

*Joint Accreditation System of Australia and New Zealand*

**PROCEDURE NUMBER 28**

**Issue No 2.1 Dated 11 September 2008**



**REQUIREMENTS FOR BODIES PROVIDING AUDIT AND CERTIFICATION OF  
DISABILITY SUPPORT SERVICES IN QUEENSLAND**

Authority to Issue

A handwritten signature in blue ink that reads 'James Galloway'. The signature is written in a cursive style.

Dr James Galloway  
Chief Executive  
With Authority of the Governing Board

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## 0 Introduction

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### 0.1 Object and field of application

- 0.1.1 This procedure, including the attached Annexes, sets down the requirements (accreditation criteria) for bodies seeking accreditation by the Governing Board of the Joint Accreditation System of Australia and New Zealand (JAS-ANZ), to audit disability support services in Queensland ("service providers") and certify that they meet, as applicable, the Queensland Disability Service Standards (QDSS) or the Queensland Disability Advocacy Standards (QDAS) set down by Disability Services Queensland (the department).
- 0.1.2 Accreditation in conformity with ISO/IEC 17021:2006 and the criteria in this procedure acknowledges that bodies possess the necessary competence and reliability to operate a conformity assessment system for disability support services in Queensland, and will thereby facilitate their acceptance or recognition on a national and international basis.
- 0.1.3 The department may review criteria or set additional criteria, in consultation with all stakeholders. In any case, these criteria will be reviewed within two years after implementation; or as the need arises. Revised or additional criteria will be the subject of an agreement between JAS-ANZ and the department and will be regarded as part of these accreditation criteria.
- 0.1.4 The criteria against which a service provider is audited shall be those outlined in the QDSS or QDAS or other normative documents relevant to the function performed.

### 0.2 Background

- 0.2.1 ISO/IEC 17021:2006 is an International Standard that sets out the requirements for certification bodies providing audit and certification of management systems.
- 0.2.2 To facilitate the uniform interpretation and application of ISO/IEC 17021:2006 for audit and certification of disability support services in Queensland, this procedure incorporates the work of the JAS-ANZ Queensland Disability Services Technical Committee (QDSTC), aligned with the requirements of ISO/IEC 17021:2006, to produce normative criteria.
- 0.2.3 Certification bodies seeking JAS-ANZ accreditation shall satisfy the requirements of ISO/IEC 17021:2006 and the normative criteria (including the attached Annexes) in this procedure.
- 0.2.4 The term 'should' is used in this document to indicate recognised means of meeting the requirements of the standard. A certification body can meet these in an equivalent way provided this can be demonstrated to JAS-ANZ.**
- 0.2.5 The term 'shall' is used in this document to indicate those provisions which, reflecting the requirements of the relevant standard, are mandatory.**
- 0.2.6 All the major headings (numbers 1-10) of this procedure have been reproduced from ISO/IEC 17021:2006.
- 0.2.7 The clause numbers in this procedure are prefixed with the letter 'J' to indicate mandatory criteria developed by the QDSTC for the audit and certification of disability support services in Queensland.
- 0.2.8 This procedure does not diminish the requirements of ISO/IEC 17021:2006, except in respect to clause 9.2.3.1.1 which is diminished by clause J.9.2.3.1.4 of this procedure.
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| 0.2.9 | Where this procedure diminishes the requirement of any clause of ISO/IEC 17021, the revised clause is identified in this Procedure by a surrounding boarder as illustrated with this clause. Revised clauses in this Procedure shall be treated as taking precedence over the referenced clauses of ISO/IEC 17021. |
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**0.2.10**      **The text of ISO/IEC 17021:2006 is not included in this document and shall be referred to separately.**

0.2.11      References in this procedure to specific clauses of ISO/IEC 17021:2006 shall be read to mean references to ISO/IEC 17021:2006 in conjunction with the corresponding criteria in this procedure.

### **0.3**            **Transition Policy**

0.3.1      All new applicant certification bodies will be required to demonstrate compliance with JAS-ANZ Procedure 28, Issue 2 before accreditation is granted.

0.3.2      Existing applicants and accredited certification bodies due to be assessed before 15 September 2008 shall be assessed against JAS-ANZ Procedure 28 Issue 1 and JAS-ANZ Procedure 28, Issue 2, but any findings against the additional requirements of JAS-ANZ Procedure 28, Issue 2 shall be raised as observations.

0.3.3      For assessments due on or after 15 September 2008, the certification body shall be assessed against JAS-ANZ Procedure 28, Issue 2 and any deficiencies shall be reported as nonconformities or major nonconformities.

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## Conformity assessment – requirements for bodies providing audit and certification of disability support services in Queensland

### 1 Scope

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- 1.1 ISO/IEC 17021:2006 – Conformity assessment establishes the requirements for bodies providing audit and certification of management systems.
- 1.2 Procedure 28 should be read in conjunction with, and in addition to, ISO/IEC 17021:2006.
- 1.3 Procedure 28 applies the same headings as those in ISO/IEC 17021:2006. Because the procedure contains only additional information, some headings and sections are blank if there are no further criteria beyond that in ISO/IEC 17021:2006.

### 2 Normative references

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- 2.1 *Disability Discrimination Act (Cwlth) 1992.*
- 2.2 *Disability Services Act (Qld) 2006.*
- 2.3 *Privacy Act (Cwlth) 1988.*
- 2.4 IAF MD 2:2007 (Issue 1) – IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems; available at [www.iaf.nu](http://www.iaf.nu).
- 2.5 ISO/IEC 17021:2006 – Conformity assessment – Requirements for bodies providing audit and certification of management systems.
- 2.6 ISO 9001:2000 – Quality management systems - Requirements.

### 3 Terms and definitions

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#### 3.1 Management system consultancy

- J.3.3 c) providing services relating to the development, delivery and review of disability support services.

**Note:** Management systems as referred to in ISO/IEC 17021:2006 clause 3.3 includes all aspects of such systems, including financial.

- J.3.4 ISO/IEC 17021:2006 includes some definitions and references authoritative sources for others. The following definitions also apply to this document:

Assessment guide a document that outlines core evidence questions associated generic signposts and evidence examples against each standard indicator. This document can be used to assist with both the process of self-assessment and the process of external audit.

Audit-trained service user (ATSU) a member of the audit team who is either a person with disability who has experience as a service user of a disability support service, or a family member, guardian or carer of such a person.

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<u>Central office</u>	the office of a service provider that has the responsibility to administer the service provider's management system and the right to implement corrective actions at any service type outlet.
<u>Certification audit</u>	all activities related to the initial certification of a service provider to determine whether the service provider meets the requirements of the QDSS or QDAS necessary for granting certification in each departmental region where it delivers services.
<u>Certification body</u>	a third party that audits and certifies to the QDSS or QDAS.
<u>Certification date</u>	the date on which the certification body makes the decision to certify a service provider.
<u>Certification decision</u>	the decision taken by the certification body to either certify or not certify a service provider following audit.
<u>Close out</u>	verification by a certification body that corrective action has been implemented by a service provider to address a major nonconformity or nonconformity.
<u>Conflict of interest</u>	<p>a relationship between the certification body, or a person working for the certification body (paid or unpaid, staff or contractor), and a service provider or person, that threatens the impartiality of the certification body. Such relationships apply to past, present or future involvement and include:</p> <ol style="list-style-type: none"><li>having worked with, or been a service user of, or consulted to the service provider in the last two years, or reasonable prospects of such work</li><li>owning shares in the service provider</li><li>being in competition with the service provider</li><li>any other commercial or voluntary arrangement or directorship with the service provider</li><li>having immediate family members employed by a service provider, or in any of the above situations.</li></ol>
<u>Conformity</u>	the requirements of the standard indicator are met. <i>See <b>Rating scale</b>.</i>
<u>Continuous improvement</u>	a detailed program of improvement resulting from activities that may include, but are not limited to, internal review, internal or external audit or assessment, service user feedback, complaints and other service delivery issues.
<u>Continuous improvement plan</u>	a document detailing areas for improvement and planned actions to be taken, responsibilities, accountability and timeframes for escalation and/or completion, and process monitoring and review to close out the quality improvement cycle.
<u>Contractor</u>	a person or body performing some part of the certification process on behalf of a certification body, in accordance with that certification body's procedures.
<u>CSTDA</u>	Commonwealth – State/Territory Disability Agreement.
<u>Department</u>	Disability Services Queensland.

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<u>Disability</u>	<ol style="list-style-type: none"><li>1. A disability is a person's condition that:<ol style="list-style-type: none"><li>a) is attributable to:<ol style="list-style-type: none"><li>(i) an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or</li><li>(ii) a combination of impairments mentioned in subparagraph (i) and</li></ol></li><li>b) results in:<ol style="list-style-type: none"><li>(i) a substantial reduction of the person's capacity for communication, social interaction, learning, mobility or self care or management; and</li><li>(ii) the person needing support.</li></ol></li></ol></li><li>2. For subsection (1), the impairment may result from an acquired brain injury.</li><li>3. The disability must be permanent or likely to be permanent.</li><li>4. The disability may be, but need not be, of a chronic episodic nature.</li></ol>
<u>Disability types</u>	as defined in the Disability Services Act.
<u>Funding agreement</u>	a legal contract between the department and a service provider for funding provided and services delivered.
<u>General service agreement</u>	a legal contract between the department and a service provider for funding provided and services delivered. By 2009, all general service agreements will be replaced by funding agreements.
<u>Improvement action</u>	activities planned and implemented as a result of nonconformities or major nonconformities being raised, suggested improvements from service user feedback, or outcomes from internal audits, self-assessments, service user assessments and management reviews. These are documented in the continuous improvement plan or its equivalent.
<u>Indicator rating</u>	a rating system used for each of the standard indicators.
<u>Information</u>	all documentation, records and data in either hard copy or electronic formats that are applicable to the management, administration, operations and service performance or delivery of a service provider.
<u>Initial audit</u>	the first audit, including stages 1 and 2, of the first certification cycle.
<u>Internal audit</u>	an audit conducted by, or on behalf of, a service provider by a person or people free from responsibility for the activities being audited as the basis for the service provider's self-declaration of conformity, or for self-assessment, management review or other internal purposes.
<u>JAS-ANZ</u>	Joint Accreditation System of Australia and New Zealand.
<u>Major nonconformity</u>	the requirements of a standard indicator associated with a QDSS or QDAS are not met, or the outcome is ineffective; or there are more than two nonconforming indicators within a standard; or there are more than two nonconforming standards across the standards. See <b>Rating scale</b> .

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<u>Management review</u>	activity undertaken to determine the suitability, adequacy and effectiveness of coordinated activities to direct and control a service provider so it achieves established objectives.
<u>Nonconformity</u>	the requirements of an indicator associated with a QDSS or QDAS are not fully met, or the outcome is only partly effective.
<u>Notifiable issue</u>	the suspicion, allegation or evidence of: a) a serious health, safety or abuse risk to a person with disability b) serious concerns regarding governance or financial accountability or c) criminal activity.
<u>Other technical expert</u>	a person other than an ATSU who provides specific knowledge or expertise to the audit team.
<u>QDAS</u>	Queensland Disability Advocacy Standards and their advocacy standard indicators.
<u>QDSS</u>	Queensland Disability Service Standards and their standard indicators.
<u>Rating scale</u>	the system used to rate conformity of a service provider. Each indicator associated with a standard is to be rated according to the following scale: a) major nonconformity is 0 b) nonconformity is 1 c) conformity is 2.  A standard is to be rated the same as the lowest rating of any of its associated standard indicators.
<u>Region</u>	as defined by the department's regional boundaries.
<u>Self-assessment (of service provider)</u>	internal assessment in consultation with service users, staff and other stakeholders, as applicable, to determine whether the service provider's performance and delivery comply with the QDSS or QDAS.
<u>Self-assessment guide</u>	a working document that is used by service providers to identify and record signposts and evidence examples specific to the service type and/or outlet being assessed.
<u>Service provider</u>	a recurrently-funded organisation that provides disability support services and is required to comply with the <i>Disability Services Act (Qld) 2006</i> . For the purpose of this procedure, a service provider also includes those disability services delivered by the department and other government agencies that deliver disability services under a service agreement.
<u>Service provider with multiple service type outlets</u>	a service provider with one central office and multiple service type outlets at which activities are fully or partially carried out.

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<u>Service type</u>	a support activity for which the service provider is funded such as: a) accommodation services b) community support c) community access d) respite e) advocacy, information and print disability f) other support.
<u>Service type outlet</u>	the unit of the service provider that delivers a particular CSTDA service type at or from a physical location.
<u>Service user</u>	a person with disability, who has applied for, is receiving or has received a service type from the service provider being audited. May also include a family member, guardian, carer, advocate or other support person representing a service user's interests.
<u>Service user assessment</u>	a second-party assessment provided by service users, their families or carers, to provide feedback on whether the service provider's performance and service delivery comply with the QDSS or QDAS.
<u>Standard</u>	an outline of the expected outcomes for people with disability who are receiving funded services.
<u>Standard indicator</u>	used to determine whether each standard is met. A number of standard indicators apply under each standard.
<u>Standard rating</u>	a rating system used for each of the QDSS or QDAS.
<u>Surveillance audit</u>	a maintenance audit to evaluate whether the service provider's activities, as described in the documented management system, are functioning effectively and continuing to meet the requirements of the QDSS or QDAS.

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## 4 Principles

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## 5 General requirements

### 5.1 Legal and contractual matters

#### 5.1.2 Certification agreement

J.5.1.2.1 The certification body shall have a legally enforceable agreement which ensures that each service provider makes available to the certification body, when requested, the records of all communications and action taken in relation to the requirements of the QDSS, QDAS or other normative documents. This includes correspondence, recommendations and actions documented by the department or any advocacy agency relating to complaints about the service provider.

- J.5.1.2.2 The agreement shall document that:
- a) the department reserves the right to refer matters to the certification body for attention
  - b) the department shall notify the service provider and JAS-ANZ when it refers a matter to the certification body for attention
  - c) the service provider shall conduct at least one internal audit, self-assessment and management review prior to each audit. The internal audit, self-assessment and management review shall include the whole organisation covered within the scope of certification, irrespective of whether all service type outlets will be included in any sample of service type outlets audited during the audit
  - d) the service provider shall comply with the Disability Services Act and Regulations, in particular the prescribed requirements in Division 6.

## 5.2 Management of impartiality

- J.5.2.2.1 The certification body shall have a documented, publicly available policy on handling gifts or hospitality offered by a service provider to which it is contracted to provide certification services.

## 6 Structural requirements

### 6.2 Committee for safeguarding impartiality

- J.6.2.3.1 The certification body shall ensure that the committee which safeguards impartiality includes as a member, a person with disability.
- J.6.2.3.2 The certification body shall ensure that service users are represented on the committee.

## 7 Resource requirements

### 7.2 Personnel involved in the certification activities

- J.7.2.4.1 All audit personnel shall comply with the code of ethics. See Annex D.
- J.7.2.4.2 All auditors and ATSUs shall complete the department's mandatory workshop on the Queensland Disability Sector Quality System for auditors and ATSUs before auditing in the system.
- J.7.2.4.3 It is desirable for the ATSU team member to also have experience and/or training in disability service auditing or evaluation.
- J.7.2.4.4 An ATSU shall have the following knowledge, skills and attributes:
- a) knowledge of the legislative and regulatory requirements applicable to disability services in Queensland, the QDSS and/or QDAS and associated audit guides, and trends in providing disability support services
  - b) understanding of continuous improvement concepts, methodologies and planning processes
  - c) understanding of disability service providers' audit tools and service user/support person input into audit processes, from a service user's perspective
  - d) understanding of disability service providers' management practices and how they impact on service users

- e) ability to communicate effectively in writing or orally or using alternative communication systems with all parties involved in the audit process.

J.7.2.4.5 An ATSU shall possess the following personal attributes:

- a) ethical, i.e. fair, truthful, sincere, honest and discreet
- b) open-minded, i.e. willing to consider alternative ideas or points of view
- c) diplomatic, i.e. tactful in dealing with people
- d) observant, i.e. actively aware of physical surroundings and activities
- e) perceptive, i.e. instinctively aware of and able to understand situations
- f) versatile, i.e. adjusts readily to different situations
- g) tenacious, i.e. persistent, focused on achieving objectives
- h) decisive, i.e. reaches timely conclusions based on logical reasoning and analysis
- i) self-reliant, i.e. acts and functions independently while interacting effectively with others.

J.7.2.12.1 Documented monitoring procedures for ATSUs, other technical experts and contractors shall include on-site observation.

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## 8 Information requirements

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### 8.1 Publicly accessible information

J.8.1.1.1 Participation by service users in the audit is at all times voluntary and shall be based on the principle of informed consent. Where possible, the service user's informed consent for interview shall also grant permission for the audit team to review the service user's file.

J.8.1.1.2 The certification body shall consider the requirements of clause J.9.1.9.2 in the context of requirements for publicly accessible information at clause 8.1.

J.8.1.1.3 Certification bodies shall publicise the process for transferring certification which shall be in accordance with IAF MD 2:2007.

### 8.2 Certification documents

J.8.2.3 a) The certification body shall issue a certification document for each departmental region certified. The document shall identify the service type outlets and services types, and include the name and address of the central office.

J.8.2.3 g) All certification documents shall include the JAS-ANZ symbol. Refer to JAS-ANZ Procedure 3.

### 8.5 Confidentiality

J.8.5.8 All confidential information about a service provider, comprising documentation, records, data either in hard copy or electronic format, or verbal information that comes into the possession of a certification body or any of its representatives shall be treated in accordance with the Privacy Act.

J.8.5.9 Information about a service user of a service provider that is identifiable directly or indirectly to that service user shall not be disclosed without the written consent of that person, unless required by law. Where written consent is not available or appropriate, the service user shall be supported by a family member, carer or advocate empowered to make an informed decision about consent.

- J.8.5.10 Information about a particular service provider may be disclosed to the department without the written consent of the service provider.
- J.8.5.11 If necessary, service user files may be de-identified to allow sampling if the need arises; e.g. to investigate complaints or when there is a lack of service user consents for file access.

## 9 Process requirements

### 9.1 General requirements

- J.9.1.1.1 Where other management system audits are conducted simultaneously or consecutively with an audit against the QDSS or QDAS, there may be elements common to all systems. Regardless, all service indicators of the QDSS or QDAS shall be audited by audit teams complying with all the requirements of this procedure.
- J.9.1.3.1 When selecting the audit team for a specific audit, the certification body shall ensure that the skills brought to each assignment are appropriate. The team shall:
- as a minimum comprise two people, i.e. a nominated lead auditor and an ATSU
  - have an understanding of and empathy with a service provider's values that are required to achieve service delivery outcomes that meet service user needs
  - understand the geographic, religious or cultural context in which the service provider operates
  - use appropriate processes to communicate effectively in writing or orally or using alternative communication systems with all parties involved in the audit process
  - inform the certification body, prior to the audit, about any existing, former or envisaged link between themselves or their service providers and the service provider to be audited.
- J.9.1.3.2 In deciding the size and composition of the audit team and the need (if any) for technical experts (in addition to the ATSU), consideration shall also be given to the service type and related disability types within the scope of the audit.
- J.9.1.3.3 During an audit, an ATSU and any other technical expert shall not audit independently and shall work under the direction of, and maintain ongoing communication with, the lead auditor. The ATSU and any other technical expert may work alone when interviewing service users face-to-face or by telephone.
- J.9.1.4.1 Annex A contains requirements for audit duration.
- J.9.1.4.2 Audits shall be planned to allow sufficient time and resources for the activities listed at clause J.9.1.9.2, e.g. to report compliance against each standard indicator, and to fully comply with the reporting requirements in this procedure.
- J.9.1.5.1 Annex B contains requirements for the certification of service providers with multiple service type outlets.
- J.9.1.5.2 The scope of certification for service providers shall be based on the general service agreement or funding agreement between the department and the service provider. The scope of certification for Disability Services Queensland service providers shall be based on the service agreement between the Director-General, Disability Services Queensland and the relevant service delivery area. The scope of certification for other government agencies shall be the service agreement between the two organisations. These agreements are regionally based meaning:
- in all cases, the service provider's central office shall be included in the scope
  - those service providers that provide services across the department's regional boundaries shall seek certification at the regional level

- c) service providers with service type outlets in more than one departmental region shall be sampled at a regional level in accordance with Annex B.
- J.9.1.5.3 The certification body shall advise the department by email to [quality@disability.qld.gov.au](mailto:quality@disability.qld.gov.au) within seven working days of any decisions to extend the scope of certification, and the reasons for those decisions.
- J.9.1.5.4 If an auditor considers a service provider demonstrates an element of risk to its service users, staff or the department, the issue shall be progressed as a notifiable issue. See Annex E.
- J.9.1.5.5 If an auditor considers that a service provider's procedure for the periodic review of compliance with the prescribed requirements of the Disability Services Regulation is inadequate, the issue shall be progressed as a major nonconformity against Standard 8.1.
- J.9.1.6.1 The ATSU shall actively participate in the following audit activities with the other team members and this involvement shall be traceable via reports or other documents on the certification body's files:
- a) developing the audit plan and agreeing on the final audit plan
  - b) planning and preparing the methods of service user participation in the audit and evaluating the need for independent support for service users
  - c) participating for the full duration of the audit, including the opening meeting, audit team review meeting(s) and closing meeting
  - d) engaging service users during the audit to collect, examine and analyse evidence with respect to the QDSS or QDAS
  - e) reviewing service user files or following up issues with service users
  - f) preparing the written audit report.
- J.9.1.9.1 Sources of audit information shall include interviews with service users, management and staff. Core evidence questions as outlined in the department's assessment guides shall be used.
- J.9.1.9.2 The certification body shall fully explain and clarify requirements to the service provider during all stages of the certification process from application, to pre-audit, during the audit, and post-audit stages including surveillance and recertification.
- J.9.1.9.3 The certification body shall ensure that the service provider invites service users to both the opening and closing meetings of all audits.
- J.9.1.9.4 At all audits a closing meeting shall take place between the audit team and the service provider's management and any service users, prior to concluding the on-site audit.
- J.9.1.9.5 At the closing meeting, the audit team shall:
- a) explain its initial audit findings regarding the conformity of the service provider with each standard and standard indicator
  - b) explain the dates by which major nonconformities and nonconformities shall be closed out (if applicable)
  - c) explain the details of any notifiable issue raised during the audit
  - d) summarise any audit follow-up activities
  - e) provide the service provider with written confirmation of major nonconformities including the standard indicator, rating, explanatory comments and the close out dates (if applicable)
  - f) briefly summarise all the available avenues for resolving complaints and appeals including via JAS-ANZ and the certification body

- g) summarise the timing of, and requirements for, preparing for and conducting surveillance and recertification audits.
- J.9.1.10.1 The certification body shall either use the department's report templates or align the content of their reports with the template content. Templates are available at the JAS-ANZ website [www.jas-anz.com.au](http://www.jas-anz.com.au).
- J.9.1.10.2 In an audit that covers more than one type of certification standard (e.g. ISO 9001:2000 in addition to the QDSS or QDAS), the report shall clearly identify all requirements of the QDSS or QDAS.
- J.9.1.10.3 The certification body shall submit the final report and details of the date and type of the next audit to the department at [quality@disability.qld.gov.au](mailto:quality@disability.qld.gov.au) within seven working days of the decision being made, even if the decision is not to certify.
- J.9.1.10.4 The certification body shall provide the draft written report to the service provider within 10 working days of the completion of the on-site component of the audit (single service type outlet) or 20 working days (multiple service type outlet), even if the decision is not to certify.
- J.9.1.10.5 The certification body's procedures shall ensure that in the instance of a major nonconformity the service provider shall take action to reduce:
- a) the number of nonconformities in any one standard to two or fewer
  - b) the number of nonconforming standards to two or fewer
  - c) the impact of any single major nonconformity to that of a nonconformity or conformity
- within three months of the date when the certification body first notifies the service provider in writing of the major nonconformity.
- J.9.1.10.6 If the major nonconformity is downgraded to a nonconformity, the certification body shall ensure that the service provider actions that nonconformity by the next surveillance or recertification audit. If not, the nonconformity shall be escalated to a major nonconformity.
- J.9.1.10.7 The certification body shall determine and be able to justify how it assesses that a major nonconformity has been closed out, either through an on-site audit or other appropriate means of verification.
- J.9.1.10.8 The certification body's procedures shall ensure that in the instance of a nonconformity:
- a) the nonconformity is closed out by the next surveillance or recertification audit
  - b) failure to action a nonconformity by the next surveillance or recertification audit shall result in it being escalated to a major nonconformity.

## 9.2 Initial audit and certification

### 9.2.3.1 Stage 1 audit

J.9.2.3.1.4 The stage 1 audit shall be a full document review process that is undertaken off-site. For the stage 1 certification and all recertification audits, the service provider shall provide the certification body with copies of:

- a) register of all policies and procedures
- b) documents describing the service provider's management system, i.e. policies and procedures. As a minimum, these shall include policies and procedures required in Division 6 of the Disability Services Regulation
- c) documents describing the delegation of powers (financial and employment)
- d) strategic and/or business/operational plans
- e) documents detailing the governance structure, e.g. constitution
- f) organisation chart
- g) minutes of the most recent management review meeting (scheduled and completed at least annually)
- h) documents describing internal audit processes and programs (scheduled and completed at least annually), and copies of each of the internal audit reports since the last audit
- i) documented evidence demonstrating that the service provider is a legal entity
- j) documented evidence of insurance and liability coverage including WorkCover
- k) self-assessment workbook
- l) latest continuous improvement plan or register
- m) funding agreement, general service agreement or service agreement with the department.

J.9.2.3.1.5 The interval between stage 1 and stage 2 audits shall be no fewer than five working days and no more than three months.

### 9.2.3.2 Stage 2 audit

J.9.2.3.2.1 The audit team shall:

- a) conduct an on-site audit of the service provider against each of the standard indicators associated with the QDSS or QDAS as applicable
- b) audit the service provider's procedure for compliance with the prescribed requirements of the Disability Services Regulation.

## 9.2.4 Initial certification audit conclusions

J.9.2.4.1 At the conclusion of the on-site component of each audit, the certification body shall provide the service provider, the lead auditor and the ATSU with the relevant post-audit evaluation survey form to complete. Survey forms are available at the JAS-ANZ website [www.jas-anz.com.au](http://www.jas-anz.com.au).

J.9.2.4.2 The certification body shall ensure that survey forms for lead auditors and ATSUs are completed and submitted to the department at [quality@disability.qld.gov.au](mailto:quality@disability.qld.gov.au) within seven working days of the completion of the audit.

**9.2.5 Information for granting initial certification**

- J.9.2.5.2.1 The certification body shall include an ATSU in the certification decision-making process.
- J.9.2.5.2.2 Certification shall not be granted until all major nonconformities have been addressed in accordance with clause J.9.1.10.5.
- J.9.2.5.2.3 If an audit team submits advice of a notifiable issue to the department, the certification body shall withhold the service provider’s certification until the department advises it in writing that certification can proceed. Refer to Annex E.
- J.9.2.5.2.4 If a service provider formally disagrees with its certification body’s audit findings, the certification body shall notify the department within 10 working days of learning of the disagreement, if it has not been resolved in that time.

**9.3 Surveillance activities**

**9.3.2 Surveillance audit**

- J.9.3.2.1.1 The surveillance audit program shall include on-site visits and, as a minimum, ensure that consultation and sampling of service users occurs.
- J.9.3.2.1.2 A surveillance audit shall provide for a range of standards to be audited over the three-year certification cycle. As a minimum, a surveillance audit shall ensure that:
  - a) the sample of QDSS or QDAS standards to be audited is derived from an integrated framework for quality that includes three conceptual domains:

*Figure 1 - Conceptual Domains*

Domain	Standards
Individual	1, 2, 5, 6
Rights	3, 4, 7, 9
Organisation	8, 10

- b) at the first surveillance audit, the certification body shall fully audit one standard from each of the three domains
  - c) at the second surveillance audit, the certification body shall fully audit a different standard from each of the three domains
  - d) standards other than those selected at sub-paragraphs b) and c) above can be audited at the discretion of the certification body
  - e) the functioning of the procedure for compliance with the prescribed requirements of the Disability Services Regulation is audited.
- J.9.3.2.1.3 Prior to the surveillance audit, the service provider shall provide the certification body with copies of:
  - a) the latest continuous improvement plan or register
  - b) minutes of the most recent management review meeting (scheduled and completed at least annually)
  - c) each of the internal audit reports since the last audit (scheduled and completed at least annually)
  - d) documents detailing any changes to the service provider’s governance or structure.
- J.9.3.2.1.4 Clauses J.9.1.10.1 to J.9.1.10.7, J.9.2.4.1, J.9.2.4.2 and J.9.2.5.2.3 also apply to surveillance.

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## 9.4 Recertification

### 9.4.2 Recertification audit

J.9.4.2.1 The audit team shall audit the service provider against all of the QDSS or QDAS when conducting a recertification audit.

### 9.4.3 Information for granting recertification

J.9.4.3 Clauses J.9.1.10.1 to J.9.1.10.7, J.9.2.3.1.4, J.9.2.4.1 to J.9.2.4.2 and J.9.2.5.2.1 to J.9.2.5.2.4 also apply to recertification.

## 9.6 Suspending, withdrawing or reducing the scope of certification

J.9.6.1 The certification body shall advise the department by email to [quality@disability.qld.gov.au](mailto:quality@disability.qld.gov.au) within seven working days of the decision if certification is withheld or withdrawn, or certification scope is reduced; or where there are any changes in decisions relating to the status of certification, and the reasons for those decisions.

## 9.7 Appeals

J.9.7.3 The certification body shall include an ATSU in each appeal hearing.

## 9.8 Complaints

J.9.8.4 The certification body shall copy matters referred to it by the department into the CB's complaints system and action them according to its procedures for handling complaints.

## 9.9 Records of applicants and clients

J.9.9.2 The following information shall be included in the certification body's records:

- a) clear, updated documentation of the supporting information and rationale for any decisions to sample service providers with multiple service type outlets
- b) sufficient information to trace all on-site audit durations, and the basis for the calculations
- c) justification for, and documentation of any departure from the requirements in the Annexes
- d) the number and type of service users consulted during each audit

J.9.9.5 The certification body shall document how it ensured that service users provided their informed consent to participate in the audit and for the certification body to access their files.

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## 10 Management system requirements for certification bodies

This clause has been left blank intentionally.

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## **ANNEX A     AUDIT DURATION**

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### **A.1            Introduction**

A.1.1        Planning for an audit of a service provider will typically take longer than planning for other types of audits (such as ISO 9001) and large individual variations are likely to occur. This is partly due to the complexities of sourcing information and obtaining the necessary consents to arrange effective and representative service user sampling.

### **A.2            Audit duration**

A.2.1        An audit team shall visit each service type outlet identified through the sampling criteria at Annex B, and shall ensure that sufficient time is spent at each service type outlet to allow them to gather sufficient evidence to support the findings of the audit.

A.2.2        The audit duration for all service providers will depend on a number of factors. The certification body shall have a procedure for determining the amount of audit time necessary, based on at least the following factors:

- a)    existing accredited certification to other standards
- b)    results of any internal audit, self-assessment or management review conducted by the service provider in the last 12 months
- c)    types of service or support programs delivered (e.g. supported accommodation, community access)
- d)    number of service users
- e)    types of disability of the service users
- f)    geographic location of service users
- g)    service users' preferred method of engagement (e.g. interview at home, by telephone, group setting)
- h)    level and type of support needed by service users to enable them to participate in the audit including access to appropriate methods of communication.

A.2.3        The certification body shall demonstrate that in planning the audit with the service provider it has undertaken a thorough analysis of these factors and developed an appropriate process for engaging service users. This process shall be based on the strategy provided to the certification body by the service provider. See Annex C, Clauses C.2.2 and C.3.2.

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## **ANNEX B      CERTIFICATION OF SERVICE PROVIDERS WITH MULTIPLE SERVICE TYPE OUTLETS**

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### **B.1      Introduction**

B.1.1      Auditing a service provider with multiple service type outlets differs from a single-site audit. This Annex provides criteria for establishing audit processes to ensure that the entire service provider is audited against the requirements of the QDSS or QDAS.

### **B.2      Structure of service providers with multiple service type outlets**

B.2.1      Service providers with multiple service type outlets include:

- a)      multiple service type outlet, single service type – multiple geographical locations, one service type
- b)      multiple service type outlet, multiple service types – multiple geographical locations and multiple service types (not always the same at each location).

B.2.2      Where a service provider provides both accommodation support and respite services, these are considered as two service type outlets. Similarly, if a service provider provides more than one accommodation support service type (e.g. group homes and attendant care), these are considered as two different service types and two service type outlets.

B.2.3      The service provider shall inform the certification body of the opening or the closing of a service type outlet. If the service provider is already certified, the certification body shall determine the process for how it includes the new service type outlet into the existing certification.

### **B.3      Eligibility criteria for the service provider**

B.3.1      The service provider's management system shall be centrally administered under a centrally controlled plan and be subject to internal audit, self-assessment and management review. All the service type outlets (including the central office) shall be audited and assessed under the service provider's internal audit and self-assessment program before the certification body starts its audit.

B.3.2      The service provider shall demonstrate that it has established a management system that complies with the QDSS or QDAS and that the entire service meets the requirements of the applicable standards.

B.3.3      The service provider shall demonstrate its ability to collect and analyse data (including but not limited to the items listed below) from all service type outlets including the central office, and its authority and ability to initiate organisational change if required:

- a)      system documentation and system changes
- b)      management review
- c)      complaints
- d)      evaluation of corrective actions
- e)      internal audit and self-assessment planning and evaluation of the result
- f)      service user assessment.

### **B.4      Eligibility criteria for the certification body**

B.4.1      The certification body shall provide information to the service provider about the criteria in this Annex before starting the audit, and shall not proceed with an audit unless all criteria are met. Before starting the audit, the certification body shall inform the service provider

that the certificate will not be issued if it identifies any major nonconformities in relation to the eligibility criteria.

- B.4.2 The certification body's procedures shall ensure that the initial contract review identifies the complexity and scale of the activities covered by the management system to be certified and any differences between service type outlets as the basis for determining the level of sampling.
- B.4.3 The certification body shall check, in each case, to what extent service type outlets of a service provider provide substantially the same kind of services according to the same procedures and methods. The certification body may apply the sampling procedure to individual service type outlets only after it has confirmed that all the service type outlets proposed for inclusion in the certification of a service provider with multiple service type outlets meet the criteria.

## **B.5 Audit**

- B.5.1 The certification body shall have documented procedures for auditing service providers with multiple service type outlets. Such procedures shall establish the way the certification body satisfies itself that all the criteria in clause B.3 are met. This requirement also applies to a management system where electronic document and/or process control, and/or other electronic processes are used.
- B.5.2 If more than one audit team is involved in an audit of a service provider with multiple service type outlets, the certification body shall designate a unique audit leader responsible for consolidating the findings from all the audit teams and producing a synthesis report.

## **B.6 Dealing with major nonconformities**

- B.6.1 When a major nonconformity is found at a service type outlet, the certification body shall require the service provider to review the major nonconformity to determine if it indicates an overall system deficiency applicable to all service type outlets. If it is found to do so, corrective action shall be performed at the central office and at the individual service type outlets. If it is found not to do so, the service provider shall be able to demonstrate to the certification body the justification for limiting its follow-up action.
- B.6.2 The certification body shall require evidence of these corrective actions and shall increase its sampling frequency until it is satisfied that control is re-established.
- B.6.3 At the time of the decision-making process, if any service type outlet has a major nonconformity, certification shall be denied to the whole region pending satisfactory corrective action.
- B.6.4 It shall not be admissible that, in order to overcome the obstacle raised by the existence of a major nonconformity at a single service type outlet, the service provider seeks to exclude from the scope the 'problematic' service type outlet during the certification process.

## **B.7 Certification**

- B.7.1 The certification shall be withdrawn if the central office or any of the service type outlets does not fulfil the necessary criteria for maintaining certification.

## **B.8 Sampling methodology for service providers with multiple service type outlets**

- B.8.1 The sample shall be partly selective based on the factors set out below and partly non-selective, and shall result in a range of different service type outlets being selected. A service type outlet with service users attached and co-located with the central office shall be treated as a separate service type outlet, like all other service type outlets, and not just

repeatedly sampled due to its co-location with the central office. Where possible, at least 25 per cent of the sample shall be selected at random.

B.8.2 Taking into account the criteria mentioned below, the remainder shall be selected so that the differences among the service type outlets selected over the period of certification are as large as possible.

B.8.3 The service type outlet selection criteria should include:

- a) results of any internal audit, self-assessment, or management review by the service provider or previous audits by the certification body
- b) records of complaints and communications with the department and other relevant aspects of corrective and preventive action
- c) significant variations in the size of the service type outlets and number of service users
- d) variations in the work procedures
- e) the complexity of the activities undertaken
- f) modifications since the last certification body audit
- g) geographical location and dispersion.

B.8.4 This selection does not have to be done at the start of the audit. It may be done following the central office audit. In any case, the central office shall be informed of the service type outlets to be part of the sample. This can be on relatively short notice, but shall allow adequate time for the service provider to prepare for the audit.

## **B.9 Size of sample**

B.9.1 The certification body shall have a procedure for determining the sample to be taken when auditing service type outlets as part of the audit of a service provider with multiple service type outlets. This shall take into account all the factors described in this Annex.

B.9.2 For all audits the minimum number of non-central office service type outlets to be visited shall not be less than the square root of the number of service type outlets ( $y = \sqrt{x}$ ), rounded to the upper whole number, for each service type. The calculation shall be made separately for each of the department's regions, where a service provider has multiple service type outlets in more than one region.

B.9.3 In all cases, the central office shall be visited at least once, in addition to the service type outlets sampled. Where the service provider has one central office and service type outlets in various regions, the visit to the central office should ensure that the audit team has confidence that the management system covers all the service type outlets to be certified in all the regions and is effective across all those service type outlets.

B.9.4 The size of the sample shall be increased where the certification body's analysis of the service provider indicates special circumstances such as might apply to any of the service type outlet selection criteria at clause B.8.3 of this Annex.

B.9.5 Where a service provider with multiple service type outlets offers different service types, these are to be considered as separate populations of service type outlets, and the sampling formulas defined above shall be applied to each population. This means that, as a minimum, a service type outlet from each service type offered by a service provider shall be sampled at every audit.

B.9.6 Sampling of service providers with multiple service type outlets as outlined in this Annex is to be applied at the three digit service type level as defined in the CSTDA – National Minimum Data Set. The current service types are as follows:

- a) Accommodation support
  - 1.01 Large residential/institution (>20 places) – 24 hour care

- 1.02 Small residential/institution (7-20 places) – 24 hour care
- 1.03 Hostels – generally not 24 hour care
- 1.04 Group homes (<7 places)
- 1.05 Attendant care/personal care
- 1.06 In-home accommodation support
- 1.07 Alternative family placement
- 1.08 Other accommodation support
- b) Community support
  - 2.01 Therapy support for individuals
  - 2.02 Early childhood intervention
  - 2.03 Behaviour/specialist intervention
  - 2.04 Counselling (individual/family/group)
  - 2.05 Regional resource and support teams
  - 2.06 Case management, local coordination and development
  - 2.07 Other community support
- c) Community access
  - 3.01 Learning and life skills development
  - 3.02 Recreation/holiday programs
  - 3.03 Other community access
- d) Respite
  - 4.01 Own home respite
  - 4.02 Centre-based respite/respite homes
  - 4.03 Host family respite/peer support respite
  - 4.04 Flexible respite
  - 4.05 Other respite
- e) Advocacy, information and alternative forms of communication
  - 6.01 Advocacy
  - 6.02 Information/referral
  - 6.03 Combined information/advocacy
  - 6.04 Mutual support/self-help groups
  - 6.05 Alternative formats of communication
- f) Other support
  - 7.01 Research and evaluation
  - 7.02 Training and development
  - 7.03 Peak bodies
  - 7.04 Other support services

B.9.7 The following table provides examples of the application of this sampling approach:

Service Type Outlets by DSQ Region												
Agency Name	Service Type	Brisbane	Site sample required	CQ/ Wide Bay	Site sample required	North Coast	Site sample required	Ips/ SWQ	Site sample required	South Coast	Site sample required	Total Number of sites to be visited per service type
ACME Disability Services	1.06	1	1					1	1			2
	3.01							1	1			1
Aardvark Access	1.06					1	1					1
	2.06					1	1					1
	3.01					1	1					1
Disability Association of Qld	1.03	4	2									2
	1.05	6	3									3
	1.06	4	2									2
Care for all	3.01	2	2			1	1					3
	3.02	1	1									1
	4.03	6	3			5	3					6
Community Services Inc	1.04	10	4	15	4	5	3			1	1	12
	1.05	6	3	10	4	8	3	4	2	3	2	14
	1.06	8	3	12	4	10	4	2	2	4	2	15
	3.01	9	3	10	4	6	3	1	1	2	2	13

### B.10 Audit duration

- B.10.1 The certification body shall be able to justify the time spent auditing a service provider with multiple service type outlets.
- B.10.2 Reductions can be applied to take into account the evidence of any internal audit, self-assessment, management review, service user assessment or input, or audits carried out and evidence submitted that verifies compliance with the QDSS or QDAS. The size of outlets and the combination and complexity of the services provided are other factors that may be considered.
- B.10.3 The total audit time spent shall never be less than that which would have been calculated for the size and complexity of the service provider if all the work had been undertaken at a single service type outlet (i.e. with all the employees of the service provider at the same service type outlet). In most cases it will be considerably more.

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## **ANNEX C     AUDIT PLANNING AND SERVICE USER SAMPLING**

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### **C.1     Introduction**

C.1.1     Seeking direct feedback from service users is a critical element of the audit process. Certification bodies shall ensure that wherever possible, service users have been afforded the opportunity to participate in the audit process. However it may not be practicable for all service users to provide direct feedback, and for this reason a sampling approach may be required to ensure appropriate levels and types of feedback during the audit.

### **C.2     Sampling principles**

C.2.1     The sampling approach needs to remain appropriate to the service delivery context of the service provider. Approximately 50 per cent of the service type outlets in the disability support service sector have less than 10 different service users per year, and another 30 per cent have between 11 and 39 different service users per year. The remaining 20 per cent range from 40 to more than 1,500 different service users per year.

C.2.2     A proposed strategy for sampling service user feedback should be developed by the service provider in consultation with relevant stakeholders, and negotiated with the certification body, so that the certification body may quote for certification services. This strategy shall be made available to other certification bodies, on request.

C.2.3     The certification body shall select the final sample of service users to be interviewed as part of the audit process, prior to the on-site audit.

C.2.4     The sampling approach does not preclude service users talking to an audit team member if they choose to during an audit.

C.2.5     The certification body shall verify that the service provider has:

- a)     made all reasonable attempts to inform all its service users in accessible and varying formats of all scheduled audits and provide them with an opportunity to participate in the process and in the service user sample
- b)     made it clear to all service users that a support person of their choice is encouraged to be involved in the audit process.

### **C.3     Process for determining service user sample size**

C.3.1     Service user sampling is determined on a case-by-case basis.

C.3.2     The sample size and sampling approach, including methods of communication and sampling methods (face-to-face interview, group meetings, focus groups, phone survey, mail survey), are to be negotiated between the certification body and the service provider when defining the scope of the audit.

C.3.3     Sampling is to be calculated at the service type outlet level, and wherever possible, the service user sample shall reflect the full range of disability types and the programs offered by the service type outlet, and the level of support needs of service users.

C.3.4     When planning the audit, the service provider shall provide the audit team with the proposed sample numbers in accordance with the agreed sampling approach and details of the service users' preferred method of participation in the audit.

C.3.5     Certification bodies shall also ensure that the sampling approach is relevant to the different service types delivered in the sector. See clause J.3.4 for a definition of service types.

C.3.6     The service provider shall demonstrate that the proposed sampling approach has been developed in consultation with relevant stakeholder groups.

C.3.7 The certification body shall ensure that the sampling approach is appropriate to the service delivery context of the service provider and that a service provider with a small number of service users would not need an extensive consultation mechanism around sampling.

C.3.8 The certification body should aim to individually interview 50 per cent of the proposed sample of service users. If this ratio cannot be achieved (e.g. refusals or clear preference by service users for another consultation method), the certification body shall clearly document its justification. The remaining 50 per cent of the sample may be sampled using other methods.

#### **C.4 Service user file sampling**

C.4.1 Service user file sampling aims to cross check verbal information gathered from service users and to check the implementation of the service provider's policies and procedures. However, there will be times when service users agree to be interviewed, but not to allow access to their files; and vice versa. While the principles applying to service user sampling also initially apply to file sampling, the certification body may also need to follow up on file specific issues identified during interviews with service users or others. This requires wider access to files, and the certification body shall try to obtain appropriate additional consents, to maximise the number of files available for review.

C.4.2 Where possible, the number of files available for review shall not be less than 50 per cent of service users at the service type outlet level, or the number of service users sampled (whichever is greater); otherwise the validity of the audit could be compromised.

C.4.3 All file access shall be based on the principle of informed consent by the service user and comply with the provisions of the Privacy Act.

#### **C.5 Traceability of audit planning and service user sampling processes**

C.5.1 A certification body shall be able to justify how it samples service users for any audit. Any reduction in the sample size shall be justified and documented in each case (e.g. where an insufficient number of service user consents are received).

C.5.2 While ISO/IEC 17021:2006 clause 9.1.2 requires an audit plan to be prepared, sampling strategies shall also be sufficiently documented for each audit so as to be able to trace compliance with all the requirements of this Annex. This information may be included in, or attached to the audit plan, or may be separately recorded.

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## ANNEX D CODE OF ETHICS

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- D.1 Auditors, ATSUs, other technical experts and staff of certification bodies must abide by this code of ethics when auditing within the Queensland disability sector.
- D.2 Procedures for audit team selection and training or providing information to audit team members appropriately address the differential support costs of team members with disability and the potential for indirect discrimination. Certification bodies shall also bear in mind the provisions of the Disability Discrimination Act.
- D.3 Processes for obtaining a representative sample of service users respect a service user's right to be or not to be involved and the confidentiality and privacy of a service user's participation decisions.
- D.4 The certification body promotes available complaint mechanisms to service providers and participating service users.
- D.5 The certification body shall have regard for the following:
- a) that people with disability and their support persons receive timely, plain-English information about the audit process, i.e. with enough detail and notice to allow for a full and informed contribution
  - b) that people with disability shall have the opportunity to effectively participate in management systems
  - c) that people with disability shall participate in roles in which their input and feedback can be valued and used in a positive and constructive manner. They shall have some authority
  - d) that proven audit methods rely on genuine participation by the service users.
- D.6 During the audit:
- a) all service users have the right and opportunity to be involved and consulted
  - b) service users have the right not to be involved
  - c) service users' confidentiality and privacy are to be respected
  - d) the certification body shall try to ensure that the service provider has invited service user representation at both the opening and closing meetings of all audits
  - e) service users have the right to advocacy and support to assist with having their say.
- D.7 The certification body shall facilitate transfer of certification if requested by a service provider it has certified. It shall not revoke certification simply because a service provider advises of its intent to change certification body.
- D.8 Certification bodies and their staff (external or internal) should promote the benefits of the Queensland Disability Sector Quality System to all interested parties, and not openly criticise the Government's initiatives in the disability support service sector. The certification body should actively participate in the continuous improvement of the Queensland Disability Sector Quality System by identifying and raising issues with the relevant infrastructure element, e.g. the department or JAS-ANZ.

## ANNEX E PROCESS FOR DEALING WITH A NOTIFIABLE ISSUE

### E.1 Introduction

E.1.1 At any stage of an audit, the auditor may identify a notifiable issue. This Annex details the action, timeframes and responsibilities of the notifiable issue process.

### E.2 Process

	Who	Action	When
E.2.1	auditor	identifies a suspected notifiable issue.	at audit
E.2.2	auditor	only if the safety of any person is at risk: <ul style="list-style-type: none"> <li>– takes any necessary and appropriate action to ensure the immediate safety of those at people at risk</li> <li>– advises the service provider manager or management committee member of the details of the notifiable issue.</li> </ul>	immediately
E.2.3	service provider	if the safety of any person is at risk, implements its abuse and neglect policy to ensure their immediate and ongoing safety.	immediately
E.2.4	auditor	<ul style="list-style-type: none"> <li>– telephones a senior officer in the department's Compliance Investigations Unit to advise the details of the suspected notifiable issue</li> <li>– seeks advice from them on how to proceed.</li> </ul>	immediately
E.2.5	Compliance Investigations Unit	<ul style="list-style-type: none"> <li>– documents the details of the notifiable issue</li> <li>– confirms with the auditor that they should:                             <ul style="list-style-type: none"> <li>• continue and complete the audit unless their safety is at risk</li> <li>• notify the service provider manager or management committee member of the details of the notifiable issue (except if a governance or financial accountability issue suggests fraud and/or that evidence may be destroyed or false documents created).</li> </ul> </li> </ul>	
E.2.6	auditor	continues and completes the audit.	
E.2.7	auditor	<ul style="list-style-type: none"> <li>– completes the notifiable issue referral form</li> <li>– faxes the completed form to the Compliance Investigations Unit</li> <li>– telephones that Unit to confirm the fax is received.</li> </ul>	within 24 hours of first identifying the issue
E.2.8	Compliance Investigations Unit	<ul style="list-style-type: none"> <li>– receives the notifiable issue referral form</li> <li>– contacts the certification body to advise of the process and expected timeframes</li> <li>– investigates the notifiable issue.</li> </ul>	
E.2.9	certification body	withholds the decision on the service provider's certification, recertification or maintenance of certification at surveillance until the Compliance Investigations Unit advises in writing that certification can proceed or be maintained.	until notified
E.2.10	Compliance Investigations Unit	advises the service provider and the certification body when the issue is resolved.	
E.2.11	certification body	completes the certification, recertification or surveillance process.	