

Final Report of Internal Investigation

Forge Clarity PTY LTD

Remote Telehealth Counselling & Behavioural Support Practice

Investigation Details

Investigation Reference Number: INV-[YYYY]-[###]

Date Investigation Commenced:

Date Investigation Completed:

Lead Investigator: Tegan Elza Banks, Director/Lead Therapist

Type of Investigation:

- ☐ NDIS Reportable Incident
- ☐ Service Complaint
- ☐ Whistleblower Disclosure
- ☐ Staff/Volunteer Conduct Matter
- ☐ Privacy Breach
- ☐ Other:

Incident Summary

Date/Time of Incident:

Service Type:

- ☐ Telehealth Counselling Session
- ☐ Grief Support Group (Zoom)
- ☐ Other:

NDIS Participant Details (if applicable):

Participant Name:

NDIS Number:

People Involved:

- NDIS Participant(s):
- Staff:
- Volunteer(s):
- Other parties:

Incident Category:

- ☐ Death
- ☐ Serious injury
- ☐ Abuse and neglect
- ☐ Unlawful sexual or physical contact
- ☐ Sexual misconduct
- ☐ Unauthorised restrictive practice
- ☐ Privacy breach
- ☐ Code of Conduct breach
- ☐ Professional misconduct
- ☐ Service delivery concern
- ☐ Other:

Brief Description of Incident:

Initial Response and Notifications

Risk Level:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Critical

Immediate Actions Taken:

Notifications Made:

NDIS Commission:

☐ Yes – Initial report submitted (within 24 hours) :

Incident ID:

5-day update submitted (if applicable) :

☐ No – Reason:

Police:

☐ Yes – Date:

Report Number:

☐ No – Reason:

Mandatory Reporting Authority:

☐ Yes – Authority:

Date:

Reference Number:

☐ No – Reason:

NDIS Participant/Nominee Notified:

☐ Yes – Date:

Method:

☐ No – Reason:

Investigation Methodology

Investigation Objectives:

Evidence Collected:

- ☐ Session recordings/notes
- ☐ Zoom meeting logs/recordings
- ☐ Client/participant records
- ☐ Email/text correspondence
- ☐ Written statements
- ☐ Volunteer documentation
- ☐ Policies and procedures
- ☐ Other:

People Interviewed:

Natural Justice:

- ☐ All parties given opportunity to respond
- ☐ Support persons offered
- ☐ Procedural fairness maintained

Independent Review (if applicable):

- ☐ Yes – Conducted by:
Date:
- ☐ No

Findings

What Happened (Factual Summary):

Root Cause:

Contributing Factors:

Timeline of Events:

Allegation Findings:

Allegation 1:

Finding: ☐ Substantiated ☐ Not Substantiated ☐ Inconclusive

Evidence basis:

Allegation 2:

Finding: ☐ Substantiated ☐ Not Substantiated ☐ Inconclusive

Evidence basis:

Allegation 3:

Finding: ☐ Substantiated ☐ Not Substantiated ☐ Inconclusive

Evidence basis:

Impact Assessment

Impact on NDIS Participant:

Impact on Service Delivery:

Impact on Other Participants/Volunteers:

Risk to Ongoing Safety:

☐ Low ☐ Medium ☐ High

Details:

Compliance Analysis

NDIS Code of Conduct:

- ☐ Compliant
- ☐ Breach identified – Details:

NDIS Practice Standards:

- ☐ Compliant
- ☐ Non-compliance identified:
 - ☐ Core Module
 - ☐ Incident Management
 - ☐ Behaviour Support
 - ☐ Privacy and Dignity

Details:

Australian Counselling Association Code of Ethics:

- ☐ Compliant
- ☐ Breach identified – Details:

Privacy Act 1988 (Australian Privacy Principles):

- ☐ Compliant
- ☐ Breach identified – Details:

Work Health and Safety Act 2011:

- ☐ Compliant
- ☐ Breach identified – Details:

Other Relevant Legislation:

☐ Compliant

☐ Breach identified – Details:

Systemic Issues Identified

Policy/Procedure Gaps:

Training Deficiencies:

Risk Management Weaknesses:

Communication Breakdowns:

Technology/Telehealth Platform Issues:

Corrective Actions Taken

Immediate Actions (Completed):

Action 1:

Description:

Responsibility:

Completion Date:

Action 2:

Description:

Responsibility:

Completion Date:

Participant Support Provided:

Staff/Volunteer Actions (if applicable):

- ☐ No action required
- ☐ Counselling provided
- ☐ Additional training/supervision
- ☐ Performance management
- ☐ Suspension
- ☐ Termination of employment/engagement
- ☐ Reportable conduct notification to Worker Screening Unit – Date:

Details:

Recommendations and Action Plan

Policy and Procedure Improvements:

Recommendation 1:

Description:

Responsibility:

Target Completion:

Status: ☐ In Progress ☐ Pending

Recommendation 2:

Description:

Responsibility:

Target Completion:

Status: ☐ In Progress ☐ Pending

Training Requirements:

Recommendation 3:

Description:

Responsibility:

Target Completion:

Status: ☐ In Progress ☐ Pending

Risk Management Enhancements:

Recommendation 4:

Description:

Responsibility:

Target Completion:

Status: ☐ In Progress ☐ Pending

Technology/Platform Improvements:

Recommendation 5:

Description:

Responsibility:

Target Completion:

Status: ☐ In Progress ☐ Pending

Monitoring and Review Arrangements:

Ongoing Monitoring

Follow-up Actions Required:

Review Date for Implemented Actions:

Monitoring Arrangements:

Success Indicators:

Communication of Outcomes

NDIS Participant/Nominee:

☐ Outcome communicated – Date:
Method:

☐ Participant satisfied with outcome: ☐ Yes ☐ No ☐ Not indicated

☐ Not communicated – Reason:

Staff/Volunteer:

☐ Outcome communicated – Date:
Method:

☐ Not applicable

NDIS Quality and Safeguards Commission:

☐ Final report submitted – Date:
(within 60 days)

☐ Not required

☐ Extension granted – New deadline:

Police:

☐ Outcome communicated –

Date:

☐ Not applicable

Other Authorities:

☐ Outcome communicated to:

Date:

☐ Not applicable

Complaints Process Advised:

☐ NDIS participant advised of right to complain to NDIS Commission

Contact: 1800 035 544 or www.ndiscommission.gov.au

☐ Participant advised of right to contact ACA: 1300 784 333

Lessons Learned

What Worked Well:

What Could Be Improved:

Organisational Learning:

Preventative Measures Implemented:

Conclusion

Summary of Investigation:

Key Outcomes:

Ongoing Commitments:

Declaration

I declare that this investigation has been conducted:

- In accordance with NDIS (Incident Management and Reportable Incidents) Rules 2018
- In compliance with NDIS Code of Conduct
- In accordance with Australian Counselling Association Code of Ethics
- With regard to natural justice and procedural fairness
- In accordance with Privacy Act 1988 (Cth)
- To the best of my knowledge and ability

The findings and recommendations in this report are based on available evidence and are made in good faith.

Completed By: Tegan Elza Banks, Director/Lead Therapist

Signature:

Date:

Independent Reviewer (if applicable):

Name:

Signature:

Date:

Records Management

Investigation File Location:

Access Restrictions: Confidential – Authorised Personnel Only

Retention Period: 7 years minimum (or as required by law)

Related Documents:

- Initial incident report
- Evidence collected
- Interview notes
- Correspondence with authorities
- Action plan tracking documents

File Closure Date:

Report Status: ☐ Draft ☐ Final

Distribution: ☐ NDIS Commission ☐ Participant/Nominee ☐ Internal File ☐ Other:

For NDIS Commission Submission:

This report satisfies the final report requirement under NDIS (Incident Management and Reportable Incidents) Rules 2018, Section 20.

End of Report