National Disability Insurance Scheme (NDIS)

Contents

1. Management Systems

As an approved quality auditor under the NDIS Quality and Safeguards Commission (the NDIS Commission), QIP complies with the Quality and Safeguarding Framework (Q&SF) as defined by the NDIS Quality and Safeguards Commission and applies the relevant NDIS Practice Standards when conducting a certification or verification audits.

External Reference Documents:
National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018

- Schedule 1 – schedule 7 sets out NDIS Practice Standards that apply in relation to NDIS provider certification;
- Schedule 8 sets out relevant NDIS Practice Standards that apply in relation to NDIS provider verification;

National Disability Insurance Scheme (Practice Standards-Worker Screening) Rules 2018

- Part 2 sets out NDIS Practice Standards that apply in relation to NDIS provider certification and verification; and

National Disability Insurance Scheme (Quality Indicators) Guidelines 2018

- Sets out indicators and other matters to be considered when assessing compliance with the NDIS Practice Standards.

- And any other normative documents as required by the Q&SF. If explanations are required as to the application of these documents for a specific certification scheme, they shall be formulated by relevant and impartial persons or committees, possessing the necessary technical competence, and shall be made available by the certification body upon request.

2. Scope of Audit and Fee Structure

As a not-for-profit organisation, QIP continuously reinvests back into the business to improve its service delivery and accreditation offerings.

In line with the International Organization of Standardization (ISO) 17023:2016 and the International Accreditation Forum, Inc (IAF) MD5:2019, QIP's client fees are transparent and based on the client's requirements.
Verification fees are offered at a one-off flat rate for clients with up to five employees. A modest fee per employee is added to the price for clients with more than five employees.

For certification, client variables such as the size of the organisation, number of sites, types of supports and services offered, and NDIS registration groups will inform the quote provided to them by QIP. QIP provides all potential clients with obligation free quotes prior to formalising any agreements to engage in the verification or certification process

QIP will provide a 'no-obligation' quote for certification services outlining audit requirements and conditions of the quote including advice that any changes to services may impact on the cost of certification and re-quoting may be required. QIP undertakes a detailed costing analysis for quotes and develops a fee structure that reflects affordability and transparency to all clients. Quotes will take into consideration the complexity of audit requirements i.e. verification or certification, costs associated with onsite visits and auditor expenses inclusive of travel.

QIP will ensure a detailed assessment of the scope and criteria of a provider's audit requirements is undertaken to achieve the objectives of the process for the client, and meet the NDIS provider registration requirements.

3. Audit Process

During the Scope of Audit process, QIP will review the NDIS provider's information and eligibility and for certification in accordance with Section 73G Conditions specified in certificate of registration of the National Disability Insurance Scheme Act 2013. Review of the correct Scope of audit of the NDIS service provider will inform the verification or certification pathway, any transitional arrangements and audit program.

Where there are no specified conditions of registration imposed on the NDIS provider such as an NDIS provider is a registered specialise disability accommodation only provider or a small provider registered for early intervention supports for early childhood only, QIP will apply the following:

3.1. Audit Program

Certification audit

A two-stage audit program for the initial certification cycle of three (3) years to clearly identify the audit activity required to demonstrate that the NDIS provider complies with the National Disability Standards:

- Stage 1 audit will comprise of an offsite review of documents and information submitted to meet the NDIS Standards and Practice indicators for each of the provider's registration groups. This review may identify any areas of concern for the provider to review and action in preparation for their Stage 2 audit

- Stage 2 audit will comprise of and onsite assessment no later than three months after the completion of the Stage 1 audit and includes observation, interviews and review of any additional documentation or information required to complete the audit

Mid-term audits will be conducted eighteen months after the completion of the certification process.

Recertification will be scheduled no earlier than six (6) months prior to the NDIS provider's certification expiry date.

Verification audit

- An off-site audit process that incorporates a review of documented evidence and information in response to the client's self-assessment; and,
- Any additional requirements that may be required by the Commission.
- An on-site audit may be conducted if deemed necessary by QIP and in agreement with the provider.

The cycle of verification and certification is three years and begins from the Commission's registration approval date.

Where applicable, QIP may conduct reviews of the outcomes and evidence using the QIP comparable quality audit process in relation to the applicant or provider where it is appropriate to do so. QIP will ensure all information, evidence and reports are submitted to the NDIS portal.

3.2. Determining Audit Time

QIP has a process for determining audit time for each client to plan and accomplish a complete and effective audit of the client's management system and service provision.

In determining the audit time, QIP considers, among other things, the following aspects before proceeding:

- The requirements of the relevant management system standard;
- Complexity of the client and its management system;
- Technological and regulatory context;
- Any outsourcing of any activities included in the scope of the management system;
- The results of any prior audits;
- Size and number of sites, their geographical locations and multi-site considerations;
- The risks associated with the products, processes or activities of the organisation; and
- Whether audits are combined, joint or integrated.

The duration of the audit is detailed in a documented audit plan compiled as part of the audit planning process.

3.3. Audit Methodology and Sampling

QIP ensures that an audit plan is established for each audit identified in the audit program to provide the basis for agreement regarding the conduct and scheduling of audit activities. The audit plan is based on documented requirements for QIP and in accordance with the NDIS AQA Guidelines.

The rationale for the sampling plan is documented for each client audit during the audit planning process and in agreement with the NDIS service provider prior to the audit commencing. Where the auditors deem it necessary to review more than the required sampling as per the audit plan, they will provide a written rationale and outcome in their audit findings report. Sampling will be prioritised to the registration groups that are of the 'highest risk'. If the provider has a single-site only, then this site is to be part of the onsite certification audit (including head office).

3.4. The Audit Plan

QIP's audit plan will be based on information gathered to understand the providers operations and to prepare audit activity and applicable work documents. The audit objectives shall be determined by QIP based on the audit scope and criteria, including any changes.

The audit plan is appropriate to the objectives and the scope of the audit and includes the following:

- The audit objectives;
- The audit criteria;
- The audit scope, including identification of the organisational and functional units or processes to be audited;
- The dates and sites where the on-site audit activities are to be conducted;
- The expected time and duration of on-site audit activities; and
- The roles and responsibilities of the audit team members and accompanying persons, such as observers or interpreters.
- Any follow-up activities to the planned audit

3.5. Communication of the Audit Plan

The audit plan is communicated and the date of the audit is agreed upon, in advance, with the client. QIP takes the appropriate steps to ensure that the client is made aware of, and, complies with the sampling methodology requirements including the ability to opt out of sampling.

3.6. The Audit Team

QIP has a process for selecting and appointing the audit team which will consist of a minimum of two (2) auditors, including the Assessment Team Leader (ATL), taking into account the competence needed to achieve the objectives of the audit. Where it is not deemed necessary to have more than one (1) individual auditor allocated to undertake the onsite audit, QIP will apply in writing to the Commissioner for approval to allocate a single auditor to the audit plan.

All auditors and personnel under QIP must comply with the NDIS Code of Conduct, outlined in the NDIS AQA Guidelines Annex A. All auditors and personnel will have ongoing professional development through education and training including technical experts relevant to the registration groups. QIP will provide documented ongoing monitoring and annual performance reviews for all auditors and personnel involved in the NDIS audit process.

In deciding the size and composition of the audit team, consideration is given to the following:

- Audit objectives, scope, criteria and estimated time of the audit;
- Analysis of the risk associated with the registration groups as defined in the NDIS Practice Standards – Class of Supports, Standards and Assessment Method;
- Whether the audit is a combined, integrated or joint audit;
- The overall competence of the audit team needed to achieve the objectives of the audit;
- Certification requirements (including any applicable statutory, regulatory or contractual requirements);
- Language and culture; and
- Whether the members of the audit team have previously audited the client.

The necessary knowledge and skills of the ATL and auditors may be supplemented by technical experts, translators and interpreters who shall operate under the direction of an auditor. Where translators or interpreters are used, they are to be selected such that they do not unduly influence the audit.

4. Verification Audits

Verification audits will be undertaken for sole traders or partnerships delivering lower risks supports as per the defined NDIS Practice Standards class of supports, standards and assessment method. The NDIS Provider must demonstrate how they meet the following four (4) standards for verification:

- Human Resource Management
- Incident Management
- Complaints Management and
- Risk Management

Verification audits is a desktop audit, reviewing information provided in the self-assessment section of your NDIS registration application. QIP will allocate an appropriately qualified auditor to carry out the document review electronically, with no requirement for a site visit. The QIP Auditor will provide a report on the findings against the client scope of audit and registered services. This process highlights any areas of concerns that may impact non-conformity against the Standards. You will then have the opportunity to address any areas of concern before the report is submitted to the Commission. The Commissioner will determine if your application was successful for registration.

5. Initial Certification Audits

The Initial Certification audits will be undertaken as per the defined NDIS Practice Standards class of supports, standards and assessment method. Initial Certification audits are conducted into two (2) stages:

- Stage 1: A Desktop Audit (document review) and;
- Stage 2: An Onsite Audit.

Noting that there is a third component to ongoing conformity during the certification cycle by way of a mid-term audit approximately eighteen (18) months after certification has been awarded by the NDIs Commission.

5.1. Stage One Audits

A stage one audit consists of an off-site desktop audit with a competent auditor who demonstrate the level required to perform all functions off the certification process.

The objectives of the Stage 1 are:

- Review of client's documentation ensuring that sufficient information is provided to contribute to the stage 2 on-site audit
- To ensure that documents provide enough information to meet the required modules and NDIS Practice Standards
- To evaluate the client's location and site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for the Stage 2 audit;
- To review the client's status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation;
- To collect necessary information regarding the scope of the audit, including:
- The client's site(s);
- Processes and equipment used;
- Levels of controls established (particularly in case of multisite clients); and
- Applicable statutory and regulatory requirements.
- To review the allocation of resources and competence for Stage 2 audit and agreeing with the client on the details of the Stage 2 audit and their preparedness to progress;
- To provide focus for planning Stage 2 by gaining a sufficient understanding of the client's service provision and site operations in the context of the standards or other normative documents.
- Planning will also include allowance for the involvement of participants in the Stage 2 audit via interviews, noting that there is an OPT Out option for participants as well, and
- To identify any areas of concern for the client to action and make the necessary amendments prior to the Stage 2 audit.

5.2. Stage Two Audits

The Stage 2 onsite audit consists of a number of steps for preparation prior to the visit date(s) through to the delivery of the audit report as follows:

- Confirmation between QIP and the client that they are prepared to progress with the Stage 2 audit
- Negotiation and confirmation of onsite audit date
- Audit team allocation and confirmation with both the audit team and client (noting, QIP endeavours to secure the same auditors that carried out the Stage 1 audit)
- Authorise and complete travel arrangements for the audit team
- Issue the Audit Team Leader with the Audit Planning Preparation Guidelines and Audit Plan documents

- Liaise with all parties up to, during and on completion of the Stage 2 visit

QIP has a formal documented process for conducting onsite audits. All audits are conducted respectfully during all interactions with NDIS participants, their families, advocates, Board members and the service personnel. This process includes an opening meeting at the start of the audit and a closing meeting at the conclusion of the audit. Where any part of the audit is made by electronic means or where the site to be audited is virtual, QIP ensures that such activities are conducted by personnel with appropriate competency covering all legislation and regulations relevant to the service. The evidence obtained during such an audit is sufficient to enable the auditor and decision makers to make an informed decision on the conformity of the requirement in question.

QIP and the client will discuss and agree on the mid-term audit date upon the completion of the Stage 2 Audit. This date must be within 18 months of the last day of the Stage 2 Audit.
The audit team will analyse all information and audit evidence gathered during the Stage 1 and Stage 2 audits to review the audit findings and agree on the conclusions. The audit team will produce a report for the client detailing findings (including any non–conformances, observations summary of the audit etc.) and the conclusion reached by the audit team i.e. recommended for certification.

The audit team makes it clear to the organisation that their findings of the audit will be submitted to QIP who will make the recommendation to the Commissioner for consideration of verification or certification is only a recommendation. Prior to any recommendation being made, the audit report will be reviewed by QIP Decision's Team to ensure the report is a complete and accurate reflection of the provider's services and audit finding QIP's Decision Team is also required to follow the NDIS Code of Conduct and to have ongoing professional development through education and training and ongoing monitoring. All decision-making staff undergo the NDIS Auditor Training and will have annual performance reviews.

5.3. Mid Term Audits

QIP has developed its mid-term monitoring activities so that representative areas and functions covered by the scope of the audit requirements which are monitored on a regular basis and take into account changes to its certified client and their registered classes/groups. The mid-term audit will be conducted by at least one auditor which shall include an audit team leader.

The mid-term audit program for the relevant management system standard includes, at least:

- Internal audits and management review;
- Include any conditions of registration for the NDIS Provider
- A review of actions taken on non-conformities identified during the previous audit;
- Complaint handling;
- Effectiveness of the management system with regard to achieving the certified client's objectives and the
- intended results of the respective management system(s);
- Progress of planned activities aimed at continual improvement;
- Continuing operational control;
- Review of any changes; and
- Use of marks and/or any other reference to certification.

6. Granting Verification or Certification

At the completion of a stage one and stage two audits conducted for the purpose of the NDIS provider certification, the audit team shall prepare a written report that includes ratings for each standard and commentary. The stage one report ratings will consist of areas of concern and provisional conformity. The audit team can note areas for improvement but cannot recommend specific solutions.

Where minor and major non-conformities have been identified by the audit team, QIP adheres to the scheme requirements for timeframes for correcting non-conformities. These timeframes include; but are not limited to:

- Corrective action plan to be provided to QIP within seven (7) calendar days from the written notification of the non-conformity
- QIP will undertake a review of any major non-conformities within three calendar months of receiving the action plan from the provider. Noting; a further onsite visit may be required.
- Major non-conformities may be downgraded to minor non-conformities which must be closed out within eighteen months and can be reviewed as part of the mid-term audit process
- Critical risks and other serious matters will be reassessed by way of an additional onsite visit

The stage two audit rating will follow the Approved Quality Auditors Guidelines 2019 in which QIP will make a recommendation of conformity or non-conformity. For any registration groups where service delivery could not be assessed QIP will note to the commission if conditions should be applied. Where there are minor non-conformities certification or verification can still be recommended as long as the provider can demonstrate evidence of an acceptable corrective action plan prior to the recommendation being made.

The report will detail any notifiable issues identified and corrective actions or commentary on areas not assessed during the onsite audit. Areas for improvement opportunities will be documented to support the client's continuous quality improvement in service management and delivery.

All relevant Standards indicators will be assessed and rated according to the specified mandated ratings as provided in the Approved Quality Auditor Guidelines 2018. The audit team leader shall be responsible for ensuring all details are accurate to enable an informed certification decision to be made from the commission.

Upon the submission of the ATL's report findings to QIP, the report will be reviewed as per QIP's Report Quality Framework prior to the QIP Decisions Team reviewing and confirming the client is eligible for recommendation for registration to the Commission.

7. Maintaining Verification or Certification

QIP will maintain certification based on a demonstration that the client continues to satisfy the requirements of the standard. It may maintain a client's certification based on a positive conclusion by the ATL without further independent review and decision, provided that:

- For any major non-conformity or other situation that may lead to suspension or withdrawal of certification, QIP has a system that requires the ATL to initiate a review by competent personnel, different from those who carried out the audit to determine whether certification can be maintained; and
- Competent personnel of QIP monitor the mid-term audit and activity, including monitoring the reporting by its auditors, to confirm that the certification activity is operating effectively.

8. Termination, Reduction, Suspension or Withdrawal of Certification and Verification Decisions

QIP will provide any information relevant to the NDIS AQA scheme and QIP clients in relation to its audit activity to the Commission upon request. QIP's operational processes and document control system holds detailed historical information on all clients to meet the needs of the scheme.

Where the QIP Client Liaison Officer identifies concerns either by carrying out daily process tasks, notified by the audit team or directly from the client, the matter will be escalated to management for review and consideration of actions to take. The NDIS team, having completed appropriate education and training and, in line with the NDIS AQA Guidelines have the skills and knowledge to follow correct procedures when such issues arise.

Where QIP deems it necessary to suspend or withdraw certification or verification, written advice will be submitted to the Commission within seven (7) calendar days prior to the decision. QIP recognises that its advice to the Commission to suspend or withdraw certification or verification does not necessarily mean the Commission will suspend the client's registration.

If QIP re-instates certification or verification for a client, the Commission will be notified via the commissions system (portal) in writing seven (7) calendar days prior to the resolution decision being made. The commission and QIP will collaborate in all decisions relating to withdrawal or suspension. QIP shall also keep all records of any termination, reduction, suspensions or withdrawal of certification or verification decisions.

QIP's rational for suspension, withdrawal or reduction of the scope of certification may include cases when for example:

- The client's certified management system has persistently or seriously failed to meet the certification requirements, including requirements for the effectiveness of the management system;
- The certified client does not allow mid-term audits or recertification audits to be conducted at the required frequency, or has failed to pay the due fees;
- The certified client has voluntarily requested a suspension; or
- In order to comply with regulations, including regulations applicable to specific industry sectors.

Under suspension, the client's certification is temporarily invalid and QIP:

- Assign a person competent in all aspects of handling suspended certifications to communicate with the client the actions needed to end suspension and restore certification and any other actions required by the NDIS scheme.
- Has enforceable arrangements with its clients to ensure that in case of suspension the client refrains from further promotion of its certification;
- Will make the suspended status of the certification publicly accessible and shall take any other measures deemed necessary and the client will be notified in writing of the decision;
- Will undertake any required evaluations, reviews or decisions according to QIP processes needed to resolve the suspension;
- Shall restore the suspended certification if the issue that has resulted in the suspension has been resolved.
- Failure to resolve the issue(s) that have resulted in the suspension in the time established by QIP shall result in withdrawal (deregistration) or reduction of the scope of certification.

The certification decision maker will review clients under suspension and where withdrawal or reduction in the scope of certification is being considered.

QIP may consider reducing the client's scope of certification to exclude the parts not meeting the requirements when the client has persistently or seriously failed to meet the requirements of the standard used for certification. At the client's request or following recommendations by the auditor, the scope of certification may be reduced to reflect the change of circumstances or activities. Any such reduction shall be in line with the requirements of the standard used for certification and full disclosure of information will be submitted by QIP to the Commission.

9. Transferring

If an NDIS Provider chooses to transfer to QIP from another Approved Quality Auditor, QIP will comply with the transfer requirements in accordance with the International Accreditation Forum (IAF) Mandatory Document for the Transfer of Accredited Certification of Management Systems (IAF MD 2:2017).

The transferring NDIS provider will be required to complete a Transfer Form and submit to QIP for review of eligibility to transfer certification.

Where no concerns or possible nonconformities are identified by QIP during the transfer review process, QIP will advise the NDIS provider of the transfer acceptance and establish the NDIS provider as a QIP client and continue to maintain certification or verification status for the remainder of the cycle.
QIP will notify the Commission of any NDIS provider transfers no later than two (2) business days of receiving notice that the transfer is expected to occur. Advice will be in writing via the Commissions portal.

10.Impartiality Policy

QIP is the legal entity responsible for accreditation, certification and verification activities; reference to QIP in this Policy and Public Statement refers to this legal entity.

QIP aims to provide confidence to its accredited and certified organisations that they meet a set of standards and, in turn, the organisation's customers / consumers have confidence that they are receiving a quality service or product. Among the principles for inspiring confidence are independence, impartiality, competency, responsibility, openness, confidentiality, responsiveness to complaints and risk-based approach in actions and appearance.

QIP will, through the structure of the company, its policies, processes and training, demonstrate how it deals with the risks related to impartiality and conflicts of interests, the pressures and other factors that can compromise or can reasonably be expected to compromise an auditor's or decision makers' objectivity.

All these factors may arise from a wide variety of activities, relationships, and other circumstances as well as from various personal qualities and characteristics of the Board of Directors, Senior Management, QIP accreditation, certification and verification staff, contract auditors, decision makers and any other outsourced personnel that may be sources of concern.

Impartiality threats to Board of Directors, Senior Management, QIP accreditation, certification and verification staff, contract auditors, decision makers and any other outsourced personnel may be sources

of potential bias that may compromise or may reasonably be expected to compromise objectivity and impede ability to make unbiased governance and management decisions, recommendations, audit observations, audit conclusions or compliance decisions.

To prevent any such compromise occurrences of Board of Directors, Senior Management, QIP accreditation, certification and verification staff, contract auditors, decision makers and any other outsourced personnel, QIP will identify, analyse, evaluate, treat, monitor and document these risks. To achieve an acceptable level of risk, the company will use documented, monitored, reviewed and evaluated risk management strategies to demonstrate the elimination or minimisation of any potential bias.

In order to understand the nature of any threats and their potential impact on impartiality, the company will identify the types of threats posed by specific activities, relationships or other circumstances. The company will continually review impartiality risk through established management and risk review processes.

QIP has safeguards in place that mitigate or eliminate threats to impartiality. These safeguards include prohibitions, restrictions, disclosures, policies, procedures, practices, standards, rules, institutional arrangements, and environmental conditions. These safeguards will be regularly reviewed in management and risk reviews to ensure their continuing applicability.

Impartiality safeguards exist in the QIP management system and include:

- Maintaining environmental safeguards;
- Maintaining a culture that stresses the expectation that all personnel will act in the wider interest and acknowledge the importance of impartiality;
- Maintaining a professional learning environment that supports behaviour of all personnel that is consistent with impartiality;
- Requiring all personnel to sign and adhere to a code of ethics and code of conduct including rules relating to impartiality;
- Management systems that include policies, procedures, and practices directly related to maintaining impartiality;
- Dialogue with relevant interested parties on the perception of impartiality and any feedback they may give;
- Maintaining other policies, procedures, and practices, such as those concerning the rotation of staff, internal audit, and requirements for internal consultation on technical issues;
- Employee and contractor hiring, training, promotion, retention, and reward policies, procedures, and practices that emphasize the importance of impartiality. The potential threats posed by various circumstances that any personnel working for QIP may face, and the need for Board of Directors, Senior Management, QIP accreditation, certification and verification staff, contract auditors, decision makers and any other outsourced personnel to evaluate their impartiality with respect to a specific client after considering all safeguards in place to mitigate or eliminate those threats; and
- Impartiality will be further protected by placing it within a structure for declaration of any pecuniary interest to guarantee that the safeguards required are implemented. This part of the organisation's structure will ensure that the organisation can demonstrate its impartiality to informed and interested third parties.

11.QIP Marks of Conformity

QIP's marks of conformity are registered trademarks of QIP and have been created to support organisations communicate their certification achievement.

At all times QIP remains the owner of and has control over all QIP marks and certificates issued to service providers and shall exercise this control as specified by the certification scheme. This control can be exhibited over ownership, use and display of licenses, certificates, marks of conformity, and any other mechanisms for indicating a product or service is certified.

Upon achieving certification, the client shall be granted the use of the QIP Mark of Conformity.
The client must observe the following guidelines when using the mark:

- The mark shall be displayed only in appropriate form, size and colour
- The organization's certificate number shall be printed under the mark
- Accreditation marks shall be a minimum size of 20mm in diameter
- The colour of the logo must not be altered in any way
- The mark must always be legible and clear
- The mark must always be in proportion (when resizing always lock ratio of height to width)
- Embossed, relief, or die-stamped versions may be used. The marks may be reproduced as water marks
- Electronic reproduction of the mark is permitted (including Internet websites) provided that the following requirements are met and:
    - The organisation's certificate number is printed under the mark
    - The mark is reproduced so that infilling does not occur
    - Degradation or distortion of the mark graphic is avoided
    - Computer files of the mark shall be prepared from mark masters – redrawn approximations may not be used.
- The QIP Mark of Conformity shall not be used in any way that might mislead the reader about the status of a certified organisation, activities outside the scope and imply that product, process or service is certified
- The QIP Mark of Conformity is not permitted to be applied to laboratory test, calibration of inspection reports
- The mark must not be applied to any packaging of any product of accompanying information (this ensures that t statement will no way imply that the product or process is certified)
- The mark or accompanying publicly available material shall identify the issuer and the aspects covered by the mark in a way that avoids potential misunderstanding
- Holders of certificates issued by QIP may use the appropriate mark in the manner prescribed, on stationery and publicity material or other items relevant to their certificate
- Holders of certificates shall not use its certification in such a manner that would bring QIP or QIP systems, people and processes into disrepute and lose public trust
- The term 'publicity material' shall not include notices, labels, documents or written announcements affixed to or otherwise appearing on goods or products, unless the goods or products have been manufactured under an accredited product conformity scheme. This restriction shall also apply to primary (e.g. blister packs) packaging, promotional products and test certificates / certificate of analysis
- Upon reduction in scope, advertising matter shall be amended
- For Quality Management Systems, the organisation must specify the type of management system certified by QIP (e.g. quality, environmental) and the applicable standard.

Breaches of use can include incorrect references to the certification scheme, misleading use of licenses, certificates, marks or any other mechanism for indicating a product or service is certified. These breaches may be found in documentation or other publicity or advertising by any service provider certified by QIP.

12.Complaints

All complaints received are kept confidential and information is only disclosed to specific parties for the purpose of complaint receipt, escalation to management, investigation and action. The submission investigation and decision on complaints will not result in any discriminatory actions against the complainant.

A complaint may be in relation to the QIP's service, staff, auditors or procedures undertaken specific to Certification/Verification. A complaint can be submitted either by;

- Online via the Compliments or Complaints form, located under the contact section of the QIP website;
- By post to QIP National Accreditation Manager,
- PO Box 2058, Milton BC, QLD, 4064;
- Direct email to known QIP representative;
- Contact QIP via Phone 1300 888 329 or Fax 1300 362 110

Acknowledgment of the receipt of the complaint will be provided to the client within five (5) business days. Complaints received will be reviewed by the relevant program Manager to ascertain the nature of the complaint and any associated risks. Where it is deemed necessary to escalate the complaint to a higher level of governance, the matter will be raised with the General Manager and where required, the Group Chief Executive Officer.

It is the role of the Manager to gather all relevant information and documentation to validate the complaint and undertake a full review and provide a resolution. If necessary, further consultation with senior management may be sought prior to providing a resolution to the complainant.

In general, complaints will be investigated and actioned with a response provided to the Client within ten (10) business days however, if the complaint is high risk and of a serious nature, additional time may be required to engage professional advice and technical expertise prior to providing an acceptable resolution to the client. QIP takes all complaints very seriously and is committed to promptly actioning any feedback of this nature.

13.Appeals

QIP issues the NDIS provider with a certification/verification decision relating to the outcome of the audit undertaken and submits the decision with a recommendation with the accompanying audit report to the NDIS Commission for consideration in making the registration determination.

If an NDIS provider disputes the certification/verification decision made by QIP they can request an appeal of the decision. QIP has a documented process to receive, evaluate and make decisions on appeals. The appeals handling process is available to all QIP clients is included in the CSA. The appeal must be submitted in writing to QIP and will be managed in accordance with the QIP's Decision Appeals Management Policy and Procedure. QIP ensures that any submission, investigations and decisions on appeals shall not result in any discriminatory actions against the organisation or person making the appeal (appellant).

QIP is responsible for gathering and verifying all necessary information to validate the appeal and will ensure that receipt of the appeal is acknowledged and will provide the appellant with progress reports and the outcome is formally advised to the client in a timely manner as defined in the appeal process.

The appeals handling process includes:

Responsibility

- Management of appeals on decision is the responsibility of the National Manager, Accreditation Decisions.
- The National Manager, Accreditation Decisions may delegate responsibility for management of appeals, but retains responsibility for the quality of the appeals processes.

Valid Appeals

- A client may appeal the decision. Appeals must be made in writing within 21 business days of the date of the decision. The appeal must set out the grounds on which the appeal is made.

Acknowledgement

- A formal acknowledgement of each appeal request will be prepared and forwarded to the appellant, that includes information about the appeals process, as well as the feedback and communication the appellant can expect throughout the appeal process.

Review

- Decisions on appeal will be reviewed by a decision maker or Decisions Advisory Panel that is independent of the person who made the original decision.
- The subsequent decision maker will review the original decision and decide to:
- Uphold the original decision, or
- Make a new decision, which stands in place of the original decision.
- Where the decision on appeal is made by a Decisions Advisory Panel, the panel must reach a consensus decision.
- The subsequent decision maker may seek additional information to assist with the decision, including arranging for expert technical advice and/or arranging for a further audit.

Appeal Decision

- The subsequent decision maker must advise the appellant of the decision on appeal within 30 business days of the date the appeal was received, including reasons for the decision, the consequences of the decision and any action that must be taken as a result of the decision.
- Where the decision on appeal is a decision to not verify or certify, the appellant must be provided with information about how to re-apply for certification and about corrective action required to achieve certification.
- The appellant will be provided with details of how escalate issues to the National Disability Insurance Scheme Quality and Safeguards Commission where they are not satisfied with the outcome.