

Focus Visit

Report for:

Matic Media Services Limited

LRQA reference:	LRQ00004856 / 5686086
Assessment dates:	07-December-2022
Reporting date:	08-December-2022
Client address:	9 Hagmill Road, Shawhead Industrial Estate, Coatbridge ML5 4XD, GB
Assessment criteria:	CertSmart 9001
Assessment team:	Gail Blenkin
LRQA client facing office:	LRQ United Kingdom OU

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Attachments:

LRQ00004856_APP_RC_CR_GB.doc

This report was presented to and accepted by:

Name: Robert McCombe

Job title: Operations Director

01. Executive report

Assessment outcome:

This visit was to assess the compliance of the management system of Matic Media Services Limited against CertSmart 9001 as defined in the audit planning documentation. The outcome of the visit is recorded below.

The objectives of the audit have been met and the management system continues to meet the Standard and stakeholder requirements. Certification is ongoing with a full Certificate Renewal Audit due to be planned by April 2023.

This will be 2 days duration (based on current Company size, performance to date, complexity of the management system). A plan for this audit has been drafted.

The Assessment Team Leader confirms the contractual arrangements for CertSmart 9001 are correct. This includes any changes required as a result of the outcome of the Stage 1 visit (including changes to the scope of assessment, duration of the Stage 2 visit, and duration of subsequent surveillance visits).

Continual improvement:

Having reviewed the last three years' reports it is clear that the Company has developed or maintained its processes to meet the needs of the business.

Some ISO 9001 (documented) processes don't quite reflect current business; this has been identified already in the Company.

The ISO 9001 system would benefit from clearer identification of risks (see Standard).



Areas for senior management attention:

1. Review of QA / QP Manual required to ensure it fully reflects the business and ISO 9001 requirements.
2. Evidence of reviewing adequacy of Quality Management System to be fully reflected in Monthly Business Meetings (see ISO 9001 section 9.3 for details); current recording has moved away slightly from reviews performed periodically pre-2021.



02. Assessment findings

Where scheme requirement differs to the standard definition below, the scheme definition will take preference

Major Nonconformity

The absence of, or the failure to implement and maintain, one or more management system elements, or a situation which would, on the basis of the available objective evidence, raise significant doubt of the management to achieve: The policy, objectives or public commitments of the organization, compliance with the applicable regulatory requirements, conformance to applicable customer requirements, conformance with the audit criteria deliverables.

Minor Nonconformity

A finding indicative of a weakness in the implemented and maintained system, which has not significantly impacted on the capability of the management system or put at risk the system deliverables, but needs to be addressed to assure the future capability of the system.

Reference number		Assessment Criteria (Clause)	
Grade		Issue Date	
Status		Process / Aspect	
Location(s)			
Statement of Non Conformity			
Requirement			
Evidence			
Proposed correction, corrective action and timescales			
Correction			
Root Cause analysis			
Corrective action			
LRQA has reviewed and verified the implementation of actions taken.	Date of closure		

03. Assessment summary

Visit generic objective:

This was a Focus audit, conducted against objectives previously notified to the client. The objectives of the next visit, including any applicable visit specific objective (theme / focus), are confirmed in the audit plan attached to this report.

Client attendees at the opening and closing meeting:

Gail Blenkin (LRQA) and Robert McCombe (Matic Media)

Open 0900

Close 1445 followed by report writing and planning for Certificate Renewal audit

Visit specific objective:

To determine that the Quality Management System continues to meet the assessment criteria, certification scope, contractual requirements and its specified objectives.

To review any organisational or system changes that may impact on the approval.

Identify areas for potential improvement of the management system.

To plan for the Certificate Renewal audit in 2023.

Introduction:

A one day audit was arranged to assess the ongoing compliance of the Quality Management System against ISO 9001:2015.

As the ISO 9001:2015 is due for renewal in April 2023, a certificate planning review was also carried out.

This was performed remotely using Microsoft Teams and screen sharing. Arrangements were agreed in advance with client.

The programme established for the audit was followed and the objectives for the visit achieved.

Background to the QMS and certification was provided by the client: Matic Media Services was previously certified by SGS (from 2014).

The approval was recently transferred to LRQA (certificate expiry April 23). There were no open findings / non-conformances from the last SGS visit (2021).

The current scope, standard and contract were confirmed as being correct and appropriate.

Scope: Provision of a print service

(Company has the flexibility to provide a range of print services, mainly to trade but not exclusively. It offers wide format printing for very large items (banners etc).



Assessment of:	Management Elements	Assessor:	Gail Blenkin
Auditee(s):	R McCombe		

Audit trails and sources of evidence:

Changes to organisational context, Management Review, Internal audits, Continual improvement, Management of change (System & Organisation), Corrective action, Management of complaints, Performance against the client's management system objectives, Use of Logo (not applicable - recent transfer from SGS).

Review of design of QMS.

QA Manual Feb 19

Quality Procedure Manual, reviewed February 2022

Quality Policy (in QA Manual).

Demonstration of Matic-Track from customer contract, enquiry generation, 'Quick Quote Generator', order placement (approval stages), through production planning, production (generation of job tickets), packing, despatch. (QUO 940685 Test)

QUO 940616 / QUO 938297, examples of NC/Wastage reporting

Full Business Workflow Dept. v2

Monthly meetings for all staff; presentation Sept 22

Organisation Chart Sept 22

Vision & USP at Dec 22

Business Model 22

Management Review

Monthly Business Meetings (Directors) - rolling agenda; Minutes sampled Aug, Sept, Oct 22

Internal audits

3 audits across calendar year (external consultant); reviewed April, Aug, Dec 22

Scheduled annually.

Performance data

Reviewed at Monthly Business Meetings (source data held in Matic-Track; including Trend Bar Chart information)

Objectives: growth, level of 'External Instances' (target 1%, achieving 1.8%; trend performance information on Matic-Track.); ontime delivery (target >97%, achieving 99%). Operational KPIs in place, not reviewed.

Complaints: covered in monitoring of External Instances, reviewed at Monthly Meetings; e.g. QUO-938082

Complaint Rectification Procedure

Customer Satisfaction: surveys per quarter, 22-23, 21-22, 20-21. SurveyMonkey response rate 2-3%, analysis goes to Monthly Meetings.

Customer Report/ Sales Report 1.12.22 (retention)

RAG Board (traffic light)

Evaluation and conclusions:

1. There have been no significant changes to the Company recently. There are now 20 employees, working across 0600 - 1430 / 0930 - 1800 shifts. Post Covid working practices now returned to business as usual. Focus is on business growth.

Note: no MD interview carried out (MD off site).

2. Company has identified already that updates are required to the QA and QP Manuals. See below. Both would benefit from more closely reflecting the nature of the business as it is now in 2022..

3. Management Review - comprehensive reviews are carried out frequently. Reporting for the management system would benefit from an overhaul before the Certification Renewal audit. See below.

4. Internal audits are up-to-date. External audits (SGS) had slipped for 2022. No significant issues raised.

5. Customer Satisfaction: reliance to date on quarterly surveys; these appear not to be particularly valuable due to low response rate. Consider other metrics / types of surveys to gain feedback.

6. Impressive end to end digital management of orders through to despatch, including inputs / outputs of processes and sign off milestones. High level of traceability possible.

Areas for attention:

1. QA Manual: the version control of the manual is confusing as when in hard copy it was updated by page. A full review and reissue is advised before the Certification Audit to avoid any non-conformances being raised. (There are still references to ISO 9001:2008 in the text).

2. QA /QP Manuals: from a brief review, there appeared to be limited references to the Company's provision for identifying external / internal issues, interested parties, risks and opportunities (some evidence of such were seen but the current form of documenting the QMS does not fully reflect practice).

3. Please note: references to keeping management system records (in current QA Manual) are currently for 2 years: LRQA requests such kept for 3 years (period of certification).

4. Management System Objectives / Business Objectives: whilst there was awareness of objectives, these are not particularly transparent in current records (Monthly meetings etc): to ensure these are clear, specific and measurable.

5. Management Review: pre-2021 reviews were clearly minuted; the QA Manual still states that MRs are to be every 4 months. In practice, there was a move for Reviews to be monthly. Whilst the scope of the review is wide-ranging, some of the reporting for the certified QMS has drifted slightly. Check pre-21 reporting and include more transparent reporting in Monthly Meetings (not everything will need to be reviewed monthly).



Assessment of:	Supplier approval	Assessor:	Gail Blenkin
Auditee(s):	R McCombe		

Audit trails and sources of evidence:

Approved Suppliers List (2019) - current at Dec 22
Suppliers: Antalis Ltd, Vink

Evaluation and conclusions:

Confirmed that there are no 'external providers' of processes, products or services.
Suppliers continually reviewed against live performance information.
Approval listing formally reviewed annually - rarely changed in last 3 years.

Areas for attention:

None

Assessment of:	Focus Or Certificate Renewal Planning Visit	Assessor:	Gail Blenkin
Auditee(s):	R McCombe		

Audit trails and sources of evidence:

Review:

Organisational changes; trends in customer satisfaction; complaints and other performance indicators, changes in the documented system; improvement projects; trends in raised non conformities during internal and external audits, quality of management reviews.

Reviewed 3 years of Management Reviews, Internal Audits, performance information, SGS audit reports.

Preview:

Reviewed developments in the organisation and its environment; strategy, policy and objectives in relation to these developments; the adequacy of the management system (uses fully documented QA/QP manuals).

Planning:

Reviewed any need for an additional visit (additional stage 1), points of attention during certificate renewal, appropriate audit themes; any need for specialised assessors; agreements on reporting, site visits, etc.

Evaluation and conclusions:

Certificate Renewal Review: - Previous SGS reviewed reports (back to 2020) and findings (only 1 raised in 2020); no particular issues reported (no audit trail information available), Internal audit results (3 years), Management Reviews (pre-2021 format and Monthly Business Meetings, planned objectives, internal / external 'incidents': performance information and sources considered and discussed. The Quality Management system has undergone regular internal reviews and the business has evidently evolved and developed.

Preview: - The QMS documentation has not evolved with the business: the need to review QMS documentation (QA /QP Manual) was discussed; also to cross check to ISO 9001:2015 standard.

Planning: - Discussions regarding overhauling QMS documentation and clarifying quality and business objectives took place with recommendation that this must be done in time for the Certificate Renewal audit. A plan for a recertification audit of 2 days was drafted. This is based on:

Presently 20 employees.

Reference IAF Annex A: an initial audit would require 3 days. Certificate Renewal audit allows for total to be 2/3rds of this, therefore a 2 day Certificate Renewal audit to be planned. Noted that processes are low risk, low complexity with some staff doing same function.

Areas for attention:

See 'Management Elements' section



04. Next visit details

Standard(s) / Scheme(s)	CertSmart 9001	Visit type	Certificate Renewal		
Audit days	2.00 DAY	Due date	March, 2023		
Team					
Site		Audit days	Delivery Method	Remote Effort	Activity codes
9 Hagmill Road, Coatbridge, GB		2.0 DAY	Onsite	0 DAY	106501



05. Approval details

It is confirmed that all sites and scopes as detailed in the contract for CertSmart 9001 are approved, or are being recommended for approval at this visit or remain unapproved, apart from any new approvals, suspensions and withdrawals shown below.

Product	Site	Status
CertSmart 9001	9 Hagmill Road, Coatbridge, GB	Approved



06. Appendix



Audit Planning Programme and Visit Assessment plans

Audit Planning Programme and visit Assessment plans are contained within the excel document LRQ00004856_APP_RC_CR_GB.

Report Considerations

There has been no deviation from the original assessment plan or any significant issues impacting on the audit programme. There have been no significant changes that affect the management system of the client since the last audit and the scope of certification continues to be appropriate to the activities/products/services of organisation. There are no unresolved issues been identified during the assessment. The organisation was effectively controlling the use of the certification documents and not misleading in their (online) certification statements. No previously identified nonconformities. The objectives of the visit as defined in the APP, were fulfilled during the visit.

Stage 1 or Focus Visit

The amount of remote audit time for the next cycle, is expected to be less than 50%. The organisation the ability to access and present information, images or video from relevant locations to undertake an effective remote assessment.

Remote Audits

ICT use was assessed, confirmed before the visit and effectively used during the audit using TEAMS.

Outside of Regular Working Hours

All processes can be effectively audited during normal office hours. This will be reviewed at the focus visit or if it changes.

Occupational Health and Safety

This audit scope did not include Occupational Health and Safety



Additional information

Opportunities for improvement

If we identify opportunities to improve your already compliant system, we will either record them in the process table applicable to the area being assessed or in the Executive summary of the report if they can deliver improvement at a strategic level.

Confidentiality

We will treat the contents of this report, together with any notes made during the visit, in the strictest confidence and will not disclose them to any third party without written client consent, except as required by the accreditation authorities.

Sampling

The assessment process relies on taking a sample of the activities of the business. This is not statistically based but uses representative examples. Not all of the detailed nature of a business may be sampled so, if no issues are raised in a particular process, it does not necessarily mean that there are no issues, and if issues are raised, it does not necessarily mean that these are the only issues.

Legal entity

The accredited legal entity and client facing office that has provided the assessment service in this report is referenced in the applicable agreement for this service.

Generic audit objectives and team responsibilities

The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. Any visit specific objectives for the next visit will be recorded in the report of the previous visit and will be addressed through the visit plan for that visit. The assessment standard and roles of the audit team are defined in the assessment visit confirmation sent to the client.

Audit Criteria

The audit criteria consist of the assessment standard and the client's management system processes and documentation.

Additional observers

Any additional observers will be as formally communicated to the client.

Note

Information on the objectives of the various visits can be found in the Client Information included in the report or on our website www.lrqa.com. Furthermore, on the website there are Client Information Notes available for the various visit types. The audit criteria and team members date and locations are also stated on the front page of the report. Scope of certification and roles and responsibilities of the audit team members are expressed in the Audit Program Plan.