

# P27 Evaluation of Audit Client



## 1. Purpose

The purpose of this procedure is to describe and explain the audit process for *Quality Innovation and Performance Certifications Pty Ltd* (QIP Certifications) clients.

## 2. Scope

The scope of this procedure is the process of auditing clients. The procedure is to inform all staff and contractors of the details of the evaluation process.

## 3. Referenced Documents

WI01	Auditor Qualification
WI04	Guidelines for ISO 9001:2015 Audit
P09	Audit Planning
P25	Complaints Management Procedure
G08	Opening and Closing Meeting Guide
F34	Audit Notification
F35	Stage 1 Audit Report
F36	Stage 2 and Surveillance Report
F47	Questionnaire
IAF MD 1:2018	The audit and certification of a Management System operated by a multi-site organisation.
IAF MD 3:2008 v2	Advanced surveillance and recertification procedures
ISO 170121-1:2015 (E)	Conformity assessment–requirements for bodies providing audit and certification of management systems – Part 1: Requirements.
ISO 17065:2012 (E)	Conformity assessment–requirements for bodies certifying products, processes and services.
Human Services Scheme JAS-ANZ	Part 1–Common requirements for bodies certifying Human Services
HSQF Scheme JAS-ANZ	Part 2–Additional requirements for bodies certifying Human Services in Queensland
Notifiable Issues	Audits-notifiable-issue.pdf
Restrictive Practices	Faq-positive-behaviour-support-and-the-use-of-restrictive-practices.pdf
Statement of Standards	Child safety/practice-manual/standards-care.pdf

Table 1-Referenced Documents

## 4. Workplace Health & Safety

Contractor Risk	Onsite at an audit client location there is a risk of accident-Mitigation includes workplace health and safety policy and procedure and onsite safety rules. All contractors have their own insurance.
Staff Risk	Risk of complaints through the audit process and mental stress due to this. - Mitigation will be through P25 Complaints Management procedure to ensure that staff all are supported through any complaints process.

## 5. Terms and Definitions

AGPAL	Australian General Practice Accreditation Limited
AMS	Audit Management System
ATL	Audit Team Leader(s).
Audit	Systematic, independent, and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled; see also certification audit
Auditor	Person who conducts an audit.
Audit client	Organisation or person who is requesting and/or commissioning an audit.
Audit criteria	Set of policies, procedures or scheme requirements used as a reference against which audit evidence is compared.
Auditee	Organisation being audited.
Audit day	The duration of an audit day is 8 hours and may include a 30-minute lunch break.
Audit evidence	Records, statements of fact or other information that is relevant to the audit criteria.
Audit plan	Description of the activities and arrangements for an audit
Audit programme	Arrangements for a set of one or more audits planned for a specific time frame and directed towards a specific purpose (audit cycle).
Audit scope	Extent and boundaries of the audit.
Audit team	One or more auditors conducting an audit, supported (if required or mandated) by a technical expert.
Audit time	Time needed to plan and accomplish a complete and effective audit of the client organisation management system.
CB	Certification Body
Central Office	The main administrative office of a client with multiple sites, with the right to implement corrective actions at any site and/or outlet. The central office is the central point for the administration of the common policies and procedures relating to its services. For a consortium, the central office is the lead agency from where the affairs of the consortium are managed.
Certification	Process by which a CB, accredited as conforming to the criteria in the relevant parts of this scheme, attests in writing that a client conforms to the standards.
Certification Audit	All activities related to the initial certification of a client to determine whether the client meets the requirements of the standards.
Certification Body	A body accredited as conforming to the criteria specified in this scheme which audits and certifies to the standards.
Certification Scheme	Conformity assessment system related to management systems to which the same specified requirements, specific rules and procedures apply.
Certified client	Organisation that is already certified.
Client	The client as defined in ISO/IEC 17065, and in the context of this scheme, any person or body providing human services that is also required to achieve and maintain third party certification in order to satisfy the requirements of a responsible body.
Close out	Verification by a CB that corrective action has been implemented by a client to address a major nonconformity or nonconformity, and is effective.
Combined audit	Where two or more management systems of different schemes are audited together.
Competence	Ability to apply knowledge and skills to achieve intended results
Conflict of Interest	A relationship between the CB, or a person working for the CB (paid or unpaid, staff or contractor), and a client, other organisation or person that threatens the

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	<p>impartiality of the CB. Such relationships apply to past, present or future involvement and include:</p> <ul style="list-style-type: none"> <li>• Having worked with, or been a consumer of, or consulted to the client in the last two years, or reasonable prospects of such work in the next two years</li> <li>• Any financial interest in the client or relatives or friends with a financial interest in the client</li> <li>• Being in competition with the client</li> <li>• Any other commercial or voluntary arrangement or directorship with the client</li> <li>• Having immediate family members employed by the client, or in any of the above situations</li> <li>• Any personal bias, obligation, loyalty or inclination which would affect decisions in relation to the client.</li> </ul>
Conformity	The requirements of a standard, or an element associated with a standard such as a KPI or indicator, are met.
Consent	The voluntary agreement of a person or a person's authorised representative (e.g. a family member, carer, guardian or advocate) empowered to make an informed decision about a proposed action, such as participate in an interview, or review personal records etc.
Consortium	Two or more entities which have entered into a written arrangement for the purposes of jointly delivering human services, and which have appointed a lead member (the lead agency) with authority to act on behalf of all members of the consortium.
Consulting	Participating in designing, implementing or maintaining a client's policies, procedures or practices. Note: identifying opportunities for improvement is not consulting.
Consumer	Primarily, a person who is receiving / has received a service / support from the client being audited in the last 12 months. Consumer may also mean family member/s or an unpaid primary carer or advocate of that person using the service. Also known as "client", "participant", "service user", "person using/accessing services" etc.
CRRS	Complaints Resolution and Referral Service-The independent and impartial service funded by the Australian Government to assist in the resolution of complaints about organisations funded under the Commonwealth Disability Services Act.
Duration of audits	Part of audit time spent conducting audit activities from the opening meeting to the closing meeting, inclusive.
EM	Executive Manager
Full-Time Site	A permanent site controlled by a client that operates full-time – normally five days per week during normal working hours (e.g. 8:30 AM to 4:30 PM, Monday to Friday) or more.
Guide	Person who is appointed by the auditee to assist the audit team.
HSQF	Human Service Quality Framework
HSQF Scheme JAS-ANZ	Human Services Scheme Part 1–Common requirements for bodies certifying Human Services; HSQF, Human Services Scheme Part 2–Additional requirements for bodies certifying Human Services in Queensland.
HSQS	Human Services Quality Standards

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Human Service	A service specifically provided by a client to support a person using any of the services referred to in this scheme.
Independent Advocate	An independent person who can support someone. With respect to consumers and the audit process, an independent person who can support a consumer to participate in the audit process. If an advocate is required during an audit process, in this instance the independent advocate shall not be a paid employee or volunteer of the client being audited.
Indicator	A measurable element of practice that may be used to assess whether practice meets a particular standard. Indicators ensure that the expectations for conformity with each standard are clear. Also known as standard indicator, evidence indicator or KPI.
ISO	International Organization for Standardization.
JAS-ANZ	Joint Accreditation System of Australia and New Zealand
KPI	Key performance indicator.
Management system	System to establish policy and objectives and to achieve those objectives (can be a combination of systems for different purposes).
Maintenance Audit	A periodic audit to evaluate whether the human service organisation's activities are functioning effectively and continuing to meet the requirements of the standards. Also known as a surveillance audit.
Major Non-Conformity	The requirements of a standard, or an element associated with a standard such as a KPI or indicator, are not met, or the outcome is ineffective. A number of related nonconformities may also constitute a major nonconformity.
MNC	Major Non-Conformity
Non-Conformity	the requirements of a standard, or an element associated with a standard such as a KPI or indicator, are not fully met, or the outcome is only partly effective.
Notifiable Issue	Evidence or allegations of a serious health, safety or abuse risk, harm or risk of harm, financial impropriety and/or professional misconduct. See Sec. 6.3.5-Table 3-Issues that meet the threshold of a Notifiable Issue
NC	Non-Conformity
Observer	Person who accompanies the audit team, but does not audit.
Outlet	A physical location from which services are delivered. Private homes are not included as outlets.
Outreach Site	A site set up in the premises of another organisation in the community, or in a private home. An outreach site is not permanently open but may be accessed by the client for a period on a regular basis such as weekly or monthly, or on demand. Outreach sites in private homes may be entered with the consumer's consent.
Part-Time Site	A permanent site that regularly operates on only some days of the working week or for part of normal working hours on some days. (See Full-time Site)
Permanent site	Location (physical or virtual) where the audit client performs work or provides a service on a continuing basis
Person with Disability	Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.
Private Home	A residence that is owned or leased privately by the consumer or their family. This includes residences that are leased through social housing providers. Private homes are not included in site sampling. A residence that is owned or leased by

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	the client or the responsible body is not considered to be a private home and can be included in site sampling.
Responsible Body	Normally a State / Territory or Commonwealth government department that has regulatory responsibility for the client’s service delivery and the standards applicable to the client. The responsible body and standards applicable to a particular scheme are described in subsequent parts. A responsible body may also be a non-government organisation responsible for the standards applicable to the client.
Restrictive Practices	Restrictive Practices legislation applies to all persons 18 years and over with a disability (including acquired brain injury) and are defined as: 1. Containment; 2. Seclusion; 3. Mechanical restraint; 4. Physical restraint; 5. Chemical restraint; 6. Restricting access to objects. Details can be found here: <a href="#">restrictive-practice-identification-tool.pdf</a>
Virtual site	Location where an audit client performs work or provides a service using an on-line environment allowing persons, irrespective of physical locations, to complete processes or access supports. A virtual site is considered a single site for the calculation of audit time.
QIP Certifications	<i>Quality Innovation Performance Certifications Pty Ltd</i>
QMR	Quality Management Representative
QMS	Quality Management System
RA	Recertification Audit
Risk Category	Audit risks are based on three categories: low, medium and high. E.g. High risk can include: medical, health, mental health, DFV programs, supported accommodation, child protection, early intervention, complex behaviour supports. High risk services need more time to complete an effective audit. Medium risk can include: Day programs, lifestyle supports, drop in centres and generally require the average time, while with any low risk activities services less time.
SA	Surveillance Audit
Self-assessment	A critical review, conducted internally, that documents the extent to which the client’s policies, procedures and practices ensure that they meet the standards. Self-assessments may be conducted by peer organisations. Also known as internal review or internal audit.
Site	A physical location from which human services are managed. Sites may manage outlets and/or deliver services. ‘Sites’ includes sites controlled by sub-contractors at which human services are provided. Private homes are not included as sites.
Standards	The standards and any associated elements such as KPIs or indicators which together comprise the requirements defined by the responsible body for the client to achieve and maintain certification. The responsible body and standards applicable to a particular scheme are described in subsequent parts.
Statement of Standards	Foster and kinship carers are required to provide a level of care which is consistent with the <i>Standards of Care</i> as outlined in the <i>Statement of Standards</i> in the <i>Child Protection Act 1999 (the Act), section 122</i> . Also known as the “ <i>Standards of Care</i> ”.
Technical expert	Person who provides specific knowledge or expertise to the audit team and is engaged by the CB to participate in the audit or relevant part of the audit.
The Department	The Queensland Government department responsible for the HSQF scheme (Department of Communities, Child Safety and Disability Services or subsequent incumbent).

Table 2-Terms and Definitions

## 6. Audit Process

### 6.1. The Audit

The Quality Management Representative (QMR) will develop a client centred audit plan (see P09 Audit Planning) that:

- Allows for all the necessary audit arrangements to be managed; and
- Is either a generic or a bespoke plan dependent on the scheme or standard characteristics and the audit client scope.

The QMR will also review in full the client application to ensure that:

- The evaluation audit team selected and assigned to perform the evaluation meets the clients and their customers stated needs;
- The documentation provided to the evaluation audit team reflects the client specifications as outlined in the application and meets the needs of the audit team members;
- The information provided to the audit team assists them to perform all the evaluation tasks required by the standard or scheme requirements including:
  - Design review;
  - Documentation review;
  - Sampling;
  - Testing;
  - Onsite inspections; and
  - The audit.
- The products and services to be audited will be evaluated against the requirements covered under the scope of certification as specified by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) using internal resources and any outsourced resources will be managed under the audit plan;
- Where a client has been previously undertaken certification activities prior to application, the QMR will rely on this information only where evidence is available for the audit results and is assured that the external Certifications Body (CB) who performed the activities in a manner that the evidence meets those requirements as specified by JAS-ANZ. This can include work carried out under recognition agreements between internal or external CB's (e.g. QIP Certifications, QIP or a member of the AGPAL Group of Companies).

The QMR will maintain full responsibility for the day to day management of each audit team led by the suitably competent Audit Team Leader (ATL).

The Executive Manager (EM) maintains overall control and responsibility for the audit process.

## 7. Initial Certification

The initial certification audit is conducted by the ATL (with the audit team as required) in two (2) stages: stage 1 and stage 2.

For clients certifying to the Human Service Quality Framework (HSQF), the QMR will contact the department within 20 working days to communicate and confirm the client application and signed contract details.

## 7.1. Stage 1

Stage 1 audits generally do not require long preparation or an audit plan, dependant on the clients' size or number of sites in scope. The QMR will support the ATL to meet the objectives of the Stage 1 audit and inform the client of the "onsite" activities that will occur during stage 1.

Stage 1 audit objectives (and activities) are:

- Review the client's management system, in particular the documented information;
- Evaluate the client's site-specific conditions;
- Undertake discussions with the client's personnel to assess readiness for stage 2;
- Review and evaluate the clients' understanding and management system status regarding the requirements of the respective standard or scheme, in particular:
  - Identification of key performance indicators or significant aspects;
  - The client's processes;
  - The clients' business and management objectives; and
  - The day to day operation of the management system.
- Obtain the necessary information regarding the scope of the management system and processes, including:
  - The client's current active sites of operation(s);
  - The processes and equipment utilised to produce the product(s) or service(s);
  - Levels of controls established, (risks identified and managed) particularly in the case of multisite clients; and
  - The applicable statutory and regulatory requirements and environment.
- Review the allocation of resources available for stage 2 and agree on the details of stage 2 with the client;
- Periodical review by the audit team to assess progress of the audit and exchange information;
- If required, the ATL will reassign work daily;
- Communicate the progress of the audit and communicate any concerns to the audit clients;
- Commence the stage 2 discussion with the clients about planning requirements through seeking to understand the clients' management system and their site operations as the standard or scheme in scope applies to the organisation;
- Review all evidence of internal audits and management reviews and evaluate if these are planned and performed; and
- Corroborate that the level of internal audit and management review and the implementation of the full management system support the client readiness for stage 2;

The QMR will ensure that, at a minimum, one day of the stage 1 audit is carried out at the client's head office, to assist the ATL to achieve the audit objectives stated above.

### 7.1.1. Stage 1 Report

The Stage 1 Report will contain:

- The evidence for compliance readiness sighted within the management system by the auditor;
- All conclusions that can be drawn about the fulfilment of the stage 1 objectives;
- Details of the clients' readiness for stage 2;
- Identification of any immediate areas of concern; and

- Any matter that could become a potential non-conformity during stage 2 audit.

## 7.1.2. Stage 1 HSQF

The same two stage initial certification process applies. However, stage 1 can be completed by the ATL remotely if the client application is determined as a low risk organisation, or, has only one operating site at the head office. NB: the QMR will offer a one day visit to the client if they request it.

The ATL will only use the latest release of the Human Services Quality Framework User Guide as supplied to them by the QMR at a minimum, 1 month prior to the audit date.

The ATL will:

- Review the client management system, policies and procedures for compliance with the HSQS;
- Evaluate the client's logistical needs for stage 2;
- Evaluate the clients' preparedness for stage 2;
- Confirm that the client has implemented the HSQF self-assessment process that covers all of its areas for compliance with the HSQS.

The stage 2 evaluation audit may not proceed until the client advises the QMR in writing that they are ready to proceed.

The Stage 1 audit report for HSQF shall be managed as above in 7.1.1 however the audit report is the Scheme owner's template. The ATL will document the findings into the correct template and communicate these in summary to the client at the audit closing meeting.

## 7.2. Stage 2 Audit

### 7.2.1. Stage 2-Preparation

- The QMR will review the client file and the stage 1 report within 2 working days of client communication of a possible date to commence stage 2;
- The QMR will decide on a date based on the availability of suitable audit team members that are assessed as able to meet the client requirements;
- The QMR will then communicate in writing to the client that the Stage 2 evaluation audit is approved and the planning phase will commence;
- When determining the interval between stage 1 and stage 2, the requirements of the client to rectify any outstanding or concerning matters from the stage 1 report will be paramount. The QMR will maintain communication with the client for updates of this process before determining suitable dates and audit team composition;
- Some revisions of dates for the stage 2 audit may need to occur if the client notifies the QMR of any significant changes that would impact the management system or services. A stage 1 audit may need to be repeated in this case.
- The QMR will communicate to the client that results of any subsequent stage 1 audit may lead to postponement or cancellation of stage 2 until the clients' management system is ready.
- The QMR will communicate to the audit client the availability of all online documents for staff and participants to encourage audit engagement and further participant information with Easy Read formats on the QIP Certifications website. Documents available online in Easy Read are the Privacy



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Policy and Consent Form. The QIP Certifications Handbook is also available as a plain English document in hard copy and online.

## 7.2.2. HSQF Stage 2-Preparation

The consent of participants / consumers matters to QIP Certifications.

Therefore:

- QIP Certifications will provide an easy read plain English Audit Consent Form for the ATL to distribute to clients for their participants, consumers or their informal supports or guardians.
- The ATL will ensure that consent to view participant / consumer files and to conduct interviews is in place approximately one (1) month prior to audit commencement date;
- The ATL and QMR will provide encouragement and promotional information to the audit client to promote QIP Certifications intended evaluation activities and offer support to participants, carers and Board members and other stakeholders to attend opening and closing meetings.
- The QMR will maintain all consents received for each audit in the client files initially for a period of three (3) years and then for 2 audit cycles;
- Where consent is not possible or practicable (e.g. the person or their informal supports / guardian could not provide consent) the ATL will ensure that consent to view a participant or consumer file or to hold an interview is recorded in some manner during the evaluation audit process. (e.g. electronic access to information, a phone call, a videoed conversation or with a witness signature);
- Where an audit client provides access to participant or consumer personal files without formal consent, the ATL will document the manner of de-identification or other approach that meets privacy legislation and QIP Certifications confidentiality requirements in the final Audit Report.

The final QMR actions in preparation for Stage 2 HSQF Audit will be contacting the department 1 month before the proposed audit date to seek any further audit client information that the department may need the audit team to consider during the audit.

## 7.2.3. Stage 2 Audit

- The purpose of the stage 2 audit is to evaluate the implementation; including the effectiveness; of the audit clients' management system;
- All stage 2 activities will take place at the site(s) of the client;
- The stage 2 evaluation will include auditing and seeking evidence of the following:
  - Information and direct evidence of conformity to all requirements of the standards or scheme in scope of the audit;
  - Performance monitoring, measuring reporting and reviewing against key performance objectives and goals/targets (that are consistent with the expectations detailed in the standards or scheme in scope);
  - The ability of the management system and its performance outcomes to meet the applicable statutory regulatory and contractual requirements of the standards or scheme in scope;
  - Operational control of the clients processes, including risk controls;
  - Internal auditing and management review;
  - Management responsibilities for the clients' policies for management system;
- Information obtained by the auditor will include but is not limited to:

- Interviews;
- Process and activity observation;
- Document and record reviews.
- Periodical review by the audit team to assess progress of the audit and exchange information;
- If required, the ATL will reassign work daily;
- Communicate the progress of the audit and communicate any concerns to the audit clients;
- During the audit if sufficient audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g. safety), the audit team leader shall report this to the client and, if possible, to the QMR to determine appropriate action;
- The ATL will communicate with the QMR if any remedial action needs to include:
  - Reconfirmation or modification of the audit plan;
  - Changes to the audit objectives or audit scope, or termination of the audit.

## 7.2.4. Stage 2 Audits-HSQF

- The purpose of the stage 2 audit is to evaluate the implementation and effectiveness of the clients' policies, procedures and practices relating to its contracted services;
- The stage 2 evaluation audits will take place at the clients' Head office and site(s) or outlets;
- The audit team will only use the latest release of the *Human Services Quality Framework User Guide* as supplied to them by the QMR at a minimum, 1 month prior to the audit date;
- During the Stage 2 audit, the ATL will, at a minimum, evaluate the following as consistent with the expectations of the Human Service Quality Standards (HSQS):
  - Information and evidence of conformity with all requirements of the HSQS;
  - The links between the HSQF and the clients' policies, performance objectives and goals/targets;
  - The clients' legal and statutory requirements and responsibilities;
  - The competence of the client personnel, including contractors and volunteers;
  - The reliability and veracity of the clients processes and procedures;
  - The operational mechanisms of the client management system;
  - Any performance data collected and any mechanisms for utilisation;
  - The HSQF pre-prepared Self-assessment findings and conclusions.

### 7.2.4.1. Handling Notifiable Issues and Restrictive Practices-HSQF

#### 1. Make an Assessment

- Where an auditor becomes aware of a potential notifiable issue they will assess any immediate concerns for the safety and wellbeing of the persons involved and take appropriate action;
- NB: Issues relating to suspected harm or risk of harm to children and young people in care or other breaches of the "Statement of Standards" are required to be immediately reported to Child Safety Service Centres. Contacts for relevant Child Safety Service Centres can be found on the department's website at: <https://www.communities.qld.gov.au/childsafety/about-us/contact-us/child-safety-service-centres>.

#### 2. Immediately Advise QIP Certifications

- The ATL (or an audit team member raises a restrictive practice with the ATL) will immediately advise the QMR. The QMR will advise the EM immediately. The EM will then contact the Board Chair of their

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intention to refer a potential notifiable issue to the department. This provides an opportunity for the audit client to take immediate action to consider and address the issues identified.

### 3. QIP Certification will refer the matter to the department for investigation

- The QMR or EM will then refer the matter to the department for investigation;
- Following this, the audit client will be contacted by relevant departmental officers to discuss the issues in more detail, including any corrective action that has been taken to address the cause/s of the issue, such as gaps in systems and processes and reporting;
- The ATL can continue with the audit process once the matter has been referred to the department;
- The ATL cannot complete the audit findings until they are advised by the department that the investigation has been completed;
- This may mean a delayed timeframe for receiving the draft and finalised audit report, the certification decision or issuing the HSQF certificate;
- In the event where it seems necessary to disclose information regarding a child in custody or guardianship of the Director-General of the department, QIP Certifications shall obtain the departments consent to do so.

### 4. The Department will notify when the issue has been closed

- The department will notify the EM or QMR when the notifiable issue is closed or the investigation is completed so that the certification process can proceed;
- The QMR will then notify and update the ATL on the investigation and certification process.

#### 7.2.4.2. Notifiable Issues

Application	Issue	Details
All organisations	An issue that meets the definition of 'serious concern' in Section 16 of the Community Services Act 2007.	<p>The legislation provides that a serious concern for funding received by a funded entity exists if any of the following happen or there is a serious risk that any of the following will happen:</p> <p>(a) The funding received by the funded entity is improperly used;</p> <ul style="list-style-type: none"> <li>• Examples of improper use of funding:               <ul style="list-style-type: none"> <li>○ Funding is used for a dishonest or fraudulent purpose;</li> <li>○ Funding is used for a purpose other than providing a funded product or service.</li> </ul> </li> </ul> <p>(b) The funded entity significantly fails to deliver a funded product or service;</p> <ul style="list-style-type: none"> <li>• Example of significantly failing to deliver a product or service:               <ul style="list-style-type: none"> <li>○ closing an emergency accommodation service delivered with funding where the service is required, under the funding agreement, to be continually open.</li> </ul> </li> </ul> <p>(c) An act done or omission made by the funded entity in providing a funded product or service results in harm to an individual;</p> <ul style="list-style-type: none"> <li>• Example:</li> </ul>

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		<ul style="list-style-type: none"> <li>○ • an individual uses a funded service delivered by a funded entity and the individual suffers physical, psychological, emotional or financial harm as a result of neglect, abuse or exploitation by the funded entity.</li> </ul> <p>(d) If the funded entity received the funding to deliver disability services to which the <i>Disability Services Act 2006</i> applies-the funded entity contravenes a provision of the <i>Disability Services Act 2006</i>.</p>
All organisations	Professional misconduct	<ul style="list-style-type: none"> <li>• Evidence of misconduct involving the organisation, including criminal activities or breaches/ potential breaches of relevant professional standards.</li> <li>• Evidence of fraud, bankruptcy, or trading when insolvent.</li> </ul>
All organisations	Failure to report a death in care as defined in section 7 of the <i>Coroner’s Act 2003</i> .	<p>Evidence that an organisation has failed to report:</p> <ul style="list-style-type: none"> <li>• The death of a person with disability living in an accommodation service run by the organisation or in hospital after being moved from the direct care of the organisation;</li> <li>• The death of a child in the custody and guardianship of the Chief Executive under the <i>Child Protection Act 1999</i>.</li> </ul> <p>Note: In the above circumstances, <i>the Coroner’s Act 2003</i> imposes a statutory duty on the auditor to report the matter to the Coroner.</p>
All organisations	Non-compliance with criminal history screening requirements	<ul style="list-style-type: none"> <li>• Absence of a current positive notice, exemption notice or “Blue Card” (for any or all that require one), or</li> <li>• Failure to lodge an application, as required and relevant to the person’s role with the organisation.</li> </ul>
All organisations providing Children, Young People and Families Services (includes Child Protection Placement Services)	Non-compliance with harm reporting requirements	<ul style="list-style-type: none"> <li>• Evidence of the failure to report to the department and respond to potential or actual harm, abuse and/or neglect of a child that may occur. (Harm is defined in <i>Section 9 of the Child Protection Act 1999</i>).</li> </ul>
All Child Protection Placement Services	Noncompliance with key legislative safeguards	<ul style="list-style-type: none"> <li>• Absence of clear outcome of Child Safety and Personal History screening for the nominee, directors, managers and staff of a licenced care service, as required and relevant to the person’s role with the service (unless the manager or staff will not be undertaking a role in a care service until an outcome is received);</li> <li>• Evidence of the failure to report the use of a Prohibited/Restrictive Practice and/or Reactive Response to the department in the required timeframe (unless the use has already been reported to the department – evidence in writing is required).</li> </ul>

All Disability Services	Noncompliance with key legislative safeguards	<ul style="list-style-type: none"> <li>• Absence of a current Positive Behaviour Support Plan and appropriate current approval for the use of Restrictive Practices (where required);</li> <li>• Evidence of the use of a Restrictive Practice that has not been reported to the department;</li> <li>• Engagement of a person at a service outlet without compliance with criminal history screening requirements under the <i>Disability Services Act 2006</i>.</li> </ul>
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Table 3-Notifiable Issues

### 7.2.4.3. Restrictive Practices

- Where an ATL or an audit team member becomes aware of a potential restrictive practice, they will assess any immediate concerns for the safety and wellbeing of the persons involved and take appropriate action;
- NB: Situations observed that relate to suspected abuse, harm or risk of harm, neglect or exploitation of a person over the age of 18 with a disability will be managed in the same manner as a Notifiable Issue;
- The ATL will remain in contact with the QMR whenever a potential restrictive practice is identified;
- The QMR or the EM will liaise with the department as detailed in Notifiable issues Step 3 and 4.

### 7.2.5. Audit Conclusions and Audit Report

The audit team led by the ATL will analyse all the information obtained from the stage 1 and stage 2 audits, review the total audit findings and agree on the audit conclusions.

Any MNC or NC will be discussed with the audit client to make sure that the MNC or NC is understood and the evidence is accurate. If there are diverging opinions between the audit team and the audit client, the ATL will attempt to resolve these points and notify the QMR of the unresolved point and ensure it is recorded.

The ATL will refer to the G08-Opening and Closing Meeting Guide for detailed instructions on the content of each closing meeting to ensure that:

- All identified MNC's and NC's and OFI's are addressed;
- Agreed audit conclusions including the uncertainty inherent in the audit process is discussed; and
- All follow up action and confirmation or modification of the appropriateness of the current audit programme is discussed.

The ATL will use G08-Opening and Closing Meeting Guide to ensure all processes of the closing meeting are followed.

Following this:

- The ATL will complete the draft Stage 2 audit report and send to the QMR for review and finalisation within 10 working days;
- The QMR will then proceed to the P10 Certification Procedure phase;
- Reports for any surveillance, recertification or follow-up audits will document:
  - Close out of each Major Non-Conformity (MNC) and Non-Conformity (NC) revealed in the previous evaluation report;
  - Any useful comparison with the results of previous audits;

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- All the evidence found that supports the decisions to close them out.
  - The ATL will not report any follow up activity as an amendment of the original audit report.
- All Audit Reports require more than generic summary statements. The content of the Audit Report will also include:

- A finding of any MNC or NC will be recorded against the relevant specific requirement;
- A brief description of the audit client including name and address and the client representative;
- Identification of the ATL, team members and any accompanying persons;
- The dates and places where the audit activities were conducted;
- On or offsite, permanent or temporary;
- All significant changes that affect the management system since the last audit;
- Any unresolved issues as identified;
- Identification of QIP Certifications;
- The type of audit completed;
- The audit objectives, scope and criteria;
- A statement outlining the client's effective control of documents and marks as applicable;
- An executive summary of the:
  - Overall findings;
  - Comments on the effectiveness of the audit client's Quality Management System (QMS), including the client's policies, procedures, processes and practices including internal audit and management review;
  - The capability of the client's management system to meet all applicable requirements and expected outcomes;
  - Confirmation of the information provided to QIP Certifications used in the application review;
  - Any deviation from the audit plan and the reasons;
  - Indication of the nature of the audit, where combined, joint or integrated;
  - The auditing disclaimer statement regarding the limits of the sampling process;
  - Any significant issues impacting on the audit programme;
  - Conformity with the relevant standards or scheme;
  - A summary of the MNC's and NC's identified during the stage 2 audit;
  - Any findings that were immediately addressed by the audit client during the stage 2 audit;
  - All positive and negative observations (opportunities for improvement-OFI);
  - Advice to the audit client to carefully consider any negative findings (opportunities for improvement-OFI) and the need for preventative actions to address potential future NC's;
  - A statement on the appropriateness of the certification scope;
  - A confirmation of the fulfillment of audit objectives;
  - A recommendation from the audit team.

## 7.2.6. Audit Conclusions and Audit Report-HSQF

- Where the audit client has failed to demonstrate compliance with the HSQS, the QMR will notify the department within 5 working days with the details of any MNC's identified in the draft audit report. NB: This includes where the audit client is undertaking the initial certification phase;
- If a non-conformity is not closed out within 12 months of receiving the Corrective Action Plan, the NC shall be escalated to an MNC; *Please see P10 certification Procedure for Audit Client for Nonconformity details;*
- When a client has been issued with a Major-Nonconformity (MNC) and this has been reviewed and downgraded to an NC, the client has a remaining 9 months to close out the Nonconformance. Failure to do so will result in automatic suspension of certification. *Please see P26 Certifications changes Procedure;*
- If the audit client delivers in-scope of Child Safety Licensing, the Audit Report will address the mandatory common and child protection placement service requirements as listed in the latest *Human Service Quality Framework User Guide–Certification;*
- QIP Certifications contractors will use the latest *Human Service Quality Framework User Guide – Certification* when evaluating the compliance of an audit client for all phases of evaluation;
- QIP Certifications contractors will use the QIP Certifications HSQF Audit Report template to capture evidence, observations and information throughout the evaluation and certification process and at the reporting stage. The QIP Certifications HSQF Audit Report is based on the latest *HSQF Audit Report Template* supplied by the department;
- Reports for any maintenance, recertification or follow-up audits will document:
  - Close out of each MNC and NC revealed in the previous evaluation report;
  - Any useful comparison with the results of previous audits.
- The QMR will email the draft HSQF Audit Report, including the F93 Audit Client Corrective Action Plan (if applicable) to the audit client for comment and/or endorsement within:
  - 20 working days of the completion of the on-site component of the evaluation audit for multi-service-stream or multi-site/outlet organisations;
  - 20 working days of the completion of the on-site component of the evaluation audit for multi-service-stream or single site/outlet organisations;
  - 10 working days of the completion of the on-site component of the evaluation audit for single service stream and single site/outlet organisations.
- The QMR will allow the audit client a maximum of 10 working days from receiving the draft HSQF Audit Report to respond to the report in writing;
- The QMR will send the final written HSQF Audit Report in pdf format to the audit client and the department within 5 working days of the certification decision.

## 7.2.7. Complaints and Appeals

In the event of a client wishing to make a complaint or appeal, the lead auditor will make available to the various avenues for resolving the complaints and appeals. The lead auditor will advise them that they are able to make complaints and/or appeals via the following methods:

- QIP Certifications (phone, website, feedback form)
- JAS-ANZ;

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- Complaints Resolution and Referral Service (CRRS).

## 8. Revision History

Revision	Effective Date	Section	Change Description
1	22/01/2019	All	Initial document release.
2	21/06/2019	All	Changes made to whole document to updated to ISO 17065 and 17021 parts 1 and 3
3	30/07/2019	All	Updates based on CAPA related to JAS-ANZ Document review
4	7/08/2019	All	Additional wording added in response to JAS-ANZ Document review