

ISO 9001:2015

Annual Surveillance Audit Report for Johns Slater and Haward Limited

Date of Audit:	09/12/2020
Auditor:	Robert Crosby
Client Reference Number:	30948

Introduction

This report outlines the QMS external audit of your Management System which took place on 09/12/2020 and outlines our key findings, recommendations and, where appropriate, nonconformities found. Please read this report carefully prior to contacting QMS International for further support and guidance.

This report has been completed by Robert Crosby (the QMS Auditor) and reviewed by Brooke Clarke (the QMS Reviewer in our Technical Department).

Audit Location:	Ardennais House 6 Sorrel Horse Mews Grimwade Street Ipswich Suffolk IP4 1LN
Audit Type:	ISO Annual Visit
Standard:	ISO 9001:2015

Audit Criteria

An Audit carried out in line with the QMS External Audit Programme against the Management System processes and procedures documented by the Organisation, based on the requirements of the Standard.

Audit Objectives

- To confirm that the requirements of the management system standard are effectively addressed by the Organisation's Management System in accordance with the Audit Criteria.
- To confirm the ability of the Management System to ensure that the Organisation meets applicable statutory, regulatory and contractual requirements and meets its specified objectives.
- To identify areas for potential improvement of the Management System.

Audit Methodology

This Audit has been based on Random Sampling methodology and does not exclude the possibility that other non-conformances may exist.

All identified non-conformances and other recommendations are subject to review and ratification by the Technical Department of QMS International.

Nonconformity

During the audit, the Auditor will be reviewing the evidence that you supply to them to assess whether you are following your Management Systems procedures and processes against the requirements of the International Standard.

Should the auditor identify an area of the Management System which does not meet the requirements of the standard and/or your Management System procedures/processes, they may recommend to QMS a Nonconformity, Observation or Opportunity for Improvement.

Any Major Nonconformities will result in a failed audit grade pending corrective action and the submission of rectification evidence to QMS for review.

Any Minor Nonconformities will result in an audit grade of 'pass subject to rectification'. In this case, we will review your rectification evidence for this Minor Non-conformity at the next Annual Surveillance Audit.

Non-conformities can be defined as:

<p>Major Nonconformity:</p>	<p>A Major Nonconformity usually leads to the break down of the Management System in achieving its intended results.</p> <p>For Major Nonconformities, the Organisation is expected to address this nonconformity using the corrective action process as soon as possible. Records are to be maintained to detail the corrective action taken and its effectiveness to analyse the cause and prevent reoccurrence.</p> <p>Rectification evidence is to be submitted via email to rectifications@qmsuk.com within 60 days of the audit (this audit took place on 09/12/2020).</p>
<p>Minor Nonconformity:</p>	<p>A Minor Nonconformity would be the failure to conform to one of the requirements of the International Standard that is not likely to result in a failure of the management system. It may be a single observed lapse or isolated incident where there is minimal risk of the break down of the Management System.</p> <p>For Minor Nonconformities, the Organisation is expected to address this nonconformance using the nonconformity and corrective action processes as soon as possible. Records are to be maintained to detail the corrective action taken and its effectiveness to analyse the cause and prevent reoccurrence.</p> <p>QMS will review rectification evidence for Minor Nonconformities at the next annual surveillance audit.</p>
<p>Observation:</p>	<p>An Observation is an area of the Management System which could be improved and if not rectified, may result in a Minor Nonconformity in the future if not addressed.</p> <p>For Observations, the Organisation is expected to consider taking action to address the recommendations suggested by the Auditor to aide continual improvement over time.</p>
<p>Opportunity for Improvement:</p>	<p>Opportunities for Improvement are areas of the Management System or the wider operation of the Organisation which the Auditor feels would benefit from additional improvements. Where appropriate, Auditors may provide a number of Opportunities for Improvement which are submitted in the body of the audit report to provide additional assistance and guidance for the Organisation to consider.</p>

Audit Grading

Your audit result can be found at the end of this report. The following actions are required depending on the grade awarded:

<p>PASS</p>	<p>No further action required by the Organisation.</p>
<p>PASS SUBJECT TO RECTIFICATION</p>	<p>Minor Nonconformities have been identified during the audit which are to be rectified prior to the next QMS external audit.</p>
<p>FAIL</p>	<p>Major Nonconformities have been identified during the audit which are to be rectified and evidence submitted to QMS International within 60 days of 09/12/2020. Rectification evidence is to be emailed to rectifications@qmsuk.com.</p>

Audit Report Acceptance

You have 30 days from 09/12/2020 to raise any disputes with any of the findings, Nonconformities or other information contained in this report. After 30 days, we will automatically confirm your receipt and acceptance of this report.

If you have a concern or would like any clarification on the content of this report, please [contact one of our Technical Liaison Officers](#) who will be happy to assist you.

Support and Assistance

If you have failed your audit and you require any additional assistance or advice and guidance about how to take corrective action to rectify nonconformities, please [contact one of our Technical Liaison Officers](#) who will be happy to help you.

	New	Outstanding
Non Compliance - Major	0	0
Non Compliance - QMS to address immediately	0	0
Non Compliance - Minor	1	0
Positive observations	20	

Opening Meeting Attendees	
Name	Job title
Robert Crosby	Consultant
Adrian Catchpole	Director
Carl Ambrose	Practice Manager

Minor

Question	Observations
9.2 Performance Evaluation	9.2 Internal Audits

Annual Audit Mandatory Topics

Positive observations		
Audit item	Process audited	Evidence findings
Is the client aware of the Certification Representation Policy	Client Management Systems.	The Client was aware of the Certification Representation Policy.
Are Certification Marks being used correctly	Client Management Systems and supporting documentation.	There was no evidence presented at this audit that would suggest the certification marks are being inappropriately used.
Is the management system suitable to fulfil relevant statutory, regulatory and contractual requirements and the objectives of the management system?	The Quality Management Systems Manual and subsequent operational records.	The management system was demonstrated as being suitable to fulfil relevant statutory, regulatory and contractual requirements and the objectives of the management system, as defined within the current Quality Policy. There was no evidence presented at this audit assessment that would suggest the Organisation has encountered any significant legal or contractual issues raised during the previous audit period.
All subjects from the audit plan and program were evaluated.	Audits and Management Review.	Audits had been sufficiently evaluated during the previous audit period.
Changes in the management	Management Review and Non-	The Organisation demonstrated that the Management of Change

system were evaluated?	conformance reporting.	was being adequately considered and evaluated by the Organisation's Management Team. During the previous audit period, there were no significant changes occurring to the Organisation's Quality Management System during the previous audit period.
Corrective actions as a result of non-conformities from the previous audit were evaluated.	Management Review and Non-conformance reporting.	There were non-conformances to address from the previous audit.

ISO 9001:2015 Management System - Nonconformities

Audit item	Process audited	Evidence findings	Priorities	Responsible Person	Recommended Deadline Date
9.2 Performance Evaluation	9.2 Internal Audits	<p>Clause 9. 2 Internal Audit requires that the Organisation retains documented information as evidence of the implementation of the audit programme and the audit results.</p> <p>However, although a number of Internal Audit records were in place and had been documented it was evident that not all aspects of the current internal audit plan had been internally assessed and documented during the previous audit period.</p>	Minor		10/11/2021

ISO 9001:2015 Management System - Section 4 Context of the Organisation

Positive observations		
Audit item	Process audited	Evidence findings
Context of the Organisation	<p>4.1 Understanding the Organisation and its context.</p> <p>4.2 Understanding the needs and expectations of interested parties.</p> <p>4.3 Determining the scope of the Quality Management System.</p> <p>4.4 Quality Management System and its processes.</p>	<p>The Organisations ISO 9001:2015 Manual (Issue 1 dated November 2018) was seen to be in place and fully up to date, there had been no documented change to the manual during the previous audit period. The current Manual had been signed off and approved by all four of the Directors.</p> <p>The Manual was being made available to staff on the Organisation's Intranet as part of the staff induction process.</p> <p>The current Manual was found to contain up to date and relevant information related to the Organisation and its context.</p> <p>The interested parties (and their needs and expectations) that were listed on page 8 were still seen to remain relevant with no additions or changes required. The Integrated 9001 and 14001 Template Suite was also seen to adequately document the current interested parties.</p> <p>The Scope of the Management system had been clearly documented as part of the Quality Policy (on page 8) and also on the current certificate which was seen to be still relevant to current operations with no changes or adjustments required.</p>

ISO 9001:2015 Management System - Section 5 Leadership

Positive observations		
Audit item	Process audited	Evidence findings
Leadership	<p>5.1 Leadership & Commitment.</p> <p>5.3 Organisational roles, responsibilities and authorities.</p>	<p>Through discussion with the Director and Practice Manager present at this audit assessment, it was identified that all employees were expected to help drive compliance activities that fully supports the Quality Management System. The four Directors were providing the required levels of leadership and commitment to help drive and maintain the Quality Management System and its supporting processes.</p> <p>The weekly operations meetings (work reviews), monthly management meetings and project meeting process were all in place and were being attended by a range of Directors and Managers.</p> <p>The Director in conjunction with the Practice Manager remains in place as the Quality Manager to ensure the Quality Management System was being maintained in accordance with the current Manual.</p> <p>Appropriate employee structures were confirmed as being up to date via the Quality Management Responsibilities Table (page 23 of the current Manual) and the four Directors remain in place to ensure sufficient levels of the resource remains in place to support effective Leadership across the Organisation.</p> <p>Responsibilities and lines of communication (as defined on page 23) are reviewed regularly by the Director and Practice Manager at least annually as part of the Management Systems Manual periodic review.</p> <p>The following Roles and Responsibilities were included within the Family tree Table (dated July 2020) was evidenced and seen to be</p>

		<p>providing a list of all current responsibilities for each role and included consideration of quality-related responsibilities:</p> <ul style="list-style-type: none"> • Associate • Director • Engineer • Senior Engineer • Technician. <p>The Organisation's roles and responsibilities were seen as being effectively implemented and managed at this audit assessment.</p>
Leadership	<p>5.2 Policy.</p> <p>5.2.1 Establishing the Quality Policy.</p> <p>5.2.2 Communicating the Quality Policy.</p>	<p>The ISO 9001:2015 Quality Policy was accessed and communicated via the current Manual and was made available to staff via the Organisation's Intranet.</p> <p>The policy had last been reviewed, approved and signed off by the Director from the Organisation on 01/01/20 with a review scheduled to be completed annually each January.</p> <p>If required, the Quality Policy was being made known to relevant external interested parties, throughout the year, when considered appropriate by the Organisation's Director and Practice Manager.</p> <p>The Quality Policy was seen to adequately reflect current business activities and clearly defines aims, objectives and the management's commitment towards meeting their customer's needs and requirements and included a commitment to continually improve the Quality Management System.</p>

ISO 9001:2015 Management System - Section 6 Planning

Positive observations		
Audit item	Process audited	Evidence findings
Planning	6.1 Actions to address risks and opportunities.	<p>The PEST Analysis, SWOT Analysis, Interested Parties Log, Legal Register and Risk Register information that was evidenced confirmed that a wide range of Risks and Opportunities considerations were adequately being documented via the Organisation's Integrated 9001 and 14001 Template Suite (Rev.1 that was dated January 2020). This was seen to be adequately providing a strategic evaluation of business (both internal and external issues being considered) and quality-related risks and opportunities.</p> <p>Significant quality risk-related issue or concern that is raised is relayed to the Managing Director and Management Team as and when this is considered necessary by members of the team. Any significant risk concerns are also being confirmed within the Management Review Meeting and periodic operational meeting process.</p>
Planning	6.2 Quality Objectives and planning to achieve them.	<p>The Organisations main objectives that were evidenced within the Organisation's Integrated 9001 and 14001 Template Suite were seen to remain consistent with the current documented Quality Policy. There was a total of six documented objectives being listed and these were being periodically reviewed formally at least annually (last achieved on 01/10/19) and managed as a collective activity by the Management Team. Objectives were also being reviewed informally through the monthly Management Meetings.</p> <p>The Management Team confirmed that there have not been any significant changes to the Quality Management System during the previous audit period. A Change Request Log was seen to be in</p>

		place within the Organisation's Integrated 9001 and 14001 Template Suite to allow for the recording of change as and when this occurs.
Planning	6.3 Planning of changes.	

ISO 9001:2015 Management System - Section 7 Support

Positive observations		
Audit item	Process audited	Evidence findings
Support	7.1 Resources. 7.1.1 General. 7.1.2 People. 7.1.5 Monitoring and measuring resources.	<p>Through discussion with the Management Team, it was clarified that there did not appear to be any current issues relating to the provision of resource(s), the general rule is that where and whenever the business needs any additional resource, this is considered and implemented as necessary by the four Directors.</p> <p>The resourcing for the required numbers of people and allocation of time was a feature of the weekly operational and monthly meetings and was seen being driven through the use of the following documents that were presented as evidence through Teams:</p> <ul style="list-style-type: none"> • Work Review Schedule (Access database) • Workload Schedules (Access database). <p>The Directors in conjunction with the Practice Manager remains in place to co-ordinate and manage the HR activity.</p> <p>The Organisation has not required the use of calibrated devices during the previous audit period.</p> <p>The Organisation's provision of resource (including responsibility for operating and managing the Quality Management System) was deemed to be adequate at the time of this audit assessment.</p>
Support	7.2 Competence. 7.3 Awareness. 7.4 Communication.	<p>The Organisation's provisions for competence and awareness (and general HR support) was being adequately achieved by the Director in conjunction with the Practice Manager.</p> <p>A Training Records Staff list was evidenced and seen to confirm all of the individual elements of training that had been achieved by</p>

		<p>the current members of staff.</p> <p>The following documents could be evidenced to confirm training and awareness activities and systems were being managed effectively for staff:</p> <ul style="list-style-type: none"> • Staff Development Plan for W. J was dated August 2020 • Staff Development Plan for D. P was dated August 2020 • Staff Development Plan for H. J. A was dated August 2020 • Staff Development Plan for F. S was dated September 2020 • CPD training for H. J. A related to Heat Pumps for Commercial Heating & Hot Water Applications and was dated 13/05/20 • CPD training for H. J. A related to False Alarms be Gone and was dated 22/06/20 • CPD training for R. G related to False Alarms be Gone and was dated 22/06/20 • A. M achieved the Electrical Vehicles Certificate on 27/05/20 • A. M achieved the Bluetooth Mesh Masterclass Certificate on 18/06/20 • A. M achieved the Resilience of Schools to Climate Change Certificate on 17/06/20. <p>The following mechanisms were in place and confirmed a range of staff had received various communications during the previous audit period:</p> <ul style="list-style-type: none"> • Management of Covid 19 • Construction industry changes • Revit drawing developments • Reader software bi-weekly updates • Staff One to ones • Monthly CPD meetings. <p>The communication of quality issues and non-conformances</p>
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		<p>remains a constant feature of the Organisation's day to day activities and operational meetings. During the previous audit period, the Organisation has not communicated out any significant quality-related issues to any of its interested parties.</p>
<p>Support</p>	<p>7.5 Documented information. 7.5.1 General. 7.5.2 Creating and updating. 7.5.3 Control of documented information.</p>	<p>The Director in conjunction with the Practice Manager remains in place to monitor, manage and provide approval of the Organisation's system documentation. The documents and records that were sampled during this audit assessment were demonstrated as being fully identifiable and had been stored securely and retained for the required period of time in accordance with all legal and regulatory requirements.</p> <p>The current Quality Manual and supporting documents were all seen to be fully up to date and provided all of the necessary approvals.</p> <p>The following documents were evidenced and confirmed these examples could easily be accessed and had been completed in accordance with the current Manual:</p> <ul style="list-style-type: none"> • Appointment document (Job 5641) for Hanford homes Ltd was dated 03/02/20 • Drawing Register (Job 5707) for Colchester Council was dated 07/12/20 • Drawing Issue Sheet (Job 5707) for Colchester Council was dated 07/12/20 • Approved Drawings Specification for hot and cold water (Job 5707) for Colchester Council was dated 07/12/20. <p>The IT system (including the intranet) ensures that Organisational information is being correctly backed up via server-based mechanisms and also to cloud storage incrementally, which is managed by the IT provider. Up to date antivirus and Windows malware software remain in place to protect the Organisation's computer system.</p>

ISO 9001:2015 Management System - Section 8 Operation

Positive observations		
Audit item	Process audited	Evidence findings
Operation	<p>8.2 Requirements for products and services.</p> <p>8.2.1 Customer communication.</p> <p>8.2.2 Determining the requirements for products and services.</p> <p>8.2.3 Review of the requirements for products and services.</p> <p>8.2.4 Changes to requirements for products and services.</p> <p>8.6 Release of products and Services.</p>	<p>A number of recent jobs were traced through the Arctic Pro and a company database to confirm effective customer-related processes were being applied by the Organisation. The following information was taken as a sample electronically and was presented by the Quality Manager:</p> <ul style="list-style-type: none"> An enquiry was received via email from Colchester Council, related to a request for Building Plans and was dated 24/08/20. A Fee Proposal confirmation was issued to the client via email on 01/09/20. The customer confirmed their order via email confirmation (PO No. 23114) on 16/09/20. The job was allocated Job Number 5707 and this job was completed on 07/12/20. The invoice (Ref: 9669) for this order was generated by Arctic Pro and sent to the client on 07/12/20 An enquiry was received via email from Giffords Hall, related to a request for Building Plans and was dated 09/01/20. A Fee Proposal confirmation was issued to the client via email on 22/01/20. The customer confirmed their order via email confirmation from the customer on 02/09/20. The job was allocated Job Number 5702 and this job was completed on 07/12/20. The invoice (Ref: 9652) for this order was generated by Arctic Pro and sent to the client on 27/11/20 An enquiry was received via email from Hinchingsbrooke, related to a request for Water Services Survey and was dated 31/07/19. An amended Fee Proposal confirmation was issued to the client via email on 03/07/20. The customer confirmed their order via email confirmation on

		11/08/20. The job was allocated Job Number 5711 and this job was completed on 10/11/20. The invoice (Ref: 9633) for this order was generated by Arctic Pro and sent to the client on 10/11/20.
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ISO 9001:2015 Management System - Section 9

Performance Evaluation


Positive observations		
Audit item	Process audited	Evidence findings
Performance evaluation	9.2 Internal Audit.	An Internal Audit Schedule was in place and clarified the areas being planned for internal audit and the dates these were set to be carried out. This was seen to be forming part of the Integrated 9001 and 14001 Template Suite.
Performance evaluation	9.3 Management review. 9.3.1 General. 9.3.2 Management review inputs. 9.3.3 Management review outputs.	Management Review minutes (dated 09/11/20) were available and confirmed that the Organisation had achieved the required meeting during the previous audit period. The meeting minutes confirmed that the meetings were being attended by the Senior Management staff members from the business. The current meeting records were sampled and confirmed an adequate amount of systems related information and progress formed the main body of the report.

ISO 9001:2015 Management System - Section 10

Improvement

Positive observations		
Audit item	Process audited	Evidence findings
Improvement	10 Improvement. 10.1 General.	<p>Management meetings, daily informal meetings, project meetings and Management Review meetings were all seen to be effectively providing the mechanisms by which the Organisation are able to effectively manage and drive improvement.</p> <p>The Management Review process was seen to be helping to document and drive future goals and improvements across the Organisation.</p>
Improvement	10.2 Non-conformity and corrective action. 8.7 Control of non-conforming outputs.	<p>Non-conformity and corrective actions were being managed through the Management Team as and when these are identified and reported. The Non-Conformance Log Tab on the Integrated 9001 and 14001 Template Suite Document confirms that there has been a total of three reported and adequately documented Non-conformances during the previous audit period. All of the issues were seen to be in the process of being adequately managed through a range of recommended actions that had been allocated to various members of the Senior Management Team. A sufficient schedule for review of the current Non-Conformances was demonstrated.</p>

Closing Meeting Attendees	
Name	Job title
Robert Crosby	Consultant
Adrian Catchpole	Director
Carl Ambrose	Practice Manager

Recommendation	Pass subject to rectification
Auditor's Name	Robert Crosby
Auditor's Signature	

Recommendation Review	Recommendation confirmed
Reviewer's Name	Brooke Clarke
Reviewer's Signature	