



Certification Partner Global

Certification Partner Global FZ LLC

AUDIT REPORT

Facilitatrix Australia Pty Ltd

**Recertification Audit for compliance to NDIS Practice
Standards**

Client File No: HS/6/R61/0976

Provider Name: Facilitatrix Australia Pty Ltd	File No. HS/6/R61/0976
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PROVIDER INFORMATION

Provider Legal Name:	Facilitatrix Australia Pty Ltd		
Provider Business Name:	Facilitatrix Australia Pty Ltd		
Provider ARN:	4-K9KSGHJ		
Current Reg ID:	4-4GHG-350		
ABN (Confirmed as per ASIC):	53 613 692 470	Confirmed Registered: ✓	
Entity Type:	Australian Proprietary Company, Limited By Shares		
Client Contact:	Caroline Marshall		
Position:	Director		
Phone:	0450 091 478		
Email:	caroline@facilitatrix.com.au		
Website:	www.facilitatrix.com.au		

AUDIT DESCRIPTION

Standard	NDIS Practice Standards				
Audit Type:	Stage 1 ✓	Stage 2 <input type="checkbox"/>	Recertification <input type="checkbox"/>	Follow-up <input type="checkbox"/>	Scope Ext <input type="checkbox"/>
Duration:	1.25 Person-days (Stage 1)		Follow-up Duration:		
Date/s of Audit:	Stage 1 19/03/2025	Stage 2		Follow up	
Site Address (HO):	10-12 Stirk Street, KALAMUNDA WA 6076				
Number of additional sites <i>not</i> including HO:	170A Hubert Street, East Victoria Park, WA – is only a home office.				
Audit Location Stage 1:	Desktop				
Audit Team (Stage 1):	Team Leader:	Alison McGrath	Team Member:	N/A	
Audit Location Stage 2/ Scope Extension:	Onsite <input type="checkbox"/>	*Remote: <input type="checkbox"/>	*Combination Onsite & Remote <input type="checkbox"/>		
Audit Team & Location:	Team Leader:		Team Member:		
	Location:	Onsite/Remote	Location:	Onsite/Remote	
Follow up Audit Location:					
Follow up Audit Team & Location:	Team Leader:		Team Member:		
	Location:	Onsite/Remote	Location:	Onsite/Remote	
Technical Expert	Stage 1		Stage 2		Follow up
	Module 2, 2a, 4				

Phone:	+61 2 7258 6886	Certification Partner Global (Aust) Pty Ltd Suites 3 & 4, 2 Post Office Street, Pymble NSW 2073	Page 2 of 109
ABN:	24 623 563 815		CONFIDENTIAL F05 Certification AudRep NDIS Iss2 Rev1

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Alison McGrath	
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***Justification for remote audit Stage 2 (if applicable):**

DESCRIPTION OF PROVIDER'S OPERATIONS

Facilitatrix Australia Pty Ltd is a renewal of registration with the NDIS Commission as a NDIS Registered Provider.		<input checked="" type="checkbox"/>
It was confirmed that NDIS participants sample selection included	Self-Managed Participants	<input checked="" type="checkbox"/>
	Plan Managed Participants	<input checked="" type="checkbox"/>
	NDIA Managed Participants	<input checked="" type="checkbox"/>

Name of Consultant/Consulting business Provider has engaged with (If applicable)
 Facilitatrix Australia have developed their own documents over the life of the business.
 All internal audits are completed by the Quality Manager.

Information about Provider's experience, services offered and participants' profile:
 Facilitatrix Australia is a private company, 50% owned by the Director, Caroline Marshall and 50% Marshall-Bangura Family Trust. Caroline is the sole Director who has 30 years' experience working in the disability sector as a support worker, support coordinator, community development office, counsellor, legal guardian and various management roles.

Caroline has an undergraduate (honours) degree in psychology and sociology, and post graduate qualifications in legal studies, public sector management and counselling. Caroline has commenced a Graduate certificate in Behaviour Support through Curtin University. This course has been co-designed by people with a disability.

Caroline is supported in her role as Owner/Director by a high calibre executive team who have wide ranging experience in health, mental health, disability, social work, law and business administration. Company vision is *to build a community that audaciously promotes human rights, embraces diversity and strives for best practice service delivery, so that all can contribute and belong.*

The Facilitatrix Team has a two member Executive team, the Director and Manager Quality & Safeguarding, a team of 18 Allied Health Professionals who deliver therapeutic supports, support coordination and specialised support coordination and support workers.

CHANGES IN CLIENT INFORMATION AT THIS AUDIT

Client Name/Address	As above	Scope	--
Worker Numbers		Other	-

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Provider's Representatives:

Key Personnel	Position Title		
<i>"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.</i>			
Caroline Marshall	Director		
Marian Rawlins	Allied Health Clinician		
Christine Dee	Program Leader		
Helen Eade	Manager Quality & Safeguarding		
Anita Oakley	Administration		
Danielle Godden	Team Leader		
Siew Wai Ng	Administration		
Name of Personnel interviewed			
Caroline Marshall	Director		
Attendees for Opening/Closing meeting (including auditors)			
Name	Position Title	Opening meeting	Closing meeting
Caroline Marshall	Director	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Alison McGrath	Lead Auditor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



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CERTIFICATION INFORMATION – Modules and Registration Groups

Scope of Practice Standards – Modules:

Core Module	✓	Module 2a	✓	SDA Module (Module 5)	
Module 1		Module 3		Core Module 4.3 (Medication)	✓
Module 2	✓	Module 4	✓	Core Module 4.5 (Waste)	

Witnessed means: The 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 the Provider has provision 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.

Registration Groups in the Scope of Audit	✓	Witnessed	Not Witnessed	Added at Audit	Removed at Audit
0101 Accommodation / Tenancy Assistance	✓				
0102 Assistance to access and maintain employment or higher education	✓				
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/or Psychosocial Recovery Coaching)	✓				
0107 Assistance with Daily Personal Activities	✓				
0108 Assist-Travel/Transport					
0109 Vehicle Modifications					
0110 Specialist Positive Behaviour Support	✓				
0111 Home Modifications					
0112 Assistive Equip-Recreation					
0113 Vision Equipment					
0114 Community Nursing Care					
0115 Daily Tasks/Shared Living					
0116 Innov Community Participation	✓				
0117 Development of daily care and life skills	✓				
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	✓				
0126 Exercise physiology and personal training					
0127 Plan Management					
0128 Therapeutic Supports	✓				
0129 Specialised Driver Training					

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<i>Registration Groups in the Scope of Audit</i>	✓	<i>Witnessed</i>	<i>Not Witnessed</i>	<i>Added at Audit</i>	<i>Removed at Audit</i>
0130 Assistance Animals					
0131 Specialist Disability Accommodation					
0132 Specialist support coordination	✓				
0133 Specialist Supported Employment					
0134 Hearing Services					
0135 Custom Prosthetics					
0136 Group and centre-based activities	✓				

Module 2a					
	✓	<i>Witnessed</i>	<i>Not Witnessed</i>	<i>Added at Audit</i>	<i>Removed at Audit</i>
Implementing Behaviour Support Plans (with no restrictive practices)	✓				
Implementing Behaviour Support Plans with restrictive practices	✓				



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KEY PERSONNEL, NDIS WORKERS, PARTICIPANTS AND SITE SAMPLING (for Stage 2 audits)

EXECUTIVE SUMMARY

An audit of Facilitatrix Australia Pty Ltd was conducted 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

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. If yes, refer Core Module within the report.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Provider will be supporting participant who has authorised restrictive practices, as an implementing provider and as confirmed at the audit. If yes, refer Module 2a within the report.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Critical Risk was identified at this audit:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Description of critical risk:		
Non-conformities were identified at this audit:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Number and category of non-conformities:	Major Nil	Minor Nil
Description of non-conformities: (Refer relevant Practice Standards/indicators for details of non-conformities)		

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ADDITIONAL INFORMATION

Prior certification outcome, corrective actions, critical risks and audit report (if applicable)

Certification Audit 01-02/12/2021 Nil NCs
 Mid-term Audit 16-17/10/2023 Nil NCs

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)

Condition of Registration for participants receiving supports for 0107



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Statement of Conclusion for Stage 1

Facilitatrix Australia Pty Ltd policies, procedures and other reference documents were reviewed for sufficient verifiable information for contribution to Stage 2. Further evidence, records and implementation will be reviewed in the Stage 2 audit.
 Facilitatrix Australia Pty Ltd is recommended to proceed to Stage 2. The Stage 2 audit is confirmed for 12-13/05/2025.

Recommendation from Stage 1

Recommended to proceed to Stage 2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Follow up audit required	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Stage 2 Audit Date (If recommended to proceed to Stage 2)	12-13/05/2025	

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AUDIT RECOMMENDATIONS for Stage 2

Ratings Summary

RATING EXPLAINED

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. <i>This would mean there was negligible risk and certification can be recommended.</i>
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: <ul style="list-style-type: none"> • 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 - <i>A rating of 0 will preclude a recommendation for certification.</i>
OFI	Opportunities for Improvement	Areas identified that can be used by the provider to improve their systems, processes and services.
Critical Risk	Critical Risk or Serious Issue	Critical risks are defined in the Guidelines as uncontrolled risks that may impact participants' safety, including incidents that could have caused harm or serious harm or the risk of serious harm to another person. They include incidents alleged to have occurred. These definitions come from the Reportable Incidents Rules which provide the Commission guidance on how to define the critical risk. <ul style="list-style-type: none"> • Critical risks relating to criminal acts or child protection require immediate action. • Other critical risks are notified to the Commission within 24 hours. Reporting to the Commission is made through the Commission's system or email. <p>Critical risk also constitutes a Major non-conformity</p> <p>Critical risks or other serious matters would normally require an on-site follow-up or re-audit within three calendar months.</p>

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RATING		
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

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Standard	Name	Rating
Module 2: Specialist Behaviour Support		
1	Behaviour Support in the NDIS	2
2	Restrictive Practices	2
3	Functional Behaviour Assessments and Behaviour Support Plans	2
4	Supporting the Implementation of the Behaviour Support Plan	2
5	Behaviour Support Plan Monitoring and Review	2
6	Reportable Incidents involving the Use of a Restrictive Practice	2
7	Interim Behaviour Support Plans	2
Module 2A: Implementing Behaviour Support Plans		
1	Behaviour Support in the NDIS	2
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



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AUDIT

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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Each participant’s legal and human rights are understood and incorporated into everyday practice.	<ul style="list-style-type: none"> Advocacy Support for Participants Policy Statement Version 1 05/02/2025 speaks to Commitment to Advocacy and Participant Rights. Allied Health Services Quality Framework aims to promote person-centred practices that address participants’ individual strengths and challenge Individual Human Rights Policy Version 1.4 06/02/2025 Person-Centred Practice Policy Version 1.2 21/09/2023 		2
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.			2
Each participant is supported to engage with their support network and chosen community as directed by the participant.			2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants.

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Relevant participant feedback at Stage 2



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Individual values and beliefs

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

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

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
At the direction of the participant, the culture, diversity, values and beliefs of that participant are identified and sensitively responded to.	<ul style="list-style-type: none"> Cultural Humility Policy states Facilitatrix values diversity and respects the rights of all to be able to access services and supports that are respectful, sensitive and competent in meeting their needs. Person-Centred Practice Policy Version 1.2 21/09/2023 		2
Each participant’s right to practice their culture, values and beliefs while accessing supports is supported			2

Further to be reviewed at Stage 2: Participant records for assessment & planning to meet individuals’ needs related to their culture, diversity, values & beliefs; Interviews with participants and staff to confirm practices

Relevant participant feedback at Stage 2

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Privacy and Dignity

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

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

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Consistent processes and practices are in place that respect and protect the personal privacy and dignity of each participant.	<ul style="list-style-type: none"> Person-Centred Practice Policy Version 1.2 21/09/2023 Privacy & Data Management Policy Version 1.5 16/11/2023 Documentation of Legal Decision-Makers on CMS Practice Guideline Privacy and Consent including photograph and video External audit consent letter Service Agreement includes a section for consent		2
Each participant is advised of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand.			2
Each participant understands and agrees to what personal information will be collected and why, including recorded material in audio and/or visual format			2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Records of Consent (including consent for Auditors/Opt out evidence).

Relevant participant feedback at Stage 2

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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> Advocacy Support for Participants Policy Statement Version 1 05/02/2025 speaks to Commitment to Advocacy and Participant Rights. Participant Choice & Control – Service Providers - Policy Statement Version 1.0 30/01/2025 Person-Centred Practice Policy Version 1.2 21/09/2023 Respecting Autonomy, Intimacy, and Sexual Expression Policy Statement Version 1.0 03/02/2025 Participant Welcome Pack includes an Advocacy Contact List		2
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.			2
Each participant’s autonomy is respected, including their right to intimacy and sexual expression.			2
Each participant has sufficient time to consider and review their options and seek advice if required, at any stage of support			2

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Indicators	Stage 1	Stage 2	Rating
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			2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Risk Assessments for participants, consent, participant records related to their choice and decisions.

Relevant participant feedback at Stage 2

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Violence, Abuse, Neglect, Exploitation and Discrimination

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

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

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Policies, procedures and practices are in place which actively prevent violence, abuse, neglect, exploitation or discrimination.	<ul style="list-style-type: none"> Advocacy Support for Participants Policy Statement Version 1 05/02/2025 speaks to Commitment to Advocacy and Participant Rights. Management of Violence, Abuse, Neglect, Exploitation & Discrimination Version 1 05/02/2025 informs commitment to safety, dignity, and rights, advocacy and participant support, responding to allegations and incidents, prevention and continuous improvement. Person-Centred Practice Policy Version 1.2 21/09/2023 <p>Participant Welcome Pack includes an Advocacy Contact List, National Disability Abuse and Neglect Hotline information.</p>		2
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.			2
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			2

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Indicators	Stage 1	Stage 2	Rating
is taken to prevent similar incidents occurring again.			

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants.

Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> Allied Health Services Quality Framework aims to set clear expectations regarding our service standards, including management of conflicts of interest. Allied Health Services Quality Framework includes Clinical Governance and continuous improvement. Conflict of interest Version 1.3 28/03/2024 – Multiple Service Provision Policy clearly documents how conflicts are managed as a multi service provider. 		2
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.	<ul style="list-style-type: none"> Financial Management Policy Version 1.4 03/02/2025 Psychosocial Recovery Coaching Services Quality Framework includes service 		2

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Indicators	Stage 1	Stage 2	Rating
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.	standards for reporting and plan reviews and procedure Revision 12/03/2025.		2
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.	<ul style="list-style-type: none"> Support Coordination/Specialist Support Coordination Collaboration Work Guidelines Gifting Policy Statement Version 1.0 10/03/2025 Support Coordination Services Quality Framework Aged Receivables Process 10/12/2024 Payroll Process 10/12/2024 Participant Contribution to the Organisation 07/02/2025 		2
The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices.	NDIS Code of Conduct Guidance for Providers NDIS Code of Conduct Guidance for NDIS workers Positions Descriptions in place for Leadership team: <ul style="list-style-type: none"> Business Operations Manager Manager Quality and Safeguards Senior Allied Health Clinician: Education & Program Development Service Coordinator – Mentoring Program Support Coordination Team Lead 		2
The provider is managed by a suitably qualified and/or experienced persons with clearly defined responsibility, authority and accountability for the provision of supports.			2
There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place.	Leadership competencies by position spreadsheet FA Business Plan 2024-25 reviewed shows the business is primarily operated virtually with all staff		2

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Indicators	Stage 1	Stage 2	Rating
<p>Perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies.</p>	<p>being employed under a remote working model.</p> <p>Succession planning is documented, marketing strategy and plans for growth, organisational and legislative risks with key risks identified with mitigation strategies, skill retention strategies, relevant legislation listed, business continuity and S.O.A.R. analysis.</p> <p>Delegation of Authority Register 2025 evidenced.</p> <p>Strategic Plan 2021-2026 documents the strategic focus areas and strategic objectives based on projected timelines.</p> <p>Provision of Multiple services Conflict of Interest template</p> <p>Conflict of Interest – Multiple Services Participant Acknowledgement Form</p> <p>Conflict of Interest Register sighted is comprehensively managed and documents services provided, COI completed and approved, current plan dates, date of most recent discussion of COI, date of updated COI signed, review date, confirmation of other provides involved, notes and calendar reminder for review and any further notes.</p> <p>Staff Conflict of Interest Form</p> <p>Staff Conflict of Interest Register with details of conflict and notes a management plan in place.</p>		<p>2</p>

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Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Delegation of Authority for Management team, Management team meetings, participant surveys, Business Continuity Plan. Records related to inputs of participants, records related to performance management and improvement of management practices.

Relevant participant feedback at Stage 2



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Risk Management

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

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

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> Risk Management Policy Version 1.6 26/06/2023 includes Appendix A: Risk management assessment table. Community Based Work Policy Version 1 22/01/2024 informs risk assessments are conducted at the point of intaking a new participant or client and then added to by the designated coordinator for the client/participant. Documents staff personal safety awareness Infection Control and Dealing with Coronavirus in the Workplace Policy Version 1.4 15/03/2024 Infection Control in the Workplace Policy Statement Version 1.1 01/08/2024 Biological Hazards (Waste) Policy Statement Version 1.1 Health and Safety Consultation Statement 18/08/2023 and Health and Safety Policy Statement Specialist Disability Accommodation Policy Statement Version 1.0 04/02/2025 provides guidance to Support Coordinators and 		2
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.			2
<p>The risk management system covers each of the following:</p> <ul style="list-style-type: none"> a) Incident management; b) Complaints management and resolution; c) Financial management; d) Governance and operational management; e) Human resource management; f) Information management; 			2

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Indicators	Stage 1	Stage 2	Rating
g) Work health and safety; h) Emergency and disaster management.	Specialist Support Coordinators regarding the oversight of participants in SDA and mitigating risk regarding the same. <ul style="list-style-type: none"> Management Guidelines: Participant Risk Assessments 		
Where relevant, the risk management system includes measures for the prevention and control of infections and outbreaks.	Health and Safety Action Plan developed by Employsure with completion dates noted 24/06/2025.		2
Supports and services are provided in a way that is consistent with the risk management system.	SOPs in place for:		2
Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.	Assisting People who have fallen. Cleaning body spillages Dealing with Challenging Behaviour or Customer Aggression		2
Condition of Registration for participants receiving supports for 0107	Handling Hazardous Chemicals Manual Tasks/Handling – preferred lifting techniques Light Vehicle Operation Using Office Trolleys Facilitatrix Health and Safety Handbook and Manual Organisational Risk Register master document sighted is a live spreadsheet with action items, completion dates, maintenance and review. Work Practice Risk Assessment Plan template		2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Records for Organisation Risk Register, Home visit safety checklist, Participant Risk Assessment, Business Risk Management Plan, Risk tools, business insurances

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Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> Internal Audit Policy Version 1.3 09/03/2025 Practice Alert Policy Version 1.1 28/09/2023 Quality Management Policy Version 1.8 01/11/2023 		2
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.	<p>Internal Audit Schedule 2025 which demonstrates internal audit is a process followed throughout the year with quarterly reports provided to the executive team April/July/Oct/Jan.</p> <p>Continuous Improvement Register is a live document being used as opportunities for improvement are identified.</p> <p>Facilitatrix Internal Audit Report 2024 reviewed</p>		2
The provider’s quality management system supports continuous improvement, using outcomes, risk related data, evidence-	<p>showed the Director has reported:</p> <p>Notable achievements for the organisation include improvements in the following areas:</p>		2

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Indicators	Stage 1	Stage 2	Rating
<p>informed practice and feedback from participants and workers</p>	<ul style="list-style-type: none"> • Staff and client surveys yielded zero negative feedback • Policies being consistently reviewed by the allocated due date • Development of policy frameworks for different areas of the organisation • Reported improvements to the organisation’s competency process, particularly with regard to the completion of mandatory training across the organisation • Improvements to capturing client demographic information <p>The report is comprehensive across the entire organisation in all areas with recommendations for continuous improvements across identified areas. Staff survey completed 30/09/2024</p>		

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Continuous Improvement Register, Internal Audit Schedule, Continuous Improvement Plan, Pandemic Management Plan, Meeting minutes and other records to demonstrate continuous improvements.

Relevant participant feedback at Stage 2

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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> Privacy & Data Management Policy Version 1.5 16/11/2023 and implementation, collection of personal information, storage, disposal, disclose by law, data quality and security, corrections, access, complaints and gaining consent. Privacy breaches. File Closure Process – Client Files 		2
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.	<p>Service Agreement includes a section for consent for the release of information with option to state with what agencies, departments, medical and allied health professionals and providers. It further states personal information will be securely stored, in accordance with Facilitatrix’s Privacy and Data Management Policy; this may include cloud-based storage. Information will only be used for the purpose for which it was given.</p>		2
An information management system is maintained that is relevant and proportionate to the size and scale of the			2

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Indicators	Stage 1	Stage 2	Rating
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.			2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Participant consent records, evidence of implementation of Information Management System, Consent to record/photograph participants.

Relevant participant feedback at Stage 2

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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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 <i>National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018</i> .	<ul style="list-style-type: none"> Feedback Policy Version 1.3 and implementation <p>Complaint Management Process flowchart</p> <p>Participant Welcome Pack includes Feedback Brochure explaining the feedback process, how to make a complaint including to the NDIS Commission with the contact details. NDIS Commission complaints and feedback easy read.</p> <p>Website provides opportunity to provide customer feedback/complaint online.</p>		2
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.			2

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<p>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.</p>	<p>Service Agreement includes information for making a complaint to bother the provider and NDIS Commission.</p> <p>Complaints Register has 20 complaints documented for 2024 to date of audit with all but two recently one closed out.</p> <p>Compliments and general feedback has 74 entries for 2024 to date of audit.</p>		2
<p>All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling.</p>			2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Complaint Register, Complaint Records, Staff Training in Complaint Management.

Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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 <i>National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018</i> .	<ul style="list-style-type: none"> Facilitatrix Incident Management Policy and implementation Version 1.3 30/01/2025 Process for reporting incidents 		2
Each participant is provided with information on incident management, including how incidents involving the participant have been managed.	Participant Welcome Pack includes information on how Facilitatrix manages an incident, who to speak with and contact details including to the NDIS and Fact Sheet for Participants: What happens when a provider reports an incident.		2
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	Incident Register 2024 to be further reviewed at Stage 2. Incident Register 2025 to be further reviewed at Stage 2.		2

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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.

2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Incident Register, Incident Reports, NDIS Notification forms, Records of staff training in incident management procedures

Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> • NDIS Worker Screening and Risk Assessed Roles Policy and Procedure Version 1.1 05/09/2023 • Staff Supervision & Professional Development Policy Version 1.4 16/08/2024 • Workplace injury management and return to work policy statement 18/08/2023 • Leave Procedure 22/03/2024 • Paid Family and Domestic Violence Leave • Line Management Reporting Procedure • Professional Development Plan Supervisor Guidelines • Staff Conflict of Interest Practice Standard 10/12/2024 • Support Coordination Management of Hours Guidelines 		2
Records of worker pre-employment checks, qualifications and experience are maintained.			2
An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program.			2
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			2

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<p>that is mandatory and includes training in relation to staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules.</p>	<ul style="list-style-type: none"> • Staff Mandatory and Organisationally Required Competency Process <p>Staff Conflict of Interest Register documents secondary employment as sighted.</p> <p>Facilitatrix Employee Handbook</p> <p>Facilitatrix Health and Safety Handbook</p> <p>Qualified Employee Register</p> <p>Staff Training Register 2024</p> <p>Code of Conduct acknowledgement</p> <p>Onboarding Checklists</p> <p>Confidentiality Agreement</p> <p>Staff Consent form – media</p> <p>Performance Improvement plans</p> <p>Professional Development Plan</p> <p>Supervision templates for various positions</p> <p>Annual Training Plan 24/025</p> <p>Positions Descriptions in place include:</p> <p>Graduate Social Worker</p> <p>Intake Officer</p> <p>Mentor / Support Worker</p>	<p>Refer HR table below.</p>	
<p>Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered.</p>			<p>2</p>
<p>The performance of workers is managed, developed and documented, including through providing feedback and development opportunities.</p>			<p>2</p>
<p>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.</p>			<p>2</p>
<p>Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster.</p>			<p>2</p>
<p>Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants.</p>			<p>2</p>

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<p>For each worker, the following details are recorded and kept up to date: – their contact details;</p>	<p>Service Coordinator – Mentoring Program Social Worker SSC SC SC Assistant SC Team Lead Virtual Assistant – Operations Support</p>	<p>Refer HR table below.</p>	<p>2</p>
<p>details of their secondary employment (if any).</p>			<p>2</p>

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Risk assessed roles register and list of works for risk assessed roles. NDIS Quality, Safety and You (online orientation) and Infection Control training records, Use of PPE training, Staff Training and Development Register, Worker Training Plans, Position Descriptions, Worker Performance Management Records, Pre-employment checks, qualifications and experience, orientation and induction, Mandatory training records, training resources, Staff Records.

Relevant participant feedback at Stage 2



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HR Table – to be Completed at Stage 2

Continuity of Supports

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

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

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports.	<ul style="list-style-type: none"> Continuity of Supports Policy Statement Version 1.2 21/07/2023 Contingency Planning & Worker Emergency Response Policy Statement and implementation Version 1.0 07/03/2025 Organisational Emergency Plan – Community Supports 07/03/2025 establishes procedures for responding to emergencies that may affect NDIS participants, staff, and community services. 		2
In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role.			2
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.			2

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<p>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.</p>		2
<p>Alternative arrangements for the continuity of supports for each participant, where changes or interruptions are unavoidable, are:</p> <ul style="list-style-type: none"> • explained and agreed with them; and • delivered in a way that is appropriate to their needs, preferences and goals. 		2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Business Continuity Plan/Emergency Plan, Rostering, Records of documented needs provided to workers.

Relevant participant feedback at Stage 2

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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> Contingency Planning & Worker Emergency Response Policy Statement Version 1 07/03/2025 documents the emergency response procedures for evacuation plans, first aid and medical support, communication protocols, equipment checks, staff training and awareness, continuity of care plans, IT and data backups, collaboration with local authorities, specialised support for NDIS participants. Appendix A: Worker List for contingency planning. Emergency & Disaster Management Strategic Policy Statement Version 1.2 10/12/2024 includes Appendix A: Participant Safety and Support Plan Template Disaster & Emergency Planning Policy Framework Rev: 07/03/2025 includes 		2
<p>The measures include planning for each of the following:</p> <ul style="list-style-type: none"> 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. 			2

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<p>The governing body develops emergency and disaster management plans (the <i>plans</i>), consults with participants and their support networks about the plans and puts the plans in place.</p>	<p>procedure for emergency /disaster event. Monitoring, notification of an event, continuity of supports, post emergency response, training, and continuous improvement.</p>	<p>2</p>
<p>The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster.</p>	<ul style="list-style-type: none"> Contingency Planning & Worker Emergency Response Policy Statement and implementation Version 1.0 07/03/2025 	<p>2</p>
<p>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.</p>	<p>Evacuation Test summary per participant with review date.</p>	<p>2</p>
<p>The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster.</p>	<p>Community Hub evacuation with outcome and review data 08/08/2025.</p> <p>Global State Emergency Register for 10 participants.</p> <p>Mentoring Program Emergency Contact Procedure for 23 participants.</p> <p>PRC emergency participant list for three participants and for SC three participants.</p>	<p>2</p>
<p>The governing body regularly reviews the plans, and consults with participants and their support networks about the reviews of the plans.</p>	<p>Emergency Response Plan August 2024 Version 3 includes management contact details, emergency services details, responsibilities pre, during and post emergency, staff trained in first aid list, emergency response procedures, photos of assembly points,</p>	<p>2</p>
<p>The governing body communicates the plans to workers, participants and their support networks.</p>	<p>with actions, lock down procedure, shelter in place procedure, cyclone/sever weather event procedure, medical emergencies, building and structural fires,</p>	<p>2</p>

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Each worker is trained in the implementation of the plans.

bush fires, site map and evacuation map and muster point with procedure.

Emergency Evacuation Plan

Gap Analysis for Emergency Management completed

2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Emergency and Disaster Management, evidence of consultation, communication, testing and review of plans

Relevant participant feedback at Stage 2

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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.			2
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.			2
Each participant is supported to understand under what circumstances supports can be withdrawn. Access to			2

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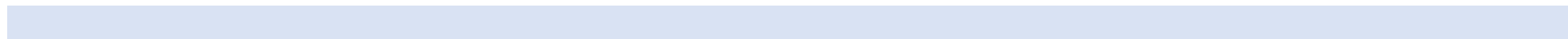
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supports required by the participant will not be withdrawn or denied solely on the basis of a dignity of risk choice that has been made by the participant

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants.

Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> Allied Health Services Quality Framework includes the procedure for intake from incoming referral to triage, allocation to clinician, engagement, completion of therapy plan, ongoing intervention, NDIS reporting and new plans. Policy Statement: Collaboration & Integration of Services Intake Policy Strategy for Support Coordinators working with participants who are not engaging. 		2
In collaboration with each participant: <ul style="list-style-type: none"> risk assessments are regularly undertaken, and documented in their support plans; and appropriate strategies are planned and implemented to treat known risks to them. 	<ul style="list-style-type: none"> Practice Guideline - Case note Quality Support Coordination & Allied Health. 17/03/2023 Psychosocial Recovery Coaching Program Principles of Process and Psychosocial Recovery Coaching Outcomes 		2

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<p>Risk assessments include the following:</p> <ul style="list-style-type: none"> – consideration of the degree to which participants rely on the provider’s services to meet their daily living needs; <p>the extent to which the health and safety of participants would be affected if those services were disrupted.</p>	<p style="text-align: center;">Measurement</p> <p>Capacity Building Plan/Therapy Implementation Report Social work/Occupational Therapy template.</p> <p>Therapy Plan summary spreadsheet for OTs and Social Workers.</p> <p>Participant Safety & Support Plan includes my emergency contact list, participants preferred process if they do not answer the door or phone when meeting has been scheduled, how will daily living needs and supports be met if I'm able to provide services at short notice, hospital support plan for an emergency medical history and medication, emergency plan for a global or state emergency, emergency plan for animals and pets, support needs during this time, consideration for end of year holiday period, additional support, practice alerts.</p> <p>Psychosocial Recovery Coaching Recovery Plan template</p> <p>Risk Assessment Completion register</p> <p>SDA Participant Register</p>	2
<p>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.</p>		2
<p>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.</p>		2
<p>Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan.</p>		2
<p>Each participant’s support plan is:</p> <ul style="list-style-type: none"> – provided to them in the language, mode of communication and terms 		2

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<p>they are most likely to understand; and</p> <ul style="list-style-type: none"> – readily accessible by them and by workers providing supports to them 		
<p>Each participant’s support plan is communicated, where appropriate and with their consent, to their support network, other providers and relevant government agencies.</p>		2
<p>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.</p>		2
<p>Each participant’s support plan:</p> <ul style="list-style-type: none"> – 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 		2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Review of participant records including risk assessments, support plans, case notes, collaboration with other providers and participant consents for sharing information, review activities and reports;

Relevant participant feedback at Stage 2

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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<p>Service Agreement template includes: where support coordination services are being provided participants will be supported to liaise with core supports providers to put in place plans for Emergency and Disaster Planning that cover contingency plans for how they will be supported in the event of an emergency and disaster. Principal responsibility for this will sit with the main core supports provider.</p> <p>Where there is no core supports provider in place the Support Coordinator will work with the participant to put in place plans for Emergency and Disaster Management. Continuity of supports is addressed. Schedule of Supports specific to the different services provided.</p> <p>OPA Miscellaneous Services Deed</p>		2
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.			2
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			2

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<p>the circumstances under which the participant did not receive a copy of their agreement.</p>	<p>OPA Support Coordination Deed</p>	
<p>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:</p> <ul style="list-style-type: none"> 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 		<p>2</p>

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<p>managed, if this is a relevant issue for the participant.</p>		
<p>Service agreements set out the arrangements for providing supports to be put in place in the event of an emergency or disaster.</p>		<p>2</p>

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Records of completed and signed Service Agreements and Schedules of Support; Records for invoicing;

Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> Responsive Support Provision Policy Statement Version 1.2 23/08/2024 Management Team On-call and After-Hours Process Alerts Procedure 15/10/2023 		2
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.			2
Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports.			2

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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.

2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants.

Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> Ensuring a Smooth Transition & Continuity of Care When Exiting Services Policy Statement Version 1 07/03/2025 includes to Identify Risks & Implement a Risk Mitigation Plan – Assess any potential health or service related risks, ensuring a mitigation strategy is in place to prevent service gaps and disruptions. Participant Exit Checklist		2
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.			2
Processes for transitioning to or from the provider (including temporary transitions referred to in subsection (2)) are developed, applied, reviewed and communicated.			2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Records of transitions as relevant, including risk assessments

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Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Each participant can easily identify workers engaged who provide supports to them.	<ul style="list-style-type: none"> Infection Control in the Workplace Policy Statement Version 1.1 01/08/2024 Management of PPE Practice Guideline 01/03/2025 <p>Site specific risk assessment and testing and tagging of equipment reports sighted for 09/07/2024.</p> <p>PPE stocktake of items at Community Hub 17/03/2025</p>		2
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.			2
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.			2
For each participant requiring support with communication, clear arrangements are in place to assist workers who support them			2

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<p>to understand their communication needs and the manner in which they express emerging health concerns.</p>		
<p>To avoid delays in treatments for participants:</p> <ul style="list-style-type: none"> 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). 		2
<p>Systems for escalation are established for each participant in urgent health situations.</p>		2
<p>Infection prevention and control standard precautions are implemented throughout all settings in which supports are provided to participants.</p>		2
<p>Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently-touched surfaces.</p>		2

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<p>Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.</p>		<p>2</p>
<p>Each worker who provides supports directly to participants is trained, and has refresher training, in the use of PPE.</p>		<p>2</p>
<p>PPE is available to each worker, and each participant, who requires it.</p>		<p>2</p>

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Records of risk assessments for safe environment; tour of facilities; Confirmation of infection control and other practices through staff and participant interviews.

Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> Practice Guideline Participant Financial Management states staff will not have any involvement in the handling of participant monies, unless expressly approved by the Mentoring Program Coordinator, Manager Quality & Safeguarding or a member of the Executive Team. Staff will not, under any circumstances, provide financial advice to any participant. Process documented. Appendix A: Participant Personal Funds Expenditure Record Participant Financial Management Protocol template		2
If required, each participant is supported to access and spend their own money as the participant determines.			2
Participants are not given financial advice or information other than that which would reasonably be required under the participant’s plan.			2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Records of procedures for handling of participants’ money and property including consents

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Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> Facilitatrix Incident Management Policy and implementation Version 1.3 30/01/2025 references incidents concerning medication. Medication Management Policy Version 1.4 31/01/2025 states if this service is requested, it must be discussed with the Mentoring Program Coordinator and have approval and sign off by the Executive Management Team prior to delivering the requested service. Medication administration is documented. Staff must understand that they may only administer medication or provide medication support to a client where there is an endorsed individual protocol in place. Mismanagement and negative side effects of medication and steps in case of an emergency. To ensure only trained staff 		2
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.			2
All medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers.			2

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	<p>work with participants requiring this support, this will be assessed as part of the intake process and alerts placed on participant files and profiles by the Mentoring Coordinator. The Mentoring Coordinator will ensure only trained staff are rostered to provide supports and will monitor for renewal of training as per the competency process.</p> <p>Medication Management Plan template</p> <p>Monitoring Chart</p> <p>Purpose of Medication form</p>	
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Further to be reviewed at Stage 2: Medication charts and administration records; Worker training and competency records; Implementation through interviews with staff and participants.

Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Providers identify each participant requiring mealtime management	<ul style="list-style-type: none"> Practice Guideline Healthy Eating and Mealtime Management states staff are to be aware of how to recognise and report risks and concerns in relation to eating and nutrition, including the risk of choking and other health problems; Keeping up to date with training on mealtime management, as per internal policies; and Working collaboratively with allied health professionals, including speech therapists, and following any formal mealtime management plans that may be in place for individual clients/participants. <p>Practice guidelines for intake and risk assessment. Exploring with the participant and family members specific supports</p>		2
<p>Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:</p> <ul style="list-style-type: none"> 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 			2

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<p>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.</p>	<p>required to; manage any identified risks and to implement any practice alerts that are relevant to them. This includes Referral to a speech pathologist for any identified choking or swallowing risks.</p> <p>Mealtime Questionnaire includes allergies, religious/cultural requirements, modified foods, dysphagia.</p>	
<p>With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.</p>		2
<p>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.</p>		2
<p>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</p>		2

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<p>difficulties, including how to seek help to manage such risks.</p>		
<p>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.</p>		2
<p>Effective planning is in place to develop menus with each participant requiring mealtime management to support them to:</p> <ul style="list-style-type: none"> 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 		2
<p>Procedures are in place for workers to prepare and provide texture-modified</p>		2

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<p>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.</p>			
<p>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.</p>			2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Records of requiring mealtime management, consent form, risk assessment. Staff training records.

Relevant participant feedback at Stage 2

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Management of Waste

Not in scope

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MODULE 2 – SPECIALIST BEHAVIOUR SUPPORT 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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
The <i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</i> are understood and applied.	<ul style="list-style-type: none"> Policy Statement: Collaboration & Integration in Behaviour Support Services informs Facilitatrix follows a least restrictive practice approach to ensure participants' rights, safety, and dignity are upheld at all times. <i>'Facilitatrix is dedicated to delivering high-quality Behaviour Support Practitioner services that prioritise positive behaviour support, collaboration, and integration. Through multidisciplinary partnerships, continuous training, and adherence to ethical best practices, we are committed to reducing and eliminating restrictive</i> 		2
All NDIS behaviour support practitioners have been assessed as suitable to deliver specialised positive behaviour support, including assessments and development of behaviour support plans.			2
Each NDIS behaviour support practitioner undertakes ongoing professional development to remain current with evidence-informed practice and approaches			2

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<p>to behaviour support, including positive behaviour support.</p>	<p><i>practices and improving the lives of the participants we support.'</i></p>		
<p>A specialist behaviour support clinical supervisor provides clinical supervision of each work practice of the NDIS behaviour support practitioner.</p>	<ul style="list-style-type: none"> • Policy Statement: Commitment to Eliminating Restrictive Practices • Authorisation of Restrictive Practices in Funded Disability Services Policy 		<p>2</p>
<p>Demonstrated commitment to reducing and eliminating restrictive practices through policies, procedures and practices.</p>	<ul style="list-style-type: none"> • Behaviour Support and Restrictive Practices Policy (07/02/2025) states Facilitatrix is committed to continuous improvement in working towards the reduction and elimination of the use of restrictive practices (RPs) within its services, and in collaboration with other agencies, who may also provide services to the participants we support. 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. 		<p>2</p>

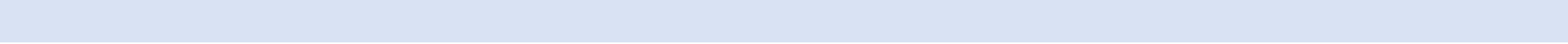
Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Behaviour Support Practitioners authorisation letters; Position Description for BS Practitioner; Records of Practitioners' training and professional development in positive BS support; Discussion with Practitioners to gauge knowledge and understanding of NDIS (Restrictive Practices & Behaviour Support) Rules; Understanding of how the Provider implements the Positive Support Capability Framework

Relevant participant feedback at Stage 2

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Restrictive Practices

Outcome: Each participant is only subject to a 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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Knowledge and understanding of regulated restrictive practices as described in the <i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</i> 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 restrictive practices included in a behaviour support plan.	<ul style="list-style-type: none"> Positive Behaviour Support Quality Framework includes behaviour support planning and intervention. Restrictive practices assessments and strategies for their reduction and elimination. Behaviour Support and Restrictive Practices Policy (07/02/2025) Policy Statement: Collaboration & Integration of Services includes for Behaviour Support Plans and Restrictive Practices. Policy Statement: Commitment to Eliminating Restrictive Practices Authorisation of Restrictive Practices in Funded Disability Services Policy includes Table 1 authorisation and evidence requirements. 		2
Each Behaviour Support Practitioner undertakes professional development to maintain an understanding of practices considered restrictive and the risks associated with those practices.			2
Each participant and, with the participant's consent, their support network, providers			2

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<p>implementing behaviour support plans, and other relevant stakeholders are engaged in discussions about the need for restrictive practices and they understand the risks associated with their use. Alternatives to the use of restrictive practices are promoted as part of these discussions.</p>	<p>The provider self-assessment states: Senior managers in the organisation have a strong background with regard to the rules around RPs & behaviour support, including State Legislation (our Director having been involved in the consultation process for recent revisions of this) This will be complemented by the engagement of a specialist behaviour support clinician who is experienced in the legislative & policy requirements.</p>	
<p>Each participant and, with the participant's consent, their support network, their providers implementing behaviour support plans and other relevant stakeholders are engaged in the development of behaviour support strategies that are proportionate to the risk of harm to the participant or others.</p>		2
<p>Restrictive practices are only included in a participant's behaviour support plan in accordance with relevant Commonwealth legislation and/or policy requirements and relevant state or territory legislation and/or policy requirements for obtaining authorisation (however described) for the use of any restrictive practices.</p>		2
<p>Regulated restrictive practices in behaviour support plans comply with the conditions prescribed in the <i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</i>.</p>		2

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<p>Each participant’s behaviour support plan or interim behaviour support plan includes strategies that will lead to the reduction and elimination of any restrictive practices included in the plan.</p>		2
<p>Support is provided to other providers implementing a behaviour support plan, in delivering services, implementing strategies in the plan and evaluating the effectiveness of current approaches aimed at reducing and eliminating restrictive practices.</p>		2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Records of Practitioners’ training and professional development in Restrictive Practices and associated risks; Discussion with Practitioners for knowledge and understanding of state authorisation processes

<p>Relevant participant feedback at Stage 2</p>	
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Functional Behaviour Assessments and 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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Work is undertaken with each participant and their support network to undertake a behaviour support assessment that identifies unmet participant needs, the function and/or purpose of behaviours, and identify strategies to address behaviours of concern.	<ul style="list-style-type: none"> Positive Behaviour Support Quality Framework includes Functional behaviour assessments (FBAs) Evidence-Based Strategies for Positive Behaviour Support (PBS) <p>NDIS Compliance Tracker Behaviour Support to ensure all requirements are met in a timely manner as prescribed.</p>		2
Behaviour support plans take into account all appropriate sources of information such as the behaviour support assessment, and with the consent of the participant, the participant’s support network, the providers implementing behaviour support plans, and assessments carried out by other collaborating providers and mainstream service providers.	<p>The provider snapshot states: The policy framework requires the assessment process to include collaboration with all key stakeholders for whom consent is in place. Practitioner JDFs require them to actively liaise with the participant & other relevant stakeholders & this is assessed for during the recruitment process & monitored in supervision.</p>		2

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<p>Behaviour support plans are consistent with evidence-informed practice, including proactive strategies.</p>		2
<p>The interface between a reasonable and necessary supports under a participant’s plan and any other supports or services under a general system of service delivery that the participant receives, are considered, and strategies and protocols are developed to integrate supports/services as practicable.</p>		2
<p>Behaviour support plans are developed in consultation with the providers implementing behaviour support plans, and the behaviour support plan is given to those providers for their consideration and acceptance.</p>		2
<p>All behaviour support plans containing a regulated restrictive practice are provided to the Commissioner in the time and manner prescribed in the <i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</i>.</p>		2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Discussion with BS practitioners for understanding of how functional assessments are undertaken and how BS Plans are developed and lodged. Records of FBA and BSP.

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Relevant participant feedback at Stage 2



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Supporting the Implementation of the Behaviour Support Plan

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

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

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Assistance is given to ensure that the providers implementing behaviour support plans understand the relevant state or territory legislative and/or policy requirements for obtaining authorisation (however described) for the use of a restrictive practice included in a behaviour support plan, including any conditions around the use of restrictive practices.	<ul style="list-style-type: none"> Positive Behaviour Support Quality Framework includes training and capacity building for families, carers and support workers. Policy Statement: Collaboration & Integration in Behaviour Support Services informs Facilitatrix ongoing support and advice are provided to other providers implementing behaviour support plans to reduce and eliminate restrictive practices. <p>Where a specialist behaviour support provider recommends that workers implementing a behaviour support plan receive training on the safe use of a restrictive practice, oversight is retained to ensure the training addresses the strategies contained within each participant’s behaviour support plan.</p>		2
Reasonable measures are taken to ensure the participant, and with the participant’s consent, the participant’s support network and the providers implementing behaviour support plans, understand the rationale underpinning the behaviour support plan. Instructions and guidance are developed to support the participant, the providers implementing behaviour support plans and the participant’s support network to			2

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effectively implement the behaviour support plan.	<p>The provider self-assessment states: The Senior Allied Health Clinician is qualified in training & assessment & will assist in the development of training materials. Funding for all PBS work will be mapped out & this will include allocation of hours to collaborate with the participant & all stakeholders (for whom consent has been provided) to understand the underpinning rationale of the BSP & provide structured training, support & information to allow the BSP to be effectively implemented & ensure implementing providers meet prescribed reporting requirements.</p>	
Providers implementing behaviour support plans are made aware of the reporting requirements prescribed in the <i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</i> .		2
Person-focused training, coaching and mentoring is facilitated or delivered to each of the providers implementing behaviour support plans, and, with each participant’s consent, their support network (where applicable). It covers the strategies required to implement a participant’s behaviour support plan, including positive behaviour support strategies.		2
Development of behaviour support plans for each participant, in collaboration with the providers implementing the behaviour support plan.		2
Where the specialist behaviour support provider recommends that workers implementing a behaviour support plan receive training on the safe use of a restrictive practice included in a plan, oversight is retained to ensure the training		2

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addresses the strategies contained within each participant’s behaviour support plan.

Ongoing support and advice is offered to providers implementing behaviour support plans, and, with the participant’s consent, their support network (where applicable), to address barriers to implementation.



2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Discussion with BS practitioners for understanding of how implementing providers are supported, trained and oversight of use of restrictive practices. Records of training, data collection and BSP

Relevant participant feedback at Stage 2



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Behaviour Support Plan Monitoring and Review

Outcome: Each participant has a current behaviour support plan that reflects their needs, improves their quality of life and supports their progress towards positive change. The plan progresses towards the reduction and elimination of restrictive practices, where these are in place for the participant.

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

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
The progress and effectiveness of implemented strategies are evaluated through regular engagement with the participant, and by reviewing, recording and monitoring data collected by providers implementing behaviour support plans.	<ul style="list-style-type: none"> Positive Behaviour Support Quality Framework includes ongoing monitoring and review of behaviour support plans Policy Statement: Collaboration & Integration in Behaviour Support Services informs If engagement with providers implementing behaviour support plans is not possible, or if supports are not being implemented in accordance with the behaviour support plan, the Commissioner is notified and corrective action is taken. Opportunities to reduce the use of restrictive practices based on documented positive change are continuously pursued. 		2
Modifications to the strategies contained in each participant’s behaviour support plan are made based on engagement with the participant and the results of the information and data analysis, and with the participant’s consent, these changes are communicated and training is provided (where required) to their support network on the modified strategies.			2

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<p>Opportunities to reduce the use of restrictive practices based on documented positive change are pursued.</p>	<p>Each participant’s behaviour support plan is reviewed at least every 12 months, or more frequently if their needs, situation, or behaviour changes. If a new provider is required, this is considered in the review process.</p> <p>The provider self-assessment states: Modifications to BSPs are implemented further to review with the participant & are based on data analysis of evidence provided. Changes to the BSP require updated consent from the participant & provision of additional training where necessary to implementing providers & informal supports. Data review involves a strong focus on reduction of RPs where the evidence supports this. Reduction of RPs are completed in a controlled manner in consultation with the participant, implementing provider & other identified key stakeholders.</p>		2
<p>The Commissioner is notified and work is undertaken with the Commissioner to address such situations:</p> <p>a) where effective engagement with providers implementing behaviour support plans is not possible for any reason; or</p> <p>b) if the supports and services are not being implemented in accordance with the behaviour support plan.</p>			2
<p>Each participant’s behaviour support plan is reviewed at least every twelve months. Consideration is given to whether the participant’s needs, situation or progress create a need for more frequent reviews, including if the participant’s behaviour changes, or if a new provider is required to implement the plan.</p>			2
<p>The Commissioner is notified of changes in each participant’s behaviour support plan in the manner and timeframe prescribed in the <i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</i>.</p>			2

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Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Discussion with BS practitioners for understanding of how they monitor and review effectiveness.

Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Support is given to the providers implementing each participant’s behaviour support plan in responding to a reportable incident involving the use of restrictive practices.	<ul style="list-style-type: none"> Facilitatrix Incident Management Policy and implementation Version 1.3 30/01/2025 Process for reporting incidents Policy Statement: Collaboration & Integration in Behaviour Support Services <p>The provider self-assessment states: All behaviour support practitioners will receive training on reporting requirements & will be required to work with implementing providers to respond to reportable incidents, both in terms of reporting & instigating remedial action plans.</p>		2
Each participant, and with the participant’s consent, their support network, the providers implementing behaviour support plans and other stakeholders are included in the review of incidents.			2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Discussion with BS practitioners for understanding of how they would review any use of an unauthorised RRP.

Relevant participant feedback at Stage 2

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Interim Behaviour Support Plans

Outcome: Each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan which minimises the risk to the participant and others.

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

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
When a participant develops an immediate need for behaviour support, the participant and the providers implementing behaviour support plans are involved in evaluating the risks posed to the participant and others by the participant’s behaviour, and an interim behaviour support plan is developed that appropriately manages that risk.	<ul style="list-style-type: none"> Policy Statement: Collaboration & Integration in Behaviour Support Services 		2
Advice and guidance is given to the providers implementing behaviour support plans and, with the participant’s consent, their support network on the effective implementation of the interim behaviour support plan.			2

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Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Discussion with BS practitioners for understanding of how interim BS Plans are developed and supported. Records of Interim BSPs, if applicable.

Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Knowledge and understanding of the NDIS and state and territory behaviour support legislative and policy frameworks.	<ul style="list-style-type: none"> Behaviour Support and Restrictive Practices Policy (07/02/2025) states Facilitatrix is committed to continuous improvement in working towards the reduction and elimination of the use of restrictive practices (RPs) within its services, and in collaboration with other agencies, who may also provide services to the participants we support. <p>The self-assessment states: All staff involved or who may be involved in implementing restrictive practices or following a behaviour support plan receive training via the DSC FORA platform for Introduction to Behaviour Support & Behaviour Support & Restrictive Practices Compliance.</p>		2
Demonstrated appropriate knowledge and understanding of evidence-informed practice approaches to behaviour support.			2
Demonstrated commitment to the reducing and eliminating of restrictive practices through policies, procedures and practices.			2

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Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Review of records.

Relevant participant feedback at Stage 2

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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Knowledge and understanding of regulated restrictive practices as described in the <i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</i> 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.	<ul style="list-style-type: none"> Behaviour Support and Restrictive Practices Policy (07/02/2025) Authorisation of Restrictive Practices in Funded Disability Services Policy includes Table 1 authorisation and evidence requirements. <p>AO RPP Summary template Authorisation Panel Outcomes Summary Report Principles For Authorisation Framework Template Restrictive Practices Assessment Tool. This tool has been developed to assist in the identification of any restrictive practices that may be in place and ensure they are documented, approved and authorised as outlined in the Department of Communities' Authorisation of Restrictive Practices in Funded Disability Services Policy.</p>		2
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.			2
Regulated restrictive practices are only used in accordance with a behaviour support			2

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<p>plan and all the requirements as prescribed in the <i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</i>. Regulated restrictive practices are implemented, documented and reported in a way that is compliant with relevant legislation and/or policy requirements.</p>		
<p>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.</p>		2
<p>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.</p>		2

Further to be reviewed at Stage 2: Review implementation of policies and procedures; Evidence of collaboration with Behaviour Support Practitioner; Evidence of relevant authorisation processes; Records for reporting of restrictive practices; Records of training of staff for use of restrictive practices; Confirmation of practices through interviews with participants and staff.

Relevant participant feedback at Stage 2

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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
The specialist behaviour support provider is supported to gather information for the functional behavioural assessment and other relevant assessments.	<ul style="list-style-type: none"> Behaviour Support and Restrictive Practices Policy (07/02/2025) Authorisation Panel Outcomes Summary Report Restrictive Practices Assessment Tool The self-assessment states: The mentoring program coordinator (MPC) is identified as the key contact for the PBS clinician to liaise with & oversees the provision of any requested information. The MPC liaises with the staff team to ensure they are collating data & understand what is required of them in this regard.		2
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.			2
Relevant workers have the necessary skills to inform the development of the participant’s behaviour support plan.			2
Relevant workers have access to appropriate training to enhance their skills in, and knowledge of, positive behaviour supports and restrictive practices.			2

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Further to be reviewed at Stage 2: Review implementation of policies and procedures; Evidence of data gathering and inputs, records of collaboration with behaviour support practitioner; Records of training of staff in positive behaviour support; Confirmation of practices through interviews with participants and staff.

Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Policies and procedures that support the implementation of behaviour support plans are developed and maintained.	<ul style="list-style-type: none"> Behaviour Support and Restrictive Practices Policy (07/02/2025) The self-assessment states: The MPC attends MDT meetings & where applicable oversees attendance of other staff as needed. Workers are supported via the internal onboarding process & training framework, individual & group supervision & direct training from the PBS clinician to develop & maintain their skills regarding the individual needs of each participant with a behaviour support plan.		2
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.			2
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.			2
Specialist behaviour support providers are supported to train the workers of the providers implementing behaviour support			2

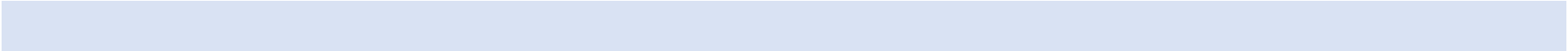
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plans in the use and monitoring of behaviour support strategies in the behaviour support plan, including positive behaviour support.		
Workers receive training in the safe use of restrictive practices.		2
Collaboration is undertaken with other providers that work with the participant to implement strategies in the participant's behaviour support plan.		2
Performance management ensures that workers are implementing strategies in the participant's behaviour support plan appropriately		2

Further to be reviewed at Stage 2: Review implementation of policies and procedures; Evidence of ongoing data gathering; Records of training/coaching by and meetings with behaviour support practitioner; Supervision and performance management for effective implementation of the behaviour support plan; Confirmation of practices through interviews with participants and staff.

Relevant participant feedback at Stage 2

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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Demonstrated compliance with monthly online reporting requirements in relation to the use of regulated restrictive practices, as prescribed in the <i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</i> .	<ul style="list-style-type: none"> Behaviour Support and Restrictive Practices Policy (07/02/2025) ABC Charts		2
Data is monitored to identify actions for improving outcomes.			2
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.			2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Records of use of restrictive practices; Evidence of reporting on use of restrictive practices; Evidence of data use to inform reduction and elimination.

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Relevant participant feedback at Stage 2



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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> Behaviour Support and Restrictive Practices Policy (07/02/2025) The self-assessment states: The MPC seeks feedback from all staff supporting the participant & collates this for the PBS clinician giving consideration to any patterns identified and anecdotal evidence provided. When reviews are being held or feedback being sought the MPC will include feedback on reduction or elimination of RPs & observed positive progress/outcomes.		2
Information is recorded and data is collected as required by the specialist behaviour support provider and as prescribed in the <i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</i> .			2
Identification of circumstances where the participant’s needs, situation or progress create a need for more frequent review,			2

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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.		2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Records of feedback, meetings, data collection, etc.

Relevant participant feedback at Stage 2	
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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
The participant’s immediate referral to, and assessment by a medical practitioner (where appropriate) is supported following an incident.	<ul style="list-style-type: none"> Behaviour Support and Restrictive Practices Policy (07/02/2025). The organisation has a robust incident management policy which includes reporting of any unauthorised RPs. Where this is reported internally, the system triggers the need to report unauthorised RPs to the NDIS Commission. Incident reports are monitored daily.		2
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.			2
The Commissioner is notified of all reportable incidents involving the use of an unauthorised restrictive practice in accordance with the <i>National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018</i> .			2

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<p>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.</p>		2
<p>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 <i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</i>.</p>		2
<p>Authorisation processes (however described) are initiated as required by their jurisdiction.</p>		2
<p>The participant, and with the participant’s consent, their support network and other stakeholders as appropriate, are included in the review of incidents.</p>		2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Records of relevant reportable incidents, if any.

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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> Behaviour Support and Restrictive Practices Policy 07/02/2025 The self-assessment states: The MPC collaborates with other NDIS providers, family supports & mainstream providers the participant has interface with in relation to their support needs & relevant inclusions for interim behaviour support plans.		2
Work is undertaken with the specialist behaviour support provider to support the development of the interim behaviour support plan.			2
Workers are supported and facilitated to receive training in the implementation of the interim behaviour support plan.			2

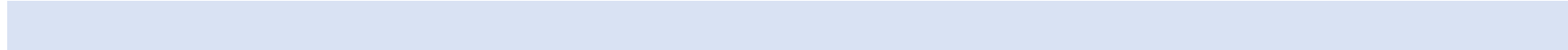
Further to be reviewed at Stage 2: Evidence of records of development of Interim Behaviour Support Plans, data collection, etc. Records of working with behaviour support practitioner.

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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Demonstrated knowledge and understanding of the risk factors experienced by each participant with high-risk and/or complex needs.	Job Description: Specialist Support Coordinator		2
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.	Competencies and training required for SSC with allied health qualification, listed.		2
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	Competencies and training required for SSC with no AH qualifications listed.		2

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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.		2
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.		2
All monitoring and reporting obligations associated with the participant’s plan are managed effectively		2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Demonstrated knowledge and understanding of the risk factors experienced by each participant with high-risk and/or complex needs. The appropriate skills and experience to deliver the required support are identified.

Relevant participant feedback at Stage 2	
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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 indicators below should be demonstrated:

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
Supports and services are arranged using the participant’s NDIS amounts as directed by the participant and for the purposes intended by the participant.	The self-assessment states: All participants/decision-makers participate in a comprehensive intake process to identify their needs & discuss management of their supports. SSCs support participants to understand service agreements, support provision and budget management, this is documented in the support plan. Staff receive ongoing training around these aspects of the NDIS so they are suitably skilled to advise participants All participants have individual support plans that outline how they will be supported to achieve the goals outlined in their NDIS plan. Budgets are mapped out at the point of intake & as plans are reviewed or extended. Links with mainstream supports are encouraged & support plans include details of interface with mainstream & community supports as appropriate.		2
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.			2
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.			2

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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.

2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. Service Agreement template relevant to Support Co-ordination. Support Coordinator's Position description, professional qualifications/ demonstrated experience in dealing with complex needs participants.

Relevant participant feedback at Stage 2



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Conflict of interest

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

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

Audit Findings

Evidence/Opportunities for Improvement/NCR:

Indicators	Stage 1	Stage 2	Rating
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.	<ul style="list-style-type: none"> Conflict of interest Version 1.3 28/03/2024 – Multiple Service Provision Policy clearly documents how conflicts are managed as a multi service provider. 		2
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.			2
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			2

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supports will not impact on the provision of the specialised support coordination.

Referrals to and from other providers are documented for each participant.

2

Further to be reviewed at Stage 2: Implementation through interviews with staff and participants. How participants are provided with a copy of the Conflict of Interest Policy or explained the conflict of Interest.

Relevant participant feedback at Stage 2



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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		19/03/2025
	Team Leader (name)	Signature	Date

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