



Certification Partner Global

Certification Partner Global FZ LLC

AUDIT REPORT

Elba Incorporated

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

Team Leader: Kelly Duggan

Date(s) of Audit: 20 & 21/10/2021

Client File No: HS/A61/0691

Provider Name: Elba Incorporated	Audit Date(s): 20 & 21/10/21
NDIS Certification Audit Report	File No. HS/A61/0691

PROVIDER INFORMATION			
Provider Legal Name	Elba Incorporated		
Provider Business name:	Elba Incorporated		
Provider ARN:	40FTVADAP	ABN:	76 028 495 534
Client Contact	Stefanie Galgia	E-mail/ website:	stefanie@elba.net.au
Position:	Director	Phone:	0447 791 111
AUDIT DESCRIPTION			
Standard	NDIS Practice Standards		
Audit Type:	Certification-Stage 2		
Duration:	3 Man-days		
Site Address (HO):	Unit 18. 173 Davy Street, Booragoon WA 6154		
Additional Sites: (List all the sites as per scope)	Address	Contact name & phone	
	Site 1 :		
	Site 2:		
	Site 3:		
	Site 4:		
Audit Team:	Team Leader: Kelly Duggan	Team Members: Tim Walsh	
Technical Experts/ Observers (please specify):	Tim Walsh RN		
Pre-triennial review conducted:			N/ A
Previous certification details:			N/ A

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CERTIFICATION INFORMATION

Scope of Certification

Practice Standards -Modules

Core Module

Module 4.3

Module 4.4

Module 1

Registration Groups

0127 Plan Management

0125 Participate Community

0120 Household Tasks

0115 Daily Tasks/Shared Living

0114 Community Nursing

0108 Assist-Travel/Transport

0107 Assist-Personal Activities

0104 Assist Personal Activities High

If more than 1 site, detail per site

Site 1: HO

Module 1 Outcomes (if applicable)

Complex Bowel Care	Tracheostomy Management	Subcutaneous Injections	Urinary Catheter Management
Feeding Management (peg feeding)	Ventilator Management	Complex Wound Management	

Added/Removed at Stg 2

Registration Groups

Added: 0114 Community Nursing

Removed:

Modules

Added:

Removed:

Registration Groups in the Scope of audit

Witnessed (Full Certification)

Not Witnessed (Provisional Certification)

0127 Plan Management

Witnessed

0125 Participant Community

Witnessed

0120 Household Tasks

Witnessed

0115 Daily Tasks/Shared Living

Provisional

0108 Assist-Travel/Transport

Witnessed

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0107 Assist- Personal Activities	Witnessed	
0104 Assist- Personal Activities High	Witnessed	
0114 Community Nursing		Provisional

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

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

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EMPLOYEES AND PARTICIPANTS SAMPLING			
Employee Numbers:	90	Number of Employees interviewed	7
Comments: 4 support workers 1 CEO 1 RN 1 Plan Manager			
Participant Numbers	34	Number of Participants/Cares/ Interviewed	5
The Participants were selected as per the sampling plan. Interviews were conducted with Participants/ Parents/Family Members Number of interviews conducted over the Phone: 7 Number of interviews conducted face to face: 0 Comments:			
SITE SAMPLING (if applicable)			
SITE Numbers:	1	Number of SITES Audited:	1
List the sites audited & Any additional comments: There is currently no property to deliver 0115 Daily Tasks/Shared Living			
CHANGES IN CLIENT INFORMATION AT THIS AUDIT			
Client Name/Address	N/A	Scope	Add 0114
Employee Numbers	N/A	Other	N/A

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EXECUTIVE SUMMARY

An audit of Elba Inc. was conducted on the above dates by Certification Partner Global in accordance with the requirements outlined in the National Disability Insurance Scheme (Approved Quality Auditors Scheme) and ISO 17065.

Audit Objectives

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

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018;
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- Part 2 of the National Disability Insurance Scheme (Practice Standards-Worker Screening) Rules 2018

Executive Summary of Audit Findings

The Certificate Stage 1 audit was carried out off site on 20th July 2021, to review the management system and practice documentation and to determine readiness for the Stage 2 certification audit. It was determined that the Provider was unable to meet all the requirements of the NDIS Practice Standards and a re-audit was required. A scope extension was also recommended to include: Urinary Catheters and Ventilation Support.

A follow-up audit was conducted on 7th October 2021 to address Major Non Conformances and scope extension to include Urinary Cather, Non Invasive Ventilation Support, Enteral Feeding and Wound Management. All non conformances were addressed during the follow-up audit on 7th October 2021 (except Waste Management). This was resolved during this Stage 2 audit.

The Stage 2 audit was carried out offsite due to the Covid 19 pandemic situation on 20 & 21 October 2021. The Provider was able to meet all the requirements of the NDIS Practise Standards and is recommended for certification.

Audit objectives were met	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Non-conformances were identified at this audit:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Number and category of non-conformances:	Nil	
Description of non-conformances:		

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Ratings Summary

Standard	Name	Rating
Core Module 1 - Rights and Responsibilities		
	6 Person-Centred supports	2
	7 Individual values and beliefs	2
	8 Privacy and Dignity	2
	9 Independence and Informed Choice	2
	10 Violence, Abuse, Neglect, Exploitation and Discrimination	2
Core Module 2 – Governance and Operational Management		
	11 Governance and Operational Management	2
	12 Risk Management	2
	13 Quality Management	2
	14 Information Management	2
	15 Feedback and Complaints Management	2
	16 Incident Management	2
	17 Human Resource Management	2
	18 Continuity of Supports	2
Core Module 3 – Provision of Supports		
	19 Access to Supports	2
	20 Support Planning	2
	21 Service Agreements with Participants	2
	22 Responsive Support Provision	2
	23 Transitions to or from the provider	2
Core Module 1 4 – Support Provision Environment		
	24 Safe Environment	2
	25 Participant Money and Property	2
	26 Management of Medication	2
	27 Management of Waste	2
Module 1: High Intensity Daily Personal Activities		
	29 Complex Bowel Care	2
	30 Enteral (Naso-Gastric Tube – Jejunum or Duodenum) Feeding and Management	2
	31 Tracheostomy Management	N/A
	32 Urinary Catheter Management (In-dwelling Urinary Catheter, In-out Catheter, Suprapubic Catheter)	2

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Standard	Name	Rating
	33 Ventilator Management	2
	34 Subcutaneous Injections	N/A
	35 Complex Wound Management	2

RATING

Rating	Attainment Level	Interpretation
3	Conformity with elements of best practice	The NDIS provider can clearly demonstrate conformity with best practice against the criteria. Best practice is demonstrated through innovative, responsive service delivery, underpinned by the principles of continuous improvement of the systems, processes and associated with the outcomes.
2	Conformity	The NDIS provider can clearly demonstrate that the outcomes and indicators are met as proportionate to the size and scale of the provider - evidence may include practice evidence, training, records and visual evidence. <i>This would mean there was negligible risk and certification can be recommended.</i>
1	Minor Non-conformity	A rating 1 will require a corrective action plan which reduces the likelihood of any risks identified occurring or impacting participant safety before certification or verification can be recommended - one of two situations usually exists in relation to minor non-conformity: <ul style="list-style-type: none"> • There is evidence of appropriate process (policy/procedure/guideline etc.), system or structure implementation, without the required supporting documentation • A documented process (policy/procedure/ guideline etc.), system or structure is evident but the provider is unable to demonstrate implementation review or evaluation where this is required
0	Major Non-conformity	The NDIS provider is unable to demonstrate appropriate processes systems or structures to meet the required outcome and indicators and/or the gaps in meeting the outcome present a high risk - Three Minor Non-Conformities within the same module may also constitute a Major Non-Conformity - <i>A rating of 0 will preclude a recommendation for certification.</i>

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DESCRIPTION OF CLIENT OPERATIONS

Elba was established in 1990 when a group of 5 patients were given no option for accommodation and support other than living at the Quadriplegic Centre in Shenton Park, Western Australia. The service specialises in spinal cord injuries.

The patients decided to assert their independence and establish an organisation where they were able to manage their own funding from the Commonwealth Government, which later transferred to the Western Australian Disability Services Commission.

Funding to establish Elba was granted after two years of lobbying the Western Australian Government. A part time Co-ordinator was appointed to run the organization and a Management Committee established from the Members. Elba, a non-profit community organisation, is now widely regarded as an independent and professional organization.

The services offered by Elba include individual and home support, in-home respite, out-of-home respite, home help, community access and Host families.

Elba is governed by a Board of Management elected annually by the Members of the organization, as part of the incorporation. Elba receives all its operating funds from the Western Australian Government in the form of an annual grant. The CEO is long-standing employee and has been in this role for approx. 10 years.

Elba turns 30 this year.

Client Representatives:

<i>Name</i>	<i>Title</i>
<i>(List name of all Key Personnel) Key Personnel" means individuals who hold key executive, management or operational positions in an organisation, such as directors, managers, board members, chief executive officer or chairperson.)</i>	
<i>Patricia Posian</i>	<i>Support Coordinator (Key Personnel on Proda)</i>
<i>Hoy Chan</i>	<i>General Staff (Key Personnel on Proda)</i>
<i>Stefanie Gaglia</i>	<i>CEO (Key Personnel on Proda)</i>
<i>Frances Burns</i>	<i>Administration (Key Personnel on Proda)</i>
<i>Barry Shrother</i>	<i>Board Member (Not identified on Proda)</i>
<i>Craig Press</i>	<i>Board Member (Not identified on Proda)</i>
<i>Darren West</i>	<i>Board Member (Not identified on Proda)</i>
<i>Mark Pielage</i>	<i>Board Member (Not identified on Proda)</i>
<i>Michael Durk</i>	<i>Board Member (Not identified on Proda)</i>
<i>Sin Strbac</i>	<i>Board Member (Not identified on Proda)</i>
<i>Name of Personnel interviewed</i>	
<i>Stefanie Gaglia</i>	<i>CEO (Key Personnel on Proda)</i>
<i>Patricia Posian</i>	<i>Registered Nurse (Key Personnel on Proda)</i>
<i>Dhruv Patel</i>	<i>Plan Manager/Accounts</i>
<i>Support Workers</i>	<i>RB, PA, TH, JG</i>
<i>Attendees for Opening and Closing meeting</i>	
<i>Stefanie Gaglia</i>	<i>CEO (Key Personnel on Proda)</i>

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<i>Kelly Duggan</i>	<i>Lead Auditor</i>
<i>Tim Walsh</i>	<i>Auditor Team Member</i>



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AUDIT INFORMATION

CORE MODULE 1 - RIGHTS AND RESPONSIBILITIES

Person – centred supports

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement/ NCR:

Policies and Procedures:

- 1.1.01 Charter of Rights and Responsibilities
- 1.1.02 Member Rights & Responsibilities

Other Documents:

- Members Only Section of website
- Members Pack
- Welcome Letter
 - Signed consent forms,
 - client handbook,
 - participant records,
 - interviews with staff and participants

A welcome pack is provided to participants during the onboarding process and contains information such as a checklist to ensure all processes have been completed during onboarding. A welcome letter, a code of conduct that is signed off by the participant, an authority to act as an advocate form, a consent form for handling money and property that is signed by the participant and a Consent form that is either signed by the participant or their legally appointed decision maker.

The onboarding process uses a collaborative approach, where the participant and their support network are involved in the process. The consent forms allow for the participant or their Guardian to sign the documents. The Welcome pack provides information so that they understand he processes at hand.

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The Service agreement provides an explanation of the expectations of both staff and the participant during support delivery. The agreement discusses changes to the agreement as well as a termination to the agreement.

During an interview with the registered nurse, the nurse identified that the onboarding process begins with a call from another provider with a referral. From that point on, either the other provider or the Support Coordinator will sit in on the initial meetings and will assist with communicating the requirements of the process to or from the participant. The nurse stated that it was good if the whole support network was present for the meeting, then everyone knows what is happening.

The participants interviewed identified that their supports were very good, one participant bragged about the progress that he had made with standing and walking since getting home and being in the care of Elba. The other participant described how he loved cooking, and so he regularly cooks. The support workers do as he directs, and a meal is constructed. The staff member described the same event and said that she can't even cook.

Individual values and beliefs

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement/ NCR:

Policy:

- 101 Charter of Rights and Responsibilities
- 1.02 Member Rights & Responsibilities
- 2.01 Participation and Integration
- 6.08 Multiculturalism

Other Documents:

- Potential Member Intake Questionnaire
- Culture, Beliefs, Values, and Diversity form
- Easy English Documents
- Tracking sheet for Members

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A policy is in place that promotes inclusivity no matter what the difference. The policy provides an explanation of the things that Elba do to include values and beliefs into day-to-day support provision.

A Culture, Beliefs, Values, and Diversity form is in place that acknowledges diversity, values, beliefs, and culture. The form is provided to both participants and staff during their initial time with Elba.

The Potential Member Intake Questionnaire identifies some information during the onboarding process that assist staff to understand the participants' diversity more.

Easy English documents are in place that assist with the participant understanding their right to practice their values and beliefs.

During discussions with the nurse, she stated that the intake meetings provided valuable time to get to know the participant and to record their details, she explained that the Tracking sheet for Members was a live document and had the ability to track and record an individual's culture, beliefs, values and diversity.

Elba staff demonstrated a good understanding of ensuring that each individual's right to their own values and beliefs were addressed, with one participant demonstrating that he was becoming reclusive and not seeing his friends as much as he used to. The staff were gently coaxing him back into society and being very mindful when he'd had enough, Support workers take him to his friends' BBQs, as he used to prior to his injury, letting him integrate back into his culture.

Privacy and Dignity

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policies and Procedures:

- 1.04 Privacy, Dignity & Confidentiality

Other Documents:

- Service Agreement – Consent to photo only, but no reference to audio & video formats

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- Consent to share your information.
- Easy English document
- Opt-out Consent form

A Privacy and Dignity Policy is in place that provides a good explanation of the different terms used to address this standard. The document discusses the ability for an individual to make a complaint regarding a breach of privacy.

A Consent form is in place allowing for sharing of information if consent is gained. The form identifies several types of information that is collected and whether the participant would like to share that information or not. The form stipulates that a person can withdraw their consent at any time.

The Service Agreement houses a section to gain consent regarding the use and sharing of media type information.

An Opt-out Consent form is in place to address audits under the NDIS.

The nurse interviewed understood the need for privacy and that a person’s dignity was at risk if processes were not followed. The nurse stated that she would not do anything in the initial onboarding meeting, until all the consent forms were signed from the different agencies in attendance.

Both participants interviewed stated that they were confident with steps to protect their privacy.

Independence and informed choice

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policies and Procedures:

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- 101 Charter of Rights and Responsibilities
- 1.02 Member Rights & Responsibilities
- 1.4.01 Decision Making & Choice

Other Documents:

- Easy English Your rights policy – also on website, and sent via mail for those who do not have web access.

The Independence and Informed-Choice Decision-Making policy is in place that identifies the right for all participants to access an Advocate whenever they like and provides a list of items that must be completed when filling out a Service Agreement, ensuring that participants are able to make informed decisions about their own supports.

An Easy English document is in place that assists the participant in understanding their right to make decisions about their support. The document provides them time for informed decision making as well.

The nurse identified that they use advocates regularly when meeting with participants if they do not have any family members or Guardians available. She stated that it made the process much easier and was advantageous for the participant. The nurse stated that she never hurried people into making decisions, whether they were participants, family members, or their guardians.

Interviews with participants revealed that they were able to make decisions for themselves and that the dignity of risk was accepted by Elba at times.

Violence, Abuse, Neglect, Exploitation and Discrimination

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policies and Procedures:

- 1.5.02 Violence, Abuse, Neglect, Exploitation & Discrimination

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- 101 Charter of Rights and Responsibilities
- 1.02 Member Rights & Responsibilities
- 1.08 Child Protection – 8.2 documented procedure for reporting and escalation
- 1.03 Protection of Human Rights and Freedom from Abuse and Neglect
- 2.5.01 Feedback Complaints and Incident Management Policy

Other Documents:

- Easy English Your rights Policy
- Incident form with a section to tick
- Code of Conduct for Members - Member (New) Pack
- Training for SW- Violence, Abuse, Neglect, and Restrictive Practices staff training

The Violence, Abuse, Neglect, Exploitation & Discrimination policy is in place that identifies the reasons that participants are at risk of Violence, Abuse, Neglect, Exploitation & Discrimination, and the impacts of these issues on the person. Elba commits to protecting the safety of all participants within the policy and identify behaviours that are both acceptable and unacceptable.

An Easy English Your Rights policy is in place for the participants as well as a Code of Conduct for Members document, the document is supplied during the onboarding process and is housed within the Member Pack.

A staff training package is available to all staff members entitled, Violence, Abuse, Neglect, and Restrictive Practices staff training

Discussions with the nurse identified that the organisation was mindful of issues of Violence, Abuse, Neglect, Exploitation & Discrimination and provided the training package for all staff to complete. She stated that all staff signed copies of the induction checklist for staff and was the second topic on the list. The nurse was able to show an incident report.

Discussions with the participants identified that Elba were exceptional at providing care for their participants. The participants were very happy with the support they were being provided, with one person saying that he had not been left in bed for the day since starting with Elba. He said that it had been a regular occurrence in the past with other providers.

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CORE MODULE 2 – GOVERNANCE AND OPERATIONAL MANAGEMENT

Governance and Operational Management

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policies and Procedures:

- 2.1.01 – Governance Policy (28/8/2021)
- 2.1.02 – Work Health & Safety (26/8/2021)
- 2.1.03 – Epidemic/Pandemic (16/8/2021)
- 2.1.04 – Continuous Improvement (27/8/2021)
- 2.1.05 – Whistle Blower (17/8/2021)

Other Documents:

- Reference Manual for Board of Management (6/8/2021) includes Management Committee Code of Conduct, Management Committee Governance, Board Structure and Role, Strategic Plan (2016-2021),
- Governance Training list, provided by Community Door, was undertaken by: Committee Members, Chairperson, Vice Chair, Field Supervisor, Secretary, Chief Executive Office and Reception.
- Board Meeting Agenda (various sighted)
- Attendee List for Governance Training

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- CEO/Committee Report
- Service Coordinator Report
- Constitution
- Meeting Minutes
- Conflict of Interest Register (template)
- Expenditure Delegations
- Organisation Chart includes Board, CEO, Maintenance Officer, Marketing/Fundraising Officer, Operations Administrator, Community Administrator, Accounts Coordinator, HR/Training Coordinator, Service Coordinator, Roster Coordinator, Support Workers.
- Covid Safety Plan

The organisation was founded by people with disabilities 30 years ago. Currently all 5 board members have disabilities, of which 4 are members receiving support. The other member is an affiliate and has a son with a disability. Given the board is represented by people with disabilities, organisational policy and processes are in place to protect participant rights and support the provision of service.

Elba Incorporated has a defined business structure to ensure governing body's financial, legislative and contractual responsibilities are met and monitoring of quality and safeguarding matters is in place.

An interview with the CEO indicates that the board meets every 6 weeks to discuss tabled issues. This includes an external financial report to the Charity, as well as a service report that includes complaints, incidents and continuous improvements)..

The governing body has undertaken governance training provided by Community Door.

The organisation undertakes strategic planning every 5 years.

There is an Expenditure of Delegations document in place that outlines the financial delegation in place within the organisation. However there does not appear to be any documented delegation and authority for other key positions, although CEO explained the process how it is managed.

The CEO was about to describe how conflict of interest was monitored. An example was sighted in a client file to demonstrate the participant was aware of a potential conflict of interest around Plan Management and delivering support services.

Observation:

- On Page 7 of the Board Manual Resource Kit, there are a number of Registration Groups listed that have been withdrawn from scope. The Provider needs to ensure that this list represents the registered Scope.

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- Financial delegations are documented. However, role responsibilities are not clearly documented. The provider needs to ensure that authority and responsibilities are clearly documented in the absence of the key position holders.

Risk Management

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

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

- Risks to the organisation, including risks to participants, financial and work health and safety risks, and risks associated with provision of supports are identified, analysed, prioritised and treated.
- A documented 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.
- Support delivery is linked to a risk management system which includes:
 - Incident Management;
 - Complaints Management;
 - Work Health and Safety;
 - Human Resource Management;
 - Financial Management;
 - Information Management; and
 - Governance

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policy and Procedures:

- 2.2.01 - Risk Management Policy
- Policy 6.07 Insurance and Indemnity Arrangements (April 2021)
- Policy 6.17 Use of Agency's Motor Vehicles (May 2021)
- Policy 6.19 Use of Private Motor Vehicles (Dec 2020)
- Emergency Response Procedures

Other Documents:

- Risk Management Register
- Elba Vehicle Registration (IDL1093 exp 14/7/2022)
- Motor Vehicle Insurance: MVB0009096 Exp 31/3/2022 for 2 company vehicles
- Journey Accident Insurance 93130043 Exp 31/3/2022
- Care Insurance: 06.240.0572063 Exp 31/3/2022 (Public & Products Liability)
- Voluntary Workers Insurance 93130023 Exp 31/3/2022
- Workers Compensation Insurance 352177PGWC Exp 31/3/2022
- Damage Assessment Form includes: Disaster Recovery Event Recording Form, Mobilising the Disaster Recovery Team, Monitoring Business Recovery Task Progress Form, Functional Recovery Competition Form.

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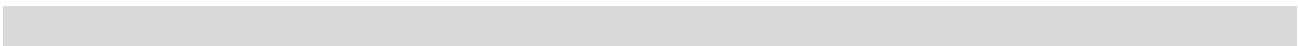
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- Disaster Recovery Plan

Covid-19 (Coronavirus) Management Plan Care Plan - Risk Assessment – Individual Risk Assessment contained within the Care Plan. An organisation-wide risk register is in place and includes risk rating and mitigation strategies. The CEO tables the register for the board to discuss. Support delivery is linked to risk management and includes incidents and complaints management, work health and safety, human resource management, financial management, information management and governance.

Observation:

- The process around formally reviewing the monitoring organisational risks could be strengthened. The Provider needs to demonstrate that risks are identified, analysed, prioritised and treated, including scheduling a formal review of the risk register. This currently appears to be an informal process.
- The Disaster Management needs to include processes to follow during a disaster and immediately after.



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Quality Management

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policy and Procedure:

- 2.3.01 – Quality Management Policy
- Process and Procedure Continuous Improvement

Other Documents:

- Daily Team Meetings Minutes– includes quality activities that need to be completed
- Document Control Register
- Office Team Meeting Agenda
- Care Plan Audit Individual Plan
- Internal Audit Templates to be developed

A quality management system is maintained that is relevant and proportionate to the size and scale of the provider and complexity of the supports delivered.

The CEO indicated that they are going through the first of their internal audits. They are currently developing internal audit templates/checklists. The CEO indicated that audit outcomes will be documented on the continuous improvement register. The CEO indicated that the Board does not currently review the continuous improvement register but this will commence in the coming months. The continuous improvement register is discussed at staff meetings.



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Information Management

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policies and Procedures:

- 6.10 Record Keeping
- 6.11 Document Production
- 1.3.01 – Privacy, Dignity & Confidentiality includes storage of records.
- 2.4.01 Record Keeping Policy includes the requirements to meet the West Australian Public Records Act.
- Archiving Process

Other Documents:

- Service Agreement 8. Confidentiality (advises participants they can withdraw consent) and consent to photo only, nil reference to audio & video formats
- Consent to share your information.
- Destruction of Documents Authorisation Form
- Document Control Register
- Opt Out Consent Form

Elba are currently using Care Master as their participant management system. Staff can access Care Master with login and password and can only access records for participants for whom they provide services.

Documents are destroyed according to the record keeping policy and archiving process.

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Feedback and Complaints Management

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policies and Procedures:

- 2.5.01 Feedback Complaints and Incident Management Policy
- Process and Procedure for Complaints and Feedback

Other Documents:

- Continuous Improvement Spreadsheet
- Complaint Feedback Assessment Form
- Complaint Submission Form
- Complaints Register – 38 entries since 15/9/2021 include feedback from participants around worker performance, feedback from participants.
- Process and Procedure complaints and feedback.
- Open and Honest Communication Email

A complaints management and resolution system is maintained and is relevant and proportional to the scope of complexity of supports. The system follows the principles of the *National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018*.

The CEO confirmed that participants can raise complaints in a number of ways including verbal complaints, text messages, emails, forms, social media and website (name field is not a mandatory field). All complaints are added to the system and an investigation is conducted. All complaints are discussed at the office team meetings. Participants are involved in the resolution process where possible.

All complaints about staff are investigated by the CEO.

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All staff receive Complaints training at induction as well as additional training throughout the year.

Opportunities for Improvement:

It may be of benefit to communicate improvements from anonymous complaints via a facebook page or newsletter.

Incident Management

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policies and Procedures:

- Process and Procedure Incident Management

Other Documents:

- Incident Assessment Form
- Incident Report
- Incident Hazard Complaint Feedback Register – 4 incidents raised between June and October 2021; one involving a participant death (reported) and 1 support worker no-show and 2 participant falls.
- Incident Poster
- Members Pack and member’s only section on the website.

An incident management system is in place that is relevant and proportionate to the scope and complexity of supports delivered and is compliance with the requirements under the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*.

Each participant is provided with information on incident management, as part of the Member’s Pack.

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The CEO was able to describe the process around incident management. She was able to describe the difference between incidents and reportable incidents to the Commission. The CEO provided an example of a reportable incident and outcome from the Commission.

Workers are trained at induction on incident management including those for restrictive practices.

Human Resource Management

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

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

- The skills and knowledge required of each position within a provider are identified and documented together with the responsibilities, scope and limitations of each position.
- Records of worker pre-employment checks, qualifications and experience are maintained.
- An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program.
- A system to identify, plan, facilitate, record and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant. The system identifies training that is mandatory and includes training in relation to staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules.
- Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered.
- The performance of workers is managed, developed and documented, including through providing feedback and development opportunities.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policies and Procedures:

- Recruiting Process
- Induction Process and overview
- Policy 6.20 Equal Employment Opportunity (May 2021)
- Policy 6.21 Employee Recruitment & Selection (Jan 2021)
- Policy 6.23 Harassment/Bullying in the Workplace (Jan 2021)
- Policy 6.25 Training (Feb 2021)
- Policy 6.26 Employee Training & Development (Feb 2021)
- Policy 6.27 Employee Supervision & Appraisal
- Policy 6.28 Managing Sub-Standard Employee Performance

Other Documents:

- Orientation/Induction
- PANDADOC – induction checklist
- Supervision checklist for high intensity supports.
- Tracking Sheet for Admin staff and Board Register that has recently been commenced to track compliance and worker screening.

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- Employee and Volunteer Code of Conduct
- NDIS Screening Check for Employees, Volunteers and Management
- Induction Checklist (includes catheter care and bowel care, waste management)
- Employee Injury Process
- Team Meeting Agenda – Health & Safety, Code of Conduct, Specific needs and/or requirements, complaints/grievance, member specific needs or requirements
- Position Descriptions; Accounts, CEO, Community Administrator, HR training coordinator, Maintenance Officer, Marketing & Fundraising Officer, Operations Administrator, Roster Coordinator, Service Coordinator.

The skills and knowledge required of each position is documented within the position descriptions. All staff have undertaken an Elba worker induction, and completion of NDIS worker orientation, Covid 19 infection control module and code of conduct.

Supervision documentation is in place for all support workers undertaking high intensity supports.

CEO & Board of Directors:

6 Members on the Board of Directors – MP (Police Check 22/12/2020), CP (Police Check 15/1/2021), BS (Police Check 15/1/2021), MD (NDIS Screening 73040693 Cleared until 11/4/2026), SS (NDIS Worker Screening No:13420823 Cleared until 20/3/2026), DW (Police Check 25/1/2021)

Person	100-point ID	Right to work in Australia	National Criminal Check/Employment Screening	Working with Children Check/ Disability Check	NDIS Orientation	COVID-19
SG (CEO)	D/L 4333655 Exp 8/6/2021	Australian Passport 25/6/2022	Police Check: 4/5/2020	Does not work with children.	27/8/2020	18/3/2020
Qualifications and Training			Registration / Other			
Bladder Care Quiz (Sept 2021) Feeding Quiz (Sept 2021) Ventilation Quiz (Sept 2021) Wound Care Quiz (Sept 2021) Community Door – Introduction to Governance (6/10/2021) National Hand Hygiene Initiative (2/4/2020) NDS Recognising Restrictive Practices – Zero Tolerance (12/10/2021) NDS Training: Safeguarding for Boards, Leading WHS in Disability, First Response Evacuation Instructions, Manual Handling for			HR Agreement (signed) Position Description			

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Person	100-point ID	Right to work in Australia	National Criminal Check/Employment Screening	Working with Children Check/ Disability Check	NDIS Orientation	COVID-19
Disability Support Workers and Risk Management (from 8/5/20 – 6/9/2021)						

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Professionals:

Person	100-point ID	Right to work in Australia	National Criminal Check/Employment Screening	Working with Children Check/ Disability Check	NDIS Orientation	COVID-19
DP (Plan Manager)	D/L 7796182 Exp 13/2/2022 Kenya Passport Exp 5/3/2029	Citizenship Approval letter (19/8/21) VEVO – Resident (17/6/2020)	Police Check 18/6/2021	NDIS Worker Screening 23969373, Exp 21/9/2026	27/9/2021	22/9/2021
Qualifications and Training			Registration / Other			
Bachelor of Accounting (CQU) 21/11/2016 Diploma of Business management Dec 2011 CPA – letter of acceptance from CPA Australia (18/1/2017)			Position Description – Book Keeper Contract of Employment (28/9/2021) Resume Employment Application Reference Check			

Person	100-point ID	Right to work in Australia	National Criminal Check/Employment Screening	Working with Children Check/ Disability Check	NDIS Orientation	COVID-19
TP Nurse	NZ Passport 18/3/2029 AHPRA Registration	NZ Passport	Police Check 5/2/2020	WWCC – Application submitted 21/10/21.	7/5/2020	18/3/2020
Qualifications and Training			Registration / Other			
Bachelor of Nursing Maori (2/10/2014) Hand Hygiene 21/4/2020 CPD report for preceding 12 months sighted and include relevant CPD to deliver high intensity supports.			AHPRA NMW0002427852 Exp 31/5/2022 CV			

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Support Workers:

Person	100-point ID	Right to work in Australia	National Criminal Check/Employment Screening	Working with Children Check/ Disability Check	NDIS Orientation	COVID-19
TH	D/L 4526249 Exp 23/10/2023	NZ Passport (Exp 14/12/2030)	Police Check 12/6/2017	Does not work with children.	22/10/2020	20/4/2020
Qualifications and Training			Registration / Other			
Individual Training Plan Certificate III in Disability – completed 5/5/2015 NDS Documenting Records Manual Handling Workshop April 2021 Food Safety for Disability Workers 28/01/2021 NDS Medication management 28/01/2021 Slips, Trips and Falls Awareness Training for the Disability Sector 24/9/2021			Employment Health Checklist Application for Employment Contract of Employment 13/7/2021 Position Description Resume			

Person	100-point ID	Right to work in Australia	National Criminal Check/Employment Screening	Working with Children Check/ Disability Check	NDIS Orientation	COVID-19
JG	D/L 7545974 Exp 30/7/2025	Australian Passport (24/12/2020)	Police Check 5/10/2020	WWCC 2889398 Exp 21/3/2024	19/8/2020	1/4/2020
Qualifications and Training			Registration / Other			
Certificate III in Individual Support (Disability) – 7/12/2020 Elba Certification for Complex Bowel Theory (6/6/2021) NDS – Documenting Records 16/9/2021 Food safety for Disability Workers 21/1/2021 Manual Handling for Disability Workers 25/9/21 NDS Medication Management 21/1/2021 Slips, Trips and Falls Awareness Training for Disability Sector 16/9/2021 Elba Wound Care Training 12/10/2021 Wound Care Quiz (12/10/21) First Aid Certificate 3/9/2020			Application for Employment Contract of Employment (13/7/21) Self Review and Supervision Task Sheet for Personal activities, household tasks, daily living, health & wellbeing, code of conduct, maintaining records, assessing needs, mentoring, privacy, signed 27/5/2021			

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Person	100-point ID	Right to work in Australia	National Criminal Check/Employment Screening	Working with Children Check/ Disability Check	NDIS Orientation	COVID-19
JM	D/L 3871543 Exp 24/9/21	Australian Passport Exp 24/4/2026	Police Check 6/5/2020	Does not work with children.	18/10/2020	11/10/2020
Qualifications and Training			Registration / Other			
<p>NDS – Documenting Records 24/8/2021 Food safety for Disability Workers 3/2/2021 NDS Medication Management 3/2/2021 Slips, Trips and Falls Awareness Training for Disability Sector 24/8/2021 Elba Certificate of Completion Manual Handling 27/5/2021 Complex Bowel Care Theory (3/5/021) First Aid 12/12/2018 (Expired CPR)</p>			<p>Application for Employment Contract of Employment (13/7/2021) Self review and review by participant. Supervision Task Sheet for Personal Activities: Medication, Bowel Care Theory & Practical, SPC Management, Catheter bag checked & managed, manual handling (Slide board transfer), personal hygiene, household tasks, community engagement, health & wellbeing, food safety, code of conduct, documentation, confidentiality and privacy (16/5/2021)</p>			

Person	100-point ID	Right to work in Australia	National Criminal Check/Employment Screening	Working with Children Check/ Disability Check	NDIS Orientation	COVID-19
PA	Brazilian Passport Exp 9/4/2027 International Driver's license	Visa 408 Application letter (9/3/2021). VEVO Visa Grant 8/5/2021- 8/5/2022	Police Check 14/12/2020	WWCC 3219747 Exp 5/5/2022	11/12/2020	9/9/20
Qualifications and Training			Registration / Other			
<p>CHC30113 Certificate III in Early Childhood Education and Care (21/5/2019) Certificate of Achievement for Complex Bowel Theory (22/7/2021) Elba Manual Handling 7/12/2020 Food safety for Disability Workers 30/4/2021 Disability Safe – Support worker for DW – hoist assist, showers, full training by RN (7/12/20) NDS Medication Management 30/4/2021 Slips, Trips and Falls Awareness Training for Disability Sector 6/10/2021 First Aid 8/1/2021</p>			<p>Reference Check Contract of Employment (29/6/2021) Support Worker Individual Training Plan (11/4/2021) Supervision Tasks Sheets - for Personal activities, household tasks, daily living, health & wellbeing, code of conduct, maintaining records, assessing needs, mentoring, privacy. Performance Management</p>			

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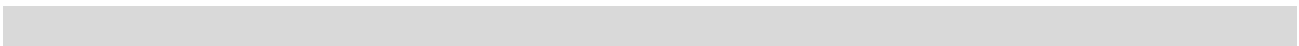
Person	100-point ID	Right to work in Australia	National Criminal Check/Employment Screening	Working with Children Check/ Disability Check	NDIS Orientation	COVID-19
RB	D/L 4112633 Exp 22/7/2026	Aus Passport (Exp 8/6/2028)	NDIS Worker Screen (10/8/2021)	Does not work with children	21/5/2021	22/3/2021
Qualifications and Training			Registration / Other			
Certificate of Completion Bladder Management Training (21/9/2021) Bladder Management Sept 2021 Complex Bowel Quiz First Aid 5/6/21 Food safety for Disability Workers 30/7/2021 Hand Hygiene 22/3/2021 NDS Medication Management 30/7/2021 Elba – Wound Care Training 19/9/2021 Certificate of Achievement for complex Bowel Theory 7/7/2021 NDS Documenting Records 24/8/2021 Food safety for Disability Workers 4/10/2021 Disability Safe (Induction Checklist)– 21/5/2021. Recognising Restrictive Practices – Zero Tolerance 5/10/2021			Application for Employment 21/5/21 Reference Resume Supervision Sheet – (16/9/2021) , Bowel Care Tasks (suppositories, digital stimulation, waste mgmt.), Urinary Cather (suprapubic Catheter Care, Bags checked and changed, manual handling, Non-Invasive Ventilation, Wound Care (skin checks, skin integrity, skin hydration, wound care routine developed by RN/Ext Nurse), Personal hygiene, Food preparation, daily living, health & wellbeing, confidentiality & privacy.			

Observation:

- Elba should consider mandating current CPRs for support workers.
- The Police Check for TH is more than 3 years old (2017).

Opportunity for Improvement:

The Provider does not require a transcript of Certificates (Cert III & Cert IV). It may be of benefit to ensure that a list of subjects that the support workers have completed is contained in the staff file. This will provide better oversight of the support worker’s skills, especially whether they have undertaken the Medication as part of their certificate course.



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Continuity of Supports

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

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

- Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports.
- In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role.
- Supports are planned with each participant to meet their specific needs and preferences. These needs and preferences are documented and provided to workers prior to commencing work with each participant to ensure the participant's experience is consistent with their expressed preferences.
- Arrangements are in place to ensure support is provided to the participant without interruption throughout the period of their service agreement. These arrangements are relevant and proportionate to the scope and complexity of supports delivered by the provider.
- Where changes or interruptions are unavoidable, alternative arrangements are explained and agreed with the participant.
- Where applicable, disaster preparedness and planning measures are in place to enable continuation of critical supports before, during and after a disaster.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policies and Procedures

- 2.7.02 Continuity of Supports

Other Documents:

- Process and Procedure for Shift Covers
- Covid 19 (Coronavirus) Management Plan

The CEO indicated that there is a serious shortage of staff. This is managed to ensure each participant has between 2 and 6 staff workers. In the event of sickness or holidays, a call is made to other members of the support team who are familiar with the participant. If this is unsuccessful, other support workers outside the team but with the same skill set will be contacted. The RN will perform high intensity supports in the absence of any other trained workers.

Elba does have an agency agreement in place with HCA (Health Care Australia) signed 20/11/2020. Agency staff are able to perform high intensity supports.



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CORE MODULE 3 PROVISION OF SUPPORTS

Access to supports

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policy and Procedure:

- 3.1.01 Access to Supports

Other Documents:

- Welcome Letter
- Service Agreement
- Easy English documents
- Potential Member Intake Questionnaire
- New Elba member Checklist
- Member Pack, contains the Culture, Beliefs, Values & Diversity Form
- Dignity of Risk Consent form

Access and entry criteria is addressed using the Access to Supports policy and procedure and provided to the participant using interviews during the onboarding process.

During a discussion with the lead clinician, she was able to explain that communication with the participant is done so verbally and at a speed that suits the participant, and that they supply a members pack with several forms and policy type documents as well as Easy English documents that explain their rights and privacy etc.

Easy English documents are supplied to participants when they first access the service. The Easy English documents cover several areas including Privacy, Dignity & Confidentiality and Your Rights Policy. The Member Pack provides several policy type documents during onboarding including consent forms and a recognition of Culture, Beliefs, Values & Diversity.

Evidence of the packs being supplied to the participants was identified within the file review. Documents were signed that were contained within the onboarding participant packs.

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The Potential Member Intake Questionnaire identifies the needs of the participant including scheduling. The New Elba Member Checklist identifies that all aspects of the onboarding process are addressed.

The terms for ceasing supports to a participant are clearly documented within the Service agreement and do not encompass participant choice to accept a risk as a reason for termination. A Dignity of Risk Consent form is available identifying that participants have been informed of risks, however choose to continue with risky behaviour.

Support Planning

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

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

- With each participant's consent, work is undertaken with the participant and their support network to enable effective assessment and to develop a support plan. Appropriate information and access is sought from a range of resources to ensure the participant's needs, support requirements, preferences, strengths and goals are included in the assessment and the support plan.
- In collaboration with each participant, a risk assessment is completed and documented for each participant's support plan, then appropriate strategies to treat known risks are planned and implemented.
- Periodic reviews of the effectiveness of risk management strategies are undertaken with each participant to ensure risks are being adequately addressed, and changes are made when required.
- Each support plan is reviewed annually or earlier in collaboration with each participant, according to their changing needs or circumstances. Progress in meeting desired outcomes and goals is assessed, at a frequency relevant and proportionate to risks, the participant's functionality and the participant's wishes.
- Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan.
- Where appropriate, and with the consent of the participant, information on the support plan is communicated to family members, carers, other providers and relevant government agencies.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policy:

- 3.2.01 Support Planning

Other Documents:

- Service Agreement
- Individualised Care Plan
- Individualised Care Plan and Procedure
- Consent to share your information

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The Support Planning policy is in place with a procedural outline of the process. The Individualised Care Plan & Procedure provides a step-by-step approach to developing a care plan.

Consent to share information is done so using the Consent to share your information document. The document provides Elba an opportunity to identify agreed types of information and share with other Allied Health providers.

Risks related to the participant are captured using the Individualised Care Plan. Risks are assessed and strategies identified to eliminate or reduce risks and a contingency plan has been developed. The risks are assessed each time the Care Plan is updated or changed, frequency of care plan update is at least annually, however 6 monthly or as required are identified within the policy.

The Service Coordinator stated that all of the Care Plans are completed with the participant and their support network. Contributors to the plan are listed at the bottom of the plan. A file review confirmed that the risk assessments were comprehensive.

Service Agreements with Participants

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policy and Procedure:

- 3.3.01 Service Agreements

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Other Documents:

- Service Agreement

A Service Agreements policy and procedure is in place that informs the reader of the necessity to develop a service agreement during onboarding. The requirements of the standards are listed including providing a signed copy of the agreement to the participant. The policy identifies that the agreements must be completed in a manner that is understood by each participant. Easy English documents provided to the participants support the process. Provider and Participant responsibilities are listed on each Service Agreement.

Signed copies of the service agreements were observed within the files reviewed. Interviews with participants confirmed that they had received their signed service agreements after completing them.

The Service Coordinator explained that she would spend a great deal of time during the onboarding process to ensure the correct supports were being provided to the participants and that each participant was afforded the time required to go through the contract and that they understood what supports were being provided and the associated costs.

Responsive Support Provision

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policy:

- 3.4.01 Responsive Support Provision and Management

Other Documents:

- Service Agreement
- Care Plan
- Supervision Sheet

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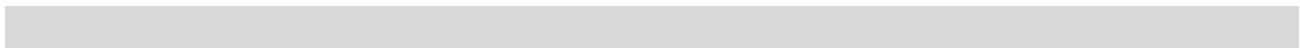
- Potential Member Intake Form

The Service Agreement identifies that if a person is unhappy with their current support, that they should make contact with the Elba to make adjustments to their support. The document states that the participant does not need to wait until the end of the agreement.

The Responsive Support Provision and Management policy identifies a collaborative approach when developing services and care plans, and that only suitably qualified staff will provide support. This point is also mentioned in the Service Agreement, and that a contemporary approach is used in support delivery. The stated purpose of the policy is to provide responsive, timely, competent and appropriate supports that meet the participant’s needs.

The Service Coordinator explained that she reviews each participant when she visits them, ensuring that the services being provided meets with the participants needs. She explained that if a training need is identified, she will complete a Supervision Sheet. The sheet is a complete review of all relevant aspects of support being provided. The sheet will assist in identifying any shortcomings in support provision by each worker and as required by each participant, as their needs change.

The potential Member Intake Form identifies the preferences that each participant has towards their support provision.



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Transitions to or from the provider

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

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

- A planned transition to or from the provider is facilitated in collaboration with each participant when possible, and this is documented, communicated and effectively managed.
- Risks associated with each transition to or from the provider are identified, documented and responded to.
- Processes for transitioning to or from the provider are developed, applied, reviewed and communicated.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policy:

- 3.5.01 Transition to or from the Procedure policy

Other Documents:

- Potential Member Questionnaire
- Care Plan (Risk Assessment)
- Member Exit Transition Form
- Exit Interview Form
- Tracking Sheet for Members

A process is in place using the Transition to or from the Procedure policy, The document identifies all requirements as identified within the standards. The policy identifies communication with other providers in order to share information when both entering and exiting the organisation.

The Potential Member Questionnaire identifies necessary information when a participant starts the onboarding process. A risk assessment is completed at this time using the Care Plan risk assessment tool.

The Member Exit Transition Form is used during the exiting process and encompasses a risk assessment. The form identifies a plan and those involved in the process with necessary contact details. An exit interview is conducted using the Exit Interview Form. The form provides a review of the process that has occurred and attempts to identify the reasoning behind the exit from a continuous improvement perspective.

The Service Coordinator explained that a Tracking Sheet for Members is in place and is a spreadsheet that houses all the requirements that each participant has with regards to onboarding and exiting the service and everything in between. The Service Coordinator was able to explain the process clearly and identify the potential risks and level of communication required when transitioning.



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CORE MODULE 4 PROVISION OF SUPPORTS

Safe environment

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

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

- Each participant can easily identify workers engaged to provide the agreed supports.
- Where supports are provided in the participant’s home, work is undertaken with the participant to ensure a safe support delivery environment.
- Where relevant, work is undertaken with other providers and services to identify and treat risks, ensure safe environments, and prevent and manage injuries.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policy:

- 4.1.01 Safe Environment

Other Documents:

- Occupational Health and Safety Check (check sheet, hazard identification participants home)
- Care Plan - Risk Assessment – Individual Risk Assessment contained within the Care Plan
- Potential member questionnaire - External input from other providers, information regarding participants received prior to their onboarding.
- Home Visit Checklist

The Safe Environment Policy is in place ensuring a safe environment for participants whilst being supported by Elba. The policy addresses frontline worker ID, safe environment for the participant in their own home, and if required, will work with other providers to remedy issues identified during assessments.

Safety issues are identified using the Individual care plan’s risk assessment tool and the OH&S checklist for environmental risk.

The Service Coordinator identified a situation where some work was completed in the participants house. Work included the installation of a smoke detector and some electrical protective switch devices. Discussions with a participant earlier in the day discussed the same situation. The participant was relieved when the situations were identified and then rectified.

Participant Money and Property

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policies and Procedures:

- 4.2.01 Members’ Money and Property

Other Documents:

- Members Money & Property (Consent form)
- Care Plan Template (Identifies money handling process)

The Members’ Money and Property policy identifies the need to gain consent to handle participants money and property, and that a strict guideline is provided to workers ensuring that the participant is protected. The policy highlights the rights of the participant to spend their own money as they wish. The policy identifies that support workers are not to provide financial advice.

The Service Agreement provides a space for handling both money and property and consent is obtained using the Members Money and Property consent form.

Transactions are documented using the online case notes system Care Master.

The Service Coordinator identified that receipts from transactions are provided to each participant after the transaction has occurred, and then recorded in their case notes. If there are any disputes, the support worker will collate all transactions and provide them to the participant with the descriptions of the transactions. The Service Coordinator explained that Elba conducts staff training regarding Money and Property.



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Management of Medication

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

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

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

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policy:

- Policy 4.3.01 Management of Medication

Other Documents:

- Medication Training Process
- Training Register on Medication Management
- Support Worker Supervision Task Sheet
- Dignity of Risk Form
- CareMaster progress notes

Elba encourages members to maintain their independence for as long as possible, including managing their own medications in a safe and effective way. Where a member requests help with their medication, the nature of this help will be clearly recorded, and the member's consent is confirmed.

Processes are in place to report and investigate medication errors. The process is supported with the Medication Management policy.

Medication administration will be via an electronic medication chart such as Webstercare. The system complies with all regulatory requirements and is used extensively in the aged care setting. All medications sighted at audit were seen to be recorded on the CareMaster system and imbedded within the notes.

The dignity of risk form is provided to all participants who wish their medications to be provided in a way that sits outside of the normal administration guidelines such as using a Dossett box.

Discussions with the Service Coordinator identified that one participant insisted on using a Dossett box system, she explained that a dignity of risk form is in place ensuring that the organisation is

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covered in the case of an incident related to the issue. The Service Coordinator explained that the Dossett box was filled at the direction of the participant who is a competent decision maker.

Discussions with the same participant identified that he felt safer using the Dossett box and did not want to change. He provided a detailed description of his supervision when filling up the box. The participant has limb mobility issues.

Training is provided to all workers online and individual training provided using the Support Worker Supervision Task Sheet (1:1 competency) on an as required basis and signed off by a registered nurse. Training encompasses side effects and an escalation process with the RN as the person to escalate to in the event of an incident.

Observation:

The Provider will need to demonstrate the application of the new online medication management system at the next audit.



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Management of Waste

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

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

- Policies, procedures and practices are in place for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that comply with current legislation and local health district requirements.
- All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed.
- An emergency plan is in place to respond to clinical waste or hazardous substance management issues and/or accidents. Where the plan is implemented, its effectiveness is evaluated, and revisions are made if required.
- Workers involved in the management of waste and hazardous substances receive training to ensure safe and appropriate handling. This includes training on any protective equipment and clothing required when handling waste or hazardous substances.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policy:

- 4.4.01 Waste Management

Other Documents:

- Induction Checklist includes waste management
- Service Agreement – Waste Management Plan.

Elba's policy states that they will ensure management of domestic waste and infectious and hazardous substances in the workplace and the community will be undertaken in a safe and responsible manner. Any incidents involving waste management must be immediately reported following the procedures outlined in the policy relating to the Policy, Feedback, Complaints and Incident Management.

A definition of the different waste streams has been defined within the policy and procedure, and a waste plan and Emergency waste plan is included within the Service Agreement.

Infectious waste training is completed during the induction process by the Service Coordinator, and then on a six-monthly basis.

Sharps disposal is completed by the participants' respective pharmacies.

Infectious waste is the responsibility of the outsourced wound care nurse.

The Service Coordinator explained that the only waste that they really deal with is daily waste of incontinence aids and domestic waste. Sharps containers are provided back to the pharmacy that

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distributed them and is organised by the participant concerned, and hazardous infectious waste is the responsibility of the outsourced treating nurse when a dressing change is required.



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MODULE 1 HIGH INTENSITY DAILY PERSONAL ACTIVITIES MODULE

Complex Bowel Care

Outcome: Each Participant requiring complex bowel care receives appropriate support relevant (proportionate) to their individual needs.

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

- Each participant is involved in the assessment and development of the plan for their complex bowel care management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant receiving complex bowel care.
- All workers working with a participant requiring complex bowel care have received training, relating specifically to each participant's needs, type of complex bowel care and high intensity support skills descriptor for providing complex bowel care, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for complex bowel care.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policies and Procedures:

- 5.1.01 Complex Bowel Management

Other Documents:

- Bowel Management Fact Sheet includes anatomy and physiology, functions, methods of emptying.
- Bowel Care Register
- Training Plan for Complex Bowel Care
- Complex Bowel Care Training
- How to insert a suppository
- How to insert an enema
- Step by Step Digital Stimulation
- Step by Step Manual Evacuation
- Step by Step Peristeen Care
- Autonomic Dysreflexia Poster (NZ Spinal Trust)
- Autonomic Dysreflexia – Medical Emergency (Govt of WA – Dept of Health)
- Bowel Management – A guide for patients (Govt of WA – Dept of Health)
- Care Master – Shift Notes Two levels of notes; High priority and normal priority. Automated high priority. The Policy States that Care Plans are to be developed in collaboration with participants where possible.

Initial training on Bowel care is completed at Head Office, results are recorded within the Training Data base.

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Training is completed at the participants home by the nurse with the requirements documented within the Support Worker Supervision Task sheet. Once the training package has been completed it is signed off by the RN conducting the training. The training is completed annually and during the initial staff supervision and training with new staff members.

A Training Plan is in place and completion of training is held in a data base for training.

The Service Coordinator explained that when a support worker completes their documentation, including completing the Bowel Chart held within the CareMaster system, the system will send an automatic notification to the Service Coordinator if the results are outside of the normal range. As a result, an automated escalation process is in place for review by the Registered Nurse. The Support Coordinator identified that the charts are all reviewed on a weekly basis.

Enteral (Naso-Gastric Tube – Jejunum or Duodenum) Feeding and Management

Outcome: Each participant requiring enteral feeding and management receives appropriate nutrition, fluids and medication, relevant and proportionate to their individual needs.

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

- Each participant is involved in the assessment and development of the plan for their enteral feeding and management. With their consent, the participant’s health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant who has enteral feeding needs.
- All workers working with a participant who requires enteral feeding have completed training, relating specifically to each participant’s needs, type and method of enteral feeding and regime, and high intensity support skills descriptor for enteral feeding, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for enteral feeding.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policy:

- 5.1.05 Enteral Feeding and Management

Other Documents:

- Care Plan
- Service Agreement
- Enteral Feeding Training
- Enteral Feeding Quiz

The Enteral Feeding and Management Policy is in place which provides a procedural approach to ensuring that the system meets the standards. The procedure identifies complications, and those plans are to be developed in partnership with the participant and that the support worker is an experienced Care Plan developer. All changes to the care plan are overseen by either a Medical

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practitioner or an RN. The policy identifies the responsibilities within the organisation and as such the escalation process.

The Service Agreement and Care Plan identify the support requirements of each participant

Training is provided to all workers including a training quiz on Enteral feeding. Individualised participant specific training is provided to each worker as required, with a competency assessment signed off by the Service Coordinator who is a Registered Nurse. Incident management is discussed within the training including Risk Management and Reporting.

The Service Coordinator explained that she will complete a competency assessment on a staff member if there is any doubt about their level of competency. She stated that she completes regular reviews of each participant whilst Support Workers are present completing support tasks. Support workers are only signed off on a competency if the Service Coordinator is confident with their level of skill and understands the requirements of the organisation and the participant.

Tracheostomy Management

Outcome: Each participant with a tracheostomy receives appropriate suctioning and management of their tracheostomy relevant and proportionate to their individual needs.

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

- Each participant is involved in the assessment and development of the plan for their tracheostomy suctioning and management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant with a tracheostomy.
- All workers have completed training, relating specifically to each participant's needs, managing any tracheostomy related incident and high intensity support skills descriptor for providing tracheostomy care (without ventilation) and supporting a person dependent on ventilation, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for tracheostomy suctioning and management.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Not Required

Urinary Catheter Management (In-dwelling Urinary Catheter, In-out Catheter, Suprapubic Catheter)

Outcome: Each participant with a catheter receives appropriate catheter management relevant and proportionate to their individual needs.

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

- Each participant is involved in the assessment and development of the plan for management of their catheter. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.

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- Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant with a catheter.
- All workers have completed training, relating specifically to each participant’s needs, type of catheter and high intensity support skills descriptor for catheter changing and management, delivered by an appropriately qualified health practitioner or a person that meets the high intensity support skills descriptor for urinary catheter changing and management.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policy:

- 5.1.02 Catheter Management.

Other Documents:

- Catheter Management Plan
- Service Agreement
- Bladder Management Training
- Training Plan for Catheter

The Catheter Management Policy is in place which identifies assessment, plan development, and review. The policy addresses support worker training and Risk Management, and that the plans are to be developed in partnership with the participant, and that if there are any changes to the participant that the plan will be reviewed. The plan will be overseen by an appropriately qualified health professional and will be reviewed with the regularity to be determined by the health professional. The policy identifies the responsibilities within the organisation and as such the escalation process,

The Service Agreement and Catheter Management Plan identify the support requirements of each participant

Training is provided to all workers. Complications, high risk issues and infection control issues are discussed within the training package. A training quiz on high acuity care is completed by all support workers. Individualised participant specific training is provided to each worker as required, with a competency assessment signed off by the Service Coordinator who is a Registered Nurse. Incident management is discussed within the training including Risk Management and Reporting.

The Service Coordinator explained that she will complete a competency assessment on a staff member on a regular basis and if there is any doubt about their level of competency. She stated that she completes regular reviews of each participant whilst Support Workers are present completing support tasks. Support workers are only signed off on a competency if the Service Coordinator is confident with their level of skill and understand the requirements of the organisation and the participant.

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Ventilator Management

Outcome: Each participant requiring ventilator management receives appropriate support relevant and proportionate to their individual needs and the specific ventilator used.

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

- Each participant is involved in the assessment and development of the plan for their ventilator management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant who is ventilator dependent.
- All workers have completed training, relating specifically to each participant's ventilation needs, managing a related incident and the high intensity support skills descriptor for ventilator management, delivered by an appropriately qualified health practitioner or person who meets the high intensity support skills descriptor for ventilator management.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policy:

- 5.1.03 Non-Invasive Ventilation Management

Other Documents:

- Care Plan
- Service Agreement
- Non-invasive Ventilation training.
- Non-invasive Ventilation Quiz

The Non-Invasive Ventilation Management Policy is in place which identifies potential complications both clinical and mechanical, with some trouble shooting ideas. The policy addresses support worker training and Risk Management. The policy identifies the responsibilities within the organisation including the escalation process.

The Service Agreement and Care Plan identify the support requirements of each participant with the care plan developed in conjunction with the participant as per the record of contributors to the care plan listed in each care plan. The Care Plan includes risk identification, with actions and escalation procedures.

Training is provided to all workers. The training includes types of masks and machines and understanding the care requirements. A training quiz on Non-Invasive Ventilation is completed by all support workers. Individualised participant specific training is provided to each worker as required, with a competency assessment signed off by the Service Coordinator who is a Registered Nurse. Incident management is discussed within the training including Risk Management and Reporting.

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The Service Coordinator explained that she will complete a competency assessment on a staff member on a regular basis and if there is any doubt about their level of competency. She stated that she completes regular reviews of each participant whilst Support Workers are present completing support tasks. Support workers are only signed off on a competency if the Service Coordinator is confident with their level of skill and understand the requirements of the organisation and the participant. She explained that all consumables and repairs are managed by the participant.

Subcutaneous Injections

Outcome: Each participant requiring subcutaneous injections receives appropriate support relevant and proportionate to their individual needs and specific subcutaneous injections and medication administered.

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

- Each participant is involved in the assessment and development of the plan for their subcutaneous injections which includes dosage measurement and calculation. With their consent, each participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- There are documented written or phone orders by the health practitioner prescribing the medication that trained workers may administer by subcutaneous injection.
- Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to participants requiring subcutaneous injections and related medication.
- All workers have completed training, relating specifically to the participant's injection and medication needs and high intensity support skills descriptor for subcutaneous injections, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for subcutaneous injections. Workers must also have a basic understanding of the participant's related health condition.

Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Not Applicable.

Complex Wound Management

Outcome: Each participant requiring complex wound management receives appropriate support relevant and proportionate to their individual needs.

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

- Each participant is involved in the assessment and development of the plan for their complex wound management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant requiring complex wound management.
- All workers working with a participant requiring complex wound management have received training, relating specifically to the participant's needs that are affected by their wound management regime (for example, showering, toileting and mobility) and high intensity support skills descriptor for providing complex wound management, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for complex wound management.

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Audit Findings

Evidence/Observations/Opportunities for Improvement /NCR:

Policy:

- 5.1.04 Complex Wound Management

Other Documents:

- Care Plan
- Service Agreement
- Wound Care Training
- Wound Care Quiz
- Wound Care training plan
- Wound Register

The policy defines the stages of pressure injuries with a brief description of the stage. It also provides similar with the stages for skin tears.

The Procedure identifies the required information when assessing wounds and includes obtaining an image of the wound. Consent to obtain an image is advised within the procedure, ensuring appropriate wound monitoring. The procedure provides an escalation pathway and discusses the necessity of training. The Roster Coordinators have a responsibility to coordinate time where new support workers are teamed up with other workers who are experienced with participants to train them specifically to the participants needs. The Service Coordinator is responsible for the review of all plans and that incorporate consultation.

The Service Agreement and Care Plan identify the support requirements of each participant. The Care Plan includes risk identification, with actions and escalation procedures.

Training is provided to all workers. The training includes wound specific identification and management and understanding the care requirements. A training quiz on Wound Care is completed by all support workers. Individualised participant specific training is provided to each worker as required, with a competency assessment signed off by the Service Coordinator who is a Registered Nurse. Incident management is discussed within the training including Risk Management and Reporting.

The Service Coordinator explained that she will complete a competency assessment on a staff member on a regular basis, and if there is any doubt about their level of competency. She stated that she completes regular reviews of each participant whilst Support Workers are present completing support tasks. Support workers are only signed off on a competency if the Service Coordinator is confident with their level of skill and they understand the requirements of the organisation and the participant. She explained that wound care is overseen by an outsourced wound care specialist.

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ADDITIONAL INFORMATION

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

Self-assessment responses review

Self-Assessment completed by Provider: Yes
 Self-assessment Reviewed: Yes
 Comments:

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

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CONCLUSION

Statement of Conclusion

Based on interviews with staff and system documentation reviewed during the audit, the Provider demonstrates an understanding of and commitment to the NDIS Rules and Practice Standards.

The Provider is recommended for certification against:

- Registration Groups: 0127, 0125, 0120, 0115, 0114, 0108, 0107, 0104 and;
- Practise Standards: Core Module, Module 4.3, 4.4 and Module 1.

The Auditors would like to thank Elba Inc for their participation during the audit.

Recommendation

Recommended for Certification.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Recommended Midterm Interval	18 months	
Next Audit Date	TBA	


DISCLAIMER

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

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

Report by:	Kelly Duggan		21/11/2021
	Team Leader (name)	Signature	Date

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