



Certification Partner Global

# **Certification Partner Global FZ LLC**

## **AUDIT REPORT**

**Facilitatrix Australia Pty Ltd**

**CERTIFICATION Mid Term Audit for compliance to  
NDIS Practice Standards**

**Team Leader: Alison McGrath**

**Date of Audit: 16-17 October 2023**

**Client File No: HS/6/R61/0976**

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

PROVIDER INFORMATION			
<b>Provider Legal Name:</b>	Facilitatrix Australia Pty Ltd		
<b>Provider Business name:</b>	Facilitatrix Australia Pty Ltd		
<b>Provider's Reg ID:</b>	4-4GHG-350	<b>ABN:</b>	5361 369 2470
<b>Client Contact:</b>	Caroline Marshall	<b>Phone:</b>	0450 091 478
<b>Position:</b>	Director		
<b>Email:</b>	caroline@facilitatrix.com.au		
<b>Website:</b>	https://www.facilitatrix.com.au/		
AUDIT DESCRIPTION			
<b>Standard</b>	NDIS Practice Standards		
<b>Audit Type:</b>	Mid Term Audit		
<b>Duration:</b>	2.5 Person-days		
<b>Site Address (HO):</b>	10-12 Stirk Street, Kalamunda, WA 6076		
<b>Additional Outlets: (not including HO)</b>	<b>Address:</b>	<b>Contact name &amp; email:</b>	
	Outlet 1: Audited: <input type="checkbox"/>	Email:	
	Outlet 2: Audited: <input type="checkbox"/>	Email:	
	Outlet 3: Audited: <input type="checkbox"/>	Email:	
<b>Audit Team:</b>	Team Leader: Alison McGrath	Team Member: Jane Timmermanis	
<b>Technical Expert/ Observer:</b>	Module 2a and Module 4 TE Alison McGrath		
<b>Previous certification details</b>	Certification Audit 01-02/12/2021 Nil NCRs		
<b>NDIS Conditions:</b> <i>(If any complete section -Additional information)</i>	A condition has been imposed, for providers of 0107 Assistance with daily personal activities, for risk assessment of participants who choose to be supported by a single worker: <a href="https://www.ndiscommission.gov.au/providers/providers-assistance-daily">https://www.ndiscommission.gov.au/providers/providers-assistance-daily</a> .		

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

**CERTIFICATION INFORMATION**

<b>Scope of Practice Standards – Modules:</b>				<i>If more than 1 outlet, detail per outlet (for more outlets, please add to previous page)</i>			
<b>Core Module</b>	✓	<b>Module 2a</b>	✓	<b>Module 5 (SDA)</b>		<b>Outlet 1: Reg Groups:</b>	<b>Outlet 4: Reg Groups:</b>
<b>Module 1</b>		<b>Module 3</b>		<b>Core Module 4.3 (Medication)</b>	✓	<b>Outlet 2: Reg Groups:</b>	<b>Outlet 5: Reg Groups:</b>
<b>Module 2</b>		<b>Module 4</b>	✓	<b>Core Module 4.5 (Waste)</b>		<b>Outlet 3: Reg Groups:</b>	<b>Outlet 6: Reg Groups:</b>

**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.

<b>Registration Groups in the Scope of Audit</b>	✓	<b>Examples of services offered/intended to offer (Refer qualification/experience in HR section)</b>	<b>Witnessed</b>	<b>Not Witnessed</b>	<b>Added at Audit</b>	<b>Removed at Audit</b>
0101 Accommodation / Tenancy Assistance	✓	assisting in tenancy applications.		✓		
0102 Assistance to access and maintain employment or higher education	✓	assisting in finding employment		✓		
0103 Assist Prod-Pers Care/Safety						
0104 High Intensity Daily Personal Activities						
0105 Personal Mobility Equipment						
0106 Assist-Life Stage, Transition (Support Coordination - Level 2) and Psychosocial Recovery Coaching	✓	Experienced SC level 2	✓			
0107 Assistance with Daily Personal Activities	✓	Experience SW assisting with self-care	✓			
0108 Assist-Travel/Transport	✓					✓
0109 Vehicle Modifications						
0110 Specialist Positive Behaviour Support						
0111 Home Modifications						
0112 Assistive Equip-Recreation						
0113 Vision Equipment						

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Page 3 of 32
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F05 Midterm Cert AudRep NDIS Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd

Audit Date: 16-17/10/2023

NDIS Mid-term Certification Audit Report

File No. HS/6/R61/0976

**CERTIFICATION INFORMATION**

<i>Registration Groups in the Scope of Audit</i>	✓	<i>Examples of services offered/intended to offer (Refer qualification/experience in HR section)</i>	<i>Witnessed</i>	<i>Not Witnessed</i>	<i>Added at Audit</i>	<i>Removed at Audit</i>
0114 Community Nursing Care						
0115 Daily Tasks/Shared Living						
0116 Innov Community Participation						
0117 Development of daily care and life skills	✓	Build personal skills of participants	✓			
0118 Early intervention supports for early childhood						
0119 Specialised Hearing Services						
0120 Household Tasks						
0121 Interpreting and Translation Interpreter/Translator						
0122 Hearing Equipment						
0123 Assistive Products for Household Tasks						
0124 Communication and Information Equipment						
0125 Participate Community	✓	Participant led for accessing community	✓			
0126 Exercise physiology and personal training						
0127 Plan Management						
0128 Therapeutic Supports	✓	Qualified Social Workers & OT	✓			
0129 Specialised Driver Training						
0130 Assistance Animals						
0131 Specialist Disability Accommodation						
0132 Specialist support coordination	✓	Qualified and experienced SSCs	✓			
0133 Specialist Supported Employment						
0134 Hearing Services						
0135 Custom Prosthetics						
0136 Group and centre-based activities						

See over for Module 1 clinical outcomes N/A

Phone:	+971 4 556 1499
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Certification Partner Global FZ LLC  
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Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

<b>EMPLOYEES AND PARTICIPANTS SAMPLING</b>			
<b>Employee numbers:</b>	38	<b>Number of employees interviewed:</b>	6
Comments: Staff interviews included shift workers.			
<b>Participant numbers:</b>	330 (325 in HR)	<b>Number of participants/carers interviewed:</b>	10
The Participants were selected as per the sampling plan. Interviews were conducted with Participants, Parents and Family Members. On the day of the audit one guardian (OPG) phoned to advise the auditor he had just been advised he was not allowed to undertake NDIS interviews. Permission was given to review the file therefore 11 files were reviewed			
Number of interviews conducted over the phone:		10	
Number of interviews conducted face to face:		0	
Number of participants who opted out:		40	
Evidence of opting out sighted:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Comments: Signed permission was sighted to participate in the AQA audit. Audit information and opt-out option emails were sent to all participants pre-audit (sighted). Operations are advised by the staff member of the clients opt in/opt out options. Operations keep a registry of this, so when it comes time to audit this is cross referenced to the auditor's spreadsheet.			
<b>SITE SAMPLING (if applicable)</b>			
<b>Outlet numbers:</b>	N/A	<b>Number of Outlets audited:</b>	
<b>CHANGES IN CLIENT INFORMATION AT THIS AUDIT (Include Details)</b>			
Client Name/Address	New address as listed	Scope	Removed 0108
Employee Numbers		Other	New key personnel as listed. Portal updated.

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

## EXECUTIVE SUMMARY

An audit of Facilitatrix Australia Pty Ltd was conducted on the above dates 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 Mid-term audit for Facilitatrix Australia was conducted on the above dates. The audit was conducted in a combination of onsite and remotely.

- Method of accessing policies, procedures, and other relevant information: Microsoft 365
- Method of accessing staff files: Microsoft 365 and screen share onsite
- Method of accessing participant files: Nightingale CRM
- Method of interviews with the provider: Face to face and MS Teams video link.

Facilitatrix Australia currently operates from a corporate office space. This is where the senior management and one auditor were located during the opening and closing meetings and during the audit.

During the opening meeting, the provider decided to remove Registration group 0108.

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

The audit was conducted	Offsite <input checked="" type="checkbox"/>	Onsite <input checked="" type="checkbox"/>
Audit objectives were met	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Provider will be offering support for Management of Medication, as confirmed at the audit.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Phone: +971 4 556 1499	Certification Partner Global FZ LLC License #1150/2011 CC	Page 6 of 32
Fax: +971 4 455 8556		CONFIDENTIAL
Email		F05 Midterm Cert AudRep NDIS Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

Provider will be supporting Participant who has authorised Restrictive practices, as confirmed at the audit.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Critical Risk/s were identified at this audit:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Description of critical risk/s:		
Non-conformances were identified at this audit:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Number and category of non-conformances:	Nil	

## Ratings Summary

Standard	Name	Rating
<b>Core Module 2 – Governance and Operational Management</b>		
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

## 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. <b><i>This would mean there was negligible risk and certification can be recommended.</i></b>

Phone: +971 4 556 1499	Certification Partner Global FZ LLC License #1150/2011 CC	Page 7 of 32
Fax: +971 4 455 8556		CONFIDENTIAL
Email		F05 Midterm Cert AudRep NDIS Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

Rating	Attainment Level	Interpretation
1	Minor Non-conformity	<p>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:</p> <ul style="list-style-type: none"> <li>• There is evidence of appropriate process (policy/procedure/guideline etc.), system or structure implementation, without the required supporting documentation</li> <li>• 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</li> </ul>
0	Major Non-conformity	<p>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 - <b>A rating of 0 will preclude a recommendation for certification.</b></p>

## DESCRIPTION OF CLIENT OPERATIONS

It is confirmed that NDIS participants sample selection included self-managed, plan managed or/and NDIA managed Participants.	<input checked="" type="checkbox"/>
<b>Name of Consultant/Consulting business Provider has engaged with (If applicable) N/A</b>	
<p><b>Information about Providers experience, services offered and participants profile:</b></p> <p>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. The partnership was dissolved in 2017 after the sad passing of Rebecca and is now a private company owned by Caroline Marshall as the sole Director.</p> <p>Facilitatrix services include allied health services, training, consultancy, advocacy, case management, mentoring, support coordination, placement services and advice on adult guardianship and administration. The NDIS component provides Level 2 and 3 support coordination along with mentoring services (support work) for personal care, developing life skills and participating in the community. Therapeutic supports are also provided.</p> <p>There are 40 team members in total including the Director and a sub-contractor. Additional to this there are 2 staff on extended personal leave and 1 staff on parental leave.</p> <p>Most team members work from their home office with the aim to have 2 regular staff at the Hub (Head Office) each day. Outside of that staff choose when to attend and do so via an internal booking system. This allows the ability to limit the number of staff there at any one time. Staff have the option to hold small meetings at the office if there are rooms available. To date this has happened very occasionally. The primary purpose of the Head Office is a co-working space for staff.</p>	

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

**Client Representatives:**

<b>Key Personnel</b>	<b>Position Title</b>
<b>(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. )</b>	
Caroline Marshall	Managing Director
David Dickinson	Manager Of Service Development and Strategy
Christine Dee	Mentoring Program Coordinator
Fatima Safro	Senior Mentor
Siew Wai Ng	Virtual Assistant Administration team
Kim Witkin	Supervisor of Support Coordination (Level 3)
Danielle Godden	Support Coordinator-Team Lead (Level 2)
Susan Rouillard	SSC and WHS rep.
Anita Gibbs	Business Operations Manager
Kim Jennings	Clinical Lead Allied Health
Jane Clark-Munn	General Manager
Helen Eade	Manager of Quality and Safeguard
<b>Name of Personnel interviewed</b>	
Caroline Marshall	Managing Director
Jane Clark-Munn	General Manager
Helen Eade	Manager of Quality and Safeguard
Julian Ku	Mentor (SW for Module 2a)
Patricia Miles	SC level 2
Elise Clocherty	SC level 3

<b>Attendees for Opening/Closing meeting (including auditors)</b>	
<b>Name</b>	<b>Position Title</b>
Caroline Marshall	Managing Director
Jane Clark-Munn (opening only)	General Manager
Helen Eade	Manager of Quality and Safeguard
Alison McGrath	Lead Auditor
Jane Timmermanis	Auditor

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

## AUDIT INFORMATION

### 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 Governance Structure 2023 and Organisation chart 2023 sighted provides an overview of the governance of the organisation including, current incumbents, qualifications, key responsibilities, relevant experience and key external consultants and technology that support the operations. Facilitatrix employed a General Manager and a Manager for Quality and Safeguarding during 2023.

The Line Management Reporting Procedure reviewed defines and streamlines the delegated reporting lines for Operations team, Mentoring team, Support Coordination/ Allied health Team, and Management Team. The Facilitatrix business continuity plan provides for Management continuity being General Manager to act as Director as required. Planned leave is not taken together.

Phone:	+971 4 556 1499	Certification Partner Global FZ LLC License #1150/2011 CC	Page 10 of 32
Fax:	+971 4 455 8556		CONFIDENTIAL
Email			F05 Midterm Cert AudRep NDIS Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

Facilitatrix employs an external bookkeeper and conducts a review of services provided in the Financial Audit Questionnaire 2023. The Director regularly monitors financial operations and undertakes annual ongoing concerns assessments. An external accountant, Aylmore and Associates, is in place to manage the financial statutory and compliance reporting requirements.

The Strategic plan 2021-2024 sighted was reviewed by the Director in 2023 and extended to 2026. The Business plan updated 6 October 2023 contains legal structure, Director profile, vision, purpose, value and goals, succession planning, products/ services, finances, training, insurances, and customer profile. Facilitatrix Operational Plan 2021-2026 includes values, communication, sustainable growth, adaptive service model, and internal capacity building.

The Multi Service Provisions Conflict of interest Policy states Facilitatrix is committed to managing and resolving all conflicts of interest to ensure that individuals receive fair, individual-centred services. This is supported by Practice Guidelines which clearly explain possible conflicts of interests. Conflict of Interests register and conflict of Interest declarations from staff support best practice. Participants are made aware of potential conflicts of interest regarding Support coordination level 2 and 3. This was confirmed during interview by a participant receiving Level 2 support coordination.

A comprehensive and detailed Facilitatrix Internal Audit Report, October 2023 was sighted. The report commenced with an overview of the past 12 months, difficulties faced, the strong leadership team with the onboarding of a new General manager and Manager Quality and Safeguarding. *Bigger picture thinking and focussing on the development of long-term sustainable procedures, systems and processes is where the organisation now needs to head to build on the framework we already have in place and address identified areas for continuous improvement.*

Facilitatrix discussed how they provide opportunities for their participants and families to contribute to the governance, organisational policy and processes. Examples included where one of their NDIS participants was the MC for the 2022 AGM. Another that is receiving mentoring contributed to development of workforce selection for a Support Worker and was paid for their work. Facilitatrix are considering establishing a pool of their participants as a consultancy panel to incorporate their lived experiences to improve services. Questions would include “What is it like to be receiving support? What makes a good support worker?”

The Management and Leadership team completed training for the 2021-2022 period by having 6 monthly group sessions and individual coaching on particular areas of need as identified. This is completed annually. The training register completed for 7/01/22 to 27/06/2023 included training and monthly reflective practice sessions for the management team and bi-monthly for the allied health team.

Phone:	+971 4 556 1499	Certification Partner Global FZ LLC License #1150/2011 CC	Page 11 of 32
Fax:	+971 4 455 8556		CONFIDENTIAL
Email			<b>F05 Midterm Cert AudRep NDIS</b> Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

A defined structure is in place by Facilitatrix to meet their financial, legislative, regulatory, and contractual responsibilities, and to monitor and respond to quality and safeguarding matters associated with delivering supports to participants. Registers are maintained.

Manager for Quality and Safeguarding keeps abreast of changes in legislation and requirements through membership with relevant professional peak bodies and associations such as WAMMH, NDS interaction, sector development and workforce development information tools. She also has interface the Building Local Community Workforce, social media groups for support coordination, and subscription to NDIS Commission and Dept of Communities WA.



Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

## 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.
- 

## Audit Findings

### Evidence/Observations/Opportunities for Improvement /NCR:

FX has a comprehensive system to identify, manage and learn from risks. Presently, risk registers and reports are maintained manually and Facilitatrix have identified an area of improvement to automate reports from the registers. Risks including financial, WHS, HR, IT, are identified, analysed, prioritised and treated. This was evident in the Risk Register reviewed.

Facilitatrix do not provide personal supports by a sole worker to any participants that live alone. However, Facilitatrix have identified 2 Community Support participants who live alone and manage risk by having more than one support worker providing support. Social work students contact these participants for feedback as well as collaborating with other providers the participants have such as BS practitioners, Psychologists, family members/ carers as appropriate.

*The following insurances are in place:*

Pacific Indemnity policy # 03EDUI0002676 PI to 01/10/2024

QBE policy # 141U422650BPK PL to 01/10/2024

CGU Workers Compensation 0/18-938 to 10/08/2024. It is noted this insurance includes all staff, subcontractors and the Director)

Phone: +971 4 556 1499	Certification Partner Global FZ LLC License #1150/2011 CC	Page 13 of 32
Fax: +971 4 455 8556		CONFIDENTIAL
Email		F05 Midterm Cert AudRep NDIS Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

## 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:**

Evidence of internal and external audits contributing to a Continuous Improvement register was sighted. The importance of quality management in regard to managing the NDIS area of the business was prioritised by introducing a new role of Manager for Quality and Safeguarding in 2023. Internal audits are completed by this manager every 6 months.

The 21 page internal audit report for October 2023 was sighted. This covered governance, strategic, financial, feedback, complaints, incident, HR and WHS aspects of service delivery with significant opportunities for improvement documented.

Governance and operational management was included in the internal audit with strategic plan goals extended to 2026 for implementation. It was stated that Staff will be briefed with realigned actions to revised timeframes by the end 2023.

Risks to participants through their file reviews were audited during the internal audit in 2022-2023. This identified improvements that were made so that 4 key employees' roles to have clear delegated responsibilities to audit a minimum of 2 lower risk mentoring files and 8 high risk client files monthly with escalation to senior management if required. Risk assessments and register of participant risk reviewed and improvements were sighted for October 2023.

When previous client surveys were poorly returned, Facilitatrix engaged a social work student to make direct contact with their NDIS participants which increased response from mentoring clients from 1 to 12 from the previous year. 84% of NDIS participants in the participant survey results 2023 agreed they knew how to provide feedback, both positive and negative, on the service they receive from Facilitatrix.

Phone:	+971 4 556 1499	Certification Partner Global FZ LLC License #1150/2011 CC	Page 14 of 32
Fax:	+971 4 455 8556		CONFIDENTIAL
Email			F05 Midterm Cert AudRep NDIS Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

## 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:

Participants consent to collect and use private information is explained and signed in the Service Agreement between Facilitatrix and each participant. The intake officer assists new participants to understand their rights, and the case management system records media and communication including release of photos, which flags if consent had not been given.

Signed consents were sighted in all files reviewed.

Nightingale is used for all participant and staff data. This is a cloud based secure system, with automatic backup, password protected with data stored in Australia. Staff access their rosters, view individual shift information, and record their case notes. Each worker has independent logins with different levels of accessibility provided as needed. Microsoft 365 also used has full security access and automatic cloud backup.

No hard documents are stored. In the event that anything is provided to Falilitatrix the hard copy is scanned, distributed to any relevant staff and uploaded in to CMS then shredded.

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

## 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 Welcome pack has an easy read, complaints feedback procedure booklet, available in hard copy or online, which includes participants’ right to complain to the NDIS Commission including the contact details. Anonymous feedback can also be made through website

Facilitatrix collate and incorporate Complaints and Compliments Feedback in Registers sighted for 2022-2023. There were 20 minor complaints logged for 2023 with all being reviewed, notation of how the complaint was resolved, follow up with the complainant and closed appropriately. There have been no complaints received from the NDIS Commission.

Complaints management and resolution- internal audit conducted in October 2023 showed increasing and positive feedback from participants noted, mapping and an action plan briefing to Management team is organised for November 2023. Complaints are linked to continuous improvement where applicable.

All staff are trained annually in complaints/ feedback through DSC Fora for incident and complaints management, with completion recorded in individual staff training files.

Participant comments included:

*“Once I did make a complaint about a staff member. It was all handled quickly and professionally and I was happy with the outcome”.*

Phone: +971 4 556 1499	Certification Partner Global FZ LLC License #1150/2011 CC	Page 16 of 32
Fax: +971 4 455 8556		CONFIDENTIAL
Email		F05 Midterm Cert AudRep NDIS Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

## 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:

Facilitatrix has a compliant and comprehensive incident management system recently streamlined in 2023 by the new Manager for Quality and Safeguarding to separate Incident Registers for internal or third party incidents to improve reporting, analysis and continuous improvement outcomes.

Internal Incident Report register is reviewed every Monday by Manager of Quality and Safeguarding to ensure action, monitoring and continuous improvement by management or executive team.

It is noted that it became evident in June 2023 that due the Incident Reporting system being used to capture both internal and external third-party incidences it was blocking the ability to quickly see incidences requiring immediate action. Because of this Facilitatrix have created a process for documenting third party incidences within a designated case note on CMS. Incident reports now received through the CMS incident report are only for internal incidences, internal potential hazards and incidents Facilitatrix has reported to the NDIS Commission.

Incident register reviewed from January 2023 to date of audit has 38 incidents recorded. Of these 30 recorded incidents were in relation to the 1 participant with restrictive practice in place. None of these were reportable incidents.

There was 1 other incident reported to the NDIS Commissions being a restrictive practice. This has been actioned, additional internal staff training provided and closed out as required. It is noted for this training was added to the Performance Improvement Plan for the individual staff member.

Phone:	+971 4 556 1499	Certification Partner Global FZ LLC License #1150/2011 CC	Page 17 of 32
Fax:	+971 4 455 8556		CONFIDENTIAL
Email			F05 Midterm Cert AudRep NDIS Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

An Executive Leader Quarterly Report which included a full break down of all incidents, the category of the incident and within which program was sighted.

Participants are informed of the incident management processes which is provided by means most accessible to the participant. Interviews with Support Coordinators and Mentors confirmed they have been trained in incident management including restrictive practices both authorised and unauthorised.



Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

## 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:

Facilitatrix use external consultants, Employsure for WHS and HR. The Workplace Health and Safety Manual and Handbook has been updated following an annual Health check undertaken by Employsure in May 2023.

The Risk Assessed Roles register updated September 2023 was sighted. This register links to the individual job descriptions for each worker.

Line managers provide monthly supervision and performance management. Facilitatrix have a graduated induction over 18 months comprising of orientation, acclimatisation and immersion then after a successful 6 month probation, an individualised Professional Development Plan( PDP) is developed with this training carried out over the next 12 months. Planned PDP training was evidenced in the Support Coordination Training Topics 2023/24. Additional monthly or bimonthly supervision mentoring is provided by line managers for all positions in the company.

Phone: +971 4 556 1499	Certification Partner Global FZ LLC License #1150/2011 CC	Page 19 of 32
Fax: +971 4 455 8556		CONFIDENTIAL
Email		F05 Midterm Cert AudRep NDIS Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

The organisation has further developed its focus on staff health and well-being culminating in their accreditation as a skilled workplace by Mental Health First Aid Australia in September 2023. This will be built on further in the coming year to create a more robust system in relation to workplace health and well-being

<b>Requirements</b>	<b>Key Personnel/Workers</b>					
<b>Name</b>	Caroline Marshall	Jane Clark-Munn	Helen Eade	Julian Kuh	Elise Clocherty	Patricia Miles
<b>Role</b>	Director	General Manager	Manager Quality / Safeguarding	Mentor	SSC	S/C
<i>NDIS Worker Screening/Checks as per Transitional arrangements</i>	NDIS W/S to 17/05/2026	NDIS W/S to 16/2/28	NDIS W/S to 18/6/28	NDIS W/S to 13/5/26	NDIS W/S to 10/12/26	NDIS W/S to 20/5/27
<i>NDIS Worker Orientation Module</i>	28/09/21	14/11/20	31/05/23	04/11/21	12/01/23	20/11/20
<i>Qualification/Registrations/licences</i>	B A ( Hons) Psych/Sociology. Grad Dip Counselling Grad Cert Legal studies Grad Cert Public Sector management Accredited Mental health First Aid Instructor.	B Science OT Dip. M/ment Group Facilitator-Positive parenting Program-Remote & Rural Aged care management -Vicarious trauma and self-care Aged Care & Disability Services Manager (Ngaanyatjarr a Health Services) Grievance Officer Dept Justice WA Guardian / Snr Guardian /Acting	Experience incl Snr Manager Disabilities NSW & Qld Lifestyle Solutions, NSW Guardian with the Dept of The Attorney General, N. New England Disability Advocate Disability Advocacy Inc NSW, Armidale, NSW plus a range of Management in	B. Education	Master of Social work 11/12/20 AASW #510979exp 30/6/24	BA Community Development 2010

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

<b>Requirements</b>	<b>Key Personnel/Workers</b>					
<b>Name</b>	Caroline Marshall	Jane Clark-Munn	Helen Eade	Julian Kuh	Elise Clocherty	Patricia Miles
		Manager Guardianship & Manager Advocacy Investigation & Legal Dept of Justice WA	Disability services.			
<i>Experience/CPD/Clinical supervision evidence (As applicable)</i>	Extensive demonstrated experience	Extensive demonstrated experience	Extensive demonstrated experience	Worked as a Mentor Support Worker for several years.	clinical supervision provided in house, sighted.	Exp. includes LAC. Dept Communities. & Dept Justice Transitional manager Karnet prison. HR Coordinator
<i>Infection Control Training COVID-19/refresher training</i>	completed	completed	completed	DSC infection training 25/08/23	DSC infection training 20/1/23	Aspen medical Infection 13/10/21
<i>Use of PPE training/refresher training</i>	Confirmed	Confirmed	Confirmed	included in above training	included in above training	included in above training
<i>Employment Contract/Subcontractor details</i>	N/A	Confirmed	Confirmed	11/4/22	09/01/23	10/05/21

### Registration Groups applicability

<b>Registration Groups</b>	<b>Examples of services offered/intended to offer (Refer qualification/experience in HR table)</b>
0101 & 0106	Exp. Support Coordinators
0102	Not currently providing
0107	Exp. Support Workers
0117	Travel training , skills for personal living.
0125	Exp. Support Workers
0128	Social Workers and Occupational Therapist
0132	Exp. Specialist Support Coordinators

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

## 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:**

Since February 2023, the General Manager has provided relief and continuity for executive roles such as the Director, and Clinical Allied health for periods of planned or unplanned leave.

Participant support continuity is met by a register where participant needs are prioritised in particular with the 2 participants who need daily support. Facilitatrix has had all managers accompany support staff, with consent, as a buddy shift to ensure for continuity of higher needs, if required.

Facilitatrix maintains a register of qualifications and accreditations. Register of Risk assessed Roles links to staff job description forms for quick identification of appropriate staff.

They also have contact with other providers providing supports to step in and some informal, family supports if needed.

In the event that a replacement worker is required the Mentoring Coordinator or the on-call Manager, if out of business hours, would gain consent from the participant, and ensure the replacement mentor has access to the participant's support plan. SC and SSCs would contact their participant direct or through their line manager for an alternative appointment time.

Phone:	+971 4 556 1499	<b>Certification Partner Global FZ LLC</b> License #1150/2011 CC	Page 22 of 32
Fax:	+971 4 455 8556		CONFIDENTIAL
Email			<b>F05 Midterm Cert AudRep NDIS</b> Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

## 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:

Disaster Management Strategic Policy Statement, 2023 sighted.

Facilitatrix Community Hub Emergency Response Plan sighted includes staff names and contacts, emergency contact numbers, staff responsibilities, list of the staff with current first aid, emergency response procedures, photos of assembly points and what to take if evacuating, and actions to take following evacuation. Lock down procedure, cyclone/severe weather event procedure, medical emergencies, building or structure fires, bushfires, evacuation diagram and procedure. Emergency preparedness details and building information summary.

Emergency and Disaster Plan Escalation System and Work Health and Safety at the Facilitatrix Community Hub updated August 2023.

Natural Disaster Checklist

Global State Emergency contacts register is in place which lists the vulnerable clients. Each of these participants have emergency and disaster personal procedures documented.

Phone:	+971 4 556 1499	Certification Partner Global FZ LLC License #1150/2011 CC	Page 23 of 32
Fax:	+971 4 455 8556		CONFIDENTIAL
Email			F05 Midterm Cert AudRep NDIS Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

Facilitatrix implemented emergency processes in bushfires in South West by contacting identified Support Coordination clients, in accordance with Service agreement consents and making immediate or alternative support arrangements with them.

An easy read 'RediPlan, Plan for an emergency' is provided to participants where relevant.



Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

### SUMMARY OF DIVISION 3

#### Participants', Families and Carer' interview feedback

Have participants felt:

Safe?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Privacy is respected?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Satisfied with continuity of services?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Received copies of service agreement/support plan?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Know how to make complaint/contact commission/advocate?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Discussed emergency plans/reviews with provider?	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>

*Some participants could not remember.*

Have participants received:

Support with handling money?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Assistance with medications?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Assistance for Challenging Behaviour?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

If yes, do they have a Behaviour support plan with restrictive practices: Yes

Does the participants have:

Any falls or other health risks?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Any difficulty with swallowing their food or drink?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Any concerns around their nutrition?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

#### Feedback comments from Participants, their carers:

*"Conflict of interest was explained to me in choosing other service providers. I feel respected and safe. They do a great job. If I have issues, I just send an email and they contact me."*

*"Been with them for a long time and I (participant) like the way they (FA) treat me like normal people. They send me cards and acknowledge me and always if any issues they are very thorough and sort it out. Have had my one S/C for quite some time now. This makes life a lot better."*

*"They (FA) were a new company starting out when I first started with them and have developed into a very reliable company and a well-respected company. I like them and refer others to them"*

*"I find the organisation to helpful and would not want to be with any other support coordination service."*

Phone: +971 4 556 1499	Certification Partner Global FZ LLC License #1150/2011 CC	Page 25 of 32
Fax: +971 4 455 8556		CONFIDENTIAL
Email		F05 Midterm Cert AudRep NDIS Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

*"I find the level of service is really high and I could not navigate the NDIS without her (SC). She gets back to us promptly."*

*"They are excellent, maybe they can improve on their communication about new staff. I have had my new worker for 3 weeks but it's all ok."*

*"I am grateful for all they do for me. They always remind me to take my medication as I forget sometimes."*

*"SC is brilliant. Very good and keeps me (participant) informed. Consults with me. I am very happy with them."*

*"Really happy with the service. Sometimes they are late but they let me know. Always friendly and clean my house. If I have a problem I speak with (SC)."*

### Participants' file review

*(e.g. Service agreement, alternative arrangements in emergency/disaster), Support/Care Plan, goals, Risk assessment, support/progress review notes, medication, mealtime management, home visit safety checklist, emergency and disaster plan, privacy/handling money consent forms.)*

### Audit Findings

#### Evidence/Observations/Opportunities for Improvement /NCR \*:

Signed service agreements were sighted in all reviewed participant files. Separate service agreements are used for mentoring and support coordination. Consent is included within the Service Agreement along with the information around privacy and information management.

Nightingale CRM has alerts on each individual participant dashboard. The auditor sighted alerts for risks associated with home visits, behaviours of concern, emergency contacts, practice alerts, e.g. polypharmacy, oral health, independent comprehensive health assessment and details of legal decision maker. Noted on 1 dashboard was an alert that licenced firearms in a locked cabinet at a participant's home.

The dashboard also shows where no media permission was given and communication preference.

For participants that are receiving mentoring (e.g., 0107, 0125) their Mentoring Participant Summaries (Support Plan) were sighted in Nightingale. This is also referred to as the Handover document which is in One Drive where it is updated as required and accessed by the Mentors. The Mentoring Participant Summary starts with the participant's personal statement. E.g., *I like people and I like to have a good chat. I want my support staff to help me be healthier and do some exercise, but not too much. I need help with cleaning and heavy tasks. I have trouble bending and stretching and struggle to walk too far. Sometimes I need help to get to my appointments and with transport.*

Phone:	+971 4 556 1499	Certification Partner Global FZ LLC License #1150/2011 CC	Page 26 of 32
Fax:	+971 4 455 8556		CONFIDENTIAL
Email			F05 Midterm Cert AudRep NDIS Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

Included then is Participant Engagement Details, Cultural / Language /Communication Considerations, Disability Information including diagnosis, function impact of disability, strengths, areas where they require assistance, what to do if hospitalised, if natural extreme emergency, service barriers, shift details, with session summary and additional comments which provides an overview of participants history and specifics for assistance e.g., brushing hair, going for haircuts, and future plans and future goals. Attached to this document are relevant documents such as mealtime management plan, emergency contact procedures and Restrictive Practices Assessment Tool.

Mentoring Support Profiles were sighted for all participants receiving mentoring services.

For those receiving Support Coordination the Implementation Report (Support Plan), sighted, includes the goals, measures and outcomes or milestones achieved. Supports engaged are listed including mainstream supports and NDIS funded supports with the initial actions, barriers and risks and future actions. A budget summary is included as is conflict of interest management, and practice alerts which includes comprehensive health, dysphagia, lifestyle risk factors, oral health, short term transitions, vaccinations, cardiovascular health, emergency and disaster management and Behaviour Support Plan with RP if required and incident management with impact of incidents. Implementation Reports were sighted for all participants receiving support coordination.

There is only one participant receiving assistance to take his medication. Purpose of the medication via a doctors document and Behaviour Support Plan, side effects and sign off medication forms are in place. Mentors (support workers) who support this participant have completed medication competency. The participant administers his own medication as confirmed during his interview.

Participant Safety and Support Plans are in place for the reviewed participants.



Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

## SUMMARY OF OTHER MODULES: If applicable

### Module 2a

Interviewed staff confirmed their knowledge and understanding of the NDIS and WA legislation frameworks. *“Any restrictive practices are the last resort and never used as a punishment”*. The processes for obtaining authorisation for the use of any regulated restrictive practices were included in a behaviour support plan and understanding of associated risks were demonstrated during staff interviews.

There is only 1 participant with a behavior support plan where the restrictive practice is environmental related to having medications locked away. This participant has been with Facilitatrix from many years and was happy to be interviewed. *“The way they care for me is good. They are caring and supportive. What they are doing is just fine. Never had to make a complaint but if I did I would speak to Facilitatrix bosses”*.

This participant’s Key Mentor (Support Worker) was interviewed. He explained in collaboration with the BS Practitioner the team are working towards the goal of growing the participant’s independence. Each morning the workers place the participant’s medication out on the table, and he takes it himself. The staff then sign the medication sheet noting the time, that it was self-administered and sign off that this was witnessed. The medication charts each month are uploaded into the participant’s file in Nightingale as sighted.

Another requirement is for the Key Mentor to take a photo of the participant’s home internally which is uploaded into the participant file. This weekly photo is sent to the participants guardian, as requested as she wants assurance that the participant is looking after his home.

Case notes document any behavioural issues and if an incident this is written up into the CMS, a Manager is advised to review and the Manager liaises with the Behaviour Support Practitioner. Other behaviours of concern are about aggression and of abusing other drivers. The Behaviour Support Plan has many strategies that the staff put into practice and report that these have worked well. It was confirmed that staff receive training from the BS Practitioner and this Behaviour Support Plan is reviewed annually as a minimum. All data gathered is shared with the BS Practitioner with the view to always reducing or eliminating a RP.

It was confirmed all reporting requirements to the NDIS Commission are followed.

Phone:	+971 4 556 1499	Certification Partner Global FZ LLC License #1150/2011 CC	Page 28 of 32
Fax:	+971 4 455 8556		CONFIDENTIAL
Email			F05 Midterm Cert AudRep NDIS Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

**Module 4**

***Evidence/Observations/Opportunities for Improvement /NCR \*:***

Interviewed SSCs indicated they felt valued and supported enabling them to work towards achieving outcomes for the participants.

Level 3 participant files reviewed included legal guardianship consents, functional assessment reports for equipment and in one file a modification summary for a wheelchair with clinical reasoning. Signed service agreements along with copies of service agreements from providers that the SSC has referred participant to. Evidence of referrals to mainstream supports including copy of a GP letter and referral letter. Risk Management Plans and My Safety & Support Plans in place included Emergency Contact List, Hospital Admission Requirements, Medical History and medication, Natural Extreme Event or Global/State Emergency, Support Needs and additional needs, including practice alerts such as for Dysphagia Management. Noted on each participant’s home page are the communication preferences, plan review dates and if media permission was provided.

It is noted the Participant Safety Plans include the following: How will daily living needs and supports be met if Facilitatrix were unable to provide services at short notice.

Permission to participate in this audit was sighted.

Implementation Reports (support plans) sighted included the goals, measures and outcomes or milestones achieved. Supports engaged are listed including mainstream supports and NDIS funded supports with the initial actions, barriers and risks and future actions. A budget summary is included as is conflict of interest management, and practice alerts which includes comprehensive health, dysphagia, lifestyle risk factors, oral health, short term transitions, vaccinations, cardiovascular health, emergency, and disaster management.

For one participant it was noted during file review that the SSC assisted in transitioning a participant with complex needs into a SIL as his guardian plus his family support person has had to move quite a distance away. Mealtime Management Plan has been put in place. Mealtime observation summary was included. Sighted were various quotes for assistive equipment, NDIS Dietitian Report, change of circumstances support letter for RN services, NDIS Change of Circumstances application lodged, Housing Exploration report, NDIS Plan overview and the copy of plan approval.

Conflict of interest forms sighted for providing both Level 2 and 3 Support Coordination to one participant. It was noted how the guardian was advised and the choice he made to have both services provided by Facilitatrix. Case notes sighted confirmed choice of providers given to the participant with attached conflict of interest form in their file.

NDIS meeting notes were sighted.

**Feedback received from guardians:**

Phone: +971 4 556 1499	<b>Certification Partner Global FZ LLC</b> License #1150/2011 CC	Page 29 of 32
Fax: +971 4 455 8556		CONFIDENTIAL
Email		<b>F05 Midterm Cert AudRep NDIS</b> Iss 1 Rev 1

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

*“The SSC is looking to find a SIL home and getting the supports in place. We first went to a rookie provider, and they made such a mess. I tried to organise things myself but now Facilitatrix has fixed it all. They are so on the ball. I email questions to the SSC and her reply is “already onto it”. The SSC is proactive and listens. She is not only taken onboard (participant) needs but she looks at the family needs from a holistic view. Includes me (and participant) the whole way.”*

*“It has been a whirlwind – what they (FAs SSC) have achieved in a short time has been incredible. I wish that all the companies were like Facilitatrix. I was guided by the hospital and the person they recommended was terrible. The next person even was terrible Facilitatrix are professional, warm and empathetic”.*

*“We (parent and participant) are in a crisis as he is non-verbal, in a wheelchair, and has high needs. I need the extra support to liaise for his higher needs. The SSC is working hard in finding a SIL to get participant moved. The SSC engages with (participant) and keeps him informed as much as possible. Conflict of Interest has all been explained.”*

*“The SSC has been very on the ball about the things that should be happening. We (guardian and participant) wasted so much time with a different provider not doing their job and making lots of mistakes in reviews. (Participant) as a degenerative condition and it is not easy. The SSC has (participant) interests at heart. I (guardian) am always cc’d into email and for anything new I am consulted first. If it wasn’t for SSC I would not be at this stage of getting assistance for (participant).”*

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

**ADDITIONAL INFORMATION**

**Prior certification outcome, corrective actions, critical risks and audit report**

Certification Audit 01-02/12/2021 Nil NCRs

**Review of additional requirements raised by the Commission e.g. Conditions (if applicable)**

A condition has been imposed, for providers of 0107 Assistance with daily personal activities, for risk assessment of participants who choose to be supported by a single worker:  
<https://www.ndiscommission.gov.au/providers/providers-assistance-daily>.

This has been addressed above under Risk Management.

**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 Continued Certification as per the scope listed in the report.

Provider Name: Facilitatrix Australia Pty Ltd	Audit Date: 16-17/10/2023
NDIS Mid-term Certification Audit Report	File No. HS/6/R61/0976

### Recommendation

Recommended for Continued Certification.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Recertification audit	25/04/2025	
Follow up audit required	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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.

### CONFIDENTIALITY STATEMENT

CPG, its employees, auditors and contractors, shall keep all information relating to your organisation collected during this audit confidential, and shall not disclose any such information to any third party, except that as required by legislation or relevant accreditation bodies.

CPG, its employees, auditors and contractors and accreditation bodies have signed confidentiality agreements and will only receive confidential information as per the requirement of the standards being audited.

<b>Report by:</b>	<b>Alison McGrath</b>		<b>05/11/2023</b>
	<b>Team Leader (name)</b>	<b>Signature</b>	<b>Date</b>

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