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| Performance audit program overview |
| Out of Home Care (OOHC) residential care services |
| OFFICIAL |

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# The performance audit program

The Department of Families, Fairness and Housing is committed to ensuring the health, safety and development needs of children and young people are met during their time in care services.

The Compliance and Quality Audits team (C&Q team) is part of the Community Operations and Practice Leadership Division (COPL). The C&Q team have conducted audits of funded Community Service Organisations (organisations) who deliver Out of Home Care (OOHC) residential care services to children and young people since 2016.

The aim of the performance audit program is to ensure that organisations are complying with the required policies, legislation and program requirements. To ensure that the health, safety and development needs of children and young people are met.

# Purpose

The purpose of performance audits is to ensure that organisations are:

* ensuring that the health, safety and development needs of children and young people are met during their time in care services
* aware of and adhering to the expectations described in the program requirements
* complying with the Social Services Standards
* complying with the requirements of the Children and Families Act 2005.

# Scope

The scope of the performance audits include:

* the core care domains of health, nutrition and education
* awareness and adherence to the expectations in the program requirements
* awareness and adherence to the expectations of the Social Services Standards
* the care services priority areas,
* risks identified from previous audits and the department.

The program requirements for providing out-of-home care services can be found at [Program requirements for out-of-home care services](https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services) https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services.

Some organisations received funding for therapeutic support service provision in January 2024. Their performance audits will include assessment of compliance to requirements set out in the *Interim Addendum – Four-bed therapeutic care (November 2023)*. The Interim Addendum was sent to these organisations along with the funding notification in January 2024.

To request a copy or more information about the Interim Addendum, please email the Care Services team [careservices@dffh.vic.gov.au](mailto:careservices@dffh.vic.gov.au)

# Methodology

Audits are conducted using a range of methods including observation, interview and document review.

In general, audits include visiting the organisation on site.

In planning an audit, it may be found that a client's behaviour might cause problems or safety risks. When this happens, instead of visiting onsite, the entire audit may be conducted remotely. The audit team will ask the organisation to upload all the evidence (documents, sample records) to the secure online portal. The audit team will also request photos of the physical environment.

## Observation

As part of the onsite audit, the audit team will make observations of the:

* physical environment
* interactions between staff
* general operation of the service.

## Interview

The audit team will interview organisation staff to find out about:

* key policies, processes and procedures
* client care
* environment
* operation of the service.

The audit team will attempt to engage in conversation with clients, where appropriate.

## Document review

The audit team will review operational, human resource and client record documents as part of the performance audit.

The audit team will read and review key operational documentation. This is to assess the awareness of and adherence to the program requirements and policies.

The client and staff document review are generally conducted remotely. The C&Q secure portal is used for safe information sharing.

A sample of staff records will be selected by the C&Q Team from the roster. This is to review the practices for:

* recruitment
* safety screening
* training
* monitoring of staff performance.

The sample of staff records are to be uploaded to the C&Q Secure Portal. If this is not possible, the organisation may zip the evidence, add password protection and email the records to the audit team.

The records of all the clients residing at the location will be reviewed. This is to ensure that the health, safety and development needs of children and young people are being met.

The due date for submitting the required documents will be confirmed by the audit team with the organisation’s nominated audit contact.

## Audit team

The audit team will include at least two Seniors Compliance Officers from the C&Q team at the Department of Families, Fairness and Housing. The audit team will attend the selected locations to conduct the onsite audit. Sometimes a third Compliance Officer in training will come along too.

## Audit debrief

After the audit team has conducted the performance audit, the organisation will be offered an audit debrief. This is an online discussion about the interim findings. It is an opportunity for comment and clarification of findings prior to the drafting of the audit report.

## Audit duration

The time it takes to conduct a performance audit can vary. It is dependent on

* the location
* the service type being audited
* the number of clients living there.

The audit team will aim to complete each onsite audit within three hours. The audit team are aiming to cause minimum disruption to the clients and staff at the locations.

The audit team may conduct parts of the audit offsite.

An audit report will be sent to the organisation within two weeks after the audit has been conducted.

When non-compliance is found, the organisation is required to create and submit an action plan to address the non-compliance. The action plan is due within two weeks of receipt of the audit report.

# Audit process

## Before the audit

The organisation will receive an audit notification letter at least one week prior to the audit.

The C&Q team notify the department operational division of the proposed audit.

The organisation will:

* confirm the location address/es and the residents’ details
* provide the rosters to the audit team for the last two weeks to enable selection of the staff audit sample
* Nominates a primary audit contact.

The audit team will engage with the organisation’s nominated contact to:

* arrange access to the C&Q Secure Portal
* discuss uploading of information to the C&Q Secure Portal
* confirm audit day arrival times
* discuss any safety concerns/risks

## During the audit

The organisation’s primary audit contact will:

* upload all requested client and staff information to the C&Q Secure Portal.
* facilitate an on-site review of the residential care premises.

The audit team will begin by briefing the organisation staff about the onsite audit process.

Then they will tour the property with the audit contact.

The audit team will interview a staff member about day-to-day practices at the location.

While onsite the audit team may conduct the human resources and client record document review component of the audit.

Before they leave the location, the audit team will:

* advise organisation staff of any actual or potential gaps that were identified
* advise organisation staff of any additional information required to be uploaded to the C&Q Secure Portal.

The audit team will review all documents that were uploaded to the secure portal in the next days following the onsite visit.

## After the audit

After conducting the onsite the audit team will:

* review the evidence uploaded to the C&Q Secure Portal
* review any additional evidence provided post audit
* collate the audit findings
* draft the audit report.

The audit team will contact the organisation and offer an audit debrief. This is an online discussion about the interim findings. It is an opportunity for comments and clarifications before drafting the audit report.

Once approved, the audit team will send the audit report to the organisation.

The organisation will read and review the audit report. Then they will develop an action plan to address any non-compliances. This action plan is sent to the audit team.

The organisation may also appeal findings in the audit report.

The audit team will review and respond to any appeals regarding the audit findings.

The audit team will review the action plan from the organisation and confirm it addresses any identified non-compliance. The organisation will be notified that the audit team agrees and confirms the action plan.

# Reporting

The audit will write up their findings as an audit report called a Quality and Improvement Report. An audit report for each location audited will be provided to the organisation.

The report will have a strength-based focus. It will also detail any required correction action where any non-compliance is identified.

The audit report will be shared with the departments relevant Operational Division.

Where mandated, the report findings will be provided to the Social Services Regulator for review and action.

# Adverse findings process

The organisation can raise any concerns in response to the audit findings with C&Q team. They must do so within two weeks of receiving the audit report.

The C&Q team can be contacted by emailing [CandQ.Audits@dffh.vic.gov.au](mailto:CandQ.Audits@dffh.vic.gov.au).

## Non-compliance and action plan

If the audit identifies a non-compliance, the organisation will be required to create and submit an action plan.

The action plan must detail the corrective actions, as well as the proposed timeframe for completing the actions.

The organisation should submit the action within two weeks of receiving the audit report to the audit team.

The audit team will review the Action Plan. The organisation will be notified if the plan is accepted or needs further work.

# Audit completion

The audit process is finished when:

* an action plan to address non-compliances has been accepted by the audit team, and
* the audit team has notified the organisation that the audit is completed.

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