NDIS PROVIDER COMPLIANCE

AUDIT REPORT

Confidential

TEEJAY INNOVATIONS

Surveillance Audit

Entity Being Audited:
LEGAL ENITY
ABN: 998665565
54 MS street

Certification Body:
SAI Global
Lead Auditor: Charlie Sheen

Audit Period:

25 May 2025 - Not set

Methodology:
Not specified

Report Date:

18 January 2026

NDIS Registration:
N/A

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1. Executive Summary

Executive Summary

This external NDIS audit was conducted to assess the compliance of Unknown Provider with the NDIS Practice Standards in the context of Core Supports. The audit covered the period from May 25, 2025 to an invalid date noted in the report. The evaluation included a review of 19 indicators across multiple criteria to determine conformity with best practices, compliance with standards, and areas requiring improvement. The audit methodology was limited due to the absence of interviews with stakeholders and site visits, which may have restricted the depth of insights collected.

The audit identified key strengths in three indicators where the provider exceeded requirements, demonstrating exemplary practices aligned with best practice standards. These areas reflect a strong commitment to delivering quality outcomes in specific aspects of service provision. Additionally, 11 indicators were found to meet NDIS compliance requirements, confirming sufficient adherence to the standards in the majority of assessed areas.

However, the audit identified significant areas requiring improvement. Four major non-conformances were noted, representing critical issues that demand immediate corrective action to ensure compliance and mitigate potential risks to participants. These include concerns summarized as [MAJOR_NC] uicdhcdn. pigwhgfhi nio tei t, [MAJOR_NC] uqguyde byudvufh. hurhuifr, [MAJOR_NC] gydjgk ih fg gf, and [MAJOR_NC] hjoihjk vygvhghb. Additionally, one minor non-conformance was observed, requiring corrective action to address deficiencies in compliance. The overall score of 56% (32 out of 57 points) indicates significant gaps in performance that must be resolved promptly.

Based on the findings, it is recommended that the provider's certification be made conditional, contingent upon the implementation of a comprehensive remediation plan to address the identified major and minor non-conformances. Follow-up audits and monitoring are strongly advised to verify the timely and effective resolution of these issues. The provider is encouraged to build upon its identified strengths while addressing critical areas to ensure alignment with NDIS standards and the delivery of safe, high-quality supports to participants.

Overall Score Summary

3	11	1	4
Best Practice	Conformity	Minor NC	Major NC

Total Indicators Assessed: 19
Score: 32 / 57 points (56%)

2. Audit Overview

2.1 Audit Details

Audit Title: TEEJAY INNOVATIONS
Audit Type: EXTERNAL
Audit Purpose: Surveillance Audit
Methodology: Not specified
Service Context: Core Supports
Audit Period: 25 May 2025 - Not set
Status: IN_REVIEW

2.2 Entity Being Audited

Organisation Name: LEGAL ENITY
ABN: 998665565
Address: 54 MS street
NDIS Registration: N/A

2.3 Certification Body

Organisation: SAI Global
Lead Auditor: Charlie Sheen
Contact: sai@sai.com

Audit Description

AUDITING THE PROGRAM

3. Audit Results

3.1 Scoring Summary

A total of 19 indicators were assessed during this audit.

Rating	Count	Points
Best Practice (+3 pts each)	3	9
Conformity (+2 pts each)	11	22
Minor Non-Conformance (+1 pt each)	1	1
Major Non-Conformance (0 pts)	4	0
TOTAL	**19**	**32 / 57**

56%

3.2 Indicator Responses

Best Practice (3)

• ID: f47caa3e-567...: https://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/d5aecf0ded4224781ad7d73949b80ffbde9d3e418d8cf154a276ecc13a4415db.
• ID: 930bf9e0-2cc...: https://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/d5aecf0ded4224781ad7d73949b80ffbde9d3e418d8cf154a276ecc13a4415db
• ID: 335a1fec-427...: https://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/d5aecf0ded4224781ad7d73949b80ffbde9d3e418d8cf154a276ecc13a4415db https://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/d5aecf0ded4224781ad7d73949b80ffbde9d3e418d8cf154a276ecc13a4415dbhttps://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/d5aecf0ded4224781ad7d73949b80ffbde9d3e418d8cf154a276ecc13a4415db

Conformity (11)

• ID: efc33be2-84f...: https://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/d5aecf0ded4224781ad7d73949b80ffbde9d3e418d8cf154a276ecc13a4415db https://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/d5aecf0ded4224781ad7d73949b80ffbde9d3e418d8cf154a276ecc13a4415dbhttps://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/d5ae

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• ID: 71a40409-e48...: https://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/d5aecf0ded4224781ad7d73949b80ffbde9d3e418d8cf154a276ecc13a4415dbhttps://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/
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Minor Non-Conformance (1)

• ID: 1e6c215e-458...: The organization did not demonstrate full compliance with the requirement to have contractor agreements in place for all contractors engaged in delivering Core Supports. During the audit, there was insufficient evidence to confirm that formalized agreements, outlining roles, responsibilities, and obligations, were consistently established and maintained for all contractors.

This finding pertains to the NDIS Practice Standards – Core Module, specifically under the governance and operational management requirements, which mandate that service providers implement systems to ensure that all personnel, including contractors, operate under clear and documented agreements to safeguard participant outcomes.

The evidence provided was incomplete, as several contractor files reviewed did not contain signed agreements or documentation that explicitly defined the terms of engagement. This gap indicates a lack of formalized processes to ensure accountability and clarity around contractor responsibilities.

The absence of comprehensive contractor agreements introduces a risk to the quality and consistency of supports delivered to participants. Without such agreements, there is potential for misunderstandings regarding service delivery expectations, which could compromise participant safety, rights, or overall service quality.

To address this finding, the organization is required to implement and maintain formal contractor agreements for all contractors. These agreements must clearly define roles, responsibilities, and obligations in alignment with the NDIS Practice Standards. Additionally, the organization should establish a process to ensure these agreements are consistently executed and retained as evidence of compliance.

Major Non-Conformance (4)

• ID: 5d44fdb2-f85...: The organization did not provide documented position descriptions that clearly define the scope of practice or roles for staff delivering Core Supports. Evidence reviewed did not demonstrate compliance with the NDIS Practice Standards, specifically under the Human Resource Management domain, which requires that roles and responsibilities are documented to ensure staff operate within their defined scope of practice.

The evidence gap observed is the absence of formalized, written position descriptions for key roles within the organization. This includes documentation that outlines the responsibilities, qualifications, and boundaries of practice for staff providing supports to participants. The lack of such documentation limits the ability to verify that staff are appropriately qualified and operating within their role, as required by the standards.

This presents a significant risk to participant safety and service quality, as unclear or undefined roles may result in staff performing duties beyond their competence, potentially compromising the quality of supports provided and the rights of participants.

To address this finding, the organization must develop and implement comprehensive position descriptions for all relevant roles. These documents should detail the scope of practice, responsibilities, and required qualifications for each role, ensuring alignment with the needs of participants and compliance with NDIS Practice Standards.
• ID: 321e6a65-2f6...: The organization did not provide evidence demonstrating that staff qualifications were appropriately mapped to the roles and supports delivered as required under the NDIS Practice Standards. Specifically, documentation to verify that staff possess the necessary qualifications and competencies relevant to their specific responsibilities within Core Supports was absent or insufficient.

This finding relates to the NDIS Practice Standards, Core Module, "Human Resource Management," which requires providers to ensure that workers have the requisite skills and qualifications for the services they deliver.

The evidence gap identified includes the absence of a qualification-role mapping document or equivalent records that clearly align staff qualifications and training with the supports provided. This lack of documentation makes it unclear whether workers are appropriately equipped to deliver services safely and effectively, as required.

The absence of appropriate qualification mapping poses a significant risk to participant safety and service quality, as it may result in supports being delivered by staff who are not adequately trained or qualified, potentially compromising

the rights and outcomes of participants.

To address this non-conformance, the provider must implement and maintain a documented process to map staff qualifications and competencies to their specific roles and the supports they deliver. This process should include verification of qualifications, regular reviews, and updates to ensure ongoing compliance with NDIS requirements.
• ID: c75f1012-85e...: **Finding Statement:** Evidence reviewed did not demonstrate that LEGAL ENTITY maintains a training matrix or training register for its staff. No documentation was provided to confirm the tracking of completed training or the dates on which training was undertaken by personnel delivering Core Supports.

Reference: This finding relates to the NDIS Practice Standards, Core Module – Human Resource Management, which requires providers to ensure staff have the qualifications, skills, and ongoing training necessary to deliver safe and high-quality supports.

Evidence Gap: The organization did not provide a training matrix or register that records relevant training details, such as the type of training completed, the dates of completion, or evidence of regular updates and renewal of mandatory training. Without this documentation, compliance with training requirements could not be verified.

Risk/Impact: The absence of a maintained training matrix poses a risk to participant safety and service quality, as it cannot be assured that staff possess the necessary competencies and current knowledge to deliver supports effectively and in line with participant needs.

Corrective Action Required: LEGAL ENTITY must implement and maintain a comprehensive training matrix or training register that records all completed and required training for staff, including dates and evidence of completion. This system should be regularly updated to ensure all staff meet mandatory training requirements and maintain the skills necessary to provide safe and quality supports.
• ID: 6323e9f7-833...: Finding Statement: Evidence reviewed did not demonstrate that LEGAL ENTITY has documented corrective action plans or performance improvement plans (PIPs) where applicable. No formal records or processes were provided to verify that identified issues or areas for improvement are being systematically addressed.

Reference: This finding is non-compliant with the NDIS Practice Standards, Core Module, Division 2 (Provider Governance and Operational Management), specifically the requirement for providers to implement documented performance improvement processes to ensure continuous quality improvement.

Evidence Gap: The organization did not provide any documented corrective action plans or PIPs during the audit. Furthermore, there was no evidence of a structured process to record, track, and manage performance improvement initiatives or corrective actions in response to service delivery issues or staff performance concerns.

Risk/Impact: The absence of documented corrective action and improvement plans poses a risk to participant safety and service quality, as it limits the provider's ability to effectively address service delivery challenges and ensure consistent improvement. This may undermine participant trust and the provider’s capacity to deliver safe and responsive supports.

Corrective Action Required: LEGAL ENTITY must establish and implement a formal process for documenting corrective actions and performance improvement plans. This process should include clear procedures for identifying issues, developing actionable plans, assigning responsibilities, and monitoring outcomes to ensure compliance with the NDIS Practice Standards and continuous improvement in service delivery.

4. Findings & Non-Conformances

This section details the 5 finding(s) identified during the audit.

Finding 1: uicdhcdn. pigwhgfhi nio tei t

Severity: Major Non-Conformance
Status: CLOSED

Finding Details:
uicdhcdn. pigwhgfhi nio tei t

Closure Notes:
Evidence accepted

Corrective Action Journey:

1. 16 Jan 2026 00:42 - Status Changed (BEN JOHNSON)
   OPEN !' UNDER_REVIEW
2. 16 Jan 2026 00:42 - Status Changed (BEN JOHNSON)
   UNDER_REVIEW !' OPEN
3. 16 Jan 2026 00:43 - Status Changed (BEN JOHNSON)
   OPEN !' UNDER_REVIEW
4. 16 Jan 2026 00:43 - Status Changed (BEN JOHNSON)
   UNDER_REVIEW !' OPEN
5. 16 Jan 2026 00:43 - Status Changed (BEN JOHNSON)
   OPEN !' UNDER_REVIEW
6. 16 Jan 2026 00:48 - Evidence Requested (BEN JOHNSON)
   "ggg"
7. 16 Jan 2026 00:51 - Finding Closed (BEN JOHNSON)
   UNDER_REVIEW !' CLOSED
   "https://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/0532d1eb9f375..."
8. 16 Jan 2026 00:51 - Finding Reopened (BEN JOHNSON)
   CLOSED !' OPEN

Evidence Requests:

1. Service Agreement [ACCEPTED]
Request: ggg
Submitted Files (2):
- Screenshot_2026-01-15_at_11.33.43___am.png
- Screenshot_2026-01-16_at_8.42.53___am.png

Finding 2: uqguyde byudvufh. hurhuifr

Severity: Major Non-Conformance
Status: OPEN

Finding Details:
uqguyde byudvufh. hurhuifr

Finding 3: gydjgk ih fg gf

Severity: Major Non-Conformance
Status: OPEN

Finding Details:
gydjgk ih fg gf

Finding 4: hjoihjk vygvhghb

Severity: Major Non-Conformance
Status: OPEN
Finding Details:
hjoihjk vygvhghb

Finding 5: hvjwbjkdjkhvhkljnvjvljv

Severity: Minor Non-Conformance
Status: OPEN
Finding Details:
hvjwbjkdjkhvhkljnvjvljv

Interview Summary

A total of 1 interview(s) were conducted during the audit.

Participant Interviews (1)

1. fyeqgfrgh
Role: bjhvebjf optg | Method: Phone

Site Visit Observations

1 site visit(s) were conducted during the audit.

Site 1: rrrrtrt

Address: rrr
1 participants observed | 1 files reviewed
Positive Observations:
ghvhdfv. ewghfe
Concerns:
https://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/0f121a08c75d9bf0781763c44bc1a2fef2e870baaf9c34f270c455d33d1eed8e https://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/0f121a08c75d9bf0781763c44bc1a2fef2e870baaf9c34f270c455d33d1eed8e