



BUILDING CONSENT AUTHORITY ACCREDITATION
ASSESSMENT REPORT

Christchurch City Council

Routine Reassessment

14-18, and 21-23 August 2017

Amended report

27/9/17

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Introduction

This report relates to the Routine Reassessment of your Building Consent Authority (BCA) which took place 14-18, 21-23 August 2017 to determine compliance with the requirements of the *Building (Accreditation of Building Consent Authorities) Regulations 2006* (the Regulations). The report was amended on 27/9/17 to add details of good performance, clarify the non-compliance requirements and amended the date for an action plan to be submitted.

This report is based on the document review, witnessing of activities and interviews with the BCA's employees and contractors undertaken during the accreditation assessment.

A copy of this report, and subsequent information regarding progress towards clearance of non-compliance/s, will be provided to the Ministry of Business, Innovation and Employment (MBIE) in accordance with International Accreditation New Zealand's (IANZ) contractual obligations. This report may also be made publicly available by the BCA as long as this is not done in a way that misrepresents the content within. It may also be released under the Local Government Meetings and Official Information Act 1987 consistent with any ground for withholding that might be applicable.

ACCREDITATION FEEDBACK AND CONTINUING ACCREDITATION

Accreditation is a statement, by IANZ, that your organisation complies with the Regulations and MBIE BCA accreditation scheme guidance documents (as relevant). Where non-compliance with the Regulations has been identified, the Act requires that it must be addressed. This report will also highlight examples of good practice and performance.

This accreditation assessment found that the BCA was non-compliant with a number of accreditation requirements as detailed below. Of these, there were no serious non-compliances raised and 19 general non-compliances identified. The non-compliances identified must be addressed before accreditation is continued.

Summary of the non-compliances identified during the assessment

Your non-compliances with the Regulations have been summarised and recorded in detail in this report. Please complete the Record of Non-compliance table/s detailing your proposed corrective actions and forward a copy to IANZ. This plan of action must be provided to IANZ by 27/10/2017.

All non-compliances must be finally addressed and cleared by 20/12/2017. To maintain accreditation you must provide evidence of the actions taken to clear non-compliance to IANZ within the required timeframe.

If you do not agree with the non-compliances identified, please contact the Lead Assessor as soon as possible. If you need further time to address non-compliances, please contact the Lead Assessor as soon as possible. Where you are seeking an extension to an agreed timeframe to address a non-compliance, your Chief Executive is required to make a formal request for an extension of the timeframe.

If you have a complaint about the assessment process, please follow the procedure set out in the IANZ complaint process which can be found in Procedures and Conditions of Building Consent Authority Accreditation.

Summary of the good practice and performance identified during the assessment

This accreditation assessment found the following aspects of the BCA's operations of particular note as good practice and/or performance which should be maintained:

- Many building control functions were effectively implemented.
- All CCC BCA technical decisions were found to be compliant with the regulation.

NEXT ACCREDITATION ASSESSMENT

Unless your BCA undergoes a significant change, requiring some form of interim assessment, the next assessment of the BCA is planned for August 2019. You will be formally notified of your next assessment six weeks prior to its planned date.

ASSESSMENT SUMMARY

Organisation details		
Organisation:	Christchurch City Council Building Consent Authority	
Address for service:	53 Hereford Street Christchurch Central Christchurch 8011 New Zealand	
Client Number:	7486	
Accreditation Number:	82	
BCA Chief Executive:	Ms Karleen Edwards	
BCA Chief Executive contact details:	Karleen.Edwards@ccc.govt.nz	
BCA Authorised Representative:	Mr Steven May	
BCA Authorised Representative contact details:	Steven.May@ccc.govt.nz	
BCA Quality Manager:	Mr Steven May	
Assessment Team		
Lead Assessor:	Ms Carolyn Osborne	
Lead Assessor contact details:	cosborne@ianz.govt.nz	
Assessment Team members:	Mrs Adrienne Woollard Ms Tracy Quinton-Boundy	
Technical Experts:	Mr Colin Pickering Mr Jeff Samasoni	
MBIE observer/s:	Mr Gary Higham Mr Mike Reedy	
Report preparation		
Prepared by:	Ms Carolyn Osborne	
Signature:	<i>C Osborne</i>	
Checked by:	Ms Adrienne Woollard	
Signature:	<i>Adrienne Woollard</i>	
Date:	22/9/17	
Amended by:	Ms Adrienne Woollard	
Signature:	<i>Adrienne Woollard</i>	
Checked by:	Mr Geoff Hallam	
Signature:	<i>G D Hallam</i>	
Date:	27/9/17	
Assessment Outcome	This assessment:	Last assessment:
Total number of "serious" non-compliances:	0	NA
Total number of "general" non-compliances:	19	NA
IANZ level of concern about BCA:	This assessment:	Last assessment:
HIGH/MEDIUM/LOW	Low	NA
Date clearance plan required from BCA:	27/10/2017	
Date all non-compliances must be finally cleared:	20/12/2017	
Accreditation to continue with non-compliance clearance? YES/NO	Yes	
Number of recommendations:	0	
Number of advisory notes:	0	
Next assessment		
Recommended next assessment type:	Full	
FULL/MONITORING		
Recommended next assessment date:	August 2019	

SUMMARY TABLE OF NON-COMPLIANCE

The following table summarises the non-compliance identified with the accreditation requirements in your BCA's accreditation assessment. Where a non-compliance has been identified, a Record of Non-compliance template has been prepared detailing the issue, and to enable you to detail your proposed corrective actions to IANZ. You must update and return a template for each non-compliance identified.

Regulatory requirement	Non-compliance (Serious / General)	Breach of regulation 5/6?						Clearance Date (DD/MM/YYYY)	Repeat? (Yes/No)	Number of		Brief comment (one sentence/line only to get to the heart of the issue)
		5(a)	5(b)	5(c)	6(b)	6(c)	6(d)			Recommendations	Advisory notes	
Regulation 6												
6(A)(1)												
6(A)(2)												
Regulation 7												
7(1)												
7(2)(a)												
7(2)(b)												
7(2)(c)	General		Yes					20/12/2017	No			Procedure not accurate
7(2)(d)(i)												
7(2)(d)(ii)	General		Yes					20/12/2017	No			Procedure not accurate
7(2)(d)(iii)	General		Yes	Yes				20/12/2017	No			Procedure and implementation not appropriate.
7(2)(d)(iv)	General		Yes					14/8/2017	No			Not all MBIE points addressed in procedures
7(2)(d)(v)	General			Yes				20/12/2017	No			Implementation not appropriate
7(2)(e)												
7(2)(f)	General		Yes	Yes				20/12/2017	No			Procedure and implementation not appropriate
7(2)(g)												
7(2)(h)												
Regulation 8												
8(1)												
8(2)	General		Yes					14/8/2017	No			Not all MBIE points addressed in procedures
Regulation 9												
9	General		Yes	Yes				20/12/2017	No			Procedure and implementation not appropriate
Regulation 10												

10(1)												
10(2)												
10(3)(a)	General			Yes			20/12/2017	No				Implementation not appropriate
10(3)(b)	General			Yes			20/12/2017	No				Implementation not appropriate
10(3)(c)	General			Yes			20/12/2017	No				Implementation not appropriate
10(3)(d)	General			Yes			20/12/2017	No				Implementation not appropriate
10(3)(e)	General			Yes			20/12/2017	No				Implementation not appropriate
10(3)(f)	General						20/12/2017	No				Implementation not appropriate
Regulation 11												
11(1)												
11(2)(a)												
11(2)(b)	General			Yes			20/12/2017	No				Implementation not appropriate
11(2)(c)	General			Yes			20/12/2017	No				Implementation not appropriate
11(2)(d)	General			Yes			20/12/2017	No				Implementation not appropriate
11(2)(e)	General			Yes			20/12/2017	No				Implementation not appropriate
11(2)(f)												
11(2)(g)												
Regulation 12												
12(1)												
12(2)(a)												
12(2)(b)												
12(2)(c)												
12(2)(d)												
12(2)(e)												
12(2)(f)												
Regulation 13												
13(a)	General			Yes			20/12/2017	No				Implementation not appropriate
13(b)												
Regulation 14												
14												
Regulation 15												
15(1)(a)												

15(1)(b)												
15(2)												
Regulation 16												
16(1)												
16(2)(a)												
16(2)(b)												
16(2)(c)												
Regulation 17												
17(1)												
17(2)(a)												
17(2)(b)												
17(2)(c)												
17(2)(d)												
17(2)(e)	General			Yes			20/12/2017	No				Implementation not appropriate
17(2)(f)												
17(2)(g)												
17(2)(h)	General			Yes			20/12/2017	No				Implementation not appropriate
17(2)(i)												
17(2)(j)												
17(2)(k)												
17(2)(l)												
17(2)(m)												
17(3)												
17(3A)												
17(3A)(a)												
17(3A)(b)												
17(3A)(c)												
17(4)(a)	General			Yes			14/8/2017	No				Not all MBIE points addressed in procedures
17(4)(b)	General			Yes			14/8/2017	No				Not all MBIE points addressed in procedures
17(5)(a)	General			Yes			14/8/2017	No				Not all MBIE points addressed in

												procedures.
17(5)(b)	General			Yes				20/12/2017	No			Implementation not appropriate
Regulation 18												
18(1)(a)	General			Yes				20/12/2017	No			Implementation not appropriate
18(1)(b)												
18(2)(a)												
18(2)(b)												
18(2)(c)												
18(3)(a)												

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 1	
Breach of regulatory requirement:	Regulation 7(2)(c)	
Findings:	<p>General non-compliance</p> <p>The “Vault” procedure described “Vetting” as a pre-acceptance technical check that covered defined activities to be recorded on the B100 or B158 check-sheets. These check-sheets did not fully cover the items described in the procedure.</p>	
Actions required:	<p>Please develop and submit to IANZ a plan to address the above finding.</p> <p>Please implement the plan and send records to IANZ that demonstrate that the above finding has been addressed.</p>	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 2	
Breach of regulatory requirement:	Regulation 7(2)(d)(ii)	
Finding:	<p>General non-compliance</p> <p>The BCA stated that it used the National Competency Assessment System (NCAS) for assessing building consent applications.</p> <p>However, the B-660 chart amended the NCAS system to clarify its use in Christchurch City Council BCA. It appeared that a category "Solid Fuel Heaters" had been added to the system.</p> <p>Also BCA staff deemed as competent in Res 1, 2 or 3 and Com 1, 2 or 3 were not required to have specialist skills in fire. This meant that a person assessed as competent for a particular category under the Christchurch system was not assessed for their skills in fire. Consequently their assessment was not transferable to another BCA using the pure interpretation of the NCAS system.</p> <p>The outcome of this IANZ review was that the BCA's procedures systems and policies for assessing (categorising) applications were contradictory.</p>	
Actions required:	<p>Please develop and submit to IANZ a plan to address the above finding.</p> <p>Please implement the plan and send records to IANZ that demonstrate that the above finding has been resolved.</p>	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 3	
Breach of regulatory requirement:	Regulations 7(2)(d)(iii)	
Finding:	<p>General non-compliance</p> <p>The system for allocation was not clearly described in the procedures.</p> <p>There appeared to be no system to ensure that all granted building consents had been processed by people that were on the skills matrix and had a current competence assessment. This especially applied to work performed by one contractor.</p> <p>Evidence was observed of allocation of work to two people that were not on the skills matrix.</p>	
Actions required:	<p>Please develop and submit to IANZ a plan to address the above finding.</p> <p>Please implement the plan and send records that demonstrate that the above finding has been resolved.</p>	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 4	
Breach of regulatory requirement:	Regulation 7(2)(d)(v)	
Finding:	<p>General non-compliance</p> <p>Examples were observed where specified systems identified in the application were not listed in the building consent.</p> <p>There were also examples where the specified systems were listed on the consent but the performance standards for those specified systems were not listed on the consent (or on the attached draft compliance schedule).</p> <p>There were also examples where a choice of performance standards were offered on the draft compliance schedule issued with the building consent.</p>	
Actions required:	<p>Please develop and submit to IANZ a plan to address the above finding.</p> <p>Please implement the plan and send records that demonstrate that the above finding has been resolved.</p>	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 5	
Breach of regulatory requirement:	Regulation 7(2)(f):	
Findings:	<p>General non-compliance</p> <p>Code Compliance Certificates</p> <p>The BCA did not have a procedure in place for making a decision whether to extend the timeframe in which a Code Compliance Certificate could be issued beyond two years</p> <p>One example was noted where the required statement “the specified systems in the building were capable of performing to the performance standards set out in the building consent” was not on a CCC with specified systems.</p> <p>In some cases the performance standards listed on the CCC application and/or Compliance Schedule had not been correctly listed in the building consent (or not listed at all).</p> <p>Compliance Schedules</p> <p>Some issued Compliance Schedules did not provide sufficient detail regarding a specified system. For example, the make of a fire alarm system was recorded as “unknown” in a newly installed system that was required to be accompanied by an alarm “Certificate of Completion” that included details of the make of the alarm system.</p> <p>In other cases the information was not site specific. For example, “Lifts maintenance as specified by NZS 4332:1997 or BSEN 81.2:2006”.</p>	
Actions required:	<p>Please develop and submit to IANZ a plan to address the above findings.</p> <p>Please implement the plan and send records that demonstrate that the above findings have been resolved.</p>	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 6	
Breach of regulatory requirement:	Regulation 9	
Finding:	<p>General non-compliance</p> <p>The system for allocation was not clearly described in the procedures.</p> <p>There appeared to be no system to ensure that all granted building consents had been processed by people that were on the skills matrix and had a current competence assessment. This especially applied to work performed by one contractor.</p> <p>Evidence was observed of allocation of work to two contractors that were not on the skills matrix.</p>	
Actions required:	Refer to actions required to clear GNC 3	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 7	
Breach of regulatory requirement:	Regulation 10(3)(a)	
Finding:	<p>General non-compliance</p> <p>The Competency Assessor themselves had not been assessed against the National Competency Assessment System (NCAS) Competency Assessor specifications as required in Appendix 2 of the NCAS. Alternatively experts with the appropriate competencies are required to carry out or review competency assessments. Neither of these options appeared to have been implemented.</p> <p>There was often a lack of candidate evidence as described in NCAS (Appendix 1 & 3).</p> <p>Specifically</p> <p>Final records did not include sufficient assessment, discussion, description and reasons for decisions by the assessor.</p> <p>Records used to substantiate competency such as technical audits, candidate evidence forms (B-619) and witnessing forms (B-621), lacked reasons for decisions or were often used inconsistently.</p> <p>Records did not cover a range of processing activities and inspection types to the highest level.</p> <p>Qualifications, training and CPD were not recorded and discussed in the competency assessments. A reference to the training record was recorded only.</p> <p>Finally the referenced supporting records produced by the Competency Assessor appeared to be copy / paste throughout the document. They were not specifically tailored to the clause of the regulation and evidence required for review as per NCAS criteria.</p>	
Actions required:	<p>Please develop and submit to IANZ a plan to address the above finding. This plan will also address GNC's 8, 9, 10, 11 and 12.</p> <p>Please implement the plan and send records that demonstrate that the above finding has been resolved. These records will also address GNC's 8, 9, 10, 11 and 12.</p>	
Corrective action plan due by:	27/10/2017	
Plan of action:	<i>To be provided by BCA</i>	
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017

Evidence: <i>To be provided by BCA</i>	
Non-compliance cleared? Y/N	
Signed:	
Date:	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 8	
Breach of regulatory requirement:	Regulation 10(3)(b)	
Finding:	<p>General non-compliance</p> <p>The Competency Assessor themselves had not been assessed against the National Competency Assessment System (NCAS) Competency Assessor specifications as required in Appendix 2 of the NCAS. Alternatively experts with the appropriate competencies are required to carry out or review competency assessments. Neither of these options appeared to have been implemented.</p> <p>There was often a lack of candidate evidence as described in NCAS (Appendix 1 & 3).</p> <p>Specifically</p> <p>Final records did not include sufficient assessment, discussion, description and reasons for decisions by the assessor.</p> <p>Records used to substantiate competency such as technical audits, candidate evidence forms (B-619) and witnessing forms (B-621), lacked reasons for decisions or were often used inconsistently.</p> <p>Records did not cover a range of processing activities and inspection types to the highest level.</p> <p>Qualifications, training and CPD were not recorded and discussed in the competency assessments. A reference to the training record was recorded only.</p> <p>Finally the competency assessments records produced by the Competency Assessor appeared to be copy / paste throughout the document. They were not specifically tailored to the clause of the regulation and evidence required for review as per NCAS criteria.</p>	
Actions required:	Refer to actions required in GNC 7.	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 9	
Breach of regulatory requirement:	Regulation 10(3)(c)	
Finding:	<p>General non-compliance</p> <p>The Competency Assessor themselves had not been assessed against the National Competency Assessment System (NCAS) Competency Assessor specifications as required in Appendix 2 of the NCAS. Alternatively experts with the appropriate competencies are required to carry out or review competency assessments. Neither of these options appeared to have been implemented.</p> <p>There was often a lack of candidate evidence as described in NCAS (Appendix 1 & 3).</p> <p>Specifically</p> <p>Final records did not include sufficient assessment, discussion, description and reasons for decisions by the assessor.</p> <p>Records used to substantiate competency such as technical audits, candidate evidence forms (B-619) and witnessing forms (B-621), lacked reasons for decisions or were often used inconsistently.</p> <p>Records did not cover a range of processing activities and inspection types to the highest level.</p> <p>Qualifications, training and CPD were not recorded and discussed in the competency assessments. A reference to the training record was recorded only.</p> <p>Finally the competency assessments records produced by the Competency Assessor appeared to be copy / paste throughout the document. They were not specifically tailored to the clause of the regulation and evidence required for review as per NCAS criteria.</p>	
Actions required:	Refer to actions required in GNC 7.	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 10	
Breach of regulatory requirement:	Regulation 10(3)(d)	
Finding:	<p>General non-compliance</p> <p>The Competency Assessor themselves had not been assessed against the National Competency Assessment System (NCAS) Competency Assessor specifications as required in Appendix 2 of the NCAS. Alternatively experts with the appropriate competencies are required to carry out or review competency assessments. Neither of these options appeared to have been implemented.</p> <p>There was often a lack of candidate evidence as described in NCAS (Appendix 1 & 3).</p> <p>Specifically</p> <p>Final records did not include sufficient assessment, discussion, description and reasons for decisions by the assessor.</p> <p>Records used to substantiate competency such as technical audits, candidate evidence forms (B-619) and witnessing forms (B-621), lacked reasons for decisions or were often used inconsistently.</p> <p>Records did not cover a range of processing activities and inspection types to the highest level.</p> <p>Qualifications, training and CPD were not recorded and discussed in the competency assessments. A reference to the training record was recorded only.</p> <p>Finally the competency assessments records produced by the Competency Assessor appeared to be copy / paste throughout the document. They were not specifically tailored to the clause of the regulation and evidence required for review as per NCAS criteria.</p>	
Actions required:	Refer to actions required in GNC 7.	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 11	
Breach of regulatory requirement:	Regulation 10(3)(e)	
Finding:	<p>General non-compliance</p> <p>The Competency Assessor themselves had not been assessed against the National Competency Assessment System (NCAS) Competency Assessor specifications as required in Appendix 2 of the NCAS. Alternatively experts with the appropriate competencies are required to carry out or review competency assessments. Neither of these options appeared to have been implemented.</p> <p>There was often a lack of candidate evidence as described in NCAS (Appendix 1 & 3).</p> <p>Specifically</p> <p>Final records did not include sufficient assessment, discussion, description and reasons for decisions by the assessor.</p> <p>Records used to substantiate competency such as technical audits, candidate evidence forms (B-619) and witnessing forms (B-621), lacked reasons for decisions or were often used inconsistently.</p> <p>Records did not cover a range of processing activities and inspection types to the highest level.</p> <p>Qualifications, training and CPD were not recorded and discussed in the competency assessments. A reference to the training record was recorded only.</p> <p>Finally the competency assessments records produced by the Competency Assessor appeared to be copy / paste throughout the document. They were not specifically tailored to the clause of the regulation and evidence required for review as per NCAS criteria.</p>	
Actions required:	Refer to actions required in GNC 7.	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 12	
Breach of regulatory requirement:	Regulation 10(3)(f)	
Finding:	<p>General non-compliance</p> <p>The Competency Assessor themselves had not been assessed against the National Competency Assessment System (NCAS) Competency Assessor specifications as required in Appendix 2 of the NCAS. Alternatively experts with the appropriate competencies are required to carry out or review competency assessments. Neither of these options appeared to have been implemented.</p> <p>There was often a lack of candidate evidence as described in NCAS (Appendix 1 & 3).</p> <p>Specifically</p> <p>Final records did not include sufficient assessment, discussion, description and reasons for decisions by the assessor.</p> <p>Records used to substantiate competency such as technical audits, candidate evidence forms (B-619) and witnessing forms (B-621), lacked reasons for decisions or were often used inconsistently.</p> <p>Records did not cover a range of processing activities and inspection types to the highest level.</p> <p>Qualifications, training and CPD were not recorded and discussed in the competency assessments. A reference to the training record was recorded only.</p> <p>Finally the competency assessments records produced by the Competency Assessor appeared to be copy / paste throughout the document. They were not specifically tailored to the clause of the regulation and evidence required for review as per NCAS criteria.</p>	
Actions required:	Refer to actions required in GNC 7.	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 13	
Breach of regulatory requirement:	Regulation 11(2)(b, c, d)	
Findings:	<p>General non-compliance</p> <p>(i) Along with other expected requirements for Training Plans, procedures for Training Plans did not require the BCA to:</p> <ul style="list-style-type: none"> · Record a timeframe for training to be undertaken, · Record the reasons why training had been missed. · Monitor and review staff application of training received <p>These points were addressed during the assessment however, there were as yet no records that demonstrated that the revised procedures had been effectively implemented.</p> <p>(ii) The BCA had often not undertaken training specified on the Training Plans (B-660 Register) for staff.</p>	
Actions required:	<p>Please develop and submit to IANZ a plan to address the above findings.</p> <p>Please implement the plan and send records that demonstrate that the above findings have been resolved.</p>	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 14	
Breach of regulatory requirement:	Regulation 11(2)(e)	
Finding:	<p>General non-compliance</p> <p>The BCA's procedures for supervision were implemented inconsistently and some lacked records and reasons for decisions.</p>	
Actions required:	<p>Please develop and submit to IANZ a plan to address the above finding.</p> <p>Please implement the plan and send records that demonstrate that the above finding has been resolved.</p>	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 15	
Breach of regulatory requirement:	Regulation 13	
Finding:	<p>General non-compliance</p> <p>Records to support technical leadership lacked evidence for the Technical Leaders technical and legislative knowledge.</p>	
Actions required:	<p>Please develop and submit to IANZ a plan to address the above finding.</p> <p>Please implement the plan and send records that demonstrate that the above finding has been resolved.</p>	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 16	
Breach of regulatory requirement:	Regulation 17(5)	
Finding:	<p>General non-compliance</p> <p>There were a significant number of issues with the quality system identified as part of this assessment and these should have been identified as part of the annual strategic review of the quality system. The annual review should identify remedies required to ensure the quality system returns to effectiveness.</p>	
Actions required:	<p>Please develop and submit to IANZ a plan to address the above finding.</p> <p>Please implement the plan and send records that demonstrate that the above finding has been resolved.</p>	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 17	
Breach of regulatory requirement:	Regulation 17(2)(e)	
Finding:	<p>General non-compliance</p> <p>Records indicated that there were occasions where the continuous improvements were not being progressed. These were being brought to the attention of the Leadership Team but did not necessarily get resolved.</p>	
Actions required:	<p>Please develop and submit to IANZ a plan to address the above finding.</p> <p>Please implement the plan and send records that demonstrate that the above finding has been resolved.</p>	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 18	
Breach of regulatory requirement:	Regulation 17(2)(h)	
Finding:	<p>General non-compliance</p> <p>The BCA's internal audits had not effectively audited all Building Control Functions as defined in Regulation 3 of the Accreditation Regulations. Examples where shortfalls had not been identified included:</p> <ul style="list-style-type: none"> · The continuous improvement process was not fully effective. · Training Records indicated that significant amounts of training that had been specified was not happening. · Supervision records were inconsistent and sparse. · The BCA had not reviewed their own implementation of Regulation 10 (competency assessments) against the methodology described in the National Competency Assessment System. · The BCA had not audited their implementation of Regulation 13 (Technical Leadership) against the MBIE Guidance. · The BCA's technical audit of management and delivery of appropriate Compliance Schedules did not detect that there were on-going issues with Compliance Schedules. 	
Actions required:	<p>Please develop and submit to IANZ a plan to address the above finding.</p> <p>Please implement the plan and send records that demonstrate that the above finding has been resolved.</p>	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 19	
Breach of regulatory requirement:	Regulation 18	
Finding:	<p>General non-compliance</p> <p>There were a number of staff whose responsibility it was to review specified system information to make a decision whether they were able to issue a CCC and/or a Compliance Schedule. These staff had not been considered by the BCA as doing a technical job and therefore had not been enrolled for a qualification as required by this regulation.</p> <p>Discussions with those staff during this assessment determined that those staff were performing a technical job.</p>	
Actions required:	<p>Please develop and submit to IANZ a plan to address the above finding.</p> <p>Please implement the plan and send records that demonstrate that the above finding has been resolved.</p>	
Corrective action plan due by:	27/10/2017	
Plan of action: <i>To be provided by BCA</i>		
Non-compliance to be addressed by:	20/12/2017	
Reporting requirements:	Requirement:	Date:
	Plan	20/10/2017
	Final Information	8/12/2017
Evidence: <i>To be provided by BCA</i>		
Non-compliance cleared? Y/N		
Signed:		
Date:		

ASSESSMENT OBSERVATIONS

In this part of the report guidance has been provided regarding the requirements of each regulation. This is presented in a text box at the beginning of each section. This information is intended to provide context for the observations that follow.

REGULATION 6A NOTIFICATION REQUIREMENTS

Non-compliance?	No
Non-compliance number:	-
Opportunities for improvement?	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The BCA had appropriate procedures that addressed all MBIE requirements.	

REGULATION 7 PERFORMING BUILDING CONTROL FUNCTIONS

Regulation 7(2)(a): providing consumer information

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	Yes
Number of recommendations:	1
Recommendation number/s:	R1
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA made information available to consumers on its website. Information could also be provided by staff at the Council's Service Centres. The information provided covered how applications were processed, inspected and certified. Some amendments were made to the information during the assessment and the assessment team took into account changes to the guidance document proposed by MBIE.</p> <p>There were some errors noted in the information provided and a copy of the review was provided to the BCA during the assessment. It is recommended that the BCA review its consumer information to ensure that all the information is correct. This includes ensuring that references to the statutory clock are correct, the information provides correct guidance about extending the timeframe for a building consent, the statement about lapsing is corrected to refer to 12 months after issue, information regarding waivers and modification is correct, and information about fees and charges are correct.</p>	

Regulation 7(2)(b)-(c), and 7(2)(d)(i): receiving, checking and recording applications

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 1
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCAs procedures for receiving applications, checking the applications and recording the applications in the consent processing system were assessed using an amended guidance check-sheet provided by MBIE.</p> <p>Procedures were mostly appropriate. The Vault procedure described "Vetting" as a pre-acceptance technical check that covered defined activities to be recorded on the B100 or B158 check-sheets. These check-sheets did not fully cover the checks described in the procedure. The BCA had previously identified this issue and had raised it in their continuous improvement system (GNC1).</p> <p>The processes, as implemented, were seen to be appropriate for the organisation.</p>	

Regulations 7(2)(d)(ii)-(iii): assessing (categorisation) and allocating applications

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC's 2, 3
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Assessing (Categorisation)</p> <p>The BCA stated that it used the NCAS system for assessing building consent applications. The B-660 chart amended the NCAS system to clarify its use in Christchurch City Council BCA. It appeared that a category "Solid Fuel Heaters" had been added to the system.</p> <p>BCA staff deemed competent in Res 1, 2 or 3 and Com 1, 2 or 3 were not necessarily required to have specialist skills in fire. This meant that a person's assessment was not transferable to another BCA using the pure interpretation of the NCAS system. The BCA is requested to clarify its use of the NCAS system (GNC 2).</p> <p>Applications were categorised by the receiving team then sent to one of several processing teams.</p> <p>Allocation</p> <p>The processing teams self-allocated from a list of work sent to their team.</p> <p>Some work was allocated to contractors. Records were observed of the allocation to two contractors that were not on the skills matrix. There appeared to be no system to ensure that all granted building consents had been processed by people that had a current competence assessment. This especially applied to work performed by one contractor. The system for allocation was not clearly described in the procedures (GNC 3).</p> <p>The MBIE checklist required BCAs to identify if technical leadership was required (during allocation) and whether a copy needed to be provided to the New Zealand Fire Service Commission as part of the allocation process. Christchurch City Council BCA made these decisions later in its process. IANZ undertook to work with MBIE to amend the Guidance document to reflect the requirements of the Regulations. This issue was not raised as a non-compliance.</p>	

Regulation 7(2)(d)(iv)-(v): processing, granting and issuing consents

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 4
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Processing</p> <p>The BCA's procedures for processing were substantially appropriate. The procedures did not fully discuss building methods or materials that rely on alternative solutions. This was resolved during the assessment.</p> <p>Granting</p> <p>The BCA's policies, procedures and systems for granting, refusing to grant and issuing were appropriate and fully implemented except where the building consent involved specified systems.</p> <p>Examples were observed where specified systems identified in the application were not listed in the building consent, where the specified systems were listed but performance standards of specified systems were not (or on the attached draft compliance schedule) or a choice of performance standards was offered. (GNC 4).</p>	

Regulation 7(2)(e): planning, performing and managing inspections

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The BCA had appropriate procedures that were effectively implemented.	

Regulation 7(2)(f): code compliance certificates, compliance schedules and notices to fix

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 5
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Code Compliance Certificates</p> <p>The BCAs policies, procedures and systems for accepting applications for CCC and issuing CCCs were substantially appropriate.</p> <p>However, the BCA did not have a procedure in place for making a decision whether to extend the timeframe in which a Code Compliance Certificate could be issued past 2 years (GNC 5).</p> <p>With respect to implementation, one example was noted where the required statement “the specified systems in the building were capable of performing to the performance standards set out in the building consent” was not on a CCC with specified systems. In other cases reference to the specified systems had not been made on the building consent at all. In some cases the performance standards listed on the Compliance Schedule had not been correctly listed on the building consent making it impossible to correctly confirm at the time of issue of CCC that the specified systems in the building were capable of performing to the performance standards set out in the building consent. (GNC 5)</p> <p>Compliance Schedules</p> <p>In some cases issued Compliance Schedules did not provide sufficient detail regarding the specified system. For example the make of the fire alarm system was recorded as “unknown” in a newly installed system that was required to be accompanied by an alarm Certificate of Completion that included details of the make of the alarm system. In another example the information was not site specific (e.g. Lifts maintenance as specified by NZS 4332:1997 or BSEN 81.2:2006), (GNC 5).</p> <p>Notices to Fix</p> <p>The BCAs policies, procedures and systems for issuing a Notice to Fix were appropriate and seen to be effectively implemented.</p>	

Regulation 7(2)(g) and (h): customer inquiries and complaints

Non-compliance?	No
Non-compliance numbers:	-
Opportunities for improvement?	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Appropriate procedures were effectively implemented for both these functions.	

REGULATION 8 ENSURING ENOUGH EMPLOYEES AND CONTRACTORS

Regulation 8(1): forecasting workflow

Non-compliance?	No
Non-compliance number/s:	-
Opportunities for improvement?	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures were appropriate and effectively implemented.	

Regulation 8(2): identifying and addressing capacity and capability needs

Non-compliance?	Yes
Non-compliance number:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures were mostly appropriate. Some items specified in the MBIE Guidance were not discussed, however, these were addressed during the assessment. Current procedures were effectively implemented.	

REGULATION 9 ALLOCATING WORK

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 6
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The BCA's allocation systems did not ensure that all work was allocated to individuals with appropriate recorded competencies. Specifically there were two examples where work had been allocated to individuals within a contracting company who were not on the skills matrix. (GNC 6)	

REGULATION 10 ESTABLISHING AND ASSESSING COMPETENCY OF EMPLOYEES

Regulation 10(1) and (3): assessing prospective employees

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Current procedures were effectively implemented for the recruitment of staff and assessing and establishing their initial experience and competence.	

Regulation 10(2) and (3): assessing employees performing building control functions

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC's 7, 8.9.10,11 and 12
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Competency assessments had been undertaken annually as required, but lacked evidence and supporting records. This results in GNC's for each of Regulations 10(3)(a-f).</p> <p>Prior to 2015 the BCA had competency assessments undertaken by external contractors. It had been decided to bring the assessment process back in-house and the BCA had recruited a team of staff to carry out this responsibility.</p> <p>Therefore the process was relatively new with respect to understanding the National Competency Assessment System (NCAS) and the making of appropriate full records which is the requirement of Regulations 6(b)(c) and (d) of the Accreditation Regulations.</p> <p>The Competency Assessor themselves had not been assessed against the NCAS Competency Assessor specifications as required (Appendix 2 of the NCAS). Alternatively experts with the appropriate competencies are required to carry out or review competency assessments. Neither of these options appeared to have been implemented.</p> <p>The BCA competency assessment procedure follows the 5 step NCAS process for competency assessment. A decision had been made by the assessor of the employee's competence however, there was a lack of candidate evidence as described in NCAS (Appendix 1 & 3). Records did not include the assessment, discussion, description and reasons for decisions by the assessor.</p> <p>Many records used by the Competency Assessor to substantiate competency, such as technical audits, candidate evidence forms (B-619) and witnessing forms (B-621) lacked reasons for decisions or were inconsistently recorded.</p>	

In particular (but not only) the technical audits used to support competency assessments were primarily procedural audits. The template required simple Yes / No answers and only required the auditor to substantiate their decision when they had recorded "No". Consequently, most lacked written record, assessment, observations and reasons for decisions. This is not appropriate for regulation 6(c).

Qualifications, training and CPD were not recorded and discussed in the competency assessments. A reference to the training record was recorded only.

Finally, the competency assessments records produced by the Competency Assessor appeared to be copy / paste throughout the document. They were not specifically tailored to the clause of the regulation and evidence required for review as per NCAS criteria **(GNC's 7, 8, 9, 10, 11 and 12)**.

There were some examples of well recorded witnessing forms and candidate evidence forms undertaken by technical staff.

REGULATION 11 TRAINING EMPLOYEES DOING A TECHNICAL JOB

Regulation 11(1) and (2)(a)-(d),(f) and (g): the training system

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 13
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Procedures for Training Plans did not require the BCA to:</p> <ul style="list-style-type: none"> · Record a timeframe for training to be undertaken, · Record the reasons why training had been missed. · Monitor and review staff application of training received <p>The BCA had recently determined that their Training System procedures did not address the above points and those points were addressed during the assessment. However this assessment determined that it would be appropriate to see records that demonstrate that the revised procedures were implemented. (GNC 13).</p> <p>Training Plans and Personal Development Plans (PDPs) were in place for all staff. The BCA had a system for training its employees, making needs assessments and preparing training plans. Regular Training needs were undertaken and recorded on the Training Plan (B-660 Register). There were a significant number of proposed training entries that had not been implemented. (GNC 13)</p>	

Regulation 11(2)(e): supervising employees doing a technical job under training

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 14
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA had appropriate procedures for supervision, however the procedures were implemented inconsistently and some lacked records and reasons for decisions (GNC 14).</p> <p>There were some good examples of supervision. In particular a new BCO had been supervised by a senior BCO with good supporting records and training.</p>	

REGULATION 12 CHOOSING AND USING CONTRACTORS

Non-compliance?	No
Non-compliance number:	-
Opportunities for improvement?	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures for choosing and using contractors were appropriate and effectively implemented.	

REGULATION 13 ENSURING TECHNICAL LEADERSHIP

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 15
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA had a procedure for technical leadership that included four key criteria for considering and assessing a Technical Leader. While three of the criteria appeared to have been assessed, there was a lack of evidence and record for the Technical Leaders technical and legislative knowledge (GNC 15).</p> <p>Technical Leaders had been granted powers and authorities and were named as Technical Leaders on the skills matrix.</p>	

REGULATION 14 ENSURING NECESSARY (TECHNICAL) RESOURCES

Non-compliance?	No
Non-compliance number:	-
Opportunities for improvement?	No
Number of recommendations:	0
Recommendation number:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The BCA procedures were appropriate and effectively implemented.	

REGULATION 15 KEEPING ORGANISATIONAL RECORDS

Non-compliance?	No
Non-compliance number:	-
Opportunities for improvement?	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The BCA's procedures were appropriate and effectively implemented.	

REGULATION 16 FILING APPLICATIONS FOR BUILDING CONSENT

Non-compliance?	No
Non-compliance number:	-
Opportunities for improvement?	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The BCA had appropriate procedures that were effectively implemented.	

REGULATION 17 ASSURING QUALITY

Regulations 17(1) and (2)(a): A quality assurance system that covers management and operations

Non-compliance?	No
Non-compliance number:	-
Opportunities for improvement?	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures were developed to form a quality assurance system that covered management and operations.	

Regulation 17(2)(b) and (3): A policy on quality and a quality manager

Non-compliance?	No
Non-compliance number:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
An appropriate Quality Policy was viewed and a Quality Manager was specified.	

Regulation 17(2)(d) and 17(5): Management reporting and review, including of the quality system

Non-compliance?	Yes
Non-compliance number:	GNC 16
Opportunities for improvement?	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures for Management Review of Operations were appropriate and effectively implemented. Procedures for Strategic Review of the quality system were substantially appropriate. The procedures did not discuss two points specified in the MBIE Guidance. These were added during the assessment.	

Current procedures for the annual review of the quality system were implemented in part. However there were a significant number of issues with the quality system identified as part of this assessment and these should have been identified as part of the annual strategic review of the quality system. The annual review should identify remedies required to ensure the quality system returns to effectiveness (GNC 16).

Regulation 17(4): Compliance with a quality assurance system

Non-compliance?	Yes
Non-compliance number:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Procedures for ensuring compliance with the quality system were substantially appropriate. The procedures did not discuss all points specified in the MBIE Guidance document. These were resolved onsite.</p> <p>Current procedures were effectively implemented.</p>	

Regulation 17(2)(c): Ensuring operation within any scope of accreditation

Non-compliance? Y/N	NA
Non-compliance number/s:	NA
Opportunities for improvement? Y/N	NA
Number of recommendations:	NA
Recommendation number/s:	NA
Number of advisory notes:	NA
Advisory note number/s:	NA
Observations and comments, including good practice and performance	
NA	

Regulation 17(2)(e) Supporting continuous improvement

Non-compliance?	Yes
Non-compliance number:	GNC 17
Opportunities for improvement?	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA had appropriate procedures to perform this function and they were often effectively implemented. However, records indicated that there were occasions where the continuous improvements were not being progressed. These were being brought to the attention of the Leadership Team but did not necessarily get resolved (GNC 17).</p>	

Regulation 17(2) (h): Undertaking annual audits

Non-compliance?	Yes
Non-compliance number:	GNC 18
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Regulation 5(c) of these regulations requires that all Policies Procedures and Systems are effectively implemented. Internal audits are one way of ensuring this is happening.</p> <p>The BCA had recently realised that their internal audits had not effectively audited all Building Control Functions as defined in Regulation 3 of the Accreditation Regulations.</p> <p>The BCA had mostly appropriate procedures that included an internal audit of every procedure every year. Records reviewed indicated that non-technical audits were being performed according to the schedule and outcomes were often useful and appropriate.</p> <p>However there were findings made during this assessment that should have been revealed by robust internal audits. For example this assessment determined that the continuous improvement process was not fully effective. This is discussed under its relevant regulation where a General Non-Compliance is raised.</p> <p>Similarly this assessment determined that Training Records indicated that significant amounts of training that had been specified was not happening. This is discussed under its relevant regulation where a General Non-Compliance is raised.</p> <p>When reviewing records of supervision this assessment determined that they were sparse and this is also the subject of a General Non-Compliance under its relevant regulation.</p>	

This assessment also determined that the BCA had not reviewed their own implementation of Regulation 10 (competency assessments) against the methodology described in the National Competency Assessment System. This was the system that the BCA specified that they were using in their procedures. This has been discussed more fully under Regulation 10 where a General Non-Compliance is raised.

Also the BCA had not audited their implementation of Regulation 13 (Technical Leadership) against the MBIE Guidance and this is discussed under Regulation 13 where a General Non-Compliance is raised.

The BCA also had a technical audit programme in place. This programme audited both the process and technical outcomes of processing/inspections performed by all technical staff including contractors. This appeared at first review to address the requirement to audit Regulation 7 of these Regulations. When performing the technical audit the auditor is encouraged by the template to follow a processed consent from start to finish and in itself that can be a perfectly appropriate process. Also the number of technical audits (x4 annually for each BCO and 1 in 20 on-going for each contractor) in this organisation may in many instances detect any recurring problems.

However, when reviewing technical audits of processed consents that included compliance schedules, the audit did not focus on compliance schedules in all the ways that compliance schedules are managed by a BCA. This assessment determined that there were some shortcomings with respect to the BCA's management of compliance schedules. This has been discussed under Regulation 13 where a General Non-Compliance is raised. **(GNC 18)**

A sure way to detect recurring problems is to audit a procedure or set of closely related procedures at once. For example compliance schedule procedures including processes around Form 2, Form 5, Form 6 and Form 7. The audit must be performed by an individual with appropriate technical competencies and such an audit will give the BCA appropriate information with respect to the management and issue of compliance schedules. **(GNC 18)**

Regulation 17(2)(i): Identifying and managing conflicts of interest

Non-compliance?	No
Non-compliance number:	-
Opportunities for improvement?	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Appropriate procedures effectively implemented.	

Regulation 17(2)(j): Communicating with internal and external persons

Non-compliance?	No
Non-compliance number:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The BCA had appropriate procedures that were effectively implemented.	

Regulation 17(3A): Complaints about building practitioners

Non-compliance?	No
Non-compliance number:	-
Opportunities for improvement?	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The BCA had appropriate procedures that were effectively implemented.	

REGULATION 18 TECHNICAL QUALIFICATIONS

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 19
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>The BCA had determined a list of staff that performed building control functions by doing a technical job. They were working to ensure that those staff held an appropriate qualification, were working towards an appropriate qualification or were exempt under the BCAs defined rules.</p> <p>There were a number of staff whose responsibility it was to review specified system information for its appropriateness and to make a decision whether they were able to issue a CCC and/or a Compliance Schedule. These staff had not been considered by the BCA as doing a technical job and therefore had not been enrolled for a qualification as required by this regulation (GNC 19).</p>	

SUMMARY OF RECOMMENDATIONS

Recommendations are intended to assist your BCA to maintain compliance with the Regulations. They are **not** conditions for accreditation but a failure to make changes may result in non-compliance with the Regulations in the future.

It is recommended that:

- R1 There were some errors noted in the consumer information provided on the Christchurch City Council website. It is recommended that the BCA review its consumer information to ensure that all the information is correct. This includes ensuring that references to the statutory clock are correct, the information provides correct guidance about extending the timeframe for a building consent, the statement about lapsing is corrected to refer to 12 months after issue, information regarding waivers and modification is correct, and information about fees and charges are correct. A copy of the review notes was provided to the BCA during the assessment to provide further guidance regarding items that should be addressed.