

Morris Services Ltd

Unit 18
Avondale Business Centre
Woodland Way
Kingswood
Bristol
BS15 1AW

LCL Awards Centre No: LC378
Parnassus No: TBC
UKRLP No: 10022289
LRS No: U22280

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| Date of audit: | 01/12/2021 | Type of audit: | QMS Audit (Remote) |
| Centre representative(s): | James Morris | Centre IQA: | Les Holmes |
| Professional Indemnity & Public Liability Ins. Details: | NFU Mutual Policy No. 080X2965875/NO3 EL: £5m, PL: £2.5m | Expiry: | 21/07/2022 |
| ICO No: | ZA934650 | Expiry: | 11/03/2022 |

Approved Centre Personnel Records (includes freelance)

| Name | LCA no. | Trainer | Assessor | I/IQA | C&I agreement | Induction | CV | CPD log | Certificates of competency | First aid |
|--------------|---------|---------|----------|-------|---------------|-----------|----|---------|----------------------------|-----------|
| James Morris | TBC | Y | Y | Y | Y | Y | Y | Y | Y | TBC* |
| Les Holmes | TBC | Y | Y | Y | Y | Y | Y | Y | Y | TBC |
| Alan Wilson | TBC | Y | Y | Y | Y | Y | Y | Y | Y | TBC |
| Anne Morris | N/A | | | | Y | Y** | | | | |

*Staff have been booked onto a First Aid Course in February. However, the landlord of the property does provide first aid cover currently.

**Anne needs to initial each areas she has been inducted to.

EQA Quality Management Audit Report for 2021

| Approved Centre QMS Section | |
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| 1. The Approved Centre (AC) and the AC Quality Management System (QMS) | <p>Centre has adopted the LCL Awards QMS.</p> <p>Some areas of this section have been personalised to reflect centre specific information:</p> <p>1.3 - Asks for a brief outline, not just to add centre name - please review and resubmit.</p> <p>1.4 - Centre has submitted a separate document identifying all staff involved - this is acceptable, but should be referenced here.</p> <p>Please amend and resubmit.</p> |
| 2. Quality Statements | <ul style="list-style-type: none"> Policy adopted and centre has identified Les G Holmes as the responsible person for maintaining quality within the centre. |
| 3. Standards Of Service | <ul style="list-style-type: none"> Centre has implemented this policy and amended to reflect their standards of service timescales. These meet requirements of LCL Awards. |

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| 4. Diversity and Equality | <ul style="list-style-type: none"> Centre has adopted this policy. Discussed process at audit - James confirmed that as a company they always try to be inclusive. Operate in a building premises where there is no disabled access, but this has already been identified and discussed with the landlord. Centre is pro-active and offer additional support when required. |
| 5. Centre Approval Register | <ul style="list-style-type: none"> Policy adopted and centre approval certificate will be issued on final approval. |
| 6. Approved Centre Personnel | <ul style="list-style-type: none"> Centre has implemented this policy and updated Tables 1 & 2 with current personnel. NB Internal Auditor needsto be independent from QMS, Assessment & IQA - currently identified as James W Morris - discussed at audit - confirmed the IA will be identified going forward. |
| 7. Personnel Training, Development and Qualifications | <ul style="list-style-type: none"> Policy has been implemented, staff records confirmed: James Morris CM (Trainer, Assessor & IQA): CIA, SIF, CV, Certs of Competence - CPD (STR) Les Holmes (Trainer, Assessor, IQA): CIA, SIF, CV, Certs of Competence - CPD Log (STR). Alan Wilson (Trainer, Assessor, IQA): CIA, SIF, CV, Certs of Competence - CPD Log (STR). Anne Morris: CIA, (SIF needs to initial sections inducted) AIVAF - James Morris received - stillneed Les Holmes & Alan Wilson. |
| 8. Monitoring of Personnel Performance | <ul style="list-style-type: none"> Policy implemented, but centre asked to confirm appraisal process - James confirmed that there are quarterly standardisation meetings. They are a small team and as a result no formal reviews. |
| 9. Register of Approved Assessors, Invigilators and Internal Verifiers | <ul style="list-style-type: none"> Policy adopted, and RAAIV completed for each assessor and IV. |
| 10. Assessor Roles and Responsibilities | <ul style="list-style-type: none"> Policy has been adopted - discussed how staff are made aware of their responsibilities, but as a strong team who have worked together for 15 years, are aware of requirements. |
| 11. Management Review and Internal Audit | |
| a. Meetings | <ul style="list-style-type: none"> Policy has been adopted. Management Review Minutes will be reviewed at Interim Audit. |
| b. Internal Audit Plan & Reports | <p>Internal Audit Programme not submitted - please submit for review. Internal Auditor will be confirmed.</p> |
| 12. Internal Quality Assurance | |
| a. Internal Verification | <ul style="list-style-type: none"> IQA/IV Plan - this includes reviewing lesson plans and reviewing with students. Standardisation: James confirmed: <i>"We hold standardization meetings for both existing awarding bodies and the qualifications taught, assessed and verified quarterly at present along with a general operating centre meeting with minutes and will implement this approach for all five LCL qualifications being sought approval on too"</i>. |
| b. Internal Verifiers Reports | <ul style="list-style-type: none"> IVCRs and IVR will be reviewed at Interim Audit. |

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| c. Dual Assessment Plan and Reports | <ul style="list-style-type: none"> ■ Dual Assessment Plan has been implemented. Dual Assessment reports will be reviewed at Interim Audit. |
| 13. Confidentiality | <ul style="list-style-type: none"> ■ Centre has implemented this policy and updated with centre specific security arrangements. |
| 14. Managing Risks to Integrity, Impartiality and Conflicts of Interest | <ul style="list-style-type: none"> ■ Policy has been adopted - confirmed that there is a separate training and assessor and there is an Independent invigilator. Risk register to be submitted (App7) |
| 15. Examination and Assessment Impartiality | <ul style="list-style-type: none"> ■ Policy has been adopted. Centre uses impartial invigilator. |
| 16. Separation of Training from Assessment | <ul style="list-style-type: none"> ■ N/A although the centre does have this provision. |
| 17. External Quality Assurance Audits, Investigations and Remote Monitoring | <ul style="list-style-type: none"> ■ Centre has adopted this policy and is an experienced training provider with a number of other Ofqual regulated AOs. ■ Centre was supportive of remote auditand accommodating in booking the onsite technical audit. |
| 18. Continuous Improvement, Prevention of Non Conformance and Corrective Actions | <ul style="list-style-type: none"> ■ Policy has been adopted. Discussed process at audit - James confirmed that there would be an internal meeting to discuss what had gone wrong. An example of prevention of non-conformance is to take the EESSat an alternative centre, as they feel it is best practice not to train their own staff. |
| 19. Malpractice and Maladministration | <ul style="list-style-type: none"> ■ Centre has their own Malpractice and Maladministration Policy and Procedures. These refer to the AOs procedures and therefore meet requirements of LCL Awards. |
| 20. Examination & Assessment Provisions and Facilities | <ul style="list-style-type: none"> ■ Policy has been adopted. This will be reviewed at the onsite technical audit and confirmed in additional report. |
| 21. Register of Examination and Assessment Facilities, Locations and Equipment | <ul style="list-style-type: none"> ■ Policy has been adopted. This will be reviewed at the onsite technical audit and confirmed in additional report. First aid course booked for the following: Les Holmes Alan Wilson James Morris Current first aid - is provided by the landlord. |
| 22. Security of Documentation and Equipment | <ul style="list-style-type: none"> ■ Policy has been adopted. Discussed process at audit - CCTV system internally/externally. Intruder alarm covers both units. Secure metal cabinet, in locked room. 5 lever Chubb locks are utilised. All confidential documents are kept locked. Learners are not permitted access to assessment area without assessor present. |
| 23. Maintenance of Controlled Documents | <ul style="list-style-type: none"> ■ Policy has been adopted. James confirmed that when new documents are received, these would be saved onto Office 365 system. The old version will be archived. |
| 24. Results Notification | <ul style="list-style-type: none"> ■ Policy has been adopted. James confirmed that a company produced form which provides feedback to learner from assessor. Appeals procedure is notified to the learner, which includes results notification. |

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| 25. Complaints and Appeals | <ul style="list-style-type: none"> Centre has their own Appeals Policy and Procedures. These refer to the AOs procedures and therefore defer to the requirements of LCL Awards. Centre has no complaints in the past 12 months (or the previous 14 years!). Complaints log will be implemented. |
| 26. Learner Application, Assessment and Certification (RQF) | <ul style="list-style-type: none"> Policy has been adopted - Discussed process at audit - James confirmed that there will be telephone discussions with the learners. Applications are booked online, these are reviewed before accepting the applicant. GDPR compliance email is issued by the centre. Authentication of the learner and their pre- requisites are reviewed and confirmed on the booking form and joining instructions are sent out to the learner. COVID requirements are confirmed. JCQ rules are sent to the learner before attending. Recommend authenticating learners on arrival, rather than before assessment. |
| 27. Learner Application, Assessment and Certification (17024) | <ul style="list-style-type: none"> As above. |
| Witnessed Assessment (17024) (EV to provide date and type of assessment) | |
| 28. Data Collection | |
| a. Learners registered for qualifications | <ul style="list-style-type: none"> Policy has been adopted. Discussed process at audit - James confirmed that a secure website which has a CMS where learner records are kept. Centre produces spreadsheet from this. |
| b. Learners failing qualifications by assessor | <ul style="list-style-type: none"> The above system can identify this. |
| c. Claims for certification rejected by LCL Awards | <ul style="list-style-type: none"> If this were to occur - James confirmed that the learner would have been notified of the process. The learner would be offered additional training and resit. |
| d. Learners failing to complete qualifications | <ul style="list-style-type: none"> If learners fail to complete, the learner would be offered additional dates to attend. If all else fails the learner would be withdrawn. |
| e. Learner Feedback | <ul style="list-style-type: none"> Learner feedback is collected by written form during practical assessment. A full course evaluation form is also completed at the end of each course. |
| 29. Records | <ul style="list-style-type: none"> Policy has been adopted. Reviewed holistically and confirmed to meet requirements. |
| 30. Trade Marks and Logos | <ul style="list-style-type: none"> Policy has been adopted. Discussed at audit - confirmed understanding of use of logos. |
| 31. Recognition of Prior Learning (RPL) and Attainment | <ul style="list-style-type: none"> Policy has been adopted. Discussed at audit - informal discussion is held with learners to identify which programme of study they should take. |
| 32. Unique Learner Numbers and Learner Records | <ul style="list-style-type: none"> Centre has implemented policy for this section. UKRLP: 10022289 LRS: U22289 |

| Approved Centre QMS Appendices | |
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| Appendix 2 - Approved Centre Forms | <ul style="list-style-type: none"> Centre has adopted a number of the forms issued. |
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| Appendix 5 - Person Specifications and Recruitment Strategy | <ul style="list-style-type: none"> Discussed at audit - centre has a team who have worked together for 15 years. |
| Appendix 6 - Amendment Records | <ul style="list-style-type: none"> Amendment records will be reviewed at Interim Audit. |
| Appendix 7 - Conflicts of Interest and Risk Management | Risk register not completed. please update with centre specific risks and resubmit. |
| Appendix 7A – Managing COVID-19 Virus | <ul style="list-style-type: none"> Policy adopted. Confirmed centre's current procedures for COVID - F7 filtration centre added to the centre (fresh air system) - protective screens around all desks. Sanitizer stations in all areas. Adhere to Government restrictions as when required. |
| Appendix 8 - Approved Centre Data Breach Policy | <ul style="list-style-type: none"> Policy Adopted and Data Compliance Manager identified as James W Morris. |

External Verifier (EV) Report and Action Plan (EV Comments)

| <p>Centre in an experienced training provider and had been delivering qualifications for C&G and EAL for a 15 years.</p> <p>They were well prepared for the audit and had submitted the requested documents within the deadline. All staff attended the audit and were able to contribute to support the audit process.</p> <p>The centre strives to offer quality training and assessment to learners and go above and beyond to ensure regulatory requirements are met from both the industry and the AOs they are approved to deliver qualifications through.</p> <p>I have no hesitation in recommending this centre for approval on completion of the technical audit.</p> | | | | |
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| <p>This report and any improvement actions identified within will be issued electronically for signature and acceptance by the centre representative. In signing, the centre representative agrees to close out any improvement actions within the scheduled timescale. Failure to complete the improvement actions could result in suspension of centre approval.</p> | | | | |
| QMS Section | IAR/R | Improvement Action / Recommendation Details | Date for Completion | Date Closed |
| 1 | IAR | Please amend this policy and resubmit. | 15.12.21 | |
| 11b | IAR | Please submit Internal Audit Programme for review. Internal Auditor to be confirmed. | 15.12.21 | |
| App 7 | IAR | Risk register needs updating with centre specific risks. Please update and resubmit. | 15.12.21 | |
| 26 | R | Recommend authenticating learners on arrival, rather than before assessment. | N/A | N/A |
| Date of Next Audit: | | Interim Audit: 6 months after approval Annual Audit: 12 months after approval. | | |
| Comments / Feedback from Centre Staff: | | | | |

LCL Awards Actions Only

AM = Administration Manager **QAC** = Quality Assurance Co-ordinator

| LCL Awards Actions | EV Comments | Whom |
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| LCL Awards Logos | Please issue logos to the centre. | AM |
| CPD Workshop videos: | Please issue Internal Auditor CPD video to centre. | QARM |