- Safe operating procedure – handling and disposal of sharps – DRAFT
- SOP Manual Handling
- Competency checklist by position
- NDIS Quality and Safeguards Commission – Screened workers audit report – 4/11/2021

FA demonstrated that they have a Risk Management Plan for the business which is completed and up to date as relevant to their business operations. Interview with the Director confirmed that FA considers risk management as part of the overall operational aspects of the business and management focus.

The Participant risk register provided the following examples of how FA identifies and manages risks with relevant case notes evidenced for 24/11/2021, 26/11/2021, Risk assessment updated – 12/11/2021 and a risk assessment at discharge from Graylands Hospital. Home risk assessments are completed for each participant that receives home visits. Examples of risk which have been identified and managed included: Small dogs on premises, bush fire plan, unknown in unit complex , access to participant unit is via stairs only. Staff member to position self with free access to front door and take note of evacuation/safety action plan of building.

FA do not provide personal supports (0107) by a sole worker to any participants that live alone. If the situation was to arise where there was a participant who lived alone and required personal support, then there would always be a roster of support workers rotated.

The FA Organisational Risk Register is in place and includes risks to operations and governance, HR, incidents, complaints, financial, WH&S and emergency management, pandemic management.

The following insurances are in place:
QBE Insurance, #141U42265BPK to 1/10/2022 Business Pack
Pacific Indemnity, # 03EDUI0002676 to 01/10/2022 PI
CGU Workers Compensation #WC10369003:0/18-938 to 10/08/2022

Quality Management

Outcome: Each participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery.

To achieve this outcome, the following indicators should be demonstrated:

- A quality management system is maintained that is relevant and proportionate to the size and scale of the provider and the scope and complexity of the supports delivered. The system defines how to meet the requirements of legislation and these standards. The system is reviewed and updated as required to improve support delivery.
- The provider's quality management system has a documented program of internal audits relevant (proportionate) to the size and scale of the provider and the scope and complexity of supports delivered.
- The provider's quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The Quality assurance policy states, "Quality assurance forms part of strategic, operational and line management responsibilities, and is integrated into strategic and service planning processes."

The Internal audit policy states, "Facilitatrix recognises that in addition to undergoing external audits, as required by the NDIS Commission, it is also a mandatory requirement to undertake regular internal audits to maintain high standards in our service provision and support overall governance of the organisation."

Other Documentation:

- Quality assurance policy
- Internal audit policy
- Feedback policy
- 2021 Internal Audit report
- Competencies register
- Conflict of interest form – Participant
- Conflict of interest form – staff
- Customer feedback register
- Complaints register

FA provided the following evidence demonstrating that data from a number of sources are collected and analysed, monitored and reviewed during the continuous improvement activities:
Client surveys and outcomes including – 2021 staff survey, 2021 client survey, Management team leadership action plan-December

Feedback and complaints register, and incident register reviewed evidenced how they are linked to FA continuous improvement.

FA Continuous Improvement Plan included the upcoming new Quality Indicators and the actions to take place for implementation.

Information Management

Outcome: Management of each participant's information ensures that it is identifiable, accurately recorded, current and confidential. Each participant's information is easily accessible to the participant and appropriately utilised by relevant workers.

To achieve this outcome, the following indicators should be demonstrated:

- Each participant's consent is obtained to collect, use and retain their information or to disclose their information (including assessments) to other parties, including details of the purpose of collection, use and disclosure. Each participant is informed in what circumstances the information could be disclosed, including that the information could be provided without their consent if required or authorised by law.
- Each participant is informed of how their information is stored and used, and when and how each participant can access or correct their information, and withdraw or amend their prior consent.
- An information management system is maintained that is relevant and proportionate to the size and scale of the organisation and records each participant's information in an accurate and timely manner.
- Documents are stored with appropriate use, access, transfer, storage, security, retrieval, retention, destruction and disposal processes relevant and proportionate to the scope and complexity of supports delivered.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The Privacy and Data Management policy provides the following overview:

- Facilitatrix collects information about clients that is necessary and relevant to provide them with the services they have sought from Facilitatrix. This information may be stored on our Case Management System (CMS), in cloud-based storage systems and/or in handwritten records"
- The provider will take reasonable steps to ensure that the personal information of staff and clients is accurate, complete, up to date and relevant.
- Personal information that the provider holds is protected by:
    - securing premises
    - placing passwords and varying access levels on databases to limit access and protect electronic information from unauthorised interference, access, modification, and disclosure
    - providing locked cabinets for the storage of physical records.
- Consent will be sought from clients in relation to the storage and release of their personal information. General details concerning the storage and release of information are outlined in the Service Agreements for NDIS participants

Other Documentation:

- Employee handbook
- Intake process
- IT induction (Competency register)
- Service agreement

FA uses nightingale CRM (still in the transition phase) to keep track of all client and staff data, across their entire lifecycles. All expiry dates, competencies and actions for staff and participant plans are easily visible, in a central place for managers. Support Workers independently access their rosters, view individual shift information, case notes. Each worker has independent log-ins with various accessibility provided as needed. Nightingale is an Australian based product with data stored in Australian and 3rd party data backup security.

Nightingale automatically has invoicing, claims and reconciliation of client payments based on approved timesheets.

During review of selected of participant files it was confirmed participant's consent has been obtained which included collection and storage of participant information.

Feedback and Complaints Management

Outcome: Each participant has knowledge of and access to the provider's complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed.

To achieve this outcome, the following indicators should be demonstrated:

- A complaints management and resolution system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system follows principles of procedural fairness and natural justice and complies with the requirements under the *National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.*
- Each participant is provided with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access advocates. There is a supportive environment for any person who provides feedback and/or makes complaints.
- Demonstrated continuous improvement in complaints and feedback management by regular review of complaint and feedback policies and procedures, seeking of participant views on the accessibility of the complaints management and resolution system, and incorporation of feedback throughout the provider's organisation.
- All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The Feedback policy states, "All staff are responsible for fostering productive and professional relationships with the participants they work with and should at all times aim to provide services in such a way as to minimise complaints. Where complaints or concerns do arise, staff are to work collaboratively with the complainant in an effort to resolve the situation"

Complainants are able to lodge complaints in a variety of ways to meet their individual needs (e.g., verbal and written complaints; complaints lodged by post, telephone, email or via our website; including anonymously and with the ability to lodge complaints with the assistance of an advocate if required.

Facilitatrix has identified the Quality Assurance Officer as the designated complaints manager responsible for coordinating the handling of complaints and ensuring the complaint is properly managed

It is noted the complaints process is available on the FA website and provided in hard copy format upon request.

Other Documentation:

- Individual human rights policy
- Intake policy
- Intake Process
- Privacy and data management policy
- Risk management policy
- Customer feedback register
- Complaints register
- Service agreement
- Employee Handbook

Interviews with selected participants confirmed their knowledge of how to make a complaint including to the NDIS Commission.

The Feedback and Complaints Register contained 21 feedback/complaints received. All had been followed up and where appropriate linked to continuous improvement.

The Quality Assurance Officer oversees the Feedback Register which is reviewed monthly at the FA Executive meeting where any trends are identified. The register is reviewed as part of the organisation's annual internal audit.

Incident Management

Outcome: Each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from.

To achieve this outcome, the following indicators should be demonstrated:

- An incident management system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system complies with the requirements under the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.*
- Each participant is provided with information on incident management, including how incidents involving the participant have been managed.
- Demonstrated continuous improvement in incident management by regular review of incident management policies and procedures, review of the causes, handling and outcomes of incidents, seeking of participant and worker views, and incorporation of feedback throughout the provider's organisation.
- All workers are aware of, trained in, and comply with the required procedures in relation to incident management.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Incident management policy includes the following aspects:

- Acknowledges the specific types of reportable incidents
- Identifies that an executive team member will be responsible for checking any reported incidents daily
- Outlines and acknowledges the following timelines for reporting incidents:
  - the death of a person with disability within 24 hours.
  - the serious injury of a person with disability within 24 hours.
  - The abuse or neglect of a person with disability within 24 hours.
  - Unlawful sexual or physical contact with, or assault of a person with disability within 24 hours.
  - Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity within 24 hours.
  - The use of a restrictive practice in relation to a person with disability if the use is unauthorised within five business days
- Training of staff in incident management including the following aspects:
  - Induction training
  - Ongoing training

Other Documentation:

- Incident management policy
- Feedback and complaints policy
- Incident management reporting procedure
- Incident management process flow chart
- Incident report form

The Director and selected workers interviewed demonstrated their knowledge and understanding of incident management including authorised vs unauthorised restrictive practices.

The Incident register had 22 incidents recorded for November 2021. One of these was a reportable incident submitted to commission 15/11/2021 Reportable Incident ID: 4-GI8QGHD, still pending. All other incidents had been reviewed, actioned, followed up and closed appropriately.

Screensharing enabled the auditor to sight evidence that of records of staff training including induction training relating to incident management and refresher training.

Human Resource Management

Outcome: Each participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support.

To achieve this outcome, the following indicators should be demonstrated:

- The skills and knowledge required of each position within a provider are identified and documented together with the responsibilities, scope and limitations of each position.
- Records of worker pre-employment checks, qualifications and experience are maintained.
- An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program.
- A system to identify, plan, facilitate, record and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant. The system identifies training that is mandatory and includes training in relation to staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules.
- Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered.
- The performance of workers is managed, developed and documented, including through providing feedback and development opportunities.
- Workers with capabilities that are relevant to assisting in the response to an emergency or disaster (such as contingency planning or infection prevention or control) are identified.
- Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster.
- Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants.
- For each worker, the following details are recorded and kept up to date: their contact details; details of their secondary employment (if any).

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Staff supervision and professional development policy "provides the following overview:

- Critical incident debriefing Employee training and development
- Reflective practice
- Employee performance management

NDIS Worker Screening and Risk Assessed Roles Policy and Procedure provides the following overview:

- Definition of risk assessed role
- Worker screening requirements
- Record keeping requirements
- Engaging contractors
- Engaging a worker before they have an NDIS worker screening clearance

Other Documentation:

- Feedback Policy
- Incident management policy
- NDIS worker screening policy and procedure
- Staff supervision and professional development policy
- Employee handbook

- Professional development plans
- Supervision records
- Employee Exit checklist
- Employee exit questionnaire template
- Job descriptions for each FA position
- Mentoring onboarding checklist
- Recruitment process
- Onboarding checklist
- Student onboarding checklist
- NDIS Worker Screening Compliance
- Staff risk register
- DSC Training Master

The Facilitatrix Staff Internal Training Master provided details of all training completed by key personnel and selected workers including; corporate and WHS induction, IT workshop, Guardianship and administration, Human rights/abuse/restrictive practices, MHFA 2 day accreditation, MHFA Refresher, Medical Consent, Fora – Behaviour support training

The Nightingale key personnel and staff competencies export sighted by the auditor provided evidence of the selected workers files. This included completion date, validity, expiry dates and reminder date for refresher.

- First aid certificate
- Conflict of interest
- Hand hygiene
- NDIS Worker Orientation module
- Manual handling
- NDIS workers screening checks
- Support Decision making training – NDS-Mentor
- Medication training – Supporting People to take their medication (fora dsc training)
- Safe waste management
- Managing complaints
- Managing incidents
- Infection control training COVID-19
- COVID19 – Vaccinated status
- Working with children's check
- Vehicle insurances for selected workers current
- WA Driver Licences current
- Qualifications for key personnel and selected workers
- National police check

Screensharing of Nightingale further evidenced selected workers and the management of staff:

- Case notes
- Competencies

- Employment Contracts
- Leave
- Payroll
- Pre-employment documents
- Supervision
- CPD documents

Caroline Marshall, (Director)
Bachelor of Arts (Honours), Psychology & Sociology, Graduate Diploma Counselling, Post Graduate Cert. Public Sector Management, Professional Legal Studies
Natalie McAllister (Executive Manager)
Bachelor of Social Work
Caitriona Byrne (**OT & SSC)**
Bachelor of Science in Occupational Therapy, 2008. Certificate of Practical Completion, Occupational Therapy Council of Australia and New Zealand, Australia, 2018.AHPRA #OCC0002128233 to 31/11/2022
Jasmin Creece, (**SSC)**
Bachelor of Business
Julian Ku (SW)
Bachelor of Education
Melisa Lawnton (SC)
National Vocational Qualifications (NVQs) UK – Caring for child and young people
Intermediate Certificate in Counselling
Christine Dee (Mentoring Coordinator)
Bachelor of Social Work (currently undertaking)

Registration Groups applicability

Registration Groups	***Examples of services offered/intended to offer***
0101	Accommodation/Tenancy by SC/SW
0102	Assist Access/Maintain Employ
0106	Support Coordination Level 2
0107	Within mentoring program very occasionally personal assistance may be required
0108	Assist travel transport auditor sighted current D/L, insurance, car reg. RAC Insurance Car Policy #MGP317723663 for vehicle registration 1GHZ933 to 10 July 2022. 1GHZ933 registration to 02/07/2022
0117	Development-Life Skills planned for within the mentoring program
0125	Participating in the community
0128	OT provides therapeutic support, refer Caitriona Byrne
0132	Level 3 Specialised Support Coordination, refer Caitriona Byrne

Continuity of Supports

Outcome: Each participant has access to timely and appropriate support without interruption.

To achieve this outcome, the following indicators should be demonstrated:

- Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports.
- In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role.
- Supports are planned with each participant to meet their specific needs and preferences. These needs and preferences are documented and provided to workers prior to commencing work with each participant to ensure the participant's experience is consistent with their expressed preferences.
- Arrangements are in place to ensure support is provided to the participant without interruption throughout the period of their service agreement. These arrangements are relevant and proportionate to the scope and complexity of supports delivered by the provider.
- Alternative arrangements for the continuity of supports for each participant, where changes or interruptions are unavoidable, are:
  - explained and agreed with them; and
  - delivered in a way that is appropriate to their needs, preferences and goals.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The Continuity of supports policy statement commits to ensuring the providers has a succession planning process and staffing plan in place to ensure uninterrupted service delivery by appropriately qualified staff.

Facilitatrix has adopted service principles to drive continuity of supports including:

- Risk management approach
- Shared responsibility to resilience
- All hazards approach
- All agencies coordinated and integrated approach
- Community engagement

Pandemic Response policy/procedure is documented.

Delegation of Authority is documented in the Governance structure 2021 -22

Other Documentation:

- Process Comprehensive health assessment
- Intake policy
- Intake process
- Service agreement
- Support coordination checklist
- NDIS plan overview
- Handover document

Alternative arrangements are in place and have been actioned where changes to support (mentoring program) have been required.

Emergency and Disaster Management

Outcome: Emergency and disaster management includes planning that ensures that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated and ensures the continuity of supports critical to the health, safety and wellbeing of participants in an emergency or disaster.

To achieve this outcome, the following indicators should be demonstrated:

- Measures are in place to enable continuity of supports that are critical to the safety, health and wellbeing for each participant before, during and after an emergency or disaster.
- The measures include planning for each of the following:
    a) Preparing for, and responding to, the emergency or disaster;
    b) Making changes to participant supports;
    c) Adapting, and rapidly responding, to changes to participant supports and to other interruptions;
    d) Communicating changes to participant supports to workers and to participants and their support networks.
- The governing body develops emergency and disaster management plans (the *plans)*, consults with participants and their support networks about the plans and puts the plans in place.
- The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster.
- Mechanisms are in place for the governing body to actively test the plans, and adjust them, in the context of a particular kind of emergency or disaster.
- The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster.
- The governing body regularly reviews the plans and consults with participants and their support networks about the reviews of the plans.
- The governing body communicates the plans to workers, participants, and their support networks.
- Each worker is trained in the implementation of the plans.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The Emergency and Disaster Management plan is in place which addresses the continuity of supports to participants.
Business Continuity Plan
Covid-19 outbreak plan

The FA bush fire plan is in place and reviewed regularly given many participants are located in high risk fire regions of WA. The participants confirmed they are aware of the process where FA staff will advise and provide assistance as required. The process followed by FA was evidenced during this audit as there was a bush fire break out at the end of Day 1 of the audit.

Observation:
Further review the emergency and disaster management plan to ensure each indicator above is addressed. i.e., actively test the plan and adjust them in the context of a particular emergency.

CORE MODULE 3 PROVISION OF SUPPORTS

Access to supports

Outcome: Each participant accesses the most appropriate supports that meet their needs, goals and preferences.

To achieve this outcome, the following indicators should be demonstrated:

- The supports available, and any access / entry criteria (including any associated costs) are clearly defined and documented. This information is communicated to each participant using the language, mode of communication and terms that the participant is most likely to understand.
- Reasonable adjustments to the support delivery environment are made and monitored to ensure it is fit for purpose and each participant's health, privacy, dignity, quality of life and independence is supported.
- Each participant is supported to understand under what circumstances supports can be withdrawn. Access to supports required by the participant will not be withdrawn or denied solely on the basis of a dignity of risk choice that has been made by the participant.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

- Intake Policy informs the interaction in which the provider and referrer exchange information to determine if the organisation has the capacity to provide the services requested and if the referrer wishes to proceed with engaging with the organisation.

Individualised Service Brochure
OT Brochure
Support Coordination Brochure

Information about the supports and services are available on the website along with indicative pricing and contact details. The Schedule of Support is included in the Service Agreement. During intake participants needs are gathered and considered which enables appropriate allocation to the best matched support coordinator or mentor also considering team member skills, experience, and qualifications. Reasonable adjustments are made to support delivery environments where possible with the participant's health, privacy, dignity, quality of life and independence the priority. Particularly within the mentoring program, if FA cannot match the participant preferences, then this is explained to the participants and a referral to an appropriate provider will be provided.

Before the Service Agreement is signed the agreement is fully explained to the participant which includes the circumstances in which supports may be withdrawn. It was confirmed access to supports would not be withdrawn or denied solely on the basis of a dignity of risk choice.

Observation:
For the FA Mentoring Services, the schedule of supports needs to be clear on the number of hours, cost per hour, days per week days on which the support will be provided with a total amount per week.

Support Planning

Outcome: Each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths and goals, and are regularly reviewed.

To achieve this outcome, the following indicators should be demonstrated:

- With each participant's consent, work is undertaken with the participant and their support network to enable effective assessment and to develop a support plan. Appropriate information and access is sought from a range of resources to ensure the participant's needs, support requirements, preferences, strengths and goals are included in the assessment and the support plan.
- In collaboration with each participant:
  - risk assessments are regularly undertaken, and documented in their support plans; and
  - appropriate strategies are planned and implemented to treat known risks to them.
- Risk assessments include the following:
  - consideration of the degree to which participants rely on the provider's services to meet their daily living needs;
  - the extent to which the health and safety of participants would be affected if those services were disrupted.
- Periodic reviews of the effectiveness of risk management strategies are undertaken with each participant to ensure risks are being adequately addressed, and changes are made when required.
- Each support plan is reviewed annually or earlier in collaboration with each participant, according to their changing needs or circumstances. Progress in meeting desired outcomes and goals is assessed, at a frequency relevant and proportionate to risks, the participant's functionality and the participant's wishes.
- Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan.
- Each participant's support plan is:
  - provided to them in the language, mode of communication and terms they are most likely to understand; and
  - readily accessible by them and by workers providing supports to them.
- Each participant's support plan is communicated, where appropriate and with their consent, to their support network, other providers and relevant government agencies.
- Each participant's support plan includes arrangements, where required, for proactive support for preventative health measures, including support to access recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services.
- Each participant's support plan:
  - anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety, health and wellbeing; and
  - is understood by each worker supporting them.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

- Cultural Humility Policy, Version 1.2, states individual Service Plans of clients will be developed on an individual basis taking into account each person's wishes in relation to their age, culture, gender, religion, race, sexuality, social needs and so on. Facilitatrix will take care to avoid unintentional discriminatory passages appearing in published, printed, or spoken material

Release of Information consent is provided for in the Service Agreements which was evidenced in the reviewed participant files which allows for sharing of information with the participants support network.

The Mentoring Participant Summary is the document used for support planning for participants receiving other services i.e., 0101, 0102, 0107, 0108, 0117, and 0125. This Mentoring Participant Summary (support plan) was evidenced in the relevant participant's file review.

Coordination of Support Task List; New Plan, is the document used for support planning for participants receiving support coordination services. This is completed and continually updated in collaboration with the participant where able. Coordination of Support Task List were evidenced in the relevant participant files reviewed.

Both versions of support plans i.e., Coordination of Support Task List and Mentoring Participant Summary are completed in conjunction with the client and always explained in the manner best suited for the participant.

NDIS Plan Overviews used by the Support Coordinators were evidenced in the relevant participant files reviewed.

Risk management plans are completed during intake and are pinned to the dashboard of each participant with the date for review highlighted. The risk assessment is completed in collaboration with the participant during the intake process for the stage 1. Stage 2 and 3 of the assessment is completed by the coordinator. The assessment is inclusive of participant and environment risks. This is a new process implemented since Stage 1 and it is noted this is being completed retrospectively for existing participants.

It is noted by the auditors that FA has commenced proactive support for preventative health measures, including support to access recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services. The actions taken are recorded in each participant's individual file in the CRM which was evidenced by the auditors.

Observation:

Introduce into the Support Plans anticipating and incorporating responses to individual, provider and community emergencies and disasters to ensure participants safety, health, and wellbeing; and how this will be understood by each worker.

Opportunity For Improvement:

Consider re-developing the Support Plan templates used into simpler to follow formats that are standardised and provides clarity on the actual plan to both the team member and the participant.

Service Agreements with Participants

Outcome: Each participant has a clear understanding of the supports they have chosen and how they will be provided.

To achieve this outcome, the following indicators should be demonstrated:

- Collaboration occurs with each participant to develop a service agreement which establishes expectations, explains the supports to be delivered, and specifies any conditions attached to the delivery of supports, including why these conditions are attached.
- Each participant is supported to understand their service agreement and conditions using the language, mode of communication and terms that the participant is most likely to understand.
- Where the service agreement is created in writing, each participant receives a copy of their agreement signed by the participant and the provider. Where this is not practicable, or the participant chooses not to have an agreement, a record is made of the circumstances under which the participant did not receive a copy of their agreement.
- Where the provider delivers supported independent living supports to participants in specialist disability accommodation dwellings, documented arrangements are in place with each participant and each specialist disability accommodation provider. At a minimum, the arrangements should outline the party or parties responsible and their roles (where applicable) for the following matters:
  a) How a Participant's concerns about the dwelling will be communicated and addressed;
  b) How potential conflicts involving participant(s) will be managed;
  c) How changes to participant circumstances and/or support needs will be agreed and communicated;
  d) In shared living, how vacancies will be filled, including each participant's right to have their needs, preferences and situation taken into account; and
  e) How behaviours of concern which may put tenancies at risk will be managed, if this is a relevant issue for the participant.
- Service agreements set out the arrangements for providing supports to be put in place in the event of an emergency or disaster.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Service Agreement
Schedule of Supports

The Service Agreement has been updated since Stage 1 audit with the findings appropriately addressed. All participant files reviewed had signed service agreements from previous years and new current service agreements either signed or in the process of being followed up.

The Executive Manager and other team members interviewed confirmed that every participant receives a Service Agreement which is fully explained to them. New Service Agreements are developed annually. This was confirmed during participant/family member interviews. Although it has not occurred, it was confirmed that if a participant chose not to have a Service Agreement or not sign for some reason then this would be recorded into their file on Nightingale.

FA does not provide SIL services.
Invoices for the following registration groups were witnessed: 0106, 0107, 0132, 0125, 0128, 0108.

Observation:
The Service Agreement does not address the arrangements for providing support in the event of an emergency or disaster.

Responsive Support Provision

Outcome: Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.

To achieve this outcome, the following indicators should be demonstrated:

- Supports are provided based on the least intrusive options, in accordance with contemporary evidence-informed practices that meet participant needs and help achieve desired outcomes.
- For each participant (with their consent or direction and as agreed in their service agreement) links are developed and maintained by the provider through collaboration with other providers, including health care and allied health providers, to share their information, manage risks to them and meet their needs.
- Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports.
- Where a participant has specific needs which require monitoring and/or daily support, workers are appropriately trained and understand the participant's needs and preferences.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

- Responsive Support Provision Policy Version 1

FA gathers the information at intake with regard to the participants preferences including the gender of worker. The intake team will allocate to a specific coordinator or mentor, depending on information from the referral and or/intake form. Importantly the participant is matched to the worker who best matches the skills, knowledge and experience required.
If FA is not to able to match a requirement, then a conversation will be had with the participant where an alternative option is offered which may include a referral to other providers.

Feedback from participants/family members interviewed around staff understanding of their needs and being able to respond to their preferences was positive. All participants/family members talked about the level of expertise, professionalism, and responsiveness both in terms of timeliness and addressing their goals and preferences.

Participant comments:
"Every time I deal with anyone, they (FA) always back to me. This is the first provider we have had that have been like that. I have had some terrible providers (SC). They (FA) give advice on things I haven't even thought of."
"Very good in helping me. They (FA) understand me from my point of view and the goals I want to achieve. They are helpful with my family also."

Transitions to or from a provider

Outcome: Each participant experiences a planned and coordinated transition to or from the provider.

To achieve this outcome, the following indicators should be demonstrated:

- A planned transition to or from the provider is facilitated in collaboration with each participant when possible, and this is documented, communicated and effectively managed.
- Risks associated with each transition to or from the provider are identified, documented and responded to, including risks associated with temporary transitions from the provider to respond to a risk to the participant, such as a health care risk requiring hospitalisation.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Transfer Summary of Support Coordination Matters: Process

The auditor sighted de-identified participant files of some who have transitioned out of the service. Included were:

a. Handover documented provided and shared with participant.
b. The SSC remained available for the client and consultation with the new provider to ensure a smooth transition and ongoing service delivery.

A further transition was sighted where the participant was moving to a different location to live. Much time was spent in researching for an alternative provider with the participant who was then able to choose who they wanted to transfer to. A handover document was then developed to provide a smooth transition and reduce any further interruptions to service delivery.

FA are in the process of developing a transition planning process within the CRM Nightingale.

The transition process will include, where required, identifying what the participant is looking for in a provider or an individual. They will look at multiple options and wait list times for choice and control for the participant. A handover document/report and any other relevant documents where consent has been provided will be shared with the new provider. FA will provide opportunity for a handover meeting if requested.

Observation:

Ensure in the transition process that risks associated with each transition are documented and responded to including risks associated with temporary transitions from the provider to respond to a risk to the participant, such as a health care risk requiring hospitalisation.

CORE MODULE 4 PROVISION OF SUPPORTS ENVIRONMENT

Safe environment

Outcome: Each participants accesses supports in a safe environment that is appropriate to their needs.

To achieve this outcome, the following indicators should be demonstrated:

- Each participant can easily identify workers engaged who provide supports to them.
- Work is undertaken with each participant, and others**,** in settings where supports are provided (including their home), to ensure a safe support delivery environment for them.
- Where relevant, work is undertaken with other providers (including health care and allied health providers and providers of other services) to identify and manage risks to participants and to correctly interpret their needs and preferences.
- For each participant requiring support with communication, clear arrangements are in place to assist workers who support them to understand their communication needs and the manner in which they express emerging health concerns.
- To avoid delays in treatments for participants:
    a) protocols are in place for each participant about how to respond to medical emergencies for them; and
    b) each worker providing support to them is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations).
- Systems for escalation are established for each participant in urgent health situations.
- Infection prevention and control standard precautions are implemented throughout all settings in which supports are provided to participants.
- Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently-touched surfaces.
- Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.
- Each worker who provides supports directly to participants is trained, and has refresher training, in the use of PPE.
- PPE is available to each worker, and each participant, who requires it.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

- Dealing with Coronavirus in the Workplace Policy
- Infection Control in the Workplace including immunisations and PPE
- Safe Operating Procedure relating to workers safety and steps to follow during home visit

Facilitatrix risk assessment document (home/environment risk assessment) is in place and was sighted in all selected participant files reviewed.

All staff have completed training in infection prevention and control training, and in PPE through FORA. It was confirmed all staff will undertake refresher training at least annually. It was confirmed via interview that PPE is provided to all staff and participants when required.

The ‘Leave Early Plan’ is a template provided by DFES and WA government which is completed in conjunction with the participant (where relevant). This plan documents who we need to protect

(e.g., pets), where to go, how to get there, who to call, what items to take and preparation before bushfire season. What items to pack on the day, the backup plan and where to shelter if trapped. Supports are only provided in the participant's home or in the community with all staff diligent with infection control and protocols for Covid-19.

It was confirmed that all workers will be aware of any communication needs and how participants express emerging health concerns when support planning is undertaken. It was noted in a reviewed participant's file that the participant is non-verbal which formed part of the information on the support plan named Coordination of Support Task List.

It was noted by the auditor that as part of the Mentoring Program there have been instances where the mentors have assisted the participant with appropriate cleaning techniques which have included infection control.
All staff as part of their ongoing training have completed training in Supporting People to Stay Infection Free, hand hygiene practices, respiratory hygiene and cough etiquette, Supporting People to Communicate provided through FA membership with DSC.

All workers carry an identification on their person to show when meeting with a participant for the first time.

Observation:
1.Ensure each Support Plan documents any specific communication needs and how participants express emerging health concerns.
2. Ensure each Support Plan has protocols in place for each participant about how to respond to a medical emergency for them and document the training provided for workers to respond to such emergencies (including how to distinguish between urgent and non-urgent heath situations)
3. If relevant ensure systems for escalation in urgent health situations are established.

Participant Money and Property

Outcome: Participant money and property is secure and each participant uses their own money and property as they determine.

To achieve this outcome, the following indicators should be demonstrated:

- Where the provider has access to a participant's money or other property, processes to ensure that it is managed, protected and accounted for are developed, applied, reviewed and communicated. Participants' money or other property is only used with the consent of the participant and for the purposes intended by the participant.
- If required, each participant is supported to access and spend their own money as the participant determines.
- Participants are not given financial advice or information other than that which would reasonably be required under the participant's plan.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

- Participant Money and Property Policy and Procedure is in place for the rare occasion that this may be required.

Facilitatrix has one participant for money management who is under the Public Trustee. The process includes the participant providing consent and having control.

It was confirmed via staff interviews and selected participant interviews that no money management is being undertaken and no financial advice provided.

Observation:

Develop a participant money management consent form in the event a new participant requires this.

Management of Medication

Outcome: Each participant requiring medication is confident their provider administers, stores and monitors the effects of their medication and works to prevent errors or incidents.

To achieve this outcome, the following indicators should be demonstrated:

- Records clearly identify the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication.
- All workers responsible for administering medication understand the effects and side effects of the medication and the steps to take in the event of an incident involving medication.
- All medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

- Medication Management Policy, Version 1.3

FA do not provide services to participants pertaining to the administering of medication, however, if a participant requests that staff provide them with medication prompts or assist them to build their capacity to manage their own medications, such requests will be assessed on an individual basis to ensure that the nature of the reminder/prompt is a service that can be provided by the organisation.

Practice Alert Process –Management of Medicines Associated with Swallowing Problems: Mentoring Program

All Mentoring staff who work with clients who require support or capacity building in relation to their medication have completed the FORA training, Supporting People to take their Medication. The staff only supervise that participants take their medication and do not handle any medication at all. There is only one participant that takes medication which was confirmed during participant interview that he self manages his medication.

It was confirmed for any participants that may need assistance then the medication chart will be developed, side-effects of the medication included, and the relevant safe storage put in place as well as any individualised training provided. Relevant templates are available if required.

Mealtime Management

Outcome: Each participant requiring mealtime management receives meals that are nutritious, and of a texture that is appropriate to their individual needs, and appropriately planned, and prepared in an environment and manner that meets their individual needs and preferences, and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.

To achieve this outcome, the following indicators should be demonstrated:

- Providers identify each participant requiring mealtime management.
- Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:
    a) undertaking comprehensive assessments of their nutrition and swallowing; and
    b) assessing their seating and positioning requirements for eating and drinking; and
    c) providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
    d) reviewing assessments and plans annually or in accordance with the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.
- With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.
- Each worker responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.
- Each worker responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.
- Mealtime management plans for participants are available where mealtime management is provided to them and are easily accessible to workers providing mealtime management to them.
- Effective planning is in place to develop menus with each participant requiring mealtime management to support them to:
    a) be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and
    b) if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight) – proactively manage those risks.
- Procedures are in place for workers to prepare and provide texture-modified foods and fluids in accordance with mealtime management plans for participants and to check that meals for participants are of the correct texture, as identified in the plans.
- Meals that may be provided to participants requiring mealtime management are stored safely and in accordance with health standards, can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to particular participants.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

- Practice Alert Process, Severe Dysphagia. The process informs all participants are assessment for dysphagia as part of the intake process. Alerts will be created in CRM if required. Where a participant is identified as having dysphagia clarity will be sought from a speech therapist who has assessed the participant as to the level of dysphagia.

The process further states where a participant has been determined to have severe dysphagia, they will not be accepted onto the mentoring program as FA staff are not suitably trained.
4. Participants who are diagnosed with dysphagia (none-severe) will be regularly reviewed and guidance sought from a speech therapist on a regular basis to ensure we can continue to meet their support needs.
5. Where an existing participant on the mentoring programme has dysphagia and their condition is assessed as having progressed to severe dysphagia, an immediate assessment will be undertaken of the person's support needs in conjunction with the speech therapist and referral to an alternate agency will be prioritised. Where such a determination is made the mentoring program coordinator will liaise with the participant and their network to ensure a smooth transition of care to an alternate provider.
7. Participants within the Support Coordination service provision will ensure the appropriate oversights are in place by the referral providers and the core staff are appropriately trained staff.

It is noted that the SC and SSC are responsible for ensuring participants with dysphagia are linked with suitably qualified health professionals and that they have up to date management plans. The support coordinator is also responsible for overseeing that core support providers are aware of and adhere to the NDIS practice alerts concerning dysphagia management, mealtime management and severe dysphagia management.

Observation:

Although the mentoring team are not involved in meal time management and preparation there may be a situation arise when delivering personal care, development of life skills or participating in the community. A procedure to be established in the event that a team member is with a participant whilst having a meal or snacks. The team member needs to have any relevant documents, training and understanding of any mealtime management needs of the individual participant including the steps to take if an incident occurs during meals, such as coughing or choking on food or fluids.

Management of Waste

Outcome: Each participant, each worker, and any other person in the home is protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports.

To achieve this outcome, the following indicators should be demonstrated:

- Policies, procedures and practices are in place for the safe and appropriate storage, handling and disposal of waste and infectious or hazardous substances (including used PPE), and each policy, procedure and practice complies with current legislation and local health district requirements.
- All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed.
- An emergency plan is in place to respond to clinical waste or hazardous substance management issues and/or accidents. Where the plan is implemented, its effectiveness is evaluated, and revisions are made if required.
- Each worker involved in the management of waste, or infectious or hazardous substances, is trained in the safe and appropriate handling of the waste or substances, including the use of PPE or any other clothing required when handling the waste or substances.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Not applicable

MODULE 2a IMPLEMENTING BEHAVIOUR SUPPORT PLANS MODULE

Behaviour Support in the NDIS

Outcome: Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks.

To achieve this outcome, the following indicators should be demonstrated:

- Knowledge and understanding of the NDIS and state and territory behaviour support legislative and policy frameworks.
- Demonstrated appropriate knowledge and understanding of evidence-informed practice approaches to behaviour support.
- Demonstrated commitment to the reducing and eliminating of restrictive practices through policies, procedures and practices.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The Behaviour Support and Restrictive Practices Policy provides the following overview:

- The policy states, "Faciltiatrix is committed to continuous improvement in working towards the reduction and elimination of the use of restrictive practices (RP) within its services, and in collaboration with other agencies, who may also provide services to the participants we support"
- Confirms the providers knowledge and understanding of the NDIS and state and territory behaviour support legislative and policy frameworks.
- The policy states, "Any RPs implemented by Facilitatrix will meet best practice requirements, including that the RP is:
    - The least restrictive option
    - Used for the least possible time
    - Used as a last resort
    - necessary to prevent harm to the participant or others
    - not used as a punishment

Facilitatrix is committed to the principles of Positive Behaviour Support (PBS), which is an evidence-based model and applied science, that has
evolved from applied behavioural analysis and person-centred, values-based approaches. The key identified components of PBS are

- assessment-based interventions
- elimination of punishment approaches
- inclusion of all relevant stakeholders
- a long-term focus
- prevention through education & skill building
- environmental redesign
- enhanced opportunities for choice
- staff development
- systems change; improved quality of life involving robust and significant person- centred outcomes for the individual, their families, and other stakeholders
- ecological and social validity and contextual fit

Other Documentation:

- Authorises Panel Outcomes Summary Report
- MOU – Yes Ability
- Restrictive Practices Assessment Tool
- Behaviour support and restrictive practices policy

Interview with the Director and Executive Manager confirmed their knowledge and understanding of the relevant WA state behaviour support legislation and policy framework. It was stated that any restrictive practices implemented by FA will ensure best practices such as – least restrictive option will be used for least possible time, used as a last resort and never be used as a form of punishment.

Regulated Restrictive Practices

Outcome: Each participant is only subject to a regulated restrictive practice that meets any state and territory authorisation (however described) requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.

To achieve this outcome, the following indicators should be demonstrated:

- Knowledge and understanding of regulated restrictive practices as described in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* and knowledge and understanding of any relevant state or territory legislation and/or policy requirements and processes for obtaining authorisation (however described) for the use of any regulated restrictive practices included in a behaviour support plan.
- Where state or territory legislation and/or policy requires authorisation (however described) to, the use of a regulated restrictive practice, such authorisation is obtained and evidence submitted.
- Regulated restrictive practices are only used in accordance with a behaviour support plan and all the requirements as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.* Regulated restrictive practices are implemented, documented and reported in a way that is compliant with relevant legislation and/or policy requirements.
- Work is undertaken with specialist behaviour support providers to evaluate the effectiveness of current approaches aimed at reducing and eliminating restrictive practices, including the implementation of strategies in the behaviour support plan.
- Workers maintain the skills required to use restrictive practices and support the participant and other stakeholders to understand the risks associated with the use of restrictive practices.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The Behaviour Support and Restrictive Practices Policy states,

- Facilitatrix is committed to offering a best practice service as an implementing provider of behaviour support and will work in collaboration with participants, their behaviour support clinician and other relevant key stakeholders to ensure agreed behaviour support strategies are implemented"
- "Facilitatrix is committed to ensuring that restrictive practices are not being implemented by our staff unless they are endorsed by a registered behaviour support practitioner"
- Facilitatrix staff do not implement any form of prohibited practices. In the event that a situation arises whereby the safety of the staff is compromised in any way, the staff member must withdraw from the situation immediately and consult with a line manage

Facilitatrix will run annual refresher training on Human Rights, Restrictive Practices and Behaviour Support. In addition, Facilitatrix will promote staff engagement with and attendance at any individual sessions run by behaviour support clinicians in relation to the participants they work with

Other Documentation:

- Authorisation Panel Outcomes Summary Report
- MOU – Yes Ability
- Restrictive Practices Assessment Tool

Interview with Christine Dee, the Mentoring Coordinator demonstrated sound knowledge and understanding of the WA state behaviour support legislative and policy frameworks and knowledge and understanding of evidence-informed practice approaches to behaviour support. It was

confirmed FAs commitment to reducing and eliminating restrictive practices through policies, procedures and practices.
M/s Dee described in detailed the processes for obtaining authorisation for the use of any regulated restrictive practices included in a behaviour support plan. And confirmed an understanding of the possible risks associated with the use of restrictive practices.

Supporting the Assessment and Development of Behaviour Support Plans

Outcome: Each participant's quality of life is maintained and improved by tailored, evidence-informed behaviour support plans that are responsive to their needs.

To achieve this outcome, the following indicators should be demonstrated:

- The specialist behaviour support provider is supported to gather information for the functional behavioural assessment and other relevant assessments.
- Collaboration occurs with the specialist behaviour support provider to develop each participant's behaviour support plan and the clear identification of key responsibilities in implementing and reviewing the plan.
- Relevant workers have the necessary skills to inform the development of the participant's behaviour support plan.
- Relevant workers have access to appropriate training to enhance their skills in, and knowledge of, positive behaviour supports and restrictive practices.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The Behaviour Support and Restrictive Practices Policy states,

- Facilitatrix is committed to offering a best practice service as an implementing provider of behaviour support and will work in collaboration with participants, their behaviour support clinician and other relevant key stakeholders to ensure agreed behaviour support strategies are implemented"
- Facilitatrix is committed to ensuring that restrictive practices are not being implemented by our staff unless they are endorsed by a registered behaviour support practitioner
- Facilitatrix will run at least annual training on Human Rights, Restrictive Practices and Behaviour Support. In addition,
- Facilitatrix will promote staff engagement with and attendance at any individual sessions run by behaviour support clinicians in relation to the participants they work with

Other Documentation:

- Authorisation Panel Outcomes Summary Report
- MOU – Yes Ability
- Restrictive Practices Assessment Tool

Email communications relating to the only participant who has a RP in his BSP between the implementing provider and the BS Practitioner were evidenced by the auditor

- Requesting feedback on BSP for review from the BS practitioner
- Requesting further staff training for implementation
- Draft BSP provided for review
- Coordinating meeting with BS practitioner, the provider and participant/nominee

Behaviour Support Plan Implementation

Outcome: Each participant's behaviour support plan is implemented effectively to meet the participant's behaviour support needs.

To achieve this outcome, the following indicators should be demonstrated:

- Policies and procedures that support the implementation of behaviour support plans are developed and maintained.
- Work is actively undertaken with the specialist behaviour support providers to implement each participant's behaviour support plan and to align support delivery with evidence-informed practice and positive behaviour support.
- Workers are supported to develop and maintain the skills required to consistently implement the strategies in each participant's behaviour support plan consistent with the positive behaviour support capability framework.
- Specialist behaviour support providers are supported to train the workers of the providers implementing behaviour support plans in the use and monitoring of behaviour support strategies in the behaviour support plan, including positive behaviour support.
- Workers receive training in the safe use of restrictive practices.
- Collaboration is undertaken with other providers that work with the participant to implement strategies in the participant's behaviour support plan.
- Performance management ensures that workers are implementing strategies in the participant's behaviour support plan appropriately.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The Behaviour Support and Restrictive Practices Policy states,

- Facilitatrix will promote staff engagement with and attendance at any individual sessions run by behaviour support clinicians in relation to the participants they work with
- The organisation will enable staff to attend training sessions with the behaviour support clinician and/or therapy team specific to the participants they work with on an as needs basis
- Case Worker/Mentors within the organisation will be made aware of any participants they work with who have a behaviour support plan in place and be required to read this prior to commencing shifts with the participant
- The Support Coordinator will work with the participant and all other relevant stakeholders to build the participant and their network's capacity in relation to behaviour support intervention

Other Documentation:

- Authorisation Panel Outcomes Summary Report
- MOU – Yes Ability which confirmed work is actively undertaken with the BS Practitioner.

The Mentoring Coordinator confirmed the implementing staff are supported with their training in the use of and monitoring of RP within a BS Plan. She stated that workers have on-going performance reviews and provided feedback and additional relevant training.

The only participant with a RP in place is for a chemical restraint. For each BS Plan that has a RP individualised training will be provided to the workers by the BS Practitioner with the supervisor also receiving the training.

Monitoring and Reporting the Use of Regulated Restrictive Practices

Outcome: Each participant is only subject to a restrictive practice that is reported to the Commission.

To achieve this outcome, the following indicators should be demonstrated:

- Demonstrated compliance with monthly online reporting requirements in relation to the use of regulated restrictive practices, as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.
- Data is monitored to identify actions for improving outcomes.
- Data is used to provide feedback to workers, and with the participant's consent, their support network, and their specialist behaviour support provider about the implementation of the behaviour support plan to inform the reduction and elimination of restrictive practices.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The Behaviour Support and Restrictive Practices Policy provides the following overview:

- The Support Coordinator will also oversee that reporting requirements are understood and actioned by implementing providers and encourage collaboration among all providers engaged to work with the participant
- Data is monitored to identify actions for improving outcomes.
- Data is used to provide feedback to workers, and with the participant's consent, their support network, and their specialist behaviour support provider about the implementation of the behaviour support plan to inform the reduction and elimination of restrictive practices.

Other Documentation:

- Authorisation Panel Outcomes Summary Report
- MOU – Yes Ability
- Restrictive Practices Assessment Tool

The Mentoring Coordinator ensures data monitoring is in place for improving outcomes. This data will be used for providing workers feedback and with consent to the participant's network. All data gathered is shared with the BS Practitioner with the view to always reducing or eliminating a RP.

Behaviour Support Plan Review

Outcome: Each participant has a current behaviour support plan that reflects their needs, and works towards improving their quality of life, reducing behaviours of concern, and reducing and eliminating the use of restrictive practices.

To achieve this outcome, the following indicators should be demonstrated:

- The implementation of the participant's behaviour support plan is monitored through a combination of formal and informal approaches, including through feedback from the participant, team meetings, data collection and record keeping, other feedback and supervision.
- Information is recorded and data is collected as required by the specialist behaviour support provider and as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.*
- Identification of circumstances where the participant's needs, situation or progress create a need for more frequent review, including if the participant's behaviour changes.
- Contributions are made to the reviews of the strategies in a participant's behaviour support plan, with the primary focus of reducing or eliminating restrictive practices based on observed progress or positive changes in the participant's situation.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The Behaviour support and restrictive practices policy provides the following overview:

- The policy states, "Behaviour support plans will be reviewed at least every 12 months, and be referred to the organisation's Authorisation Panel if any restrictive practices are identified, and Facilitatrix is an implementing provider"
- Reviews include feedback from the participant, team meetings, data collection and record keeping, other feedback and supervision Key identified components of PBS include but not limited to assessment-based interventions, a long-term focus, prevention through education and skill building, enhanced opportunity for choice
- The role of the support coordinator is to ensure relevant information is recorded and data is collected as required by the specialist behaviour support provider
- The policy acknowledges Facilitatrix duty of care as "refers to the circumstance where a risk to the person exists due to the person's potential or predictable actions (e.g., a lack of road skills and impulsivity can predictably imply risk when around traffic) as well as unpredictable occurrences. Duty of Care therefore requires a planned response to manage the identified risk for a person's potential or predictable actions."

Other Documentation:

- Authorisation Panel Outcomes Summary Report
- MOU – Yes Ability
- Restrictive Practices Assessment Tool
- Behaviour support and restrictive practices policy
- Restrictive Practices Staff Guidance Document

The Mentoring Coordinator ensures all formal and informal approaches are recorded and all data provided to the BS Practitioner. If any needs or circumstances change for the participant, the BS Practitioner will be informed immediately.

Reportable Incidents involving the Use of a Restrictive Practice

Outcome: Each participant that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed.

To achieve this outcome, the following indicators should be demonstrated:

- The participant's immediate referral to, and assessment by a medical practitioner (where appropriate) is supported following an incident.
- Collaboration is undertaken with mainstream service providers, such as police and/or other emergency services, mental health and emergency department, treating medical practitioners and other allied health clinicians, in responding to the unauthorised use of a restrictive practice.
- The Commissioner is notified of all reportable incidents involving the use of an unauthorised restrictive practice in accordance with the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.*
- Where an unauthorised restrictive practice has been used, the workers and management of providers implementing behaviour support plans engage in debriefing to identify areas for improvement and to inform further action. The outcomes of the debriefing are documented.
- Based on the review of incidents, the supports to the participant are adjusted, and where appropriate, the engagement of a specialist behaviour support provider is facilitated to develop or review the participant's behaviour support plan or interim behaviour support plan, if required, in accordance with the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.*
- Authorisation processes (however described) are initiated as required by their jurisdiction.
- The participant, and with the participant's consent, their support network and other stakeholders as appropriate, are included in the review of incidents.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The Behaviour Support and Restrictive Practice policy provides the following overview:

- Facilitatrix is committed to continuous improvement in working towards the reduction and elimination of the use of restrictive practices (RP) within its services, and in collaboration with other agencies, who may also provide services to the participants they support.
- All behaviour support plans must be developed by a registered provider the area of behaviour support and in consultation with the person, family, staff and any other relevant parties.
- The policy states, "Facilitatrix is committed to ensuring that participants who are identified as requiring behaviour support are supported in ways that provide them with a safe environment, enable best practice supports and recognise the person's individual rights and needs." Documented in a behaviour support plan, consented to and authorised, in accordance with State and Commonwealth Legislation

The "Authorisation Panel Outcomes Summary report" provides confirmation of consent

Other Documentation:

- Authorisation Panel Outcomes Summary Report
- MOU – Yes Ability
- Restrictive Practices Assessment Tool
- Behaviour support and restrictive practices policy
- Restrictive Practices Staff Guidance Document

FA explained that they have experienced some difficulties in relation to reporting of restrictive practices for the participant on the Commission Portal, however they have been liaising with the Assistant Director, Behaviour Support, at the Commission to resolve this issue. The Mentoring Coordinator has been reporting the monthly restrictive practices, but as of 1 July 2021 the system prevented the reporting. FA that this is ok and will remain the case until the next BSP is uploaded by the Behaviour Support Practitioner, at which point the problem should resolve itself. As of 2 December 2021, however, FA were given further advice that as from 1 December 2021, the RP will need to be reported as an unauthorised restrictive practices due to the status of the plan being "expired" - case note on participant file (2/12/21). It is confirmed FA is now reporting this daily as a reportable incident.

Interim Behaviour Support Plans

Outcome: Each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan based on evidence-informed practice, which minimises risk to the participant and others.

To achieve this outcome, the following indicators should be demonstrated:

- Collaboration is undertaken with mainstream service providers (such as police and/or other emergency services, mental health and emergency departments, treating medical practitioners and other allied health clinicians) in contributing to an interim behaviour support plan developed by a specialist behaviour support provider.
- Work is undertaken with the specialist behaviour support provider to support the development of the interim behaviour support plan.
- Workers are supported and facilitated to receive training in the implementation of the interim behaviour support plan.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

The "Behaviour support and restrictive practices policy" provides the following overview:

- Facilitatrix is committed to offering a best practice service as an implementing provider of behaviour support and will work in collaboration with participants, their behaviour support clinician and other relevant key stakeholders to ensure agreed behaviour support strategies are implemented.
- The policy confirms that work is undertaken with the specialist behaviour support provider to support the development of the interim behaviour support plan.
- The policy outlines that Workers are supported and facilitated to receive training in the implementation of the interim behaviour support plan.

The "Authorisation Panel Outcomes Summary report" provides the following details:

- Confirmation of consent
- Documents required for review

Other Documentation:

- Authorisation Panel Outcomes Summary Report
- MOU – Yes Ability
- Restrictive Practices Assessment Tool
- Behaviour support and restrictive practices policy
- Restrictive Practices Staff Guidance Document

The Mentoring Coordinator demonstrated her knowledge of how she would manage an incident where a RP practice was used, and emergency services had to be called. She explained how she would complete and gather all the data gathering antecedent and current then provide to a BS Practitioner for an interim plan to be developed. She would collaborate with the BS Practitioner and then ensure all the required training was provided to the implementing workers. She again confirmed her knowledge of the reporting process and the timelines for interim plans.

MODULE 4 SPECIALIST SUPPORT CO-ORDINATION MODULE

Specialised Support Co-ordination

Outcome: Each participant receiving specialised support coordination receives tailored support to implement, monitor and review their support plans and reduce the risk and complexity of their situation.

To achieve this outcome, the following indicators should be demonstrated:

- Demonstrated knowledge and understanding of the risk factors experienced by each participant with high-risk and/or complex needs.
- Participants are involved in the evaluation of their situation and the identification of the supports required to prevent or respond to a crisis, incident or breakdown of support arrangements, and the promotion of safety for the participant and others.
- Consultation is undertaken with the participant and, with the participant's consent, the participant's support network and mainstream services (as appropriate) in planning and coordinating supports to implement the participant's plan, and any plan review.
- In consideration of each participant's individual needs, preferences and circumstances, suitable NDIS providers and mainstream service providers that have the appropriate skills and experience to deliver the required support are identified.
- There is proactive engagement to ensure that all providers implementing the participant's plan understand and respond to the risk and/or complexity of the participant's situation, and collaborate with other relevant providers, where required.
- All monitoring and reporting obligations associated with the participant's plan are managed effectively.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Job Description: Specialist Support Coordinator is in place which clearly informs the role of the SSC. The clinical duties are clearly defined as are the requirements for each SSC's education, training, and research expectations.

Further documents included the Supervision and Professional Development Policy/Procedure, and the Coordination of Support Task List for all new plans.

The Auditor interviewed 2 of the SSCs within FA. During interview, both SSCs demonstrated in-depth knowledge and understanding of high risk and complex needs. M/s Creece has a Bachelor of Business and 4 years' experience as a SC with FA before being promoted to the position of SSC in April 2021 where she has been receiving ongoing training and mentoring in her position.

M/s Byrne has a Bachelor of Science, Occupational Therapy, and has been with FA since May 2017 where she is an integral part of the SSC team including supporting the other SSCs.

During interview it was discussed the process followed for evaluating and then identifying the required supports to prevent or respond to a particular crises. This included involving the participant and with their consent, other members of the participant's support network. Consultation with the participant, their family, other providers was confirmed through participant/family member interviews. All participants/family members expressed satisfaction with the service received.

It was confirmed during participant file reviews that there is collaboration with various providers and agencies such as medical practitioners, social workers, police and justice, and dealing with conflicting interests amongst agencies, working for the best interest of the participant.

Signed service agreements where consent had been gained, support plans, progress reporting and for some participants their Plan Reviews were sighted in the selected participant files along with supporting file notes.

Management of a Participant's NDIS Supports

Outcome: Each participant exercises meaningful choice and control over their supports and maximises the value for money they receive from their supports.

To achieve this outcome, the following indicators should be demonstrated:

- Supports and services are arranged using the participant's NDIS amounts as directed by the participant and for the purposes intended by the participant.
- Each participant has been provided with information about their support options using the language, mode of communication and terms that the participant is most likely to understand.
- As appropriate, each participant is supported to build their capacity to coordinate, self-direct and manage their supports and to understand how to participate in Agency planning processes such as establishing agreements with service providers and managing budget flexibility.
- Supports funded under a participant's plan are used effectively and efficiently and are complemented by community and mainstream services to achieve the objectives of the participant's plan.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

- Intake Policy informs the interaction in which the provider and referrer exchange information

Review of the selected participant files for specialised support coordination services and conversations with participants/family members during the audit, demonstrated that participants had choice and control and that participants, within their capacity, and family/support networks were involved in all stages of the support planning processes.

The SSCs outlined how they work with the participant and their family/ nominee to explain the NDIS Plan and to understand their expectations of the funding, taking time to be realistic, explaining and working through the budget. The SSCs work with the participant/family member to provide training on how to use the portal and/or manage their budget as relevant.

The SSC discussed how they support the participant to review all aspects of their lives and needs. This includes supporting participants to research mainstream services, community activities, and other free services. All based on the participants capacity and reinforcing how they have choice and control.

Conflict of interest

Outcome: Each participant receives transparent, factual advice about their support options which promotes choice and control.

To achieve this outcome, the following indicators should be demonstrated:

- Conflict of interest policies are provided or explained to each participant using the language, mode of communication and terms that the participant is most likely to understand.
- Each participant is supported to understand the distinction between the provision of specialised support coordination and other reasonable and necessary supports funded under a participant's plan using the language, mode of communication and terms that the participant is most likely to understand.
- If the provider has an interest in any support option available to the participant, the participant is aware of this interest. The participant understands that any choice they made about providers of other supports will not impact on the provision of the specialised support coordination.
- Referrals to and from other providers are documented for each participant.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

- Multiple Service Provisions – Conflict of Interest Policy, Version 1 informs managing conflicts between Level 2 and 3 Support Coordination.

A Multiple Service Provision Register is kept recording the individuals who are receiving more than one service from Faciltiatrix. This register must capture that a discussion around choice and control has occurred regarding choice of service providers.

It was confirmed during SSC interview that it is not normal practice to refer their participants to the additional services offered through FA. The conflict of interest is managed carefully and, in the case, where the participant may choose FA for other services, such as from Level 3 to Level 2 SC, then this is documented in the participant file and in the Multiple Service Provision Register.

It was confirmed during participant/their family member interviews that they had been given information on the conflict of interest that may arise when FA is providing specialist support coordination and it was confirmed that they understood the conflict of interest. They confirmed it had been explained it to them and they understood that the choice was theirs.

Evidence of documentation of referrals was noted on participant files reviewed.

ADDITIONAL INFORMATION

Prior verification outcome, corrective actions and audit report (if applicable)

N/A

Self-assessment responses review

Self-Assessment completed by Provider: Yes ☒ No ☐

Self-assessment Reviewed: Yes ☒ No ☐

Comments: The self-assessment was taken into consideration as part of the audit.

Review of additional requirements raised by the Commission (if applicable)

N/A

CONCLUSION

Statement of Conclusion

Facilitatrix Australia Pty Ltd has provided sufficient evidence to meet the requirements of the NDIS Practice Standards and is recommended for Certification as per the scope listed in the report.

The auditors thank the Director and team at Facilitatrix for their participation in this audit and wish them well for the future.

Recommendation

Recommended for Certification.	Yes ☒	No ☐
Recommended Midterm Interval	18 months	
Follow up audit required	Yes ☐	No ☒
Next Audit Date	**TBA**	

DISCLAIMER

Some issues, non-compliances or required improvements within the organisation may not have been identified in this report, due to the sampling size and time available during the audit. The organisation's management is responsible for implementing a monitoring system (based on internal audits) to identify non-conformances/continuous improvement opportunities and to take the necessary controls to ensure the system implemented is effective and meets organisational and regulatory requirements.

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Report by:	**Alison McGrath**		**05/01/2022**
	Team Leader (name)	**Signature**	**Date**

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