

Bite-sized NDIS

Workbook 4: Illuminating Audit and Complex Terms



Audits:

An Introduction

Audits can feel scary – but they don't need to be! They are an opportunity for reflection and growth, as an organisation.

We prefer to know the purpose of something before we undertake it, so we'll start by examining why audits happen at all.



Essentially, the NDIS Quality and Safeguarding Commission exists, in part, to ensure that all registered NDIS providers are providing quality services to participants and ensure the safety of those participants.



As many of you may know, participants whose funds are NDIA managed can only use registered providers. This limits their options, but in theory safeguards them by ensuring that the people who provide services to them are audited to confirm the quality of those services.

So audits exist to guarantee that all registered providers are on the same page, so to speak, in regards to the quality and safety of their services.

They're also a great opportunity to ensure your service is providing up-to-date practices, and encourages you to continuously improve rather than becoming stagnant.



“An independent approved quality auditor will assess your organisation against the components of the NDIS Practice Standards that are relevant to the services and supports you deliver.” -NDIS Q&S Commission

Food for Thought



How might having a set of standards for NDIS providers keep people with disability safe?

Are you familiar with the NDIS Code of Conduct?

What events might affect your registration, that you need to inform the NDIS Commission about?

Audits: Timelines

The first thing you need to know is that there are two types of audit.

One is known as Verification Audit. This is relevant for “low risk” supports – cleaners, gardeners, etc. The requirements for Verification Audit are more straightforward than the other audit, which is Certification Audit. Certification Audits are a requirement for those providing behaviour support, or SIL (Supported Independent Living), amongst others.

Verification
(Low Risk)

Certification
(Higher Risk)

Food for Thought

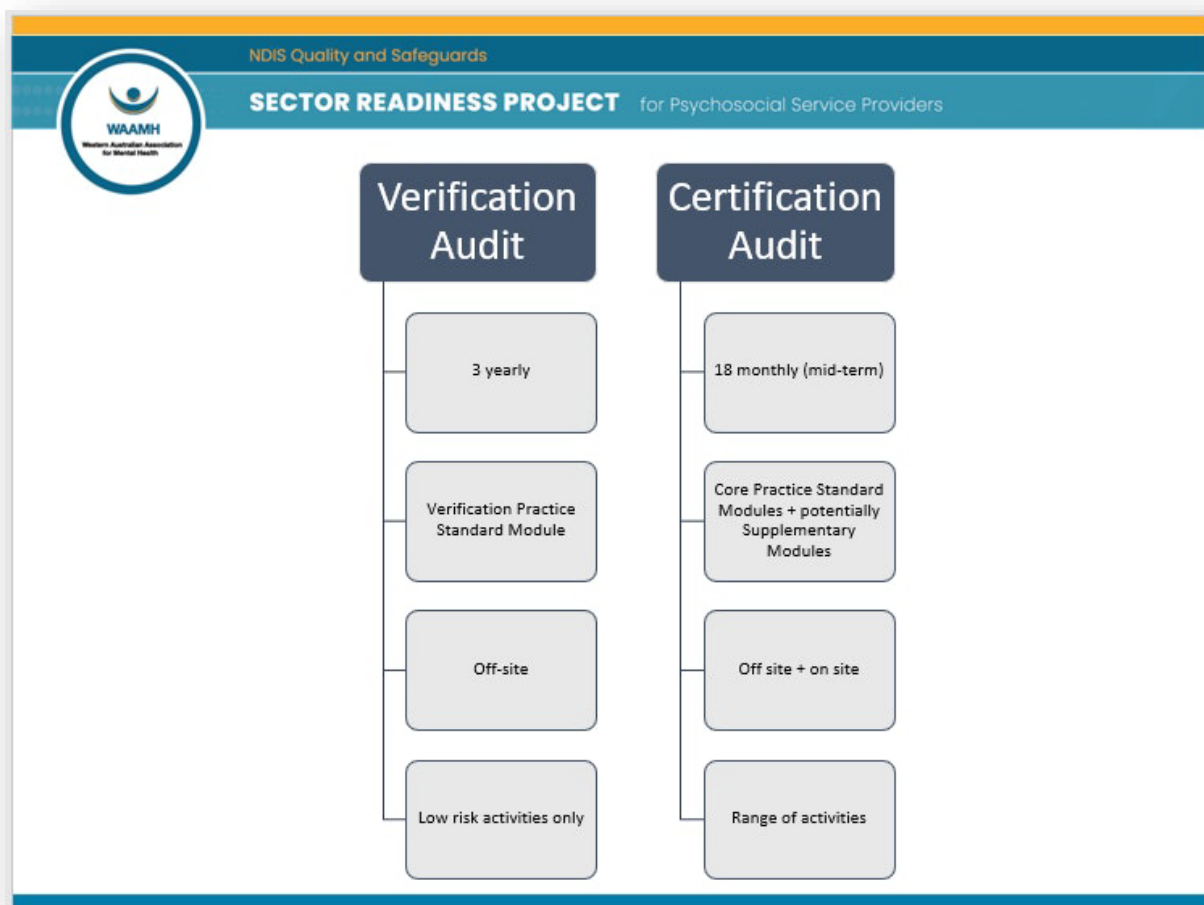


Why might there be two different levels of registration?



The Verification Audit takes place every 3 years, is measured according to the Verification Practice Standard Module, is off site (meaning that it can be undertaken online, with no physical presence required) and is, as mentioned, for activities that are considered “low risk”.

The Certification Audit has a 3 yearly cycle – but with a “mid-term audit” at 18 months. So, in practice, there is an audit every 18 months. The requirements that must be met are at least the Core Practice Standard Modules, but may also include other modules depending on activities undertaken. For example, Module 2a if providing Behaviour Support, or the Specialist Support Coordination module if providing specialist support coordination. They are conducted both on site (visits to the office) and off site (aka: online and via phone call).





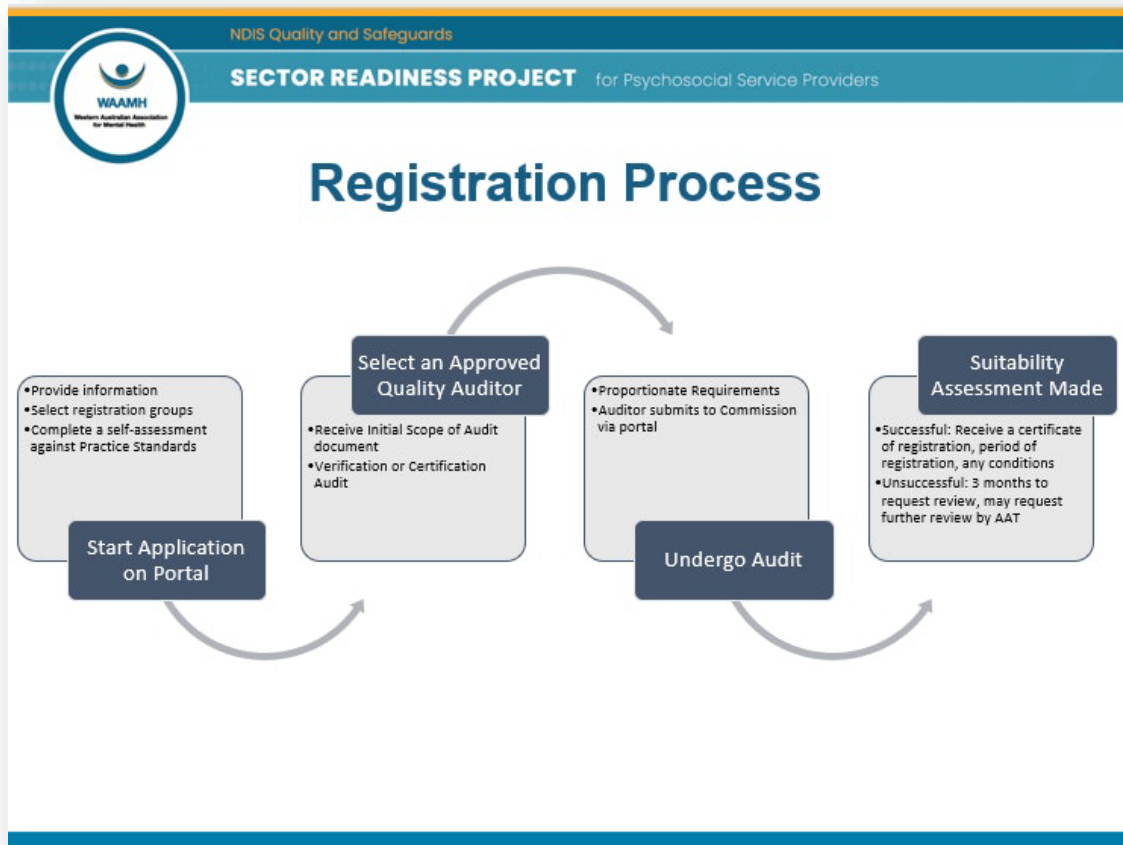
This image demonstrates the 3 year audit cycle for Certification Audit. As you can see, you undertake your initial audit, then 18 months later, have a mid-term audit, then 18 months after that, have a re-certification audit. Remember, this is for those service providers who are undertaking “higher risk” activities, such as SIL.



For Verification Audit, or the audit undertaken for activities deemed “low risk”, there is a single audit every 3 years. No mid-term.



So what does the registration process look like? Well, you provide your initial information to the NDIS Quality and Safeguarding Commission. When doing this, you select your registration groups – what activities you will be registered to undertake.



Food for Thought



Why might there be different requirements for different categories?



Registration groups include:

Verification Registration groups (Low Risk)	Certification Registration Groups (Medium Risk)	Supplementary Modules (High Risk)
SERVICES 101. Accommodation/tenancy assistance 108. Assistance with travel/transport arrangements 109. Vehicle Modifications 111. Home modifications 114. Community nursing Care 116. Innovative community participation 119. Specialised hearing services 120. Household tasks 121. Interpreting and Translating 126. Exercise physiology and personal training 127. Management of funding for supports in participant's plans 128. Therapeutic Supports 129. Specialised driver Training 130. Assistance animals 134. Hearing services 135. Customised Prosthetics PRODUCTS 103. Assistive products for personal care and safety 105. Personal mobility Equipment 112. Assistive equipment for recreation 113. Vision equipment 122. Hearing equipment 123. Assistive products in household tasks 124. Communication and Information equipment	102. Assistance to access and maintain employment or higher education 106. Assistance in coordinating or managing life stages, transitions and supports 107. Assistance with daily personal activities 115. Assistance with daily life tasks in a group or shared living arrangement 117. Development of daily care and life skills 125. Participation in community, social and civic activities 133. Specialised supported employment 136. Group and centre-based activities	104. High intensity daily personal activities (Module 1) 110. Specialist positive behaviour support (Module 2) Implementation of restrictive practices (Module 2A) 118. Early intervention supports for early childhood (Module 3) 132. Specialised support Coordination (Module 4) 131. Specialist disability accommodation only (Module 5)

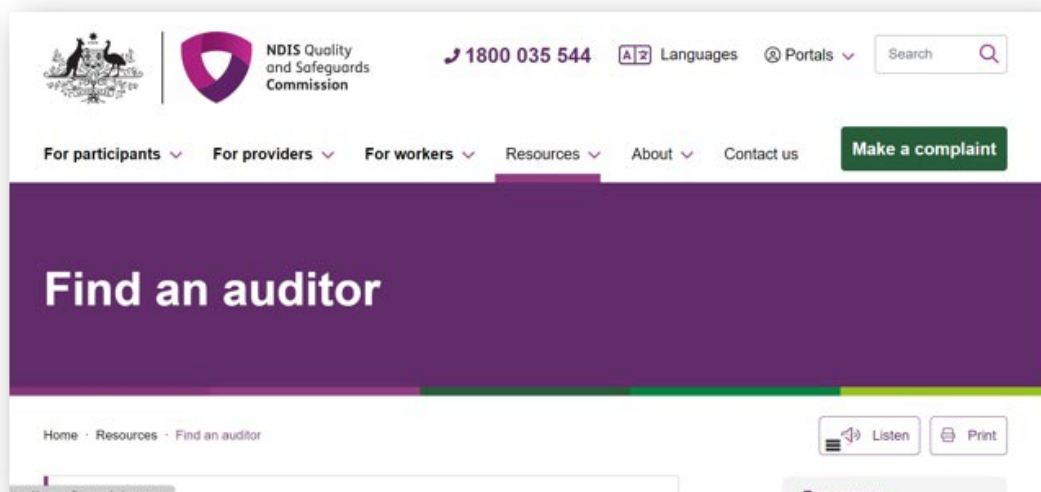


Once you know whether you need to complete a Verification or Certification Audit, you can undertake a self-assessment against the relevant practice standards.

You will then enter all this data onto the Commission's website, and receive your Initial Scope of Audit document, which will confirm which type of audit you must undertake. Then you select an approved quality auditor.



How to Find an Auditor



[Find an auditor | NDIS Quality and Safeguards Commission](https://www.ndiscommission.gov.au/find-an-auditor)
([ndiscommission.gov.au](https://www.ndiscommission.gov.au))

Proportional Requirements

“This means...a provider with only a few workers and a small number of participants needs to present a different level of evidence to meet requirements, compared to a national provider with a large workforce and many participants.”



Size refers to the number of staff you have, and the number of participants you support.

Scale refers to the number of service delivery locations you have, and where these are located (i.e., metro, regional, rural and/ or remote).

Scope refers to the types of services and supports you provide in line with your NDIS registration groups, and their associated level of risk and complexity.

Food for Thought



What is your organisation's size, scale, and scope?



Making it Through Audit

The first thing you want to do in preparation for audit is to access the NDIS Quality and Safeguards Commission portal (via PRODA) to confirm your scope of audit (which registration groups you require, and consequently whether you require a Certification or Verification audit). For more information, click here: [Registered NDIS providers portal login | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au/providers-portal-login)

Then you want to use the WAAMH Readiness Workbook or the MHCC Online Self-Assessment tool to undertake a self-assessment - exploring your strengths and opportunities, as related to the Practice Standards and Quality Indicators. The MHCC Online Self-Assessment tool can be found here: [Embracing Change: A Guide to the NDIS Practice Standards - Mental Health Coordinating Council \(mhcc.org.au\)](https://mhcc.org.au/embracing-change)

Then you need to make a plan for how to address any improvements that need to be made - we advise your team meet regularly to discuss this, and assign tasks/provide updates on progress. You also need to book an auditor. You can access the NDIS Commission's list of approved auditors here: [Find an auditor | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au/find-an-auditor)

Then you'll need to review your documents - this means policy, procedures, service agreements, etc. Remember, all documentation should be regularly reviewed for relevancy - this could take some time. We recommend using a Policy Register, such as the WAAMH Policy Register (found on CAREhub).

You probably won't manage to undertake all the tasks you'd like to before the audit, but it's important to document your intentions to complete them. WAAMH's Continuous Improvement Register is a great way to start.

Finally, as your auditor requests items, simply provide them. A solid filing system will be helpful - you don't want to be searching through a convoluted mess of folders. There are some great recommendations for documentation here: [The importance of record keeping and inf... | Disability Support Guide](#)

Make a Plan

1. • Access NDIS Q&S portal
2. • Conduct self-assessment
3. • Develop a plan/book auditor
4. • Review documents
5. • Document future actions
6. • Provide information to auditor as requested

Food for Thought



Why might it be helpful to assign tasks (with due dates) to different people, rather than undertake the whole audit process yourself?

What will I be audited on?



Documentation is the stuff that's written down; your policies and procedures, your code of conduct, your service agreements - even your marketing materials and website. This is a great opportunity to show the auditor (and your clients) that your organisation takes human rights seriously. There are some wonderful posters available from the following sites, that we recommend displaying:

[Posters - Zoe Belle Gender Collective \(zbgc.org.au\)](http://zbgc.org.au)

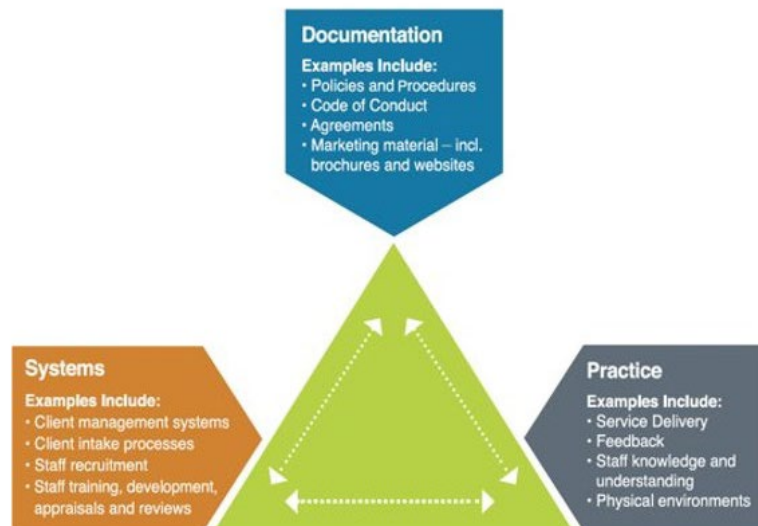
[Make it known, make it better | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](http://ndiscommission.gov.au)

Food for Thought



How else could you evidence that human rights are embedded in your organisation?

What will I be audited on?



Your systems refers to how you manage information and staff.

Do you have an effective way of keeping records? How are staff recruited, trained, and supervised?

Here are some great resources on supervision of staff: [Supervision for Capability | NDIS Workforce Capability \(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au/supervision-for-capability)

Practice refers to the reality of what happens - on the ground.

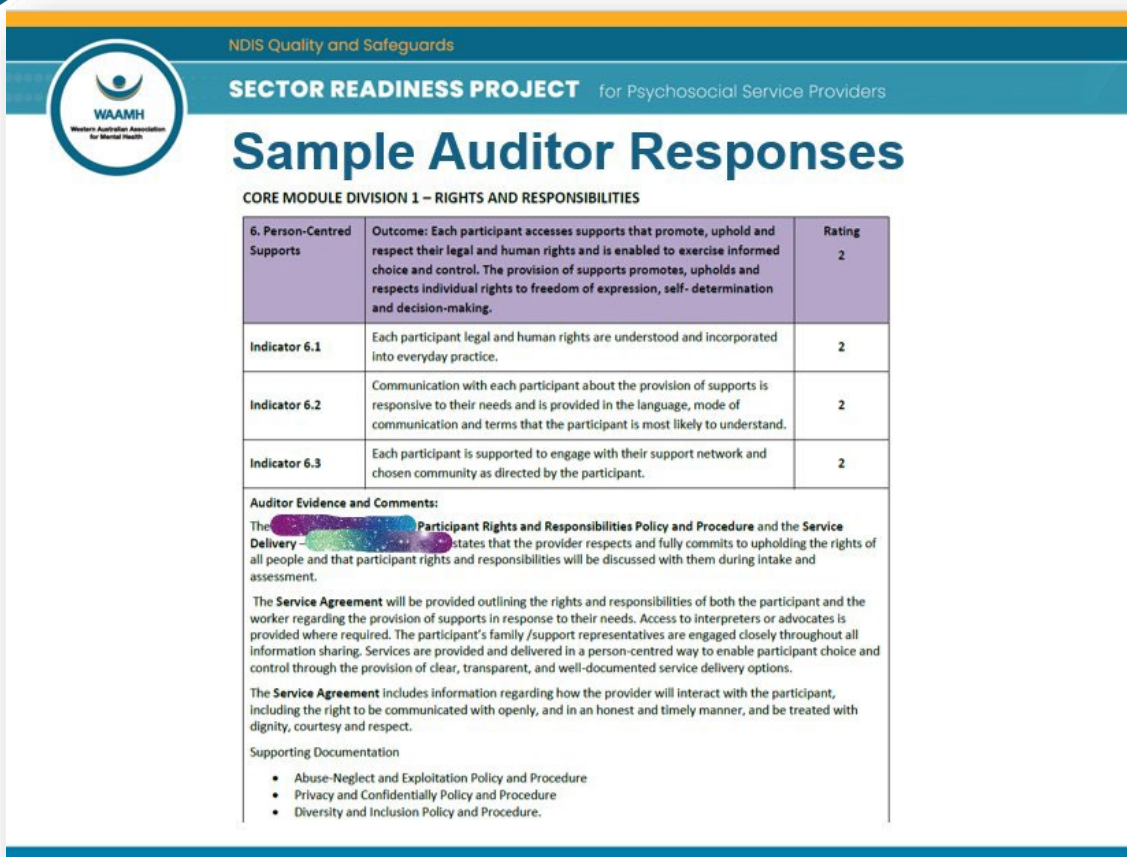
Do participants feel heard and involved? What feedback have you received (and have you acknowledged it)? Do staff understand how to undertake the prescribed procedures, and the reason for them? Is the physical environment safe and accessible for participants and staff?



These are 2 sample documentation requests made by an auditor of a service provider. As you can see, it has been requested that documents be provided for all clients. In reality, an auditor will typically request access to all of a particular type of document (for example, service agreements for every client) but then choose some at random to investigate further.

Documents	Y	N/A	Comments
Example: Complaints Forms		x	No complaints have been made
Consent Form (1 for each participant)			
Participant Risk Assessment (1 for each participant)			
Support Plans (1 for each participant)			
Service Agreement (1 for each participant)			
Emergency Plan (1 for each participant)			
Home/Environment Risk Assessment (generally 1 for each participant)			
Example Participant Progress/Case Notes			
Worker screening documents			

Worker screening documents *Place these in separate folders under each worker's name Required for all workers: • 100 points ID • NDIS Orientation Module certificate Documents that workers may have, if applicable: • Relevant qualifications • First Aid Certificates • Infection Control Training • Working with Children Check • NDIS Worker Screening Check • Police checks			
Car license, registration and insurance for any workers who drive participants			
Insurance Certificates of Currency 1. Public Liability 2. Professional Indemnity or Medical Malpractice 3. WorkCover or Accident			



NDIS Quality and Safeguards

SECTOR READINESS PROJECT for Psychosocial Service Providers

Sample Auditor Responses

CORE MODULE DIVISION 1 – RIGHTS AND RESPONSIBILITIES

6. Person-Centred Supports	Outcome: Each participant accesses supports 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.	Rating
		2
Indicator 6.1	Each participant legal and human rights are understood and incorporated into everyday practice.	2
Indicator 6.2	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
Indicator 6.3	Each participant is supported to engage with their support network and chosen community as directed by the participant.	2

Auditor Evidence and Comments:

The [REDACTED] **Participant Rights and Responsibilities Policy and Procedure** and the **Service Delivery** states that the provider respects and fully commits to upholding the rights of all people and that participant rights and responsibilities will be discussed with them during intake and assessment.

The **Service Agreement** will be provided outlining the rights and responsibilities of both the participant and the worker regarding the provision of supports in response to their needs. Access to interpreters or advocates is provided where required. The participant's family /support representatives are engaged closely throughout all information sharing. Services are provided and delivered in a person-centred way to enable participant choice and control through the provision of clear, transparent, and well-documented service delivery options.

The **Service Agreement** includes information regarding how the provider will interact with the participant, including the right to be communicated with openly, and in an honest and timely manner, and be treated with dignity, courtesy and respect.

Supporting Documentation

- Abuse-Neglect and Exploitation Policy and Procedure
- Privacy and Confidentiality Policy and Procedure
- Diversity and Inclusion Policy and Procedure.

As demonstrated above, an auditor will typically break down requirements into the practice standard modules, and each quality indicator. The auditor is responsible to ensuring that every service provider they recommend for registration indeed is compliant with these practice standards and quality indicators. Thus, they will provide a justification and supporting evidence as shown in the sample response above.

The Compliance Ratings are comparable to a star rating, as we will explore further:

3 = Best Practice

2 = Acceptable

1 = Minor Nonconformity

0 = Major Nonconformity



NDIS Quality and Safeguards

SECTOR READINESS PROJECT for Psychosocial Service Providers

Compliance Ratings - 3



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.

Food for Thought



How could an organisation go above and beyond, in order to achieve a compliance rating of 3?

Compliance Ratings - 2



The NDIS provider can clearly demonstrate that the **outcomes and indicators are met** as proportionate to the size and scale of the provider – evidence may include practice evidence, training, records and visual evidence.

This would mean there was **negligible risk** and certification can be recommended.

Food for Thought



Remember that auditors can only assess the evidence in front of them. You may be meeting the standards and indicators, but how are you documenting that?



Compliance Ratings - 1



A rating of 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...



Compliance Ratings - 1



One of two situations usually exists in relation to Minor Non-Conformity:

- There is evidence of appropriate process, systems or structure implementation, **without the required supporting documentation.**
- A documented process, system or structure is evident, but the provider is **unable to demonstrate implementation, review or evaluation** where this is required.



Compliance Ratings - 0

The NDIS provider is ***unable to demonstrate*** appropriate process systems or structures to meet the required outcome and indicators and/or the ***gaps in meeting the outcome present a high risk.***



Compliance Ratings - 0

Three Minor Non-Conformities (1s) within the same module may also constitute a Major Non-Conformity.

A rating of 0 will ***preclude a recommendation for verification.***

As you can see in the example below, the service provider had three minor non-conformities in the Governance and Operation Management Module, which gives them a major non-conformity for that module.

NDIS Quality and Safeguards		
SECTOR READINESS PROJECT for Psychosocial Service Providers		
Sample Compliance Ratings		
Compliance Status Standard	Name	Rating
Division 1: Rights and Responsibilities		2
6	Person-Centred Supports	2
7	Individual Values and Beliefs	2
8	Privacy And Dignity	2
9	Independence And Informed Choice	2
10	Violence, Abuse, Neglect, Exploitation and Discrimination	2
Division 2: Governance and Operational Management		0
11	Governance And Operational Management	1
12	Risk Management	2
13	Quality Management	1
14	Information Management	2
15	Feedback And Complaints Management	2
16	Incident Management	2
17	Human Resource Management	1

Food for Thought



Why might 3 minor nonconformities result in a major nonconformity?

Minor

Lacking evidence of policy/procedure or lacking evidence of implementation: Important but not always urgent. Corrective action plan required for audit to be completed via recommendation to NDIS.

Major

Not demonstrating meeting the NDIS requirements: urgent action required, prevents re-registration. Corrective action plan must be implemented within three months.

Remember, minor = important but not urgent, whereas major = important and urgent!

As you can see in the example feedback below, the service provider's position descriptions did not match their organisation chart. Further, one position description was lacking the pre-requisites for the role and was therefore incomplete:

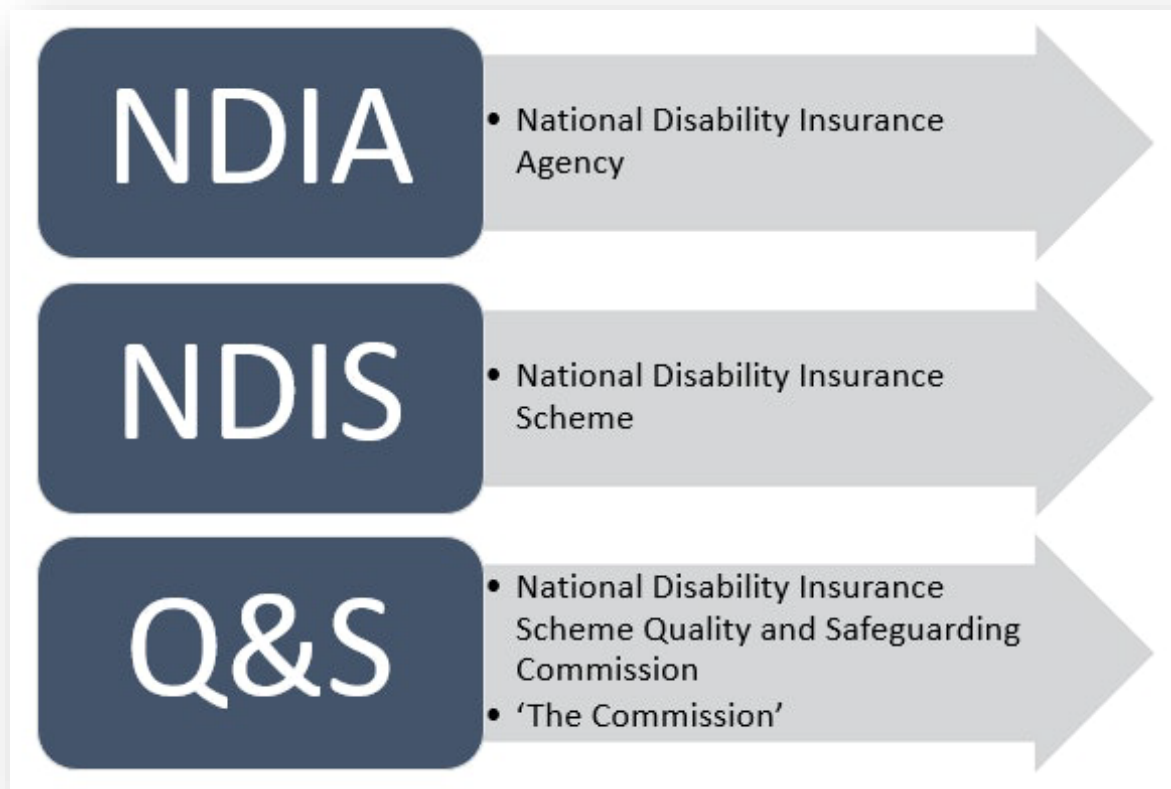
Non-Conformity

An Organisation Chart is sighted with the roles/positions identified as: Chief Executive, Administrative Support, Sales and Marketing Director, Operations Director and Finance Director. These roles are not supported with the respective Position Descriptions.

Position Descriptions are available for the Support Worker and Specialist Positive Behaviour Support Worker. However, the roles of the Support Worker and Specialist Positive Behaviour Support Worker are not in the Organisation Chart.

Also, the Position Description of the Specialist Positive Behaviour Support Worker is incomplete. The professional qualification and experience as pre-requisites for the role has not been defined.

Complex Terms



NDIA

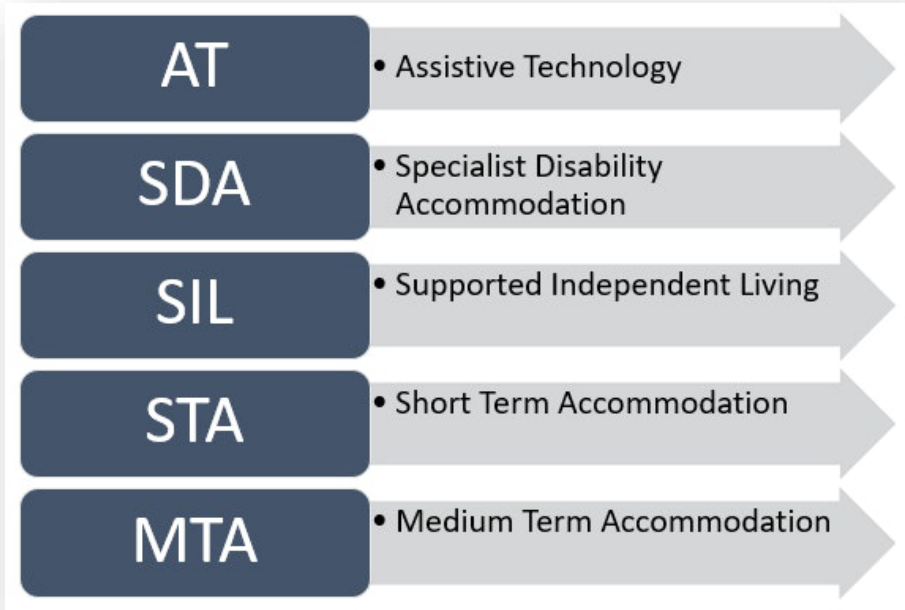
The NDIA is the agency that manages the financial side of the NDIS.

NDIS

The NDIS refers to the scheme itself.

Q&S

The Commission, or Q&S commission, is responsible for keeping participants safe and services high quality.



AT

AT refers to assistive technology – this could be things like hand rails, modified bicycles, etc.

SDA

SDA refers to Specialist Disability Accommodation, and refers to the physical structures that some people with high needs (“extreme functional impairment”) require. These are the homes that are built to standards outlined by the commission. The types are: improved liveability. •robust construction. •fully accessible. •high physical support.

For more information, visit [National Disability Insurance Scheme \(Specialist Disability Accommodation\) Rules 2020 \(legislation.gov.au\)](https://legislation.gov.au)

SIL

SIL refers to Supported Independent Living, and denotes the services that support a person with high support needs or longer than 8 hours per day. So someone who lives in SDA will probably have SIL, but not everyone who has SIL will live in SDA. .

For more information, visit: [Supported Independent Living | NDIS](#)



STA

STA refers to Short Term Accommodation, or may be called “respite”. This is accommodation (the dwelling itself AND the support) that lasts for less than 2 weeks (14 days) at a time. “funding for support and accommodation for a short time away from your usual home. It covers the cost of your care in another place for up to 14 days at a time. You might have a short stay with other people, or by yourself. It’s often funded when your usual carers aren’t available, or for you to try new things.” For more information, visit [Short Term Accommodation or Respite | NDIS](#)

MTA

MTA refers to Medium Term Accommodation – this is accommodation that lasts for up to 90 days. “We fund medium term accommodation so you have somewhere to live if you can't move into your long term home because your disability supports aren't ready. To be eligible, you must have a home you'll move into and you need somewhere else to live in the medium-term. We usually fund medium term accommodation for up to 90 days.” For more information, visit [Medium term accommodation | NDIS](#)

**SECTOR READINESS PROJECT** for Psychosocial Service Providers**PitC**

Partners in the Community refers to the organisations who have been tendered to employ LACs for the NDIA. In WA, these are Wanslea, APM, and Mission Australia.

LAC

An LAC is a Local Area Coordinator. They work for the Partners in the Community, on behalf of the NDIA. Their purpose is to connect with participants and provide support to connect with service providers. They are also (sometimes) involved in developing a participant's NDIS plan, although the plan must go to an NDIA planner to be approved (or amended) first.

Planner

An NDIA Planner works directly for the NDIA, and (sometimes) puts plans together for a participant. Other times, the planner simply reads the LAC's proposed plan and either amends or approves.



SC

A Support Coordinator works for a service provider (they are not employed by the NDIA) to co-ordinate the supports of the participant, and provide reports to the NDIA LAC/Planner at the end of each plan to inform funding for the next plan.

RC

A Psychosocial Recovery Coach is similar to a Support Coordinator, in that they are employed by a private organization and provide coordination of supports. Additionally though, Psychosocial Recovery Coaches are only available to participants with a primary psychosocial disability, and on top of provision of support coordination and reporting, they mentor and coach the participant.

In some cases, someone may be funded for both a Psychosocial Recovery Coach and Support Coordination, but generally, you either get one or the other (or neither) funded in an NDIS plan.

To read more about Psychosocial Recovery Coaching, click here:

[Psychosocial recovery coaching - Overview \(tspforall.com.au\)](https://tspforall.com.au/psychosocial-recovery-coaching-overview)



BSP:

BSP is generally used to describe a Behaviour Support Plan. To learn more about behaviour support plans, click here: [Understanding People: Positive Behaviour Support | WA's Individualised Services \(waindividualisedservices.org.au\)](https://waindividualisedservices.org.au)

Sometimes, BSP is used to describe a Behaviour Support Practitioner, or PBS practitioner.

RP:

A restrictive practice is any practice which has the effect of restricting the rights or freedom of movement of a person with disability. The NDIS Commission states, “The use of restrictive practices for people with disability can present serious human rights breaches. The decision to use a restrictive practice needs careful clinical and ethical consideration, taking into account a person’s human rights and the right to self-determination.

Restrictive practices should be used within a positive behaviour support framework that includes proactive, person-centred and evidence-informed interventions.”



““There are some circumstances when restrictive practices are necessary as a last resort to protect a person with disability and or others from harm.

The NDIS Commission’s role is to provide registered NDIS providers and NDIS behaviour support practitioners with clear guidance to ensure appropriate safeguards are in place with the aim of reducing and eliminating the use of regulated restrictive practices where possible.”

Additionally, the National Mental Health Commission states; “There is strong agreement that seclusion and restraint is a human rights issue, that it has no therapeutic value, that it has resulted in emotional and physical harm for consumers and staff, and that it can be a sign of a system under stress. “

ndiscommission.gov.au/sites/default/files/2022-02/regulated-restrictive-practice-guide-rrp-20200.pdf

ARP

An authorized restrictive practice is a practice which has been authorised following the process for that state or territory. In WA, this means that it has passed a Quality Audit Panel (QAP) and been deemed necessary. For more information about WA Authorisation, click here: [Authorisation of restrictive practices \(www.wa.gov.au\)](https://www.wa.gov.au)

RRP

A regulated restrictive practice is a restrictive practice which has been nationally classified as regulated by the NDIS Quality and Safeguards Commission. There are five types; seclusion, environmental restraint, mechanical restraint, chemical restraint, and physical restraint. For further information, click here:

PBS

Positive Behaviour Support is a wrap around support that prioritises the human rights of the participant, and focuses on improving their quality of life. For further information, click here: [Introduction to Positive Behaviour Support - YouTube](#)

Conclusion

In this workbook, you have learned:

- Why audits take place in the NDIS Registered provider space
- What the audit timelines are
- How to proceed (and succeed) through an audit
- What a range of NDIS-related acronyms mean

Best of luck with your audit – remember, it's all about evidencing how human rights are embedded within your organisation's practices.

Other Resources

- The CAREhub has a vast selection of the WAAMH Sector Readiness Project's tools and templates available:
<https://carehub.waamh.org.au/>
- Mental Health Commissioning Council has a guide to the Practice Standards and Quality Indicators, for psychosocial providers:
[Embracing Change: A Guide to the NDIS Practice Standards - Mental Health Coordinating Council \(mhcc.org.au\)](#)
- Mental Health Commissioning Council also has teamed up with BNG to provide a free online self assessment tool, which is free for registered providers:
Video explaining - [MHCC 2 \(wistia.com\)](#)
Tool - [NDIS Practice Standards Self-Assessment Tool - BNG SPP \(ngoservicesonline.com.au\)](#)
- The NDIS Commission lists the Practice Standards and Quality Indicators here:
[NDIS Practice Standards and Quality Indicators \(ndiscommission.gov.au\)](#)
- NDS has a great library of resources too:
[NDIS Quality and Safeguards Resources](#)