



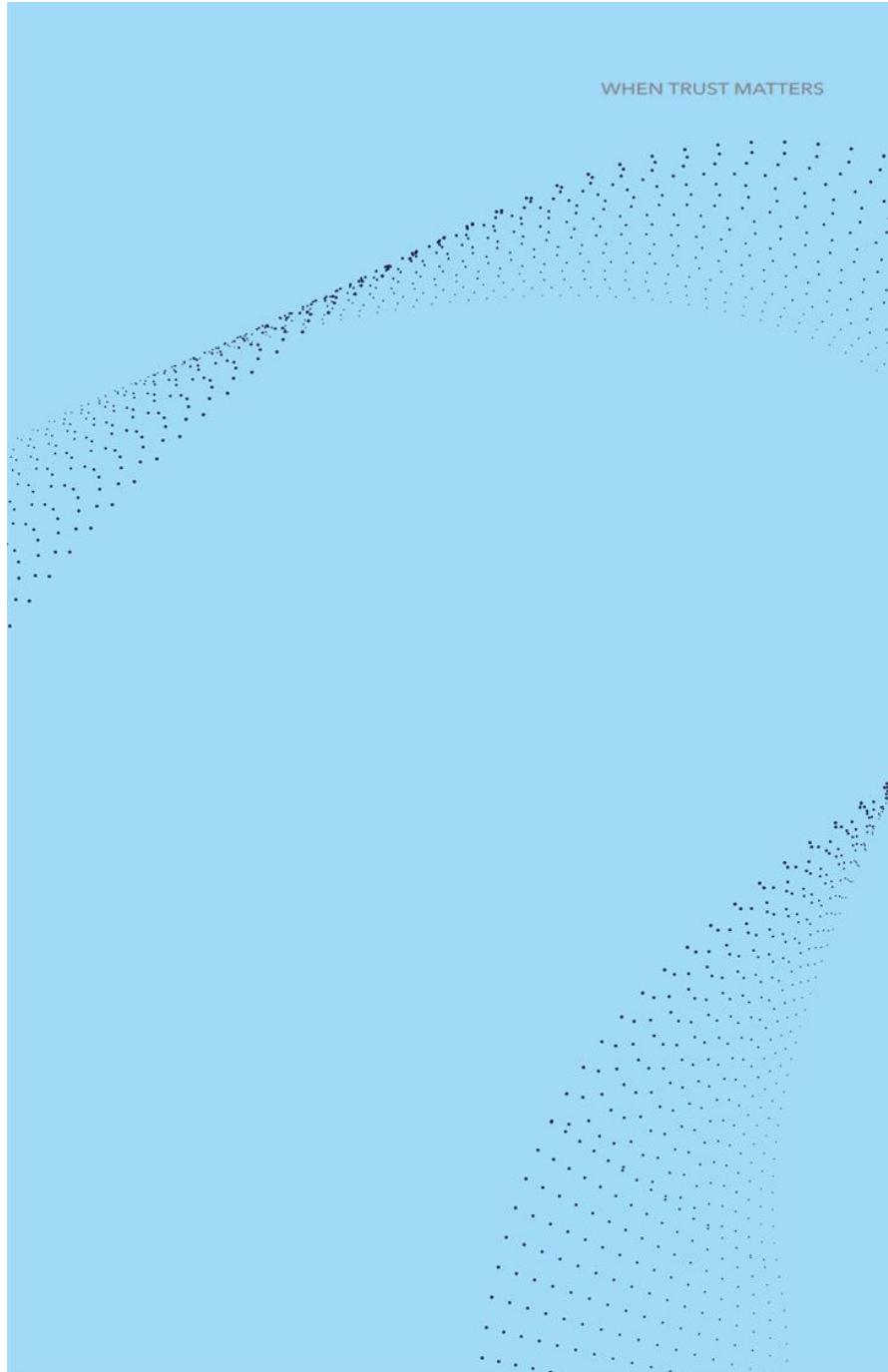
DNV

DNV Business
Assurance Australia
Pty Ltd

NDIS << Mid-Cycle >>
Audit Report

**MH&R HOLDINGS
PTY LTD**

NDIS Practice
Standards (Quality
Indicators) Guidelines
November 2021



DNV Team Leader

Jodie Hanrahan

Provider: MH&R HOLDINGS PTY LTD
Audit type and date: Mid-term audit, 10th January 2025
Version: Final

Provider Legal Name	MH&R HOLDINGS PTY LTD	
Provider Business Name	MH&R HOLDINGS PTY LTD	
Application id	4-EXOG0AX	
Registration id		
ABN	12624239738	
DNV Reference	PRJN	
Head Office/Outlet	Unit 1, 19-23 Hoddle Street, RICHMOND, VIC, 3121	
Other Outlets		
Standard	NDIS Practice Standards Quality Indicators November 2021	
Audit Type	Stage 1 <input type="checkbox"/>	Stage 1 Follow up <input type="checkbox"/>
	Stage 2 Provisional <input type="checkbox"/>	Stage 2 Provisional Follow up <input type="checkbox"/>
	Stage 2 Certification <input type="checkbox"/>	Stage 2 Certification Follow Up <input type="checkbox"/>
	Scope Extension <input type="checkbox"/>	Transfer <input type="checkbox"/>
	Recertification <input type="checkbox"/>	Mid- term <input checked="" type="checkbox"/>
	Other:	
Methodology	Remote <input type="checkbox"/>	Onsite <input checked="" type="checkbox"/>
Scope Of Audit	<p>To conduct audit of the provider's management system against the requirements of the National Disability Insurance Scheme Practice Standards and Quality Indicators (2021).</p> <p>Modules:</p> <p>Core Module + 4.3 + 4.5</p> <p>Module 2a</p>	
Registration Groups	See page 12	
Quality Auditor Details	DNV Business Assurance Australia Pty Ltd	
Audit Team Leader	Jodie Hanrahan	
Team Member	Khyati Pereira	
Audit Date	10 th January 2025	
Service Delivery	Commenced	

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Number Of Participants	As per participant sampling spreadsheet				
Age Groups	0-6 <input type="checkbox"/>	7-16 <input checked="" type="checkbox"/>	17-65 <input checked="" type="checkbox"/>	>65 <input checked="" type="checkbox"/>	
Nonconformities	None <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>			
Status	<p>N/A <input checked="" type="checkbox"/></p> <p>Open <input type="checkbox"/></p> <p>Corrective Actions proposed and accepted <input type="checkbox"/></p> <p>Closed <input type="checkbox"/></p>				
Recommendation	<p>A Qualified Certification Decision is Recommended <input type="checkbox"/></p> <p>A Certification Decision is Recommended <input type="checkbox"/></p> <p>Continuing Certification is Recommended <input checked="" type="checkbox"/></p> <p>A Follow up audit is recommended <input type="checkbox"/></p>				

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Executive Summary

The Mid-term Audit for **MH&R HOLDINGS PTY LTD** was conducted on 10th January 2025.

The audit included face to face interviews with Director's Julius Adeosun and Taye Ajao.

MH&R HOLDINGS PTY LTD head office is located in Richmond Vic. The provider is a NDIS registered business. Providing; assistance with daily life tasks in a group and shared living arrangement, implementation behaviour support plans, community participation, assistance with daily personal activities, development of daily living and life skills and mealtime management.

MH&R HOLDINGS PTY LTD currently have a staff of 121, and 11 participants. For the purpose of the mid-term duration and the number of staff, in addition to the directors 2 staff members were interviewed and 2 sites visited.

MH&R HOLDINGS PTY LTD are passionate in providing supports for individuals who have complex disabilities, and life complexities, such as the justice system.

MH&R HOLDINGS PTY LTD have extensive experience, in working in the complex area, and demonstrated, knowledge, experience and a sincere person-centred approach to supporting their participants.

There were no consultants engaged for the purpose of this audit. **MH&R HOLDINGS PTY LTD** demonstrated their internal ability to maintain a system of compliance.

Review of policies and procedures confirmed that **MH&R HOLDINGS PTY LTD** has established and continues to maintain documented information which is relevant to the scope of support services, and which complies with the requirements of the NDIS Practice Standards.

Service delivery has commenced

From the interview with Directors, it was apparent that there is demonstrated commitment to provide quality services to the clients and understanding of NDIS Rules.

The audit team would like to thank **MH&R HOLDINGS PTY LTD** for the assistance and cooperation during the audit

Changes to Scope

REMOVE 0106

Findings

NIL FINDINGS

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Conclusion

Based on documented information, record samples and feedback from interviewed stakeholders including participants, staff and service delivery personnel, DNV confirms that **MH&R HOLDINGS PTY LTD** complies with the requirements of NDIS Practice Standards Core Module and Module 2a and therefore recommends a Certification Decision.

Reviewers Note and Recommendation (Date)

A certification decision is recommended.

Auditor Endorsement

- The key audit objectives were achieved, and the audit plan was followed without major changes.
- The general conclusions and key findings were presented, discussed and agreed at the closing meeting.
- Except for the nonconformities identified and recorded, the compliance to NDIS standard was found to be effective and in compliance with the standard, based on the audit sample taken.

Follow-up of findings

- Necessary immediate corrections and corrective actions for the nonconformities are required to be implemented by the organization, see conditions in Handling of findings

Lead auditor endorsement and signature

Name of the Lead Auditor: Jodie Hanrahan

Signature: Jodie Hanrahan

Date: 20/01/2025

Statement of confidentiality

The contents of this report, including any notes and checklists completed during the audit will be treated in strictest confidence, and will not be disclosed to any third party without the written consent of the customer, except as required by the appropriate accreditation authorities.

Disclaimer

A management system audit is based on verification of a sample of available information. Consequently, there is an element of uncertainty reflected in the audit findings. An absence of nonconformities does not mean that they do not exist in audited and/or other areas.

Prior to awarding or renewing certification this report is also subject to an independent DNV internal review which may affect the report content and conclusions.

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Overall Compliance Status

Standard	Name	Rating
Division 2 – Governance and Operational Management		
	11 Governance and Operational Management	3
	12 Risk Management	2
	13 Quality Management	3
	14 Information Management	2
	15 Feedback and Complaints Management	3
	16 Incident Management.	3
	17 Human Resource Management	2
	18 Continuity of Supports	2
	18 A Emergency And Disaster Management	2

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Ratings

Rating	Description	Explanation
0	Major Non- conformity	<p>The NDIS provider is unable to demonstrate appropriate processes systems or structures to meet the required outcome and indicators and/or the gaps in meeting the outcome present a high risk –</p> <p>Three Minor Non-Conformities within the same division or module constitute a Major Non-Conformity</p> <p>A rating of 0 will preclude a recommendation for certification.</p>
1	Minor Non- conformity	<p>A rating 1 will require a corrective action plan which reduces the likelihood of any risks identified occurring or impacting participant safety before certification or verification can be recommended - one of two situations usually exist in relation to minor non-conformity:</p> <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
2	Conformity	The NDIS provider can clearly demonstrate that the outcomes and indicators are met as proportionate to the size and scale of the provider - evidence may include practice evidence, training, records and visual evidence. This would mean there was negligible risk and certification can be recommended.
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.
N/A	Not Applicable (mealtime management only)	Where the provider does not deliver supports which include management of mealtimes, Standard 26A may be rated Not Applicable.

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Overview of Participant Interviews by Team Member

Site Details		Participants Interview - Actual Sample					
Site	NDIS Groups interviewed	Total No of Participants	Total No. of participants selected for Interviews	Face to face	Focus group	Phone	Total Files Reviewed
23 Samsara Avenue, Truganina, VIC, 3024	0107, 0115, 0125	11	6	0	0	2	6
1804/601, Little Lonsdale Street, Melbourne, VIC, 3000							
3, ELSTREE COURT, KEALBA, VIC, 3021							
8 Maltzahn Walk, Epping, VIC, 3076							
7 Kenneth Street, Preston, VIC, 3072							

Plan of interview was followed

Interviewees were not available on the day – interviewees were selected from an alternative site delivering similar services

Interviews were not able to be conducted for the following reasons

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Document Checklist:

- Service Agreement / Tenancy Agreement
- Consent Form
- Risk Assessments (home/Participant/site) - Partially
- Support/Care plan (including BSP, mealtime and/or mod 1 care plans)
- Invoicing (two invoice samples each participant) (Partially)
- Progress notes
- Goals
- Intake Form
- Emergency and Disaster planning for the participant

Participant Feedback:

- Participants received Welcome pack
- Copies of Service Agreements, Plans provided
- Culture and Individual beliefs/values respected
- Privacy and confidentiality explained
- Informed of any changes/updates
- Incident management explained
- Complaints explained/supported including to the commission
- Feel confident to raise issues with provider
- Emergency and Disaster planning

Feedback from Participant Interviews and File Reviews

Lead Auditor Comment: As this is a mid-term audit only 3 participants are required to be interviewed.

Team Member Comments:

Currently the organisation has 11 participants and 6 were shortlisted. Managed to speak with only 2 participants as others did not answer. Both participants are satisfied with the support and are happy. They raised no concerns, and the support was tailored to their individual needs. Both participants reported feeling more in control of their lives.

Positive Quote:

Amazing with the rating of 10

It was confirmed that the participant received person-centred support. They expressed satisfaction with the quality of the services provided. Also, they noted that the staff was very friendly and understood their needs.

The participants confirmed the supports provided were tailored to the individual's needs, considering their circumstances and the resources available to them. The supports were also designed to respect the individual's culture and beliefs.

During the interviews, participants noted that they felt supported and that their privacy and dignity were respected by staff. They were also provided with information on this subject in the handbooks they received.

The participants stated that they are given the freedom to make their own decisions. A wide range of resources and support are available to them to help them succeed. They are also provided with access to a wide range of expertise, enabling them to make well informed decisions.

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There is a clear understanding among the participants interviewed that they are entitled to protection against violence, abuse, neglect, exploitation, or discrimination. It is known that they are aware of the importance of reporting any instances of violence, abuse, neglect, exploitation, or discrimination, as well as the resources available to assist them in such cases.

During the interview process, participants confirmed that they received support that met their needs and goals, as demonstrated by the intake form. Moreover, participants were asked to assess the effectiveness of the support services through their ratings of the support they received. In addition, the interviews provided valuable feedback to the team responsible for providing support services.

The care plan outlined outlines the goals and strategies employed to achieve them, as well as the resources and personnel available to assist. In addition, it contains a timeline for the provision of support. It also contains the Emergency and Disaster plan.

The Service Agreement sighted includes all the rights and responsibilities of the participants and the provider, Clauses for privacy, termination of services, details of both the parties. Both parties signed the Service Agreement. Both parties agreed to the terms and conditions set out in the agreement. The provider agreed to provide access to services and both parties agreed to adhere to the agreement. Both parties agree to review and amend the agreement as needed.

It was noted that participant interviewed confirmed that they received timely support, and that staff were punctual on time and provided support appropriate to their needs. They felt that the staff were friendly and knowledgeable. Participants also stated that they were satisfied with the level of support they received.

The participant is informed that he or she has the right to terminate the program or move to a different provider, and they are provided with their contact information in case they wish to pursue other options. Additionally, the participant is encouraged to seek additional support in case it is necessary.

Service agreements, themselves, did not include Emergency and Disaster Clause - This was discussed with the provider that their Emergency and Disaster Clause is required to be included on all service agreements. However, their emergency and disaster plan for the provider and participants are included along with each service agreement.

Staff interviewed:

Staff A – has been working for the provider for approximately 6 years. Staff A confirmed that the providers onboarding process included an in depth orientation process, which was provided on a 1:1 with Director Julius. This included the providers, policies and procedures, behaviour support, emergency and disaster training and drills, expectations of supporting participants with complex disabilities and needs.

Training on the BSP, is conducted as needed, specifically when there are changes to the BSP. (this was sighted and confirmed during the review of the providers documentation).

In addition, staff A, stated that ongoing training, training refreshers and professional development has been provided by the provider.

Staff A stated that they enjoyed working with the provider, have regular meetings and can approach the provider with any concerns or feedback.

Staff B – has been working with the provider for 5 years and confirmed the above.

Staff A & B are qualified, experienced, and demonstrated knowledge on the providers policies.

Site 1 visited: Unit 1, 19-23 Hoddle Street, RICHMOND, VIC, 3121 (Head office)

The following was sighted:

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- Fire Extinguisher
- First Aid
- 2 floors, ground floor includes disability access
- Locked cabinets
- Meeting rooms
- Password and malware protected computers
- Disability accessible restrooms

Site 2 visited: 1804/601, Little Lonsdale Street, Melbourne, VIC, 3000 (resident participant included in participant interviews and file reviews).

The following sighted:

- Fire Extinguisher
- First Aid
- Evacuation pack, which includes first aid, whistle, change of clothes, medication, support plan and participants emergency and disaster plan.
- Monthly drills are conducted and sighted
- Buildings own fire drills are conducted monthly, in addition to the participants personalised monthly drills.
- Mealtimes and medication chart was sighted
- Only RP melatonin – sighted in the BSP plan.

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Registration Groups and Witnessing

Registration Groups	Recommended?	Status:	Witnessed
		<ul style="list-style-type: none"> • Keep • Add • Remove 	<ul style="list-style-type: none"> • Yes • No • N/A
106 Assist-Life Stages, Transition and Support	No	REMOVE	NO
107 Assist Personal Activities	No	KEEP	YES
108 Assist-Travel/Transport	No	KEEP	NO
115 Assist Daily Tasks/Shared Living	No	KEEP	YES
117 Development of Daily Living & Life Skills	No	KEEP	NO
120 Household Tasks	No	KEEP	NO
125 Participation in Community, Social & Civic Activities	No	KEEP	YES

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List of Competency Documents Verified:

HR Documentation		
Name: Julius Adeosun Title: Director	Qualifications: Name of Institution: Date issued: Memberships (example APHRA) details:	Bachelor of Commerce (Accounting) DEAKIN University 22/04/2013
Registration Groups Example 0120 0136 0108 Etc.	Passport 100-point ID-2: Driver Licence NDIS Worker Orientation Module NDIS Worker screening check WWCC Police Check COVID-19 Infection control	Number: PB344xxxx Expiry: 01/12/2031 Drivers Licence 09586xxxx Date of Expiry: 20/10/2028 Completed on: 25/12/2019 NDIS WSC # 5584xxxx Date of Expiry: 08/01/2027 Number: 2056075xxxx Date of Expiry: 02/11/2025 Issued Completed on N/A
	First aid-CPR certificate, (First Aid every 3 years/CPR annually)	Issued: N/A Date of Expiry: N/A Issued: N/A Date of Expiry: N/A

Name: Taye Ajao Title: Director Reg Groups:	Qualification: Name of Institution: Date issued:	Advance Diploma in Community Sector Management EMPLOYEEASE 07/08/2019
	Passport 100-point ID-2: Driver Licence NDIS Worker Orientation Module NDIS Worker screening check WWCC Police Check COVID-19 Infection control	Number: PB233xxxx Expiry: 10/11/2030 Driver's License: 09828xxxx Expiry date: 03/12/2030 Completed on: 30/10/2019 NDIS WSC # 202232xxxx Expiry date: 01/02/2027 Number: 264722xxxx Expiry date: 22/01/2028 Issued: Completed on: N/A
	First aid-CPR certificate, (First Aid every 3 years/CPR annually)	Issued: N/A

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Name: Esther Robinson Title: SIL Supervisor Reg Groups: 0125 Participate Community 0120 Household Tasks 0117 Development- Life Skills 0108 Assist- Travel/Transport 0107 Assist- Personal Activities	Qualification:	Certificate IV In Disability
	Name of Institution:	NEW FUTURES TRAINING
	Date issued:	17/12/2019
	Passport	Number: A0018xxxx Expiry: 17/11/2029
	100-point ID-2: Driver Licence	Driver's License: 04364xxxx Expiry date: 03/01/2031
	NDIS Worker Orientation Module	Completed on: 05/05/2020
	NDIS Worker screening check	NDIS WSC # 1265xxx Expiry date: 14/07/2026
	WWCC	Number: 1943958xxxx Expiry date: 06/03/2025
	Police Check	Issued: 13/08/2020
	COVID-19 Infection control	Completed on: 22/03/2020
	First aid-CPR certificate,	Issued: 07/06/2024

Name: Elizabeth Johnson Title: SIL Supervisor Reg Groups: 0125 Participate Community 0120 Household Tasks 0117 Development- Life Skills 0108 Assist- Travel/Transport 0107 Assist- Personal Activities	Qualification:	Diploma of Community Services
	Name of Institution:	National Career Institute
	Date issued:	17/12/2021
	Passport	Number: PB374xxxx Expiry: 19/12/2029
	100-point ID-2: Driver Licence	Driver's License: 04205xxxx Expiry date: 09/10/2026
	NDIS Worker Orientation Module	Completed on: 12/01/2020
	NDIS Worker screening check	NDIS WSC # 8169xxxx Expiry date: 14/04/2026
	WWCC	Number: 182418xxxx Expiry date: 06/11/2029
	Police Check	Issued: 15/01/2021
	COVID-19 Infection control	Completed on 24/04/2021
	First aid-CPR certificate,	Issued: 05/06/2024

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Name: Jenkins Aigbuwili Title: Support Staff Reg Groups: Implementing Module 2a	Qualification:	Diploma of Community Services
	Name of Institution:	Australian Qualifications Framework
	Date issued:	28/05/2021
	Passport	Number: A1234xxxx Expiry: 28/04/2027
	100-point ID-2: Driver Licence	Driver's License: 04428xxxx Expiry date: 03/12/2031
	NDIS Worker Orientation Module	Completed on: 14/08/2019
	NDIS Worker screening check	NDIS WSC # 7035xxxx Expiry date: 16/11/2026
	WWCC	Number: 182418xxxxx Expiry date: 02/07/2029
	Police Check	Issued: 27/08/2020
	COVID-19 Infection control	Completed on: 14/08/2020
	First aid-CPR certificate,	Issued: 02/07/2024

Name: James OGUNYALE Title: Support Staff Reg Groups: Implementing Module 2a	Qualification:	Advanced Diploma of Community Sector Management
	Name of Institution:	EMPLOYEEASE
	Date issued:	09/11/2021
	Passport	Number: A1087xxxx Expiry: 15/01/2025
	100-point ID-2: Driver Licence	Driver's License: 09910xxxx Expiry date: 15/05/2028
	NDIS Worker Orientation Module	Completed on: 01/11/2019
	NDIS Worker screening check	NDIS WSC # 5540xxxx Expiry date: 13/08/2026
	WWCC	Number: 169987xxxx Expiry date: 31/05/2029
	Police Check	Issued: 05/01/2021
	COVID-19 Infection control	Completed on: 13/03/2020
	First aid-CPR certificate,	Issued: 12/07/2022

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NDIS CERTIFICATION- FINDINGS BY STANDARD

DIVISION 2 - GOVERNANCE AND OPERATIONAL MANAGEMENT

11 Governance and Operational management		Indicator Rating	
Audit Status & Rating: Major NC <input type="checkbox"/> Minor NC <input type="checkbox"/> Conformity <input type="checkbox"/> / Conformity with best practice <input checked="" type="checkbox"/>			
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.			
(1) Opportunities are provided by the governing body for people with disability to contribute to the governance of the organisation and have input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights.		3	
(2) A defined structure is implemented by the governing body to meet a governing body's financial, legislative, regulatory and contractual responsibilities, and to monitor and respond to quality and safeguarding matters associated with delivering supports to participants.		3	
(3) The skills and knowledge required for the governing body to govern effectively are identified, and relevant training is undertaken by members of the governing body to address any gaps.		3	
(4) The governing body ensures that strategic and business planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS (for example Agency requirements and guidance), participants' and workers' needs and the wider organisational environment.		3	
(5) The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices.		3	
(6) The provider is managed by a suitably qualified and/or experienced persons with clearly defined responsibility, authority and accountability for the provision of supports.		3	
(7) There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place.		3	
(8) Perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies.		3	
Findings:			
Document review, participant and staff interviews confirms that supports and services are overseen by a robust governance and operational system.			
M&H have developed multiple systems, to ensure effective processes to maintain accurate records and documentation of all aspects of the business: This includes Comcare, for case notes, support plans, emergency and disaster plan for participants. Safety Champion, for health and safety, including incident reporting. Which is managed and overseen by administration, this is reviewed daily and allocated to departments and key personnel depending on the type of incident. In addition, Budgetly, a software used by the provider to assist with participants personnel money, that has been provided to the participants by their nominee and/or public guardian.			
Opportunities for staff, participants and any stakeholders to make a complaint or provide feedback is accessible via their website which is sent directly to the department that manages all complaints and feedback. Ensuring that all opportunities for improvement have been documented and discussed in meetings.			
A governance policy and procedure, business plan, legislative registers, organisational chart, meeting minutes demonstrates a defined structure to meet the providers financial, legislative, regulatory, contractual, and quality management responsibilities. A Delegation of Authority was reviewed and outlines how authority and decision-making responsibilities are delegated. This document is reviewed annually.			
M&H are governed by highly professional, experienced and qualified personnel with clearly defined responsibility, authority and accountability for the provisions of support. M&H are run by Directors Taye and Julius. Taye's background is in forensic disability support and social work, with specific experience and a passion for enhancing the lives of individuals with disabilities involved in the criminal justice system. Julius holds a Bachelor of Commerce, majoring in accounting. His strengths are in project management, business operations, people management, financial analysis and strategic decision making. With expertise in overseeing corporate compliance, project delivery, and stakeholder engagement.			

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The Conflict-of-Interest Policy describes how perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies. The Director advised no conflicts of interest have been identified. No Conflict-of-Interest Declaration Letters have been completed, and no entries have been made in the Conflict-of-Interest Register.

12 Risk Management		Indicator Rating
Audit Status & Rating: Major NC <input type="checkbox"/> / Minor NC <input type="checkbox"/> / Conformity <input checked="" type="checkbox"/> / Conformity with best practice <input type="checkbox"/>		
Outcome: Risks to participants, workers and the provider are identified and managed.		
(1) 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.		2
(2) A documented system that effectively manages identified risks is in place and is relevant and proportionate to the size and scale of the provider and the scope and complexity of supports provided.		2
(3) The risk management system covers each of the following: (a) incident management; (b) complaints management and resolution; (c) financial management; (d) governance and operational management; (e) human resource management; (f) information management; (g) work health and safety; (h) emergency and disaster management.		2
(4) Where relevant, the risk management system includes measures for the prevention and control of infection and outbreaks.		2
(5) Supports and services are provided in a way that is consistent with the risk management system.		2
(6) Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.		2
Findings: Document review, participant and worker interviews demonstrated how risks to participants, workers and M&H Holdings are identified and managed. The Risk Register, Support Plans (inclusive of risk assessments), Home Risk Assessments, Disability Support Workers Risk Assessment and Mitigation Strategies, Incident Management Policy & Procedure, Feedback and Complaints Management Policy & Procedure, Financial Management Policy & Procedure, Governance and Operations Policy & Procedure, Human Resource Management Policy & Procedure, Records and Information Management Policy & Procedure, Workplace Health and Safety Policy, and Fire Safety and Emergency Management Policy & Procedure provide a documented risk management system, relevant and proportionate to the size and scale of the Provider and the scope and complexity of supports provided. These documents cover incident management, complaints management, financial management, governance and operational management, human resource management, information management, work health and safety, and emergency and disaster management. The Infection Control Policy describes measures for the prevention and control of infection and outbreaks. Measures include hand hygiene, cough etiquette and PPE. Workers interviewed described COVID-19 precautions used. Infection control training completion certificates were sighted for all workers sampled. Medisure certificate of currency was sighted for public liability and professional indemnity insurance, expiring 21/01/2025. A Gallagher Bassett certificate of currency was sighted for Workcover insurance, expiring 30/06/2025.		
13 Quality Management		Indicator Rating
Audit Status & Rating: Major NC <input type="checkbox"/> / Minor NC <input type="checkbox"/> / Conformity <input type="checkbox"/> / Conformity with best practice <input checked="" type="checkbox"/>		
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.		

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(1) A quality management system is maintained that is relevant and proportionate to the size and scale of the provider and the scope and complexity of the supports delivered. The system defines how to meet the requirements of legislation and these standards. The system is reviewed and updated as required to improve support delivery.	3
(2) The provider's quality management system has a documented program of internal audits relevant (proportionate) to the size and scale of the provider and the scope and complexity of supports delivered.	3
(3) The provider's quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers.	3

Findings:

Document review, participant and worker interviews confirmed that 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.

The Management Review Meeting Minutes, Review Meeting Minutes, Internal Audit and NDIS Audit Report demonstrate how M&H Holdings supports continuous improvement, using outcomes, risk related data, evidence-informed practice, complaints and feedback. The multiple systems in place to ensure compliance and a quality management system is evident. A delegation of employees to manage, and action areas of the business was discussed at length. An example of this is their case notes and incident reporting are monitored by an employee in a fulltime role capacity.

The providers continuous improvement is extensive. This register outlines the following: Improvement Area, Identified Issue, Proposed Improvement, Responsible Party, Time Frame, Status, and an Evaluation Metric.

14 Information Management	Indicator Rating
Audit Status & Rating: Major NC <input type="checkbox"/> Minor NC <input type="checkbox"/> Conformity <input checked="" type="checkbox"/> / Conformity with best practice <input type="checkbox"/>	
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	
(1) Each participant's consent is obtained to collect, use and retain their information or to disclose their information (including assessments) to other parties, including details of the purpose of collection, use and disclosure. Each participant is informed in what circumstances the information could be disclosed, including that the information could be provided without their consent if required or authorised by law.	2
(2) Each participant is informed of how their information is stored and used, and when and how each participant can access or correct their information and withdraw or amend their prior consent.	2
(3) 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.	2
(4) Documents are stored with appropriate use, access, transfer, storage, security, retrieval, retention, destruction and disposal processes relevant and proportionate to the scope and complexity of supports delivered.	2
Findings:	
Document review, participant and worker feedback confirmed participant information is identifiable, accurately recorded, current and confidential. A signed Participant Information Consent Forms were sighted for all interviewed participants, including consent to collect, use and retain their information.	
All participants receive a welcome pack prior to receiving services. Within the Welcome Pack a brochure on Privacy and Confidentiality was reviewed. The brochure explains how M&H Holdings follow laws regarding the Privacy Act and provides information in an easy-to-read format, on the following: "how we can collect information", "how we store information", "who can see your information" and "what we do with your information". Contact information is provided should the participant feel their privacy isn't respected, including the Office of the Australian Information Commissioner.	
A secure software system stores all participants information, with only access to information on a need-to-know basis. Staff are able to access pertinent information relevant to the supports provided utilising an app "Micro-teams" information such as medication, BSP, handover notes, support plans and emergency plans for participants.	
During the site visit, locked cabinets, and password and malware protected computers were sighted.	
Employees are provided with training and information on M&H Holdings policy on their Information Management and Privacy and Confidentiality. All staff have signed a Privacy and Confidentiality Declaration.	

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Feedback from participants: During the interviews, participants noted that they felt supported and that their privacy and dignity were respected by staff.	
15 Feedback and Complaints Management	Indicator Rating
Audit Status & Rating: Major NC <input type="checkbox"/> Minor NC <input type="checkbox"/> Conformity <input type="checkbox"/> / Conformity with best practice <input checked="" type="checkbox"/>	
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.	
(1) A complaints management and resolution system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system follows principles of procedural fairness and natural justice and complies with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.	3
(2) Each participant is provided with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access advocates. There is a supportive environment for any person who provides feedback and/or makes complaints.	
(3) 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.	3
(4) All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling.	3
Findings:	
Document review, participant and worker interviews confirmed that feedback made by all parties is welcomed, acknowledged, respected and well-managed. The system follows principles of procedural fairness and natural justice and complies with the requirements under the NDIS (Complaints Management and Resolution) Rules 2018.	
The complaints process was explained and sighted during the audit. M&H Holdings stated that they take all complaints seriously, and engage a professional investigator, to investigate every complaint filed. Participants, employees and stakeholders can make complaints via their website, these complaints or feedback can be made anonymously.	
Due to the complexity of their participants, they assist participants in engaging an advocate to assist with any complaints or feedback they want to submit. Or a clinician, nominee or public guardian can assist. Feedback from stakeholders were sighted via email.	
In addition, within the participants welcome pack a brochure on Feedback and Complaints was sighted and reviewed, in addition to information on participants rights to provide feedback and make a complaint, contact information for contacting the commission and advocate to make a complaint is provided. A Feedback, Complaints and Disputes information was sighted on all Service Agreements with contact information to the provider and the commission.	
Information on complaints and feedback response was sighted within the Continuous Improvement Register and meeting minutes.	
All staff are required to attend orientation and training, monitored by Julius, included in this training is the providers Feedback and Complaints policy. The two Employees interviewed confirmed this.	
16 Incident Management	Indicator Rating
Audit Status & Rating: Major NC <input type="checkbox"/> Minor NC <input type="checkbox"/> Conformity <input type="checkbox"/> / Conformity with best practice <input checked="" type="checkbox"/>	
Outcome: Each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from.	
(1) 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.	3
(2) Each participant is provided with information on incident management, including how incidents involving the participant have been managed.	3

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(3) 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.	3
(4) All workers are aware of, trained in, and comply with the required procedures in relation to incident management.	3

Findings:

Document review, participant and worker interviews confirmed that each participant is safeguarded by the Provider's incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from.

M&H Holdings Incident Management processes was discussed in length. The provider has an employee whose job description is "Incident Reporting Officer" whose primary role is to manage incidents. Their response to incidents is within 24hours, depending on level of the severity. Any incidents that entail an unauthorised restrictive practice are alerted to the APO (Director Taye) who will report it and provide a report within the 5 days, as per Module 2a's requirement.

All incidents are automatically uploaded to their incident software "Safety Champion", which is monitored 24/7. Review of case notes on "Comp Care" is conducted and managed accordingly. Participants, employees and relevant stakeholders are kept updated on the status of the incident, when relevant.

Employees are trained in incident reporting, during their orientation and can be viewed within their Support Worker Orientation Kit.

Participants receive information within their welcome pack on the providers Incident Management Policy, this is provided in an easy-to-read brochure. Participants interviewed confirmed they received a welcome pack and information on incident management.

Meeting minutes and continuous improvement register indicate that incidents are discussed and evaluated to ensure their mitigated or minimised, in the future.

17 Human Resource Management	Indicator Rating
Audit Status & Rating: Major NC <input type="checkbox"/> Minor NC <input type="checkbox"/> Conformity <input checked="" type="checkbox"/> / Conformity with best practice <input type="checkbox"/>	
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.	
(1) The skills and knowledge required of each position within a provider are identified and documented together with the responsibilities, scope and limitations of each position.	2
(2) Records of worker pre-employment checks, qualifications and experience are maintained.	2
(3) An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program.	2
(4) A system to identify, plan, facilitate, record and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant. The system identifies training that is mandatory and includes training in relation to staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules.	2
(5) Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered.	2
(6) The performance of workers is managed, developed and documented, including through providing feedback and development opportunities.	2
(7) Workers with capabilities that are relevant to assisting in the response to an emergency or disaster (such as contingency planning or infection prevention or control) are identified	2
(8) Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster.	2
(9) Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants.	2
(10) For each worker, the following details are recorded and kept up to date: (a) their contact details; (b) details of their secondary employment (if any).	2
Findings:	

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Document review, participant and worker interviews confirmed that 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.

Position descriptions were sighted for the Managing Director, and Disability Support Workers, documenting skills and knowledge required. This position descriptions also outline the responsibilities, scope, and limitations of the position.

Records of worker pre-employment checks are maintained for all workers sampled (refer to List of Competency Documents Verified section of this report).

Employees interviewed described the orientation training they received. Signed Induction Checklists were sighted for all Support Workers sampled, including training on the provider's policies and procedures. Employees interviewed confirmed they receive necessary supervision and support, relevant to the scope and complexity of supports delivered. Specifically training in behaviours of concern and their participants BSP.

Employee Information within employees' files, sampled was sighted, in addition relevant qualifications, performance reviews and relevant signed documents such as Confidentiality Declarations and Induction Checklist.

Training is conducted during Orientation and continues throughout the duration of employment. Their training matrix indicates which training is required annually, every two years etc. performance supervision is conducted periodically, and reflective practice monthly. All employees are required to receive infection control training sighted within staff files.

M&H Holdings have developed a system that records all employees screening checks, first aid and CPR and 2 months prior to expiring the employee and the provider are notified, providing the employee time to re-new. From the staff sampled; 100 points of ID and relevant screening checks were sighted.

Indicator Rating
18 Continuity of Supports
Audit Status & Rating: Major NC <input type="checkbox"/> / Minor NC <input type="checkbox"/> / Conformity <input checked="" type="checkbox"/> / Conformity with best practice <input type="checkbox"/>
Outcome: Each participant has access to timely and appropriate support without interruption.
(1) Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports. 2
(2) In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role. 2
(3) Supports are planned with each participant to meet their specific needs and preferences. These needs and preferences are documented and provided to workers prior to commencing work with each participant to ensure the participant's experience is consistent with their expressed preferences. 2
(4) Arrangements are in place to ensure support is provided to the participant without interruption throughout the period of their service agreement. These arrangements are relevant and proportionate to the scope and complexity of supports delivered by the provider. 2
(5) Alternative arrangements for the continuity of supports for each participant, where changes or interruptions are unavoidable, are: – explained and agreed with them; and – delivered in a way that is appropriate to their needs, preferences and goals. 2

Findings:

Document review, participant and worker interviews confirmed participants have access to timely and appropriate support without interruption. The Director described how day-to day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports. There are 121 employees and a casual pool of Support Workers. The Director can also source backup workers from another Provider. These arrangements are in place to ensure support is provided to the participant without interruption throughout the period of their service agreement.

The participants support plan outlines in detail the participants preference to support workers and how they prefer supports to be provided. These plans are accessible via the app utilised by employees, in addition information can be found onsite, where relevant.

When an employee is allocated a shift, outside of their usual roster, they will have immediate access to the participants, care plan, BSP, medication charts and any other relevant information.

18A Emergency and Disaster Management	
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Audit Status & Rating: Major NC <input type="checkbox"/> Minor NC <input type="checkbox"/> Conformity <input checked="" type="checkbox"/> / Conformity with best practice <input type="checkbox"/>		
Outcome: Each participant has access to timely and appropriate support without interruption.		
(1) Measures are in place to enable continuity of supports that are critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster.	2	
(2) The measures include planning for each of the following: a) preparing for, and responding to, the emergency or disaster; b) making changes to participant supports; c) adapting, and rapidly responding, to changes to participant supports and to other interruptions; d) communicating changes to participant supports to workers and to participants and their support networks	2	
(3) The governing body develops emergency and disaster management plans (the plans), consults with participants and their support networks about the plans and puts the plans in place.	2	
(4) The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster.	2	
(5) Mechanisms are in place for the governing body to actively test the plans, and adjust them, in the context of a particular kind of emergency or disaster.	2	
(6) The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster.	2	
(7) The governing body regularly reviews the plans and consults with participants and their support networks about the reviews of the plans.	2	
(8) The governing body communicates the plans to workers, participants and their support networks.	2	
(9) Each worker is trained in the implementation of the plans.	2	
Findings:		
Document review, participant and worker interviews demonstrated how emergency and disaster management include planning for risks to the health, safety and wellbeing of participants, and continuity of supports. Measures are in place to enable continuity of supports during and after an emergency or disaster.		
The Emergency and Disaster Management Policy & Procedure, Emergency and Disaster Management Plans and the Participant Disaster and Risk Assessments include preparing and respond to emergencies and disaster, adapting participant supports, communicating changes to participants, their support network, and workers. Completed Participant Disaster and Risk Assessments were sighted for all sampled participants.		
The Emergency and Disaster Management Policy & Procedure explains that emergency plans are reviewed annually at minimum, or when there are changes to the workplace, significant changes to workers, new activities, and after the plans are tested. The Participant Disaster and Risk Assessments record next review date.		
Induction Checklists sighted for all workers sampled include training on the emergency response plan. One Support Worker confirmed they were trained in what to do in an emergency or disaster.		
During the site visit, employees confirmed that they conduct emergency drills every month. This site is in an apartment building, the building also conducts their own emergency drills which are also attended. Evidence of drills were sighted. The site also had a fire extinguisher, a first aid kit and an evacuation pack, which included the following: the participants care plan, medication, participants personalised emergency and disaster plan,		