DOCUMENT 1

Section 22

From: Behaviour Support (NDIS Commission)
Sent: Thursday, 3 December 2020 2:04 PM
To: Section 22
Cc: Section 22
Subject: Your NDIS behaviour support practitioner status [SEC=OFFICIAL]
Attachments: Section 47F

Dear Behaviour Support Practitioner,

Please find attached confirmation of your behaviour support practitioner status.

Please do not hesitate to contact us if you have any questions about this.

Kind regards,

National Behaviour Support Team

NDIS Quality and Safeguards Commission

1800 035 544 | behavioursupport@ndiscommission.gov.au
www.ndiscommission.gov.au

The NDIS Quality and Safeguards Commission acknowledges the traditional owners of country throughout Australia and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

DOCUMENT 2

Complaints

Complaint #: 4-39929458944

Status: Closed

Title: Delayed behaviour support plan and concern about best interests of PWD

Categorisation: Stream A

Section 22

+ 1 more

Section 22

Provider business name: Sanctuary Australia

Complaint details

Overview

Triage

Activity log

Add an action or decision if you are assigned to this complaint.

Activity Id	Activity type	Action / Decision type	Date / time undertaken	Activity status	
4-IJGE6PY	Action	Email - outbound	5/04/2023 9:03:12 AM	Completed	Actions

Relates to: Complainant

Date / time created:
5/04/2023 9:03:12 AM

Created by: Section 22

Related to other contact

Name:

Phone:

Email:

Action description: 2023-05-04- Outcome email to complainant.

Activity Id	Activity type	Action / Decision type	Date / time undertaken	Activity status	
4-IJFM9BC	Action	Decision	4/04/2023 5:39:46 PM	Completed	Actions

Complaint details
Complainant(s)
Person(s) with disability
Provider
Other people involved
Issues
Concerns and actions
Key dates and events
Activity log
Assessments
Related records
Reconsiderations

Relates to: Commission

Date / time created:
5/04/2023 4:39:45 AM

Created by: Section 22

Related to other contact

Name:

Phone:

Email:

Action description: 2023-04-05- Assessment of complaint for delegate decision making

▼	4-IJFM9A1	Action	Phone call - outbound	4/04/2023 9:38:33 AM	Completed	Actions

Relates to: Complainant

Date / time created:
5/04/2023 4:38:33 AM

Created by: Section 22

Related to other contact

Name:

Phone:

Email:

Change history

Actions

Tasks

Notes

Attachments

Escalate matter

Action description:

2023-04-04 (Section 22: Call from Section 22

Phone number: Section 22

Time: 9.23am

Duration: No answer

Summary: Phone not accepting incoming calls.

4-IJCTJG4	Action	Email - outbound	4/04/2023 2:17:32 PM	Completed	Actions

Relates to: Complainant

Date / time created:

4/04/2023 2:17:32 PM

Created by: Section 22

Related to other contact

Name:

Phone:

Email:

Action description: 2023-03-31 - Outgoing email requesting contact from complainant

4-IIS14FZ	Action	Phone call - outbound	31/03/2023 2:54:16 PM	Completed	Actions

Relates to: Complainant

Date / time created:
31/03/2023 2:54:16 PM

Created by: Section 22

Related to other contact

Name:

Phone:

Email:

Action description:
2023-03-31 (Section 22 : Call from I Section 22
Phone number Section 22
Time: 1.53pm
Duration: No answer
Summary: Phone not accepting incoming calls.

Select Format, Press Export, and Save Download

Format: Tab Separated

DOCUMENT 3

Complaints

Complaint #: 4-39929458944

Status: Closed

Title: Delayed behaviour support plan and concern about best interests of PWD

Categorisation: Stream A

Section 22

Section 22

Provider business name: Sanctuary Australia

Complaint details

Overview

Triage

Assessment

Assessment Id:

4-IJFM9C8

Assessment type:

Concluding

Assessment status:

Approved

Date created: ***dd/mm/yyyy hh:mm***

5/04/2023 4:41:10 AM

Created by:

Section 22

Issues list (1)

Primary	Issue name	Type	Crisis response	Matter finalised?	Status
Yes					

Delay by provider in completing plan	Code of Conduct (Provider)	No	No	Active

Issue outcomes

There are no issue outcomes.

Concerns

There are no concerns.

Action taken by Commission

There are no actions.

Outcome details

Complaint against:

Provider

Commission outcome:

Unresolved

Change history

Actions

Tasks

Notes

Attachments

Escalate matter

Non-compliance:

No

Outcomes list

There are no outcomes.

Related complaints

Related reportable incidents

Related behaviour support plans

Closing determination

Recommendation:

Closed

Reason for recommendation:

Font | Size

The CO was unable to make contact with the PWD to clarify and progress the complaint and accordingly closed the complaint.

It is recommended that the complaint be closed pursuant to S16(3)(a) and S17(1)(f) as there is insufficient information.

536/16000

Correspondence

Is the closure correspondence attached?

Yes

Delegate approval

Delegate:

Section 22

Approval status:

Approved

Decision date: ***dd/mm/yyyy***

05/04/2023

Delegate instructions:

Attachments

	Name	Document type	Date uploaded	Type	Size	Uploaded by
▼	Assessment - 2023-04-04 Complaint re Sanctuary Australia - 4-39929458944	Complaints management	5/04/2023	docx	17,788	Section 22

Description: 2023-04-05 - Assessment of complaint for delegate decision making

DOCUMENT 4

NDIS Quality and Safeguards Commission

Complaint Reference Number:
RSKJAD28

Complaint Contact Form

Make a complaint

If you have a concern about your current NDIS supports or services, it's important to talk about it. Anyone receiving NDI or services can make a complaint about an NDIS Provider.

If you want to make a complaint about your NDIS plan or planning process, in any state or territory, please contact the N Disability Insurance Agency (opens a new window).

Your family or friends can talk to us on your behalf. Our service is completely free and independent.

We will need to know who is involved, what you are not happy about, what you want to happen, and some information at With this information, we will work with you and your NDIS provider to resolve your complaint.

We recommend that you call our complaints line directly on 1800 035 544. Even if you're not sure yet if you want to mak complaint, we can provide advice and information to help you decide what you want to do.

There are many ways to make a complaint to the NDIS Quality and Safeguards Commission:

- Call us on 1800 035 544
- Fill out the complaint contact form below and we will contact you
- Use TTY on 133 677
- Use National Relay Service (opens a new window) and ask for 1800 035 544
- Use an interpreter.

Complaints about the NDIS Worker Screening Check

If your complaint is about the NDIS Worker Screening Check, please don't use this form. Instead, if you are:

- an employer, contact the NDIS Worker Screening Helpdesk on 1800 035 544 or by emailing nwsd@ndiscommissio
- a worker, contact the relevant state or territory Worker Screening Unit

Please provide your details:

If you wish to make a confidential or anonymous complaint, it is better if you call our contact centre on 1800 035 544 anc speak to our complaints team.

First name
Section 22

Last name
Section 22

Telephone (e.g. 0299999999)

Email address (e.g. name@company.com)

I am a:

Section 22

When can we contact you?

- Morning
- Afternoon
- Anytime

Are you making this complaint on behalf of a person with disability? *

- Yes
- No

Please provide details of the person with disability:

Section 22

Do you require any help with communication? e.g Interpreter or National Relay Service?

- Yes
- No

Please provide details of this NDIS provider:

Provider Name *

Sanctuary Australia

State/territory *

ACT

Tell us about your complaint

You may wish to include details such as:

- the date and time the incident(s) occurred
- an outline of the issues involved, and
- whether the complaint relates to a current service provider.

The provider has been engaged for over 12 months to establish a positive behaviour support plan. The plan has not beer which is placing the participant at risk of harm as he is unable to get other support services to assist him. Other provide work with the participant until there is a plan in place. Concerns about whether the provider is working in the best interes participant.

412/1000 characters

Have you spoken to your provider?

(•) Yes ( ) No

DOCUMENT 5

Complaints

Complaint #: 4-39929458944

Status: Closed

Title: Delayed behaviour support plan and concern about best interests of PWD

Categorisation: Stream A

Section 22

+ 1 more

Section 22

Provider business name: Sanctuary Australia

Complaint details

Overview

Triage

Issues

Add an issue to the complaint.

	Primary	Issue name	Type	Crisis response	Matter finalised?	Status	
▼	Yes	Delay by provider in completing plan	Code of Conduct (Provider)	No	No	Active	Actions

Sub type: Safe/competent/care/skill

Occurrence period from:

Occurrence period to:

Date of occurrence:

Service type:

Resolution approach: No further action

Reason for closure: s16(3)(a);s17(1)(f)

Complaint details
Complainant(s)
Person(s) with disability
Provider
Other people involved
Issues
Concerns and actions
Key dates and events
Activity log
Assessments
Related records
Reconsiderations

External referral:

Nature of referral:

Consulted with:

Resolution approval date:

Background:

- The complaint relates to the delay by the provider in implementing a positive behaviour support plan.

Recommendations for closure:

- The CO was unable to make contact with the PWD to clarify and progress the complaint and accordingly closed the complaint. It is recommended that the complaint be closed pursuant to S16(3)(a) and S17(1)(f) as there is insufficient information.

Select Format, Press Export, and Save Download

Format: Tab Separated

Change history

Actions

Tasks

Notes

Attachments

Escalate matter

Complaints

Complaint #: 4-39929458944

Status: Closed

Title: Delayed behaviour support plan and concern about best interests of PWD

Categorisation: Stream A

Section 22

+ 1 more

Section 22

Provider business name: Sanctuary Australia

Complaint details

Overview

Triage

Overview

Complaint details, at a glance

Complaint basics

Complaint #: 4-39929458944

Channel: Public Web Form

Date received: 17/02/2023 12:00:00 AM

Title: Delayed behaviour support plan and concern about best interests of PWD

Complaint type: In scope

Section 22

Complaint status: Closed

Support person(s):

Consent received?

Status changed date: 5/04/2023 12:00:00 AM

Section 22

Section 22

Assigned date: 27/03/2023 10:37:31 AM

Intake submitted date: 27/03/2023 10:41:34 AM

Section 22

Created by: FMW_SBL_NQSC FMW_SBL_NQSC

Closed date: 5/04/2023 10:07:10 AM

Section 22

Created date: 17/02/2023 1:30:06 PM

Section 22

Anonymous complaint: No

Provider

Provider business name: Sanctuary Australia

Name (identified in public form): Sanctuary Australia

Type: Registered

Outlet:

Related records

Number of related complaints:

0

Number of related reportable incidents:

0

Number of related behaviour support plans:

0

Change history

Actions

Tasks

Notes

Attachments

Escalate matter

Complaint description

Web form complaint summary:

The provider has been engaged for over 12 months to establish a positive behaviour support plan. The plan has not been provided, which is placing the participant at risk of harm as he is unable to get other support services to assist him. Other providers cannot work with the participant until there is a plan in place. Concerns about whether the provider is working in the best interests of the participant.

Complaint summary:

- The complaint relates to the delay by the provider in implementing a positive behaviour support plan.

Detailed information about the complaint:

Issues list (1)

If there are a few issues listed, select a record to view if it has any 'Issue outcomes'.

	Primary	Issue name	Type	Crisis response	Matter finalised?	Status
▼	Yes	Delay by provider in completing plan	Code of Conduct (Provider)	No	No	Active

Sub type: Safe/competent/care/skill

Occurrence period from:

Occurrence period to:

Date of occurrence:

Service type:

Resolution approach:

No further action

Reason for closure: s16(3)(a);s17(1)(f)

External referral:

Nature of referral:

Consulted with:

Resolution approval date:

Background:

- The complaint relates to the delay by the provider in implementing a positive behaviour support plan.

Recommendations for closure:

- The CO was unable to make contact with the PWD to clarify and progress the complaint and accordingly closed the complaint. It is recommended that the complaint be closed pursuant to S16(3)(a) and S17(1)(f) as there is insufficient information.

Issue outcomes

No 'Issue outcomes' recorded.

Action taken by Commission

No 'Action taken by the Commission' recorded.

1800 035 544 (tel:1800-035-544)

Support (mailto:tier1support@ndiscommission.gov.au)

Feedback (mailto:tier1support@ndiscommission.gov.au)

DOCUMENT 7

Complaints

Complaint #: 4-41469273929

Status: Internal referral - closed

Title: Provider won't release funds, allegations of fraud and no provided BSP **Consolidated complaint**

Categorisation: Stream C

Section 22

Section 22

Provider business name: Sanctuary Australia

Complaint details

- **Overview**
- Triage
- Complaint details
- Complainant(s)
- Person(s) with disability
- Provider
- Other people involved
- Issues
- Concerns and actions
- Key dates and events

Activity log

Assessments

Related records

Reconsiderations

Change history

Actions

Tasks

Notes

Attachments

Escalate matter

Overview

Complaint details, at a glance

Complaint basics

Complaint #: 4-41469273929

Channel: Phone

Date received: 13/11/2023 9:41:16 AM

Title: Provider won't release funds, allegations of fraud and no provided BSP **Consolidated complaint**

Complaint type: In scope

Section 22

Complaint status: Internal referral - closed

Support person(s):

Consent received? Full Consent-PWD

Status changed date: 14/11/2023 12:00:00 AM

Section 22

Assigned date: 14/11/2023 5:00:57 PM

Intake submitted date: 14/11/2023 4:48:21 PM

Office managing complaint: VIC

Section 22

Created date: 13/11/2023 9:41:16 AM

Closed by:

Anonymous complaint: No

Provider

Provider business name: Sanctuary Australia

Name (identified in public form): Sanctuary Oz (Australia)

Type: Registered

Outlet:

Related records

Number of related complaints:

1

Number of related reportable incidents:

0

Number of related behaviour support plans:

0

Complaint description

Complaint summary:

Related Complaint: 4-41311057306

Detailed information about the complaint:

Initial complaint lodged by SC on 10/11/23. Mother called to lodge a complaint on 14/11/23. Both complainants have been listed with the mother [redacted] being the primary contact.

Issues list (3)

If there are a few issues listed, select a record to view if it has any 'Issue outcomes'.

Primary	Issue name	Type	Crisis response	Matter finalised?	Status
Yes	Refusal of creating a BSP by provider	Specialist Behaviour Support	No		Active
No	Hindering progress by not providing a BSP	Specialist Behaviour Support	No		Active
No	Fraudulent activity and unwarranted charges	Code of Conduct (Provider)			Active

Issue outcomes

No 'Issue outcomes' recorded.

Action taken by Commission

No 'Action taken by the Commission' recorded.

1800 035 544 (tel:1800-035-544)

Support (mailto:tier1support@ndiscommission.gov.au)

Feedback (mailto:tier1support@ndiscommission.gov.au)

DOCUMENT 8

Matter

Matter Id: 4-J21JY6E

Title:

Status: Under assessment

Matter subtype: Compliance matter

Risk rating:

Officer assigned:

Date created/escalated: 14/11/2023

Overview

Source

Provider(s) involved

People involved

Related records

Assessments

Plans

Exhibit register

Critical decision log

Running sheet

Key dates and events

Compliance/Investigation activities

Findings

Compliance/enforcement outcomes

Review of decisions

Actions

Attachments

Notes

Produce a document

Tasks

Change history

Overview

About the matter

Matter Id: 4-J21JY6E

Title:

Status: Under assessment

Section 22

Section 22

Source: Complaint

Restricted matter: No

Time critical?

Matter subtype: Compliance matter

Assigned to:

Escalated to Investigations: No

Escalated from matter Id:

Short description: Related Complaint: 4-41311057306

Assessment details:

Font | Size | [redacted]

0/16000

Action(s) taken:

Anticipated action(s):

Risk

Risk rating:

Risk rating reason:

Alleged breaches of the NDIS Act

Involved agencies & law enforcement

Matter progress

Assessments:

0

Critical decisions:

0

Compliance/Investigation activities:

0

Run sheet entries:

0

Approved plan:

N

Compliance/enforcement outcomes:

0

Matter close date:

Reopened date:

Commission priorities

DOCUMENT 9

Matter

Matter Id: 4-J21JY6E

Title:

Status: Under assessment

Matter subtype: Compliance matter

Risk rating:

Officer assigned:

Date created/escalated: 14/11/2023

Overview

Source

Provider(s) involved

People involved

Related records

Assessments

Plans

Exhibit register

Critical decision log

Running sheet

Key dates and events

Compliance/Investigation activities

Findings

Compliance/enforcement outcomes

Review of decisions

Actions

Attachments

Notes

Produce a document

Tasks

Change history

Source

About the complaint

Complaint #:

4-41469273929

Status: Internal referral - closed

Section 22

Created on: 13/11/2023 9:41:16 AM

Section 22

Provider business name: Sanctuary Australia

Number of issues: 3

Number of related complaints: 1

Complaint description/title: Related Complaint: 4-41311057306

Escalation details

Prior to escalating a matter, ensure you have:

- Advised supervisor/manager of intent to escalate matter.
- Linked all other relevant records to the complaint.

Matter Id:

4-J21JY6E

Date matter created/escalated: ***dd/mm/yyyy***

14/11/2023

Section 22 [redacted]

Impact rating:

Moderate

Matter status:

Under assessment

Matter assigned to:

Special considerations:

Section 37(1)(a)

Actions by the escalating function

Actions undertaken by the escalating function:

Intake completed with conversation with PPT mother following an inbound call.

Actions yet to be undertaken by the escalating function:

NFAR by intake & early res.

1800 035 544 (tel:1800-035-544)

Support (mailto:tier1support@ndiscommission.gov.au)

Feedback (mailto:tier1support@ndiscommission.gov.au)

DOCUMENT 10

Registration application

Application reference number: 4-D623W6J

ABN: 59628975226

Application status: Approved

Legal name: SANCTUARY AUS LIMITED

Application type: Renewal Application

Assigned to:

Application details

- Application details
- Provider details
- Key personnel
- Service delivery questions

View module

About module

Module name: Module 2

Module status: Assessed

Number of outcomes for this module: 7

Number of outcomes pending a response: 0

Module focus: Specialist Behaviour Support

Approved Quality Auditors, update and record a response for each of the 'Pending' outcomes listed. Then you may 'Finalise' this module to record it as assessed.

To view more details about an outcome, select the triangle to the left of the outcome name. The record will then expand to show more information.

Outcome name	Outcome number	Status	Rating – level of compliance
1 Behaviour Support in the NDIS	1	Responded	Conformity

Outcome description:

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

To achieve this outcome, the following quality indicators should be demonstrated in the Applicant's response:

1. The National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 are understood and applied.
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.
3. Each NDIS behaviour support practitioner undertakes ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support.
4. A specialist behaviour support clinical supervisor provides clinical supervision of each work practice of the NDIS behaviour support practitioner.
5. Demonstrated commitment to reducing and eliminating restrictive practices through policies, procedures and practices.

Provider response: This identical item has been fully answered in Module 2A of this application.

Audit comments:

1 Behaviour Support in the NDIS
Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks. 1. The National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 are understood and applied. 2
There are two NDIS registered behaviour support practitioners working in the organisation. One of the executive directors is a behaviour support practitioner and was interviewed for this module.

Section 22

At time of the audit there were no current participants with a behaviour support plan with restrictive practices.

Actions

Document production

Attachments

Escalate matter

The clinician/ director confirmed understanding and a working knowledge of the NDIS Restrictive Practices and Behaviour Support Rules. Examples were provided. 2
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
The clinician/director has experience in behaviour support and restrictive practices and has been assessed as suitable to deliver positive support plans by the NDIS Commission.
3. Each NDIS behaviour support practitioner undertakes ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support. 2
The clinician participates in ongoing professional development by subscription to the Australian social work journal, researching current practices locally and internationally, accessing online education modules, videos and podcasts and membership with a behavior support practitioners' network.

4. A specialist behaviour support clinical supervisor provides clinical supervision of each work practice of the NDIS behaviour support practitioner. 2 The clinician/director is currently attending the NDIS behaviour su

2 Restrictive Practices	2		Responded	Conformity

Outcome description:
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

outlined in Commonwealth legislation and policy.

To achieve this outcome, the following quality indicators should be demonstrated in the Applicant's response:

1. Knowledge and understanding of regulated restrictive practices as described in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 and knowledge and understanding of any relevant state or territory legislation and/or policy requirements and processes for obtaining authorisation (however described) for the use of any restrictive practices included in a behaviour support plan.
2. Each Behaviour Support Practitioner undertakes professional development to maintain an understanding of practices considered restrictive and the risks associated with those practices.
3. Each participant and, with the participant's consent, their support network, providers 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.
4. 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.
5. 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.
6. Regulated restrictive practices in behaviour support plans comply with the conditions prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
7. 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.
8. 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.

Provider response: This identical item has been fully answered in Module 2A of this application.

Audit comments:

2 Restrictive Practices 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. 1. Knowledge and understanding of regulated restrictive practices as described in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 and knowledge and understanding of any relevant state or territory legislation and/or policy requirements and processes for obtaining authorisation (however described) for the use of any restrictive practices included in a behaviour support plan. 2 The clinician/director demonstrated working knowledge of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 and the ACT Senior Practitioner (Positive Behaviour Support Plan) Guideline 2019 (No 2). Examples were provided. The organisation's Behaviour Support Services policy and procedure were evidenced.

It is recommended a review of the organisation's Behaviour Support Services policy and procedure be undertaken to align with the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

2

2. Each Behaviour Support Practitioner undertakes professional development to maintain an understanding of practices considered restrictive and the risks associated with those practices. 2 The practitioner is a member of the Canberra region behaviour support practitioners' network which provides education and support, researching current practices locally and internationally. Access to the ACT senior behaviour support practitioner's office is made for guidance and clarification regarding risks involved with the use of restrictive practices.

3. Each participant and, with the participant's consent, their support network, providers implementing behaviour support plans, and other relevant stakeholders are engaged in di

implementing behaviour support plans, and other relevant stakeholders are engaged in di

3 Functional Behavioural Assessments and Behaviour Support Plans	3	Responded	Conformity

Outcome description:

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

To achieve this outcome, the following quality indicators should be demonstrated in the Applicant's response:

1. 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.
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.
3. Behaviour support plans are consistent with evidence-informed practice, including proactive strategies.
4. 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.
5. 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

consideration and acceptance.

6. All behaviour support plans containing a regulated restrictive practice are provided to the Commissioner in the time and manner prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

Provider response: This identical item has been fully answered in Module 2A of this application.

Audit comments:

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. 2 The clinician/director confirmed behaviour support plans take into account all appropriate sources of information such as the behaviour support assessment, and with the consent of the participant, information and data from the participant's support network, the providers implementing behaviour support plans, and assessments carried out by other collaborating providers. Practice examples were provided.

3. Behaviour support plans are consistent with evidence-informed practice, including proactive strategies. 2

Ongoing continuing professional development activities described earlier in this report, with regular peer and individual supervision and mentoring arrangements confirmed an evidence-based and proactive practice.

4. 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. 2 The clinician/director described working collaboratively with other support providers to ensure strategies are able to be implemented as intended and be integrated seamlessly into the daily delivery of needed supports. Practice examples were described including the development of a "support team" around the participant and utilisation of case management practices.

5. Behaviour support plans are developed in consultation with the providers implementing behaviour support plans, and the behaviour support plan is given to those for their consideration and acceptance.

2 The clinician/director con

4 Supporting the Implementation of the Behaviour Support Plan	4	Responded	Conformity

Outcome description:

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

To achieve this outcome, the following quality indicators should be demonstrated in the Applicant's response:

1. 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.
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 effectively implement the behaviour support plan.
3. Providers implementing behaviour support plans are made aware of the reporting requirements prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

4. 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.
5. Development of behaviour support plans for each participant, in collaboration with the providers implementing the behaviour support plan.
6. 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 addresses the strategies contained within each participant's behaviour support plan.
7. 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.

Provider response: This identical item has been fully answered in Module 2A of this application.

Audit comments:

4 Supporting the Implementation of the Behaviour Support Plan Each participant's behaviour support plan is implemented effectively to meet the participant's behaviour support needs.
1. 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. 2 The clinician/director described processes utilised to ensure the providers implementing behaviour support plans understand the relevant 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.

2
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 effectively implement the behaviour support plan. 2 The clinician/director confirmed participants and their support networks and providers implementing the behaviour support plan are supported to understand the basis on which the plan is developed.

Communication methods appropriate to all stakeholders, are utilised to ensure understanding and confidence in implementing the plan. Examples were given.
3. Providers implementing behaviour support plans are made aware of the reporting requirements prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. 2
The clinician/director confirmed respon

5 Behaviour Support Plan Monitoring and Review	5	Responded	Conformity

Outcome description:

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

To achieve this outcome, the following quality indicators should be demonstrated in the Applicant's response:

1. 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.
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.
3. Opportunities to reduce the use of restrictive practices based on documented positive change are pursued.
4. The Commissioner is notified and work is undertaken with the Commissioner to address such situations:
(a) where effective engagement with providers implementing behaviour support plans is not possible for any reason; or
(b) if the supports and services are not being implemented in accordance with the behaviour support plan.
5. 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.
6. The Commissioner is notified of changes in each participant's behaviour support plan in the manner and timeframe prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

Provider response: This identical item has been fully answered in Module 2A of this application.

Audit comments:

5 Behaviour Support Plan Monitoring and Review 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.
1. 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. 2 The progress and effectiveness of implemented strategies are reviewed with the participant on a regular basis, or as required. A monthly report is required to be provided to the clinician/director by the provider. 2

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 With engagement of the participant, progress of goals are reviewed, and amendments made as required. The clinician/director confirmed if strategies are altered and staff require further training or support, this will be provided in a timely manner.

3. Opportunities to reduce the use of restrictive practices based on documented positive change are pursued. 2 The clinician/director confirmed monthly monitoring of data and consulting with the provider identifies positive progress and evidence to consider reducing the use of restrictive practices.

4. The Commissioner is notified, and work is undertaken with the Commissioner to address such situations:
a) where effective engagement with providers implementing behaviour support plans is not possible for any reason; or
b) if the supports and services are not being implemented

6 Reportable Incidents involving the Use of a Restrictive Practice	6		Responded	Conformity

Outcome description:

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

To achieve this outcome, the following quality indicators should be demonstrated in the Applicant's response:

1. Support is given to the provider/s implementing each participant's behaviour support plan in responding to a reportable incident involving the use of restrictive practices.
2. Each participant, and with the participant's consent, their support network, the provider/s implementing behaviour support plans and other stakeholders are included in the review of incidents.

Provider response: This identical item has been fully answered in Module 2A of this application.

Audit comments:

6 Reportable Incidents involving the Use of a Restrictive Practice Each participant that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed.

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

2 Where emergency or unauthorised use of a restrictive practice is identified, it is reported to the Commission, and the incident reviewed with the participant in accordance with Commission requirements. The clinician/director described the recent experience of reporting an unauthorised use of a restrictive practice.

2

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

The clinician/director confirmed the practice of involving the participant and with the consent of the participant, stakeholders in the review of incidents.

7 Interim Behaviour Support Plans	7	Responded	Conformity

Outcome description:

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 following quality indicators should be demonstrated in the Applicant's response:

1. 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.
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.

Provider response: This identical item has been fully answered in Module 2A of this application.

Audit comments:

7 Interim Behaviour Support Plans 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.

1. 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. 2 The clinician/director provided an overview of the process of working with other key stakeholders in response to an immediate need for an interim behavioural support plan, including the identification and evaluation of risks to the participant or others.

2

2

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 The clinician/director confirmed that with participant consent, advice and guidance is given to providers and the support network on the effective implementation of the interim behaviour support plan.

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Attachments

Attach any documents or evidence relevant to this module.

There are no attachments recorded.

DOCUMENT 11

SANCTUARY AUS LIMITED

Provider type: Registered

Status: Approved

Renewal date: 21/08/2024

Registration Id: 4-4331-4175

Registration details

Overview

Registration details

Registration conditions

Periodic audits

Auditor relationship

Provider details

Addresses

Key personnel

Behaviour support practitioners

Registration groups

Outlets

My workers

Screening verification requests

Portal subscriptions

Applications

Actions

Notes

Document production

Attachments

Tasks

Change history

Notifications

Inbox

Email preferences

Escalate matter

View periodic audit

Audit Id:

4-GBHO14O

Audit cycle type:

Mid-term audit

Status:

Completed

Schedule start date: ***dd/mm/yyyy***

14/09/2023

Due date: ***dd/mm/yyyy***

09/10/2023

Related to Application Id:

4-D623W6J

Actual start date: ***dd/mm/yyyy***

14/09/2023

Actual end date: ***dd/mm/yyyy***

15/09/2023

Mid-term NDIS Practice Standards

For more information on the standards, please refer to the NDIS (Quality Indicators) Guidelines 2018 on the Commission website. (https://www.ndiscommission.gov.au/practice-standards-and-quality-indicators)

Outcome name	Outcome description	Rating – level of compliance
1 Governance and Operational Management		

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.	Conformity	

▶

2 Risk Management	Risks to participants, workers and the provider are identified and managed.	Conformity

▶

3 Quality Management	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.	Conformity

▶

4 Information Management	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.	Conformity

▶

5 Feedback and Complaints Management		

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.	Conformity	

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

7 Human Resource Management	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.	Conformity

8 Continuity of Supports	Each participant has access to timely and appropriate support without interruption.	Conformity

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Attachments

Attach any documents relevant to this record.

Name	Document type	Date uploaded	Type	Size	Added by
4-D623W6J Final Audit Report Sanctuary Australia	Other	9/10/2023	pdf	479,817	Approved Quality Auditor

DOCUMENT 12

Community Audits Australia

National Disability Insurance Scheme (NDIS) Practice Standards: 2018

Mid Term Audit Report

Prepared for:

Legal Name: Sanctuary Aus Limited

Business Name: Sanctuary Australia

Table of Contents

Provider Details	
Provider ID	4-4331-4175
Application Reference Number	4-D623W6J
Audit Number	5963
Provider legal name	Sanctuary Aus Limited
Provider business name	Sanctuary Australia
Validated ABN	59628975226
Head Office	Section 22
Sites/Outlets addresses - list all and identify those visited	
Auditee Representative (Name, phone, and email)	
Positions interviewed	

Audit Team

Declaration by Lead Auditor

I confirm

- that the competencies of the audit team have been matched to the audit scope during the planning and conduct of this audit
- that all opportunities for improvement and non-conformances identified in this report were declared during the closing meeting

Audit team leader	Section 22
Support Auditor/s	
Stage one audit start date	n/a
Stage one audit end date	n/a
Stage two audit start date	14.9.23
Stage two audit end date	14.9.23

Declaration by Technical Reviewer

It is my opinion that on the basis of what has been presented in this report

- that the evidence presented adequately support the findings
- that the audit team was appropriately qualified to conduct the audit
- the recommendation in the report should be accepted

Technical reviewer	Section 22
Technical review date	22.09.2023

NDIS Audit Scope	
NDIS Audit Objective	Certification audit to confirm the Management system conforms to all the requirements of the NDIS standard 2018 and is effectively implemented.
Summary of Issues from the Previous audit to be reviewed	Nil
Note any additional instructions from the Scheme owner for inclusion in the audit	Nil
NDIS Scope of Certification at the time of on-site audit	**NDIS Modules** As detailed below **Registration Groups** As detailed below **Participant Groups** As detailed below **Age categories** As detailed below

Opening and Closing Meeting Attendance Record

Name	Position	Opening	Closing
Section 22	Audit Team Leader	✓	✓
	Support Auditor	✓	✓
	Executive Director	✓	✓
	Behaviour Support Therapist	✓	
	Behaviour Support Therapist	✓	
	Administration Support Worker	✓	

Clarification of Scope

Reg Group	Description	On Initial Scope of Audit/Previous Audit Report *	Added or Removed Pre-Audit	Added or Removed Onsite Audit	Is Professional Qualification Required	Witnessed Yes or No	Comments
0101	Accommodation/Tenancy Assistance						
0102	Assist Access/Maintain Employment	Yes				No	
0103	Assistive Products for Personal Care & Safety						
0104	Assist Personal Activities High						
0105	Personal Mobility Equipment						
0106	Assist-Life Stages, Transition, and Support	Yes				No	
0107	Assist Personal Activities						
0108	Assist-Travel/Transport	Yes				Yes	Driver licence, registration and MV insurances, and driver declaration in place.
0109	Vehicle Modifications						
0110	Behaviour Support	Yes			Yes	Yes	BSP [redacted]
0111	Home Modification Design & Construction						
0112	Assistive Equipment for Recreation						
0113	Vision Equipment						
0114	Community Nursing Care for High Needs						
0115	Assist Daily Tasks/Shared Living						
0116	Innovative Community Participation	Yes				No	
0117	Development of Daily Living & Life Skills	Yes				Yes	
0118	Early Intervention Childhood Supports	Yes			Yes	Yes	BSP [redacted] AASW membership sighted
0119	Specialised Hearing Services						
0120	Household Tasks						
0121	Interpreting & Translation						
0122	Hearing Equipment						

Clarification of Scope							
Reg Group	**Description**	**On Initial Scope of Audit/Previous Audit Report ***	**Added or Removed Pre-Audit**	**Added or Removed Onsite Audit**	**Is Professional Qualification Required**	**Witnessed Yes or No**	**Comments**
0123	Assistive Products for Household Tasks						
0124	Communication & Information Equipment						
0125	Participation in Community, Social & Civic Activities	Yes				Yes	
0126	Physical Wellbeing Activities						
0127	Management of Funding for Supports in a Participants Plan						
0128	Therapeutic Supports	Yes			Yes	Yes	BSP [redacted] AASW membership sighted
0129	Specialised Driver Training						
0130	Assistance Animals (other innovative supports)						
0131	Specialised Disability Accommodation						
0132	Support Coordination						
0133	Spec Support Employ						
0134	Hearing Services						
0135	Customised Prosthetics						
0136	Group/Centre-Based Activities	Yes				Yes	

Module	On Initial Scope of Audit/Previous Audit Report *	Added or Removed Pre-Audit	Added or Removed Onsite Audit	Comments
Core Module	Yes			
Core Module 4.3				
Core Module 4.4				
Core Module 4.5				
Module 1				
Module 2	Yes			
Module 2a				
Module 3 / 3a	Yes			
Module 4				
Module 5 – SDA				

Participant Group	On Initial Scope of Audit/Previous Audit Report *	Added or Removed Pre-Audit	Added or Removed Onsite Audit	Comments
Acquired Brain Injury			Added	
Aged Care				
Autism	Yes			
Dementia				
Intellectual Disability	Yes			
Mental Health	Yes			
Physical Disability incl sensory disability	Yes			
Spinal Injury			Added	
Ventilator Dependent				

Age Group	On Initial Scope of Audit/Previous Audit Report *	Added or Removed Pre-Audit	Added or Removed Onsite Audit	Comments
0 – 6 years	Yes			
7 – 16 years	Yes			
17 – 65 years	Yes			
Over 65 years				

AUDIT AGENDA

Standard Criteria Core Module	Lead Auditor	Support Auditor
Division 1 – Rights and Responsibilities		
1.1 Person-centred supports		
1.2 Individual values and beliefs		
1.3 Privacy and dignity		
1.4 Independence and informed choice		
1.5 Violence, abuse, neglect, exploitation, and discrimination		
Division 2 – Governance and Operational Management		
2.1 Governance and operational management	✓	
2.2 Risk management	✓	
2.3 Quality management	✓	
2.4 Information management	✓	
2.5 Feedback and complaints management	✓	
2.6 Incident management	✓	
2.7 Human resource management	✓	
2.8 Continuity of support	✓	
2.9 Emergency and disaster management	✓	
Division 3 – Provision of Supports		
3.1 Access to supports		
3.2 Support planning		
3.3 Service agreements with Participants		
3.4 Responsive support provision		
3.5 Transitions to or from the provider		
Division 4 – Support Provision Environment		
4.1 Safe environment		✓
4.2 Participant money and property		
4.3 Management of medication		
4.4 Mealtime management		
4.5 Management of waste		

Certification Recommendation

Continued Certification is recommended for requested registration groups

Executive Summary

Part of this audit was undertaken remotely via the use of technology following assessment in accordance with IAF MD4: 2018. Before the audit, a discussion was held with the provider to cover all aspects of the use of technology. The itinerary/audit plan included identification of the technology types to be used along with an explanation of the expected effectiveness of this approach.

The chosen technology, Teams, including screen sharing was familiar to the provider.
The technology was not tested with the provider. The technology utilised during this audit was: Teams, screensharing, emails and phone calls. During the audit, staff and/or participant interviews were conducted using phone/Teams/and in person. The technology engaged during the audit functioned and had no material impact on the audit process.

The audit was a hybrid model; one auditor was physically on-site, and a second auditor was engaged via technology. A remote audit risk assessment was conducted and documented before the audit started and a copy has been provided to CAA for their records. (Internal 120)

Evidence provided through interviews with business owner / executive; and the evaluation of presented documents, participant and staff interviews, and a site inspection support that services are being delivered in compliance with the NDIS Practice Standards.

Changes to the scope of this audit are identified in the chart above and were confirmed in writing by the provider with a copy retained for audit records, and the provider has been advised to submit a variation form to the Commission detailing the changes they are requesting. The Director confirmed that Mealtime Management is not included in the scope of this organisations support to clients.

No non-conformances were identified at the last audit. No nonconformities were identified in this audit.

0107 s73 Condition comment: The service does not provide registration group 0107.

General Overview

Sanctuary Australia is a not for profit organisation, a registered charity and a public company limited by guarantee. The company is publicly owned company and commenced operations in September 2018. The organisation is governed by a seven-member Board. The Executive Director is an experienced therapist with 25 years' experience working with children and families.

Sanctuary Australia is based in Holder and provides supports to the Australian Capital Territory and surrounding area. Sanctuary Aus provides behaviour support, therapeutic services and practical supports.

The organisation's website states the organisation is 'child focused', 'family involved', wishes to 'provide therapeutic support to parents to strengthen their capacity to raise their children', and wish to 'create a strong and healthy community to support families working with Sanctuary Aus'.

The organisation is working collaboratively to review their policies and procedures and refine them to better reflect standards and requirements. The Director receives guidance and support from the Board and supervision from one of the Board members. The Board members have a range of areas of expertise.

The site visit demonstrated a safe environment for staff, participants and families. Staff feedback confirmed that the organisation provides a supportive environment where they can access guidance and supervision.

Participant feedback was positive, participants expressed gratitude, and report the organisation meets their needs and provides a supportive and caring environment. Parent support groups are appreciated. These are provided as a complimentary service by Sanctuary Aus.

Section 22

Sampling

Sampling requirements were based on ISO/IEC 19011:2018, Guidelines for Auditing Management Systems, and the NDIS Practice Standards 2018. Samples were stratified and included both horizontal and vertical auditing. Evidence was triangulated and included interviews, observations and a review of records and documents.

Participant Engagement

Total Number of Clients:	Section 47F	
Diversity of Clients:		

Sampling included the following groups:	
Core Module	5
Core Module 4.3	
Core Module 4.4	
Module 1	
Module 2	5
Module 2a	
Module 3 / 3a	0
Module 4	
Module 5 – SDA	

Staff Sampling

Total Number of Staff/ volunteers/ contractors:	Section 47F	
Shift patterns audited:		

Critical Risks and Other Serious Issues

No critical risks were reported by the director or observed by the auditors.

Audit Methodology

Audit findings are summarised below in matrix format for each standard and criterion of standard. The findings are categorised for each criterion as follows:

Rating 0	**Major Non-Conformity**
The NDIS provider is unable to demonstrate appropriate processes systems or structures to meet the required outcome and indicators and/or the gaps in meeting the outcome present a high risk - Three Minor Non-Conformities within the same module may also constitute a Major Non-Conformity - ***A rating of 0 will preclude a recommendation for certification.***	
Rating 1	**Minor Non-Conformity**
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 - one of two situations usually exist about minor non-conformity: 1. There is evidence of appropriate process (policy/procedure/guideline etc), system or structure implementation, without the required supporting documentation. 2. A documented process (policy/procedure/guideline etc), system or structure is evident, but the service provider is unable to demonstrate implementation, review, or evaluation where this is required.	
Rating 2	**Conformity**
The NDIS provider can clearly demonstrate that the outcomes and indicators are met as proportionate to the size and scale of the provider - evidence may include practice evidence, training, records, and visual evidence. ***This would mean there was negligible risk and certification can be recommended.***	
Rating 3	**Conformity with 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.	

Core Module

2. Governance and Operational Management

2.1 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.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.1.1	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.	2	2	2
2.1.2	A defined structure is implemented by the governing body to meet the 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.	2		
2.1.3	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.	2		
2.1.4	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.	2		
2.1.5	The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices.	2		
2.1.6	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		
2.1.7	There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place	2		
2.1.8	Perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies.	2		

Auditor evidence and comments	
Documents evidenced	• Conflict of interest register • Meeting minutes for the Board and staff meetings • Website • Conflict of Interest Policy • Annual Strategic Planning documents
Evidence of implementation	• Interview with the Director and Administrative Support Worker • Interview with participants
Auditor Comments	Opportunities are provided by Sanctuary Aus for participants and their family to have input into the development of processes through one-to-one feedback, client survey forms, via emails, via phone calls from the Director, and one to one meetings in the participant's home at intake. The Director completes feedback forms and participants are invited to provide feedback verbally or in writing. Sanctuary Aus structure includes a Board, an Executive Director / Program Manager, a team of therapists and an administrative support worker.

Auditor evidence and comments	
	The Executive Director and Program Manager access skills and knowledge required for the organisation to govern effectively through clinical supervision from an individual on the Board, who has experience in governance and management. Sanctuary Aus ensures that strategic and business planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS, through regular Board meetings, sub committees (for finance and risk: opportunities; and policy development). The organisation has external bookkeepers, an external accountant, external auditor, legal input, and an Administrative Support Person who undertakes invoicing for clients. The organisation accesses NDIS email communication. The Director also attends the monthly practitioner Communities of Practice sessions. The performance of Sanctuary Aus is monitored to drive continuous improvement in management practices as was confirmed through interview with the Director, this includes organisational performance related to finances and committee feedback. Sanctuary Aus is managed by a governance team that includes: - • The Board includes a chairperson with HR expertise; treasurer with financial expertise; Head of People and culture from a large organisation, the secretary has experience in governance, and one individual with military background, an individual that is a disability representative, an individual who is an indigenous representative, an individual with experience in the insurance industry and a lawyer with experience in social policy and law, and the founding Executive Director. • The Executive Director and Program Manager (Director) has over 25 years support, guidance and assessments for children, young people and families. The Director has a Bachelor of Social Work, postgraduate qualifications in developmental trauma, is a qualified Circle of Security Facilitator and a Cool Kids Facilitator and specialises in delivering this programme to children with ASD. • The Director is supported by Families in Sync Therapists, Behaviour Support Specialists, and an Administrative Support Worker. There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place. The Director described the process, and how this was managed during a recent absence. The Directors role was documented in a matrix and each task and responsibility was allocated to individuals within the organisation, training was undertaken to ensure staff were competent in the roles that were delegated to them. Perceived and actual conflicts of interest are proactively managed and documented in a conflict-of-interest register. The Director described the assessment of conflict-of-interest processes in place. Any conflicts of interest are declared and managed. There is a conflict-of-interest policy. Staff are required to declare and document any conflict of interest, and these are managed within the organisation.

Core Module

2. Governance and Operational Management

2.2 Risk management

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

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.2.1	Risks to the organisation, including risks to participants, financial and work health and safety risks, and risks associated with the provision of supports are identified, analysed, prioritised, and treated.	2	2	2
2.2.2	A documented 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		
2.2.3	The risk management system covers each of the following: • Incident Management. • Complaints Management and Resolution. • Financial Management. • Governance and Operational Management • Human Resources Management • Information Management • Work Health and Safety • Emergency and Disaster Management	2		
2.2.4	Where relevant, the risk management system includes measures for the prevention and control of infections and outbreaks.	2		
2.2.5	Supports and services are provided in a way that is consistent with the risk management system.	2		
2.2.6	Appropriate insurance is in place, including professional indemnity, public liability, and accident insurance.	2		

Auditor evidence and comments	
Documents evidenced	• Risk continuity processes • Home visit risk assessments • Annual Strategic Planning documents • Insurances o AON Public and Products Liability - $20,00,000 expiry 29.10.23 o AON Professional indemnity $1,000,000 expiry 29.10.23 o AON Workers Insurance – expiry 3.10.23 o Motor vehicle insurances in place
Evidence of implementation	• Interview with the Director and Administrative Support Worker
Auditor Comments	Risks to participants, financial and work health and safety risks, and risks associated with the provision of supports are identified, analysed, prioritised, and treated. This was demonstrated in interview with the Director and review of documentation. The Board is currently working on enhancing the organisational risk management system. The risk management system covers each of the following; as was confirmed in interview with the Director and review of documentation; Incident Management; Complaints Management and Resolution; Financial Management; Governance and Operational Management; Human Resources Management; Information Management – Core Plus is used as a CRM; Work Health and Safety and Emergency and Disaster Management. Services are provided in a way that is consistent with the risk management system.

Auditor evidence and comments	
	The risk management system includes measures for the prevention and control of infections and outbreaks. This includes availability of PPE, RAT tests and hand sanitisers. Appropriate insurance is in place, including professional indemnity, public liability, and accident insurance. Refer to the documentation provided above.

Core Module

2. Governance and Operational Management

2.3 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.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.3.1	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.	2	2	2
2.3.2	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.	2		
2.3.3	The provider's quality management system supports continuous improvement, using outcomes, risk-related data, evidence-informed practice and feedback from participants and workers.	2		

Auditor evidence and comments	
Documents evidenced	• Continuous improvement register • Policy and Procedure Management Procedure
Evidence of implementation	• Interview with the Director
Auditor Comments	Sanctuary Aus has a quality management system in place that meets the requirements of legislation and NDIS standards. There is an Administration Support Officer who is responsible for compliance. The Director described continuous improvement opportunities that have been identified and implement including streamlining paperwork to ensure all paperwork is online. This is documented in meeting minutes and email. There is a Continuous Improvement and Quality Management system in place. Staff described the internal auditing systems and QMS system which includes a register. There is a column for each item that is reviewed, this is dated and tracked online. The system is reviewed and updated as required to improve support delivery. The Director oversees compliance activities. Sanctuary Aus QMS supports continuous improvement, using outcomes, risk-related data, evidence-informed practice and feedback from participants and workers. This was demonstrated in interview with the Director. There is a financial and risk management committee and any items identified may then go to the opportunities or policy subcommittee.

Core Module

2. Governance and Operational Management

2.4 Information management

Outcome - The 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.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.4.1	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.	2	2	2
2.4.2	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.	2		
2.4.3	An information system is maintained that is relevant and proportionate to the size and scale of the organisation and records each participant's information in an accurate and timely manner.	2		
2.4.4	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		

Auditor evidence and comments	
Documents evidenced	• Core Plus is used • Review of the consent form • 'Confidentiality Agreement' • Policy and Procedure Management Procedure
Evidence of implementation	• Interview with the Director
Auditor Comments	Participant's consent is obtained to collect, use, and retain their information or to disclose their information to other parties, including details of the purpose of collection, use and disclosure as was evidenced in participant files reviewed. Each participant is informed in what circumstances information could be disclosed, including that the information could be provided without their consent if required or authorised by law as was confirmed in interview with staff, as was demonstrated in documentation. 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, this occurs through the 'Confidentiality Agreement' and verbally by the Director. There is a VPN, an IT person monitors the system, a security and virus protection and Cybersecurity insurance in place. An information system includes use of Core Plus a health system. This database keeps client records, intake details, case notes and includes cloud storage. There are no paper based files. Electronic files are cloud based, staff have to be registered, staff login with a password and a code is sent to the staff member's phone to access the system. 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. The Director is aware of the requirements.

Core Module

2. Governance and Operational Management

2.5 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.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.5.1	A complaints management and resolution system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system follows principles of procedural fairness and natural justice and complies with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.	2	2	2
2.5.2	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		
2.5.3	Demonstrated continuous improvement in complaints and feedback by regular review of complaint and feedback policies and procedures, seeking participant views on the accessibility of the complaints Management and resolution system, and incorporation of feedback throughout the provider's organisation.	2		
2.5.4	All workers are aware of, trained in, and comply with, the required procedures in relation to complaints handling.	2		

Auditor evidence and comments	
Documents evidenced	• Review of the complaints register • Complaints policies and procedures • The intake form (Super Form)
Evidence of implementation	• Interview with the Director
Auditor Comments	The complaints management and resolution system follows principles of procedural fairness and natural justice and complies with the requirements under the NDIS (Complaints Management and Resolution) Rules 2018. Two complaints were reviewed during the audit, and the Director described the complaints, resolution, and outcome for these complaints. One complaint included advising the NDIS of the concern. The Director completes feedback forms for participants where requested, and participants are invited to provide feedback verbally or in writing. In the event of a complaint the Director will act in a timely fashion appropriate to the feedback / complaint or incident. There are escalation pathways to the Board, and they will be advised if there is cause for concern. All feedback is documented, and the Director will discuss feedback or complaints with relevant staff. The complaint then goes to the Finance and Risk Committee who review the situation and determine an appropriate resolution. The participant is asked what they would like as an outcome of the complaint. If the participant wants a new staff member the Director will bring on a different worker if required. The Director will work with the family to identify any concerns in relation to the child regarding continuity of services. Participants are provided with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access advocates. This information is included in the intake information "The Super Form".

Auditor evidence and comments	
	Staff described the environment for any person who provides feedback and/or makes complaints. This includes creating a supportive environment and identifying opportunities for improvement. The organisation aims to review all policies on an annual basis, with complaint and feedback policies and procedures being reviewed as part of this review cycle. Opportunities for improvement are identified as part of the complaints and feedback process, as demonstrated in discussion with staff. Staff are aware of, trained in, and comply with, procedures in relation to complaints handling. This occurs through induction training and on an ongoing basis.

Core Module

2. Governance and Operational Management

2.6 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.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.6.1	An incident system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system complies with the requirements under the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.	2	2	2
2.6.2	Each participant is provided with information on incident management including how incidents involving the participant have been managed.	2		
2.6.3	Demonstrated continuous improvement in incident management by regular review of incident policies and procedures, review of the causes, handling, and outcomes of incidents, seeking of participant and worker views, and incorporation of feedback throughout the provider's organisation.	2		
2.6.4	All workers are aware of, trained in, and comply with the required procedures in relation to incident management.	2		

Auditor evidence and comments	
Documents evidenced	• Accident / Incident Report template • Incident register • Incident Management Register
Evidence of implementation	• Interview with staff • Review of the incident register • Director interview
Auditor Comments	An incident system is maintained that complies with the requirements under the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018. This was evidence through review of the incident register, discussion with staff regarding the incident process and review of incidents on the register. The Director confirmed that reporting takes place where there are concerns regarding potential and actual incidents of abuse, neglect and violence. Each participant is provided with verbal information on incident management including how incidents involving the participant have been managed. There was evidence in the incident register that consultation takes place with participants regarding any incidents. The organisation undertakes a regular review of incident policies and procedures, at a minimum on a two yearly basis. Review of the incident register and interview with the Director demonstrated that the organisation conducts a review of the causes, handling, and outcomes of incidents, seeking participant and worker views, and incorporate the feedback to identify continuous improvement opportunities. Staff receive training in the procedures in relation to incident management at induction and thereafter at staff meetings and supervision. **Opportunity for Improvement** **2.6.2** It is suggested that the organisation include information regarding incident management in the intake documentation.

Core Module

2. Governance and Operational Management

2.7 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.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.7.1	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.	2	2	2
2.7.2	Records of worker pre-employment checks, qualifications and experience are maintained.	2		
2.7.3	An orientation and induction process are in place that is completed by workers including completion of the mandatory NDIS worker orientation program.	2		
2.7.4	A system to identify, plan, facilitate, record, and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant. The system identifies training that is mandatory and includes training in relation to staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules.	2		
2.7.5	Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered.	2		
2.7.6	The performance of workers is managed, developed, and documented, including through providing feedback and development opportunities.	2		
2.7.7	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.	2		
2.7.8	Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster.	2		
2.7.9	Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants	2		
2.7.10	For each worker, the following details are recorded and kept up to date: • their contact details • details of their secondary employment (if any)	2		

Auditor evidence and comments	
Documents evidenced	• Review of staff files
Evidence of implementation	• Interview with Executive Director
Auditor Comments	The skills and knowledge required of each position are identified and documented in position descriptions. Records of worker pre-employment checks, qualifications and experience are maintained as was reviewed in staff files reviewed, including probity and identity checks, qualifications and training records. An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program. The Director described the staff training system and the way in which they identify, plan, facilitate, record, and evaluate the effectiveness of training and education to ensure that staff

Auditor evidence and comments	
	meet the needs of each participant. The organisation and Director identify mandatory training and training in relation to staff obligations under the NDIS Practice Standards. Timely supervision, support and resources are available to workers. The Director arranges buddy systems with new staff. The Director addresses compliance issues with staff and provides staff support and mentoring. The performance of all workers is managed, developed, and documented through providing feedback and development opportunities on an annual basis or more often if required. Staff have First Aid training as was confirmed in interview. There are plans to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster. Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants, this has occurred during staff meetings. Staff contact details are recorded and kept up to date, and details of secondary employment (if any). **Opportunity for Improvement** **2.7.9** The Director will explore online training opportunities for refresher training for infection control certification for staff.

Core Module

2. Governance and Operational Management

2.8 Continuity of support

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

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.8.1	Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports.	2	2	2
2.8.2	In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role.	2		
2.8.3	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		
2.8.4	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.	2		
2.8.5	Where changes or interruptions are unavoidable, alternative arrangements are • explained and agreed with the participant; and • delivered in a way that is appropriate to their needs, preferences, and goals	2		

Auditor evidence and comments	
Documents evidenced	• Client file review
Evidence of implementation	• Interview with the Director • Interview with staff • Interview with participants
Auditor Comments	Day-to-day operations are managed to avoid disruption and ensure continuity of supports. In the event of staff vacancy, a suitably qualified and/or experienced person performs the role. Supports are planned with participants to meet their needs and preferences. These needs and preferences are documented in the electronic software. and staff access this information. Arrangements are in place to ensure support is provided to the participant without interruption throughout the period of their service agreement. These arrangements include contacting the parent, advising them and in an urgent situation the worker may Facetime the child. The service prefers to maintain continuity of staff, as they recognise that a child with autism will respond best to consistency of staff. For this reason appointments will usually be re-scheduled.

Core Module

2. Governance and Operational Management

2.9 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.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.9.1	Measures are in place to enable continuity of supports that are critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster.	2	2	2
2.9.2	The measures include planning for each of the following: • preparing for, and responding to, the emergency or disaster; • making changes to participant supports; • adapting, and rapidly responding, to changes to participant supports and to other interruptions; • communicating changes to participant supports to workers and to participants and their support networks.	2		
2.9.3	The governing body develops emergency and disaster management plans (*the plans*), consults with participants and their support networks about the plans and puts the plans in place.	2		
2.9.4	The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster	2		
2.9.5	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.	2		
2.9.6	The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster	2		
2.9.7	The governing body regularly reviews the plans and consults with participants and their support networks about the reviews of the plans.	2		
2.9.8	The governing body communicates the plans to workers, participants, and their support networks.	2		
2.9.9	Each worker is trained in the implementation of the plans.	2		

Auditor evidence and comments	
Documents evidenced	• Risk assessment form for clients
Evidence of implementation	• Interview with the Director
Auditor Comments	Measures are in place to enable continuity of supports critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster as was discussed with the Director and confirmed in documentation reviewed. The Director confirmed, and review of the risk assessment forms, and documentation demonstrated that there are aspects of emergency and disaster management planning in place that are developed in consultation with the participant and their support networks. The plans explain and guide how staff will respond to, and oversee the response to, an emergency or disaster. Plans are adjusted in the context of a particular kind of emergency or disaster. Medical concerns are documented, and any emergency plans are identified. Plans are reviewed to enable staff to respond to the changing nature of an emergency or disaster. Staff consult with participants and their support networks about reviews of the plans.

Auditor evidence and comments	
	Staff access participant documentation through the electronic platform. All plans are developed collaboratively with participants, and their support networks. Staff are trained in the implementation of the plans. **Opportunity for improvement** 2.9.3 The Service Agreement templates are to be strengthened to include reference to participant individual emergency and disaster plans. The Director intends reviewing the risk assessment and management plans and emergency and disaster plans to provide additional information regarding emergencies and disasters.

Core Module

4. Support Provision Environment

4.1 Safe environment

Outcome - Each participant accesses supports in a safe environment that is appropriate to their needs.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
4.1.1	Each participant can easily identify workers engaged to provide the agreed supports.	2	2	2
4.1.2	Work is undertaken with the participant, and others, in settings where supports are provided {including their home), to ensure a safe support delivery environment for them.	2		
4.1.3	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		
4.1.4	For each participant requiring support with communication, clear arrangements are in place to assist workers who support them to understand their communication needs and the manner in which they express emerging health concerns.	2		
4.1.5	To avoid delays in treatments for participants: • Protocols are in place for each participant about how to respond to medical emergencies for them; and • 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		
4.1.6	Systems for escalation are established for each participant in urgent health situations.	2		
4.1.7	Infection prevention and control standard precautions are implemented throughout all settings in which support are provided to participants.	2		
4.1.8	Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently touched surfaces.	2		
4.1.9	Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.	2		
4.1.10	Each worker who provides supports directly to participants is trained and has refresher training in the use of PPE.	2		
4.1.11	PPE is available to each worker and each participant who requires it.	2		

Auditor evidence and comments	
Documents evidenced	• Staff induction checklist • Risk Assessment
Evidence of implementation	• Staff discussed the intake process including risk assessments to be carried out for case load. • PPE (gloves, masks, sanitiser) was sighted in the office, all staff interviewed were aware of its location and need to use. • When working with participants services are provided in homes, schools, or community. • PPE was visibly available, and staff mentioned use and availability is abundant. • Staff wearing ID badges which identify staff member, organisation name
Auditor Comments	Staff were wearing ID badges which identify the staff member and organisation name. Risk assessments are conducted to ensure a safe workplace as was confirmed in file reviews

Auditor evidence and comments	
	and staff interviews. Staff discussed the intake process including risk assessments to be carried out for their caseloads. Staff interviewed describe work undertaken with other providers to identify and manage participant risks. No specialised communication requirements for participants were identified at the time of audit; however, intake form and processes do allow for communication needs and preferences to be identified. Medical concerns are documented, and any emergency plans are identified. When working with participants services are provided in homes, schools, or the community. In regard to 4.1.5 and 4.1.6, services are always provided in the home with family members present, or in the school, and as such, Sanctuary Aus staff are not responsible in these situations. Training records for infection control were not sighted at the time of the audit, however, it was confirmed that this has been undertaken in staff meetings. Observations of practices in the workplace provide confidence the practices in place meet the standards. Cleaning supplies are readily available for environmental cleaning. All staff were able to identify the locations for infection control and PPE supplies and describe the requirements for use.

Opportunities for Improvement

Core Module- **Rights and Responsibilities**
Nil noted
Governance and Operational Management
2.6.2 It is suggested the organisation include information regarding incident management in the intake documentation. **2.7.9** The Director will explore online training opportunities for refresher training for infection control certification for staff. **2.9.3** The Service Agreement templates are to be strengthened to include reference to participant individual emergency and disaster plans. The Director intends reviewing the risk assessment and management plans and emergency and disaster plans to provide additional information regarding emergencies and disasters.
Provision of Supports
Nil noted
Support Provision Environment
Nil noted

Conclusion and Recommendation of Audit

The outcome from this mid-term certification audit, established by the Lead Auditor determines that the organisation is compliant with the scope and requirements of the NDIS Practice Standards 2018.

Community Audits Australia Pty Ltd recommends any opportunities for improvement acknowledged in this report be evaluated by management and actioned as appropriate.

Planning for next Audit

Your organisation's next re-certification audit will be scheduled for 18 months' time. Community Audits Australia Pty Ltd will contact you prior to discuss and plan the audit activity.

Audit Itinerary for Next Audit

	Included (yes or no)
Core Module- Rights and Responsibilities	Yes
Core Module- Governance and Operational Management	Yes
Core Module- Provision of Supports	Yes
Core Module- Support Provision Environment	Yes
Module 2 – Specialist Behaviour Support	Yes
Module 3: Early Childhood Supports	Yes
Non-Conformances for close-out	n/a
Additional Comments: The certification audit will require audit for each section and participant and staff file reviews.	

Disclaimer

Please contact and notify us immediately if you deem this report to contain any factual errors.

This report is prepared by representatives of Community Audits Australia in relation to the above-named client's conformance to the nominated standard(s), and is relevant only to the scope of business sites and activities defined in the 'Scope of Certification'. Audits are undertaken using a sampling process, and the report and its recommendations are reflective only of activities and records sighted during this audit process. CAA shall not be liable for loss or damage caused to, or actions taken by, third parties as a consequence of reliance on the information contained within this report or its accompanying documentation. Other than as required by the Standard Owners, or other Accreditation Bodies during subsequent audits, information concerning your organisation's audit report, findings or records will not be disclosed to an external 3rd party without your organisation's consent.

DOCUMENT 13

Community Audits Australia

National Disability Insurance Scheme (NDIS) Practice Standards: 2018

Mid Term Audit Report

Prepared for:

Legal Name: Sanctuary Aus Limited

Business Name: Sanctuary Australia

Table of Contents

Provider Details	
Provider ID	4-4331-4175
Application Reference Number	4-D623W6J
Audit Number	5963
Provider legal name	Sanctuary Aus Limited
Provider business name	Sanctuary Australia
Validated ABN	59628975226
Head Office	Section 22
Sites/Outlets addresses - list all and identify those visited	Section 22
Auditee Representative (Name, phone, and email)	Section 22
Positions interviewed	Section 22

Audit Team

Declaration by Lead Auditor

I confirm

- that the competencies of the audit team have been matched to the audit scope during the planning and conduct of this audit
- that all opportunities for improvement and non-conformances identified in this report were declared during the closing meeting

Audit team leader	Section 22
Support Auditor/s	Section 22
Stage one audit start date	n/a
Stage one audit end date	n/a
Stage two audit start date	14.9.23
Stage two audit end date	14.9.23

Declaration by Technical Reviewer

It is my opinion that on the basis of what has been presented in this report

- that the evidence presented adequately support the findings
- that the audit team was appropriately qualified to conduct the audit
- the recommendation in the report should be accepted

Technical reviewer	Section 22
Technical review date	22.09.2023

NDIS Audit Scope	
NDIS Audit Objective	Certification audit to confirm the Management system conforms to all the requirements of the NDIS standard 2018 and is effectively implemented.
Summary of Issues from the Previous audit to be reviewed	Nil
Note any additional instructions from the Scheme owner for inclusion in the audit	Nil
NDIS Scope of Certification at the time of on-site audit	**NDIS Modules** As detailed below **Registration Groups** As detailed below **Participant Groups** As detailed below **Age categories** As detailed below

Opening and Closing Meeting Attendance Record

Name	Position	Opening	Closing
Section 22	Audit Team Leader	✓	✓
	Support Auditor	✓	✓
	Executive Director	✓	✓
	Behaviour Support Therapist	✓	
	Behaviour Support Therapist	✓	
	Administration Support Worker	✓	

Clarification of Scope

Reg Group	Description	On Initial Scope of Audit/Previous Audit Report *	Added or Removed Pre-Audit	Added or Removed Onsite Audit	Is Professional Qualification Required	Witnessed Yes or No	Comments
0101	Accommodation/Tenancy Assistance						
0102	Assist Access/Maintain Employment	Yes				No	
0103	Assistive Products for Personal Care & Safety						
0104	Assist Personal Activities High						
0105	Personal Mobility Equipment						
0106	Assist-Life Stages, Transition, and Support	Yes				No	
0107	Assist Personal Activities						
0108	Assist-Travel/Transport	Yes				Yes	Driver licence, registration and MV insurances, and driver declaration in place.
0109	Vehicle Modifications						
0110	Behaviour Support	Yes			Yes	Yes	Section 22
0111	Home Modification Design & Construction						
0112	Assistive Equipment for Recreation						
0113	Vision Equipment						
0114	Community Nursing Care for High Needs						
0115	Assist Daily Tasks/Shared Living						
0116	Innovative Community Participation	Yes				No	
0117	Development of Daily Living & Life Skills	Yes				Yes	
0118	Early Intervention Childhood Supports	Yes			Yes	Yes	Section 22 AASW membership sighted
0119	Specialised Hearing Services						
0120	Household Tasks						
0121	Interpreting & Translation						
0122	Hearing Equipment						

Clarification of Scope

Reg Group	Description	On Initial Scope of Audit/Previous Audit Report *	Added or Removed Pre-Audit	Added or Removed Onsite Audit	Is Professional Qualification Required	Witnessed Yes or No	Comments
0123	Assistive Products for Household Tasks						
0124	Communication & Information Equipment						
0125	Participation in Community, Social & Civic Activities	Yes				Yes	
0126	Physical Wellbeing Activities						
0127	Management of Funding for Supports in a Participants Plan						
0128	Therapeutic Supports	Yes			Yes	Yes	Section 22 AASW membership sighted
0129	Specialised Driver Training						
0130	Assistance Animals (other innovative supports)						
0131	Specialised Disability Accommodation						
0132	Support Coordination						
0133	Spec Support Employ						
0134	Hearing Services						
0135	Customised Prosthetics						
0136	Group/Centre-Based Activities	Yes				Yes	

Module	On Initial Scope of Audit/Previous Audit Report *	Added or Removed Pre-Audit	Added or Removed Onsite Audit	Comments
Core Module	Yes			
Core Module 4.3				
Core Module 4.4				
Core Module 4.5				
Module 1				
Module 2	Yes			
Module 2a				
Module 3 / 3a	Yes			
Module 4				
Module 5 – SDA				

Participant Group	On Initial Scope of Audit/Previous Audit Report *	Added or Removed Pre-Audit	Added or Removed Onsite Audit	Comments
Acquired Brain Injury			Added	
Aged Care				
Autism	Yes			
Dementia				
Intellectual Disability	Yes			
Mental Health	Yes			
Physical Disability incl sensory disability	Yes			
Spinal Injury			Added	
Ventilator Dependent				

Age Group	On Initial Scope of Audit/Previous Audit Report *	Added or Removed Pre-Audit	Added or Removed Onsite Audit	Comments
0 – 6 years	Yes			
7 – 16 years	Yes			
17 – 65 years	Yes			
Over 65 years				

AUDIT AGENDA

Standard Criteria Core Module	Lead Auditor	Support Auditor
Division 1 – Rights and Responsibilities		
1.1 Person-centred supports		
1.2 Individual values and beliefs		
1.3 Privacy and dignity		
1.4 Independence and informed choice		
1.5 Violence, abuse, neglect, exploitation, and discrimination		
Division 2 – Governance and Operational Management		
2.1 Governance and operational management	✓	
2.2 Risk management	✓	
2.3 Quality management	✓	
2.4 Information management	✓	
2.5 Feedback and complaints management	✓	
2.6 Incident management	✓	
2.7 Human resource management	✓	
2.8 Continuity of support	✓	
2.9 Emergency and disaster management	✓	
Division 3 – Provision of Supports		
3.1 Access to supports		
3.2 Support planning		
3.3 Service agreements with Participants		
3.4 Responsive support provision		
3.5 Transitions to or from the provider		
Division 4 – Support Provision Environment		
4.1 Safe environment		✓
4.2 Participant money and property		
4.3 Management of medication		
4.4 Mealtime management		
4.5 Management of waste		

Certification Recommendation

Continued Certification is recommended for requested registration groups

Executive Summary

Part of this audit was undertaken remotely via the use of technology following assessment in accordance with IAF MD4: 2018. Before the audit, a discussion was held with the provider to cover all aspects of the use of technology. The itinerary/audit plan included identification of the technology types to be used along with an explanation of the expected effectiveness of this approach.

The chosen technology, Teams, including screen sharing was familiar to the provider.
The technology was not tested with the provider. The technology utilised during this audit was: Teams, screensharing, emails and phone calls. During the audit, staff and/or participant interviews were conducted using phone/Teams/and in person. The technology engaged during the audit functioned and had no material impact on the audit process.

The audit was a hybrid model; one auditor was physically on-site, and a second auditor was engaged via technology. A remote audit risk assessment was conducted and documented before the audit started and a copy has been provided to CAA for their records. (Internal 120)

Evidence provided through interviews with business owner / executive; and the evaluation of presented documents, participant and staff interviews, and a site inspection support that services are being delivered in compliance with the NDIS Practice Standards.

Changes to the scope of this audit are identified in the chart above and were confirmed in writing by the provider with a copy retained for audit records, and the provider has been advised to submit a variation form to the Commission detailing the changes they are requesting. The Director confirmed that Mealtime Management is not included in the scope of this organisations support to clients.

No non-conformances were identified at the last audit. No nonconformities were identified in this audit.

0107 s73 Condition comment: The service does not provide registration group 0107.

General Overview

Sanctuary Australia is a not for profit organisation, a registered charity and a public company limited by guarantee. The company is publicly owned company and commenced operations in September 2018. The organisation is governed by a seven-member Board. The Executive Director is an experienced therapist with 25 years' experience working with children and families.

Sanctuary Australia is based in Holder and provides supports to the Australian Capital Territory and surrounding area. Sanctuary Aus provides behaviour support, therapeutic services and practical supports.

The organisation's website states the organisation is 'child focused', 'family involved', wishes to 'provide therapeutic support to parents to strengthen their capacity to raise their children', and wish to 'create a strong and healthy community to support families working with Sanctuary Aus'.

The organisation is working collaboratively to review their policies and procedures and refine them to better reflect standards and requirements. The Director receives guidance and support from the Board and supervision from one of the Board members. The Board members have a range of areas of expertise.

The site visit demonstrated a safe environment for staff, participants and families. Staff feedback confirmed that the organisation provides a supportive environment where they can access guidance and supervision.

Participant feedback was positive, participants expressed gratitude, and report the organisation meets their needs and provides a supportive and caring environment. Parent support groups are appreciated. These are provided as a complimentary service by Sanctuary Aus.

Feedback included: Section 22 [redacted]

Sampling

Sampling requirements were based on ISO/IEC 19011:2018, Guidelines for Auditing Management Systems, and the NDIS Practice Standards 2018. Samples were stratified and included both horizontal and vertical auditing. Evidence was triangulated and included interviews, observations and a review of records and documents.

Participant Engagement

Total Number of Clients:	Section 47F
Diversity of Clients:	

Sampling included the following groups:	
Core Module	5
Core Module 4.3	
Core Module 4.4	
Module 1	
Module 2	5
Module 2a	
Module 3 / 3a	0
Module 4	
Module 5 – SDA	

Staff Sampling

Total Number of Staff/ volunteers/ contractors:	Section 47F
Shift patterns audited:	Days - Monday to Friday

Critical Risks and Other Serious Issues

No critical risks were reported by the director or observed by the auditors.

Audit Methodology

Audit findings are summarised below in matrix format for each standard and criterion of standard. The findings are categorised for each criterion as follows:

Rating 0	Major Non-Conformity
The NDIS provider is unable to demonstrate appropriate processes systems or structures to meet the required outcome and indicators and/or the gaps in meeting the outcome present a high risk - Three Minor Non-Conformities within the same module may also constitute a Major Non-Conformity - ***A rating of 0 will preclude a recommendation for certification.***	
Rating 1	**Minor Non-Conformity**
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 - one of two situations usually exist about minor non-conformity: 1. There is evidence of appropriate process (policy/procedure/guideline etc), system or structure implementation, without the required supporting documentation. 2. A documented process (policy/procedure/guideline etc), system or structure is evident, but the service provider is unable to demonstrate implementation, review, or evaluation where this is required.	
Rating 2	**Conformity**
The NDIS provider can clearly demonstrate that the outcomes and indicators are met as proportionate to the size and scale of the provider - evidence may include practice evidence, training, records, and visual evidence. ***This would mean there was negligible risk and certification can be recommended.***	
Rating 3	**Conformity with 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.	

Core Module

2. Governance and Operational Management

2.1 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.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.1.1	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.	2	2	2
2.1.2	A defined structure is implemented by the governing body to meet the 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.	2		
2.1.3	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.	2		
2.1.4	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.	2		
2.1.5	The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices.	2		
2.1.6	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		
2.1.7	There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place	2		
2.1.8	Perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies.	2		

Auditor evidence and comments	
Documents evidenced	• Conflict of interest register • Meeting minutes for the Board and staff meetings • Website • Conflict of Interest Policy • Annual Strategic Planning documents
Evidence of implementation	• Interview with the Director and Administrative Support Worker • Interview with participants
Auditor Comments	Opportunities are provided by Sanctuary Aus for participants and their family to have input into the development of processes through one-to-one feedback, client survey forms, via emails, via phone calls from the Director, and one to one meetings in the participant's home at intake. The Director completes feedback forms and participants are invited to provide feedback verbally or in writing. Sanctuary Aus structure includes a Board, an Executive Director / Program Manager, a team of therapists and an administrative support worker.

Auditor evidence and comments	
	The Executive Director and Program Manager access skills and knowledge required for the organisation to govern effectively through clinical supervision from an individual on the Board, who has experience in governance and management. Sanctuary Aus ensures that strategic and business planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS, through regular Board meetings, sub committees (for finance and risk: opportunities; and policy development). The organisation has external bookkeepers, an external accountant, external auditor, legal input, and an Administrative Support Person who undertakes invoicing for clients. The organisation accesses NDIS email communication. The Director also attends the monthly practitioner Communities of Practice sessions. The performance of Sanctuary Aus is monitored to drive continuous improvement in management practices as was confirmed through interview with the Director, this includes organisational performance related to finances and committee feedback. Sanctuary Aus is managed by a governance team that includes: - • The Board includes a chairperson with HR expertise; treasurer with financial expertise; Head of People and culture from a large organisation, the secretary has experience in governance, and one individual with military background, an individual that is a disability representative, an individual who is an indigenous representative, an individual with experience in the insurance industry and a lawyer with experience in social policy and law, and the founding Executive Director. • The Executive Director and Program Manager (Director) has over 25 years support, guidance and assessments for children, young people and families. The Director has a Bachelor of Social Work, postgraduate qualifications in developmental trauma, is a qualified Circle of Security Facilitator and a Cool Kids Facilitator and specialises in delivering this programme to children with ASD. • The Director is supported by Families in Sync Therapists, Behaviour Support Specialists, and an Administrative Support Worker. There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place. The Director described the process, and how this was managed during a recent absence. The Directors role was documented in a matrix and each task and responsibility was allocated to individuals within the organisation, training was undertaken to ensure staff were competent in the roles that were delegated to them. Perceived and actual conflicts of interest are proactively managed and documented in a conflict-of-interest register. The Director described the assessment of conflict-of-interest processes in place. Any conflicts of interest are declared and managed. There is a conflict-of-interest policy. Staff are required to declare and document any conflict of interest, and these are managed within the organisation.

Core Module

2. Governance and Operational Management

2.2 Risk management

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

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.2.1	Risks to the organisation, including risks to participants, financial and work health and safety risks, and risks associated with the provision of supports are identified, analysed, prioritised, and treated.	2	2	2
2.2.2	A documented 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		
2.2.3	The risk management system covers each of the following: • Incident Management. • Complaints Management and Resolution. • Financial Management. • Governance and Operational Management • Human Resources Management • Information Management • Work Health and Safety • Emergency and Disaster Management	2		
2.2.4	Where relevant, the risk management system includes measures for the prevention and control of infections and outbreaks.	2		
2.2.5	Supports and services are provided in a way that is consistent with the risk management system.	2		
2.2.6	Appropriate insurance is in place, including professional indemnity, public liability, and accident insurance.	2		

Auditor evidence and comments	
Documents evidenced	• Risk continuity processes • Home visit risk assessments • Annual Strategic Planning documents • Insurances o AON Public and Products Liability - $20,00,000 expiry 29.10.23 o AON Professional indemnity $1,000,000 expiry 29.10.23 o AON Workers Insurance – expiry 3.10.23 o Motor vehicle insurances in place
Evidence of implementation	• Interview with the Director and Administrative Support Worker
Auditor Comments	Risks to participants, financial and work health and safety risks, and risks associated with the provision of supports are identified, analysed, prioritised, and treated. This was demonstrated in interview with the Director and review of documentation. The Board is currently working on enhancing the organisational risk management system. The risk management system covers each of the following; as was confirmed in interview with the Director and review of documentation; Incident Management; Complaints Management and Resolution; Financial Management; Governance and Operational Management; Human Resources Management; Information Management – Core Plus is used as a CRM; Work Health and Safety and Emergency and Disaster Management. Services are provided in a way that is consistent with the risk management system.

Auditor evidence and comments	
	The risk management system includes measures for the prevention and control of infections and outbreaks. This includes availability of PPE, RAT tests and hand sanitisers. Appropriate insurance is in place, including professional indemnity, public liability, and accident insurance. Refer to the documentation provided above.

Core Module

2. Governance and Operational Management

2.3 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.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.3.1	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.	2	2	2
2.3.2	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.	2		
2.3.3	The provider's quality management system supports continuous improvement, using outcomes, risk-related data, evidence-informed practice and feedback from participants and workers.	2		

Auditor evidence and comments	
Documents evidenced	• Continuous improvement register • Policy and Procedure Management Procedure
Evidence of implementation	• Interview with the Director
Auditor Comments	Sanctuary Aus has a quality management system in place that meets the requirements of legislation and NDIS standards. There is an Administration Support Officer who is responsible for compliance. The Director described continuous improvement opportunities that have been identified and implement including streamlining paperwork to ensure all paperwork is online. This is documented in meeting minutes and email. There is a Continuous Improvement and Quality Management system in place. Staff described the internal auditing systems and QMS system which includes a register. There is a column for each item that is reviewed, this is dated and tracked online. The system is reviewed and updated as required to improve support delivery. The Director oversees compliance activities. Sanctuary Aus QMS supports continuous improvement, using outcomes, risk-related data, evidence-informed practice and feedback from participants and workers. This was demonstrated in interview with the Director. There is a financial and risk management committee and any items identified may then go to the opportunities or policy subcommittee.

Core Module

2. Governance and Operational Management

2.4 Information management

Outcome - The 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.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.4.1	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.	2	2	2
2.4.2	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.	2		
2.4.3	An information system is maintained that is relevant and proportionate to the size and scale of the organisation and records each participant's information in an accurate and timely manner.	2		
2.4.4	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		

Auditor evidence and comments	
Documents evidenced	• Core Plus is used • Review of the consent form • 'Confidentiality Agreement' • Policy and Procedure Management Procedure
Evidence of implementation	• Interview with the Director
Auditor Comments	Participant's consent is obtained to collect, use, and retain their information or to disclose their information to other parties, including details of the purpose of collection, use and disclosure as was evidenced in participant files reviewed. Each participant is informed in what circumstances information could be disclosed, including that the information could be provided without their consent if required or authorised by law as was confirmed in interview with staff, as was demonstrated in documentation. 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, this occurs through the 'Confidentiality Agreement' and verbally by the Director. There is a VPN, an IT person monitors the system, a security and virus protection and Cybersecurity insurance in place. An information system includes use of Core Plus a health system. This database keeps client records, intake details, case notes and includes cloud storage. There are no paper based files. Electronic files are cloud based, staff have to be registered, staff login with a password and a code is sent to the staff member's phone to access the system. 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. The Director is aware of the requirements.

Core Module

2. Governance and Operational Management

2.5 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.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.5.1	A complaints management and resolution system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system follows principles of procedural fairness and natural justice and complies with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.	2	2	2
2.5.2	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		
2.5.3	Demonstrated continuous improvement in complaints and feedback by regular review of complaint and feedback policies and procedures, seeking participant views on the accessibility of the complaints Management and resolution system, and incorporation of feedback throughout the provider's organisation.	2		
2.5.4	All workers are aware of, trained in, and comply with, the required procedures in relation to complaints handling.	2		

Auditor evidence and comments	
Documents evidenced	• Review of the complaints register • Complaints policies and procedures • The intake form (Super Form)
Evidence of implementation	• Interview with the Director
Auditor Comments	The complaints management and resolution system follows principles of procedural fairness and natural justice and complies with the requirements under the NDIS (Complaints Management and Resolution) Rules 2018. Two complaints were reviewed during the audit, and the Director described the complaints, resolution, and outcome for these complaints. One complaint included advising the NDIS of the concern. The Director completes feedback forms for participants where requested, and participants are invited to provide feedback verbally or in writing. In the event of a complaint the Director will act in a timely fashion appropriate to the feedback / complaint or incident. There are escalation pathways to the Board, and they will be advised if there is cause for concern. All feedback is documented, and the Director will discuss feedback or complaints with relevant staff. The complaint then goes to the Finance and Risk Committee who review the situation and determine an appropriate resolution. The participant is asked what they would like as an outcome of the complaint. If the participant wants a new staff member the Director will bring on a different worker if required. The Director will work with the family to identify any concerns in relation to the child regarding continuity of services. Participants are provided with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access advocates. This information is included in the intake information "The Super Form".

Auditor evidence and comments	
	Staff described the environment for any person who provides feedback and/or makes complaints. This includes creating a supportive environment and identifying opportunities for improvement. The organisation aims to review all policies on an annual basis, with complaint and feedback policies and procedures being reviewed as part of this review cycle. Opportunities for improvement are identified as part of the complaints and feedback process, as demonstrated in discussion with staff. Staff are aware of, trained in, and comply with, procedures in relation to complaints handling. This occurs through induction training and on an ongoing basis.

Core Module

2. Governance and Operational Management

2.6 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.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.6.1	An incident system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system complies with the requirements under the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.	2	2	2
2.6.2	Each participant is provided with information on incident management including how incidents involving the participant have been managed.	2		
2.6.3	Demonstrated continuous improvement in incident management by regular review of incident policies and procedures, review of the causes, handling, and outcomes of incidents, seeking of participant and worker views, and incorporation of feedback throughout the provider's organisation.	2		
2.6.4	All workers are aware of, trained in, and comply with the required procedures in relation to incident management.	2		

Auditor evidence and comments	
Documents evidenced	• Accident / Incident Report template • Incident register • Incident Management Register
Evidence of implementation	• Interview with staff • Review of the incident register • Director interview
Auditor Comments	An incident system is maintained that complies with the requirements under the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018. This was evidence through review of the incident register, discussion with staff regarding the incident process and review of incidents on the register. The Director confirmed that reporting takes place where there are concerns regarding potential and actual incidents of abuse, neglect and violence. Each participant is provided with verbal information on incident management including how incidents involving the participant have been managed. There was evidence in the incident register that consultation takes place with participants regarding any incidents. The organisation undertakes a regular review of incident policies and procedures, at a minimum on a two yearly basis. Review of the incident register and interview with the Director demonstrated that the organisation conducts a review of the causes, handling, and outcomes of incidents, seeking participant and worker views, and incorporate the feedback to identify continuous improvement opportunities. Staff receive training in the procedures in relation to incident management at induction and thereafter at staff meetings and supervision. **Opportunity for Improvement** **2.6.2** It is suggested that the organisation include information regarding incident management in the intake documentation.

Core Module

2. Governance and Operational Management

2.7 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.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.7.1	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.	2	2	2
2.7.2	Records of worker pre-employment checks, qualifications and experience are maintained.	2		
2.7.3	An orientation and induction process are in place that is completed by workers including completion of the mandatory NDIS worker orientation program.	2		
2.7.4	A system to identify, plan, facilitate, record, and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant. The system identifies training that is mandatory and includes training in relation to staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules.	2		
2.7.5	Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered.	2		
2.7.6	The performance of workers is managed, developed, and documented, including through providing feedback and development opportunities.	2		
2.7.7	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.	2		
2.7.8	Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster.	2		
2.7.9	Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants	2		
2.7.10	For each worker, the following details are recorded and kept up to date: • their contact details • details of their secondary employment (if any)	2		

Auditor evidence and comments	
Documents evidenced	• Review of staff files
Evidence of implementation	• Interview with Executive Director
Auditor Comments	The skills and knowledge required of each position are identified and documented in position descriptions. Records of worker pre-employment checks, qualifications and experience are maintained as was reviewed in staff files reviewed, including probity and identity checks, qualifications and training records. An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program. The Director described the staff training system and the way in which they identify, plan, facilitate, record, and evaluate the effectiveness of training and education to ensure that staff

Auditor evidence and comments	
	meet the needs of each participant. The organisation and Director identify mandatory training and training in relation to staff obligations under the NDIS Practice Standards. Timely supervision, support and resources are available to workers. The Director arranges buddy systems with new staff. The Director addresses compliance issues with staff and provides staff support and mentoring. The performance of all workers is managed, developed, and documented through providing feedback and development opportunities on an annual basis or more often if required. Staff have First Aid training as was confirmed in interview. There are plans to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster. Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants, this has occurred during staff meetings. Staff contact details are recorded and kept up to date, and details of secondary employment (if any). **Opportunity for Improvement** **2.7.9** The Director will explore online training opportunities for refresher training for infection control certification for staff.

Core Module

2. Governance and Operational Management

2.8 Continuity of support

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

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.8.1	Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports.	2	2	2
2.8.2	In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role.	2		
2.8.3	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		
2.8.4	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.	2		
2.8.5	Where changes or interruptions are unavoidable, alternative arrangements are • explained and agreed with the participant; and • delivered in a way that is appropriate to their needs, preferences, and goals	2		

Auditor evidence and comments	
Documents evidenced	• Client file review
Evidence of implementation	• Interview with the Director • Interview with staff • Interview with participants
Auditor Comments	Day-to-day operations are managed to avoid disruption and ensure continuity of supports. In the event of staff vacancy, a suitably qualified and/or experienced person performs the role. Supports are planned with participants to meet their needs and preferences. These needs and preferences are documented in the electronic software. and staff access this information. Arrangements are in place to ensure support is provided to the participant without interruption throughout the period of their service agreement. These arrangements include contacting the parent, advising them and in an urgent situation the worker may Facetime the child. The service prefers to maintain continuity of staff, as they recognise that a child with autism will respond best to consistency of staff. For this reason appointments will usually be re-scheduled.

Core Module

2. Governance and Operational Management

2.9 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.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
2.9.1	Measures are in place to enable continuity of supports that are critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster.	2	2	2
2.9.2	The measures include planning for each of the following: • preparing for, and responding to, the emergency or disaster; • making changes to participant supports; • adapting, and rapidly responding, to changes to participant supports and to other interruptions; • communicating changes to participant supports to workers and to participants and their support networks.	2		
2.9.3	The governing body develops emergency and disaster management plans (*the plans*), consults with participants and their support networks about the plans and puts the plans in place.	2		
2.9.4	The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster	2		
2.9.5	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.	2		
2.9.6	The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster	2		
2.9.7	The governing body regularly reviews the plans and consults with participants and their support networks about the reviews of the plans.	2		
2.9.8	The governing body communicates the plans to workers, participants, and their support networks.	2		
2.9.9	Each worker is trained in the implementation of the plans.	2		

Auditor evidence and comments	
Documents evidenced	• Risk assessment form for clients
Evidence of implementation	• Interview with the Director
Auditor Comments	Measures are in place to enable continuity of supports critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster as was discussed with the Director and confirmed in documentation reviewed. The Director confirmed, and review of the risk assessment forms, and documentation demonstrated that there are aspects of emergency and disaster management planning in place that are developed in consultation with the participant and their support networks. The plans explain and guide how staff will respond to, and oversee the response to, an emergency or disaster. Plans are adjusted in the context of a particular kind of emergency or disaster. Medical concerns are documented, and any emergency plans are identified. Plans are reviewed to enable staff to respond to the changing nature of an emergency or disaster. Staff consult with participants and their support networks about reviews of the plans.

Auditor evidence and comments	
	Staff access participant documentation through the electronic platform. All plans are developed collaboratively with participants, and their support networks. Staff are trained in the implementation of the plans. **Opportunity for improvement** 2.9.3 The Service Agreement templates are to be strengthened to include reference to participant individual emergency and disaster plans. The Director intends reviewing the risk assessment and management plans and emergency and disaster plans to provide additional information regarding emergencies and disasters.

Core Module

4. Support Provision Environment

4.1 Safe environment

Outcome - Each participant accesses supports in a safe environment that is appropriate to their needs.

Ref.	Indicator	Rating	Overall Audit Rating	Final Report Rating
4.1.1	Each participant can easily identify workers engaged to provide the agreed supports.	2	2	2
4.1.2	Work is undertaken with the participant, and others, in settings where supports are provided {including their home), to ensure a safe support delivery environment for them.	2		
4.1.3	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		
4.1.4	For each participant requiring support with communication, clear arrangements are in place to assist workers who support them to understand their communication needs and the manner in which they express emerging health concerns.	2		
4.1.5	To avoid delays in treatments for participants: • Protocols are in place for each participant about how to respond to medical emergencies for them; and • 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		
4.1.6	Systems for escalation are established for each participant in urgent health situations.	2		
4.1.7	Infection prevention and control standard precautions are implemented throughout all settings in which support are provided to participants.	2		
4.1.8	Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently touched surfaces.	2		
4.1.9	Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.	2		
4.1.10	Each worker who provides supports directly to participants is trained and has refresher training in the use of PPE.	2		
4.1.11	PPE is available to each worker and each participant who requires it.	2		

Auditor evidence and comments	
Documents evidenced	• Staff induction checklist • Risk Assessment
Evidence of implementation	• Staff discussed the intake process including risk assessments to be carried out for case load. • PPE (gloves, masks, sanitiser) was sighted in the office, all staff interviewed were aware of its location and need to use. • When working with participants services are provided in homes, schools, or community. • PPE was visibly available, and staff mentioned use and availability is abundant. • Staff wearing ID badges which identify staff member, organisation name
Auditor Comments	Staff were wearing ID badges which identify the staff member and organisation name. Risk assessments are conducted to ensure a safe workplace as was confirmed in file reviews

	Auditor evidence and comments
	and staff interviews. Staff discussed the intake process including risk assessments to be carried out for their caseloads. Staff interviewed describe work undertaken with other providers to identify and manage participant risks. No specialised communication requirements for participants were identified at the time of audit; however, intake form and processes do allow for communication needs and preferences to be identified. Medical concerns are documented, and any emergency plans are identified. When working with participants services are provided in homes, schools, or the community. In regard to 4.1.5 and 4.1.6, services are always provided in the home with family members present, or in the school, and as such, Sanctuary Aus staff are not responsible in these situations. Training records for infection control were not sighted at the time of the audit, however, it was confirmed that this has been undertaken in staff meetings. Observations of practices in the workplace provide confidence the practices in place meet the standards. Cleaning supplies are readily available for environmental cleaning. All staff were able to identify the locations for infection control and PPE supplies and describe the requirements for use.

Opportunities for Improvement

Core Module- Rights and Responsibilities
Nil noted
Governance and Operational Management
2.6.2 It is suggested the organisation include information regarding incident management in the intake documentation. **2.7.9** The Director will explore online training opportunities for refresher training for infection control certification for staff. **2.9.3** The Service Agreement templates are to be strengthened to include reference to participant individual emergency and disaster plans. The Director intends reviewing the risk assessment and management plans and emergency and disaster plans to provide additional information regarding emergencies and disasters.
Provision of Supports
Nil noted
Support Provision Environment
Nil noted

Conclusion and Recommendation of Audit

The outcome from this mid-term certification audit, established by the Lead Auditor determines that the organisation is compliant with the scope and requirements of the NDIS Practice Standards 2018.

Community Audits Australia Pty Ltd recommends any opportunities for improvement acknowledged in this report be evaluated by management and actioned as appropriate.

Planning for next Audit

Your organisation's next re-certification audit will be scheduled for 18 months' time. Community Audits Australia Pty Ltd will contact you prior to discuss and plan the audit activity.

Audit Itinerary for Next Audit

	Included (yes or no)
Core Module- Rights and Responsibilities	Yes
Core Module- Governance and Operational Management	Yes
Core Module- Provision of Supports	Yes
Core Module- Support Provision Environment	Yes
Module 2 – Specialist Behaviour Support	Yes
Module 3: Early Childhood Supports	Yes
Non-Conformances for close-out	n/a
Additional Comments: The certification audit will require audit for each section and participant and staff file reviews.	

Disclaimer

Please contact and notify us immediately if you deem this report to contain any factual errors.

This report is prepared by representatives of Community Audits Australia in relation to the above-named client's conformance to the nominated standard(s), and is relevant only to the scope of business sites and activities defined in the 'Scope of Certification'. Audits are undertaken using a sampling process, and the report and its recommendations are reflective only of activities and records sighted during this audit process. CAA shall not be liable for loss or damage caused to, or actions taken by, third parties as a consequence of reliance on the information contained within this report or its accompanying documentation. Other than as required by the Standard Owners, or other Accreditation Bodies during subsequent audits, information concerning your organisation's audit report, findings or records will not be disclosed to an external 3rd party without your organisation's consent.

Registration application

Application reference number: 4-D623W6J

ABN: 59628975226

Application status: Approved

Legal name: SANCTUARY AUS LIMITED

Application type: Renewal Application

Assigned to:

Application details

- **Application details**
- **Provider details**
- **Key personnel**
- **Service delivery questions**

Audit details

Audit recommendation

	Recommendation	Audit type	Auditor name	Created date	Status	Status change date
▼	Certification - Recommended	Certification	Section 22	20/10/2020	Submitted to Commission	2/06/2021 5:24:11 PM

Recommendation comments:

Certification Recommendation

Certification is recommended for all registration groups noted in the chart above and provisional certification for Module 2 Behavior Support as there were no participants with a behaviour support plan with restrictive practices at time of audit.

Executive Summary

Sanctuary Australia is a Not for Profit, Public Company Limited by Guarantee and Registered Charity,. is community owned and commenced operations in September 2018. The organisation is governed by a seven-member Board.

Changes to the scope of this audit are identified in the chart above.

There were no non-conformities identified at audit.

In response to the COVID-19 pandemic and JAS-ANZ invoked IAF ID 3:2011 (the IAF Informative Document for Management of Extraordinary Events or Circumstances Affecting AB's, CAB's, and Certified Organisations, this audit was undertaken remotely via the use of technology.

General Overview

Sanctuary Australia is based in Yarralumla and provides supports to the Australian Capital Territory and surrounding area. The service consistently demonstrated the delivery of person directed supports to participants. The service commenced providing supports to NDIS participants in May 2019. The two executive directors are very experienced therapists with 40 years' experience working with children and families. The organisation has two NDIS registered behavior support practitioners, with one being an executive director.

Sampling

Sampling requirements were based on ISO/IEC 19011:2014, Guidelines for Auditing Management Systems and the NDIS Practice Standards 2018. Samples were stratified and included both horizontal and vertical auditing. Evidence was triangulated and included interviews, observations and a review of records and documents.

Actions

Document production

Attachments

Escalate matter

Participant Engagement

At the time of this audit there were 15 participants accessing services.

The total number of participants files sampled was 5.

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Auditor schedule

Record when an audit is planned to be undertaken

Audit stage	Auditor business name	Audit schedule date	Stage audit required?
Stage 1	Section 22 [redacted]	25/02/2021	Yes
Stage 2		2/03/2021	Yes

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1800 035 544 (tel:1800-035-544)

Support (mailto:tier1support@ndiscommission.gov.au)

Feedback (mailto:tier1support@ndiscommission.gov.au)

DOCUMENT 15

NDIS Quality and Safeguards Commission

Sanctuary Aus Limited

Section 22

Dear Registered NDIS Behaviour Support Provider,

Revoking Provisional Suitability of Behaviour Support Practitioners

I am writing to you because you are a registered NDIS Provider registered to deliver the class of supports Specialist Positive Behaviour Support (110).

As you are aware, all behaviour support providers are required to be registered with the NDIS Commission and the Commission regulates behaviour support providers through:

- the NDIS Code of Conduct
- conditions of registration, including compliance with relevant NDIS Practice Standards; and
- the additional conditions of registration set out in Part 3 of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (the Rules), including how a behaviour support plan must be developed and what it must contain.

As a condition of registration, section 17 of the Rules state that providers of specialist behaviour support are required to use a NDIS behaviour support practitioner as defined below.

> ***NDIS behaviour support practitioner*** means a person the Commissioner considers is suitable to undertake behaviour support assessments (including functional behavioural assessments) and to develop behaviour support plans that may contain the use of restrictive practices.

During 2021, 2022 and 2023, the NDIS Commission implemented the Positive Behaviour Support (PBS) Capability Framework, seeing over 5500 Behaviour Support Practitioners receive suitability status.

Prior to this, practitioners were considered provisionally suitable under section 29 of the Rules. As the transition period has ceased and implementation of the PBS Capability Framework is well underway, I have decided to revoke all remaining provisional suitability from practitioners who have not received an outcome from their suitability assessment.

Provisional suitability will be revoked nationally on the **31st July 2023.**

This means that beyond this date, any practitioners who do not have a suitable outcome letter from the NDIS Commission, will be unable to provide behaviour support services.

Registered behaviour support providers are reminded that engaging behaviour support practitioners whose suitability has been revoked may result in compliance and enforcement action being taken.

The below instructions should be followed by practitioners you currently employ who have provisional suitability and have not yet submitted a practitioner suitability assessment.

How to apply to become an NDIS Behaviour Support Practitioner

Before starting the self-assessment process, the practitioner should review the PBS Capability Framework (2019), the Self-assessment Resource Guide for the PBS Capability Framework (2020), and the NDIS (NDIS Behaviour Support Practitioner Application) Guidelines 2020. Our website also provides more information about what to do.

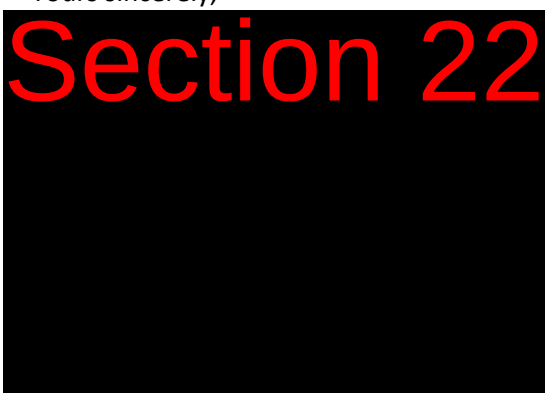
- The practitioner will need a PRODA account to access both the Applications Portal and the NDIS Commission Portal.
- Information on how to set up a PRODA account and access the Applications Portal is here: Quick reference guide: Getting access to the NDIS Commission Applications Portal.
- Information about using the Applications Portal is here: Quick reference guide: Applying to be considered suitable as an NDIS Behaviour Support Practitioner.
- Additional information about applying is also available in our Frequently Asked Questions.

Once an application has been submitted, the practitioner may be asked for more information or work practice examples to assist in the assessment process. The application (and any additional information provided) will be considered and an outcome will be determined. The practitioner will be notified of the outcome in writing.

Any queries you may have regarding this activity can be directed to NDISPractitioners@ndiscommission.gov.au.

Thank you for attending to this matter.

Yours sincerely,



T 1800 035 544

ndispractitioners@ndiscommission.gov.au

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