Participant File Audit Checklist

This resource was developed by the NDS Quality and Safeguards Sector Readiness Project and is funded by the Government of Western Australia Department of Communities.

Internal audits of records, systems, policies, procedures and processes (systems and processes) help to identify issues or inconsistencies, address risks and highlight areas for improvement.

**The template below is part of a series of tools developed to provide an example of what a participant file audit could look like.** The structure of the tool provides a systematic approach to reviewing a file. It provides one possible structure to gather evidence and identify an action plan for improvement. The privacy of people with disability and their information is paramount and needs to be considered when selecting the most appropriate worker to carry out this kind of review.

Other templates in this series include:

* Employee file audit
* Internal audit organisational schedule
* Internal audit assessment record

**The tools in this series are a starting point, are general in nature and aimed to assist providers in developing their own systems for internal audits. They do not account for the individual nature and risks of all NDIS services.**

For more information on Internal Audits see [NDS Organisational Internal Audits Factsheet webpage.](https://www.nds.org.au/images/resources/InternalAudits.pdf)

# Participant File Review Checklist

Auditor Name:

Role:

Service/s received:

NDIS Number:

Date:

## Description

### Intake

Information about services discussed and documented

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Rights and Responsibilities: Complaints, confidentiality, advocacy discussed and documented

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Privacy statement / Information management discussed and documented

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

NDIS funding information documented

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Record of paperwork provided to participant

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

### Communication, Consent and Decision Making

Consent forms completed

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Supported or assisted decision-making arrangements in place

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Informal supports names and contact details (with consent)

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Communication preferences listed

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Process to make changes to information, consent arrangements and services provided

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

### Service Agreement

Current services agreement on file

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Signed and copy provided to participant

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

### Support Planning

Current support plan on file

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Evidence support plan is reviewed at least annually or as required

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Participant actively involved in the development / review of plan

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Includes support for preventative health measures e.g. health check-ups, vaccinations, dental etc (if relevant)

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Current goals listed

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Preferences listed

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Considers participants cultures and beliefs (if relevant)

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Key worker listed (if relevant)

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Key supports and services details and contacts listed (with consent)

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Complaint process discussed and documented

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

### Risk Assessment

Completed

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Risk management plans identified and/or attached and reviewed at least annually or as required

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Assessment of degree participant relies on services and impact if disrupted

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Medication records identify all required information for safe administration, including dosage and potential side effects

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Emergency Plan or arrangements documented

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Any identified risks with no action recorded

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Safe environment checklist completed (if relevant)

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Any identified risks with no action recorded

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

### Case Notes / File Notes

Current case notes recorded

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Consent discussed as required

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Activities reflect goals

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Reports reflect outcomes and are provided within any required timeframes

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

### Incidents

Any outstanding actions from incidents

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Evidence participants have been consulted in incidents

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

### Complaints

Any outstanding actions from complaints and feedback

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

Evidence complaints have been supported

* Yes / No / Not Applicable?
* Dates:
* Recommended Actions:

## Urgent actions for follow up - Including any privacy concerns about the information or way information is being stored:

## Actions to add to the Continuous Quality Improvement Register:

**Please note:** This tool was last updated in September 2023. National Disability Services Limited (NDS) believes that the information contained in this publication is correct at the time of publishing. However, NDS reserves the right to vary any of this publication without further notice. This resource will need to be adapted to meet the specific needs of your organisation and the people who use your services. The information provided in this publication should not be relied upon instead of other legal, medical, financial, or professional advice. Please always refer to online documents for latest versions including the NDIS Practice Standards.

End of document.