

# Frequently Asked Questions

## Compliance for Queensland registered providers

**This FAQ sheet presents questions and answers about the compliance process undertaken by Regulatory Services under the National Regulatory System for Community Housing (NRSCH).**

### The Compliance Process

#### 1. What does compliance under the NRSCH mean for me?

As a registered provider you are required to comply with the [National Regulatory Code](#), as enacted in Queensland through the *Housing Act 2003*, on an ongoing basis.

At registration, you were required to demonstrate that you had capacity to comply with the Code, which sets out the performance outcomes and requirements under the NRSCH. Post registration, you are now required to demonstrate that you are complying with these requirements. This process is undertaken through scheduled, periodic compliance assessments of your organisation.

#### 2. When will I have to undertake a compliance assessment and how often will assessments occur?

The initial compliance assessment is the first time Regulatory Services will assess your compliance with the National Regulatory Code. Upon registration, you were advised of the provisional scheduled date of your initial compliance assessment (also signifying the date you can access your compliance return in the Community Housing Regulatory Information System (CHRIS)).

Following the initial compliance assessment, you will undertake periodic Standard Compliance Assessments and submit compliance returns in CHRIS, based on your registered tier. A Standard Compliance Assessment is conducted yearly for Tier 1 and 2 providers, and every two years for Tier 3 providers.

You may also be required to undertake a Targeted Compliance Assessment. This may be triggered by recommendations made during a previous assessment or a particular event or circumstance (such as complaints, provider notifications, changes to the circumstances of your organisation) or a particular aspect of your organisation's activities that may cause reason for concern by Regulatory Services.

#### 3. Are all compliance assessments the same?

No. There are two types of assessments, a *Standard Compliance Assessment* and a *Targeted Compliance Assessment*.

A Standard Compliance Assessment is conducted yearly for Tier 1 and 2 providers, and every two years for Tier 3 providers. This generally consists of completing a standard compliance return in CHRIS and where required, an on-site compliance visit of your organisation.

A *Targeted Compliance Assessment* is triggered by a particular event or circumstance, such as complaints, provider notifications, and changes to the circumstances of your organisation or a particular aspect of your organisation's activities that may cause reason for concern.

In most instances, this type of assessment will fall outside of the periodic review cycle. The specifics of your assessment will depend on the particular event or circumstance that triggered the assessment. Your assessment will only focus on the identified area of interest (e.g. a particular performance outcome or requirement), as opposed to undertaking a full compliance assessment.

#### **4. How will a compliance assessment be undertaken?**

Your initial compliance assessment will require you to complete a standard compliance return in CHRIS. Regulatory Services will also make an assessment against the implementation of recommendations set out in your Final Determination of Application for Registration Report and conduct an on-site compliance visit of your organisation.

Subsequent compliance visits will require you to complete a standard compliance return in CHRIS, with Regulatory Services making an assessment against the implementation of recommendations from your last Final Compliance Determination Report. An on-site compliance visit will only be scheduled where required.

If your assessment has been categorised as a Targeted Compliance Assessment, the specifics of your assessment will depend on the particular event or circumstance that triggered the assessment. Your assessment will only focus on the identified area of interest (e.g. a particular performance outcome or requirement), as opposed to undertaking a full compliance assessment.

An overview of the [compliance process](#) can be found on the NRSCH website. Comprehensive details of the compliance process can also be found in the [NRSCH Provider Compliance Guide](#).

#### **5. What is involved compliance visit in an on-site compliance visit?**

An on-site compliance visit is usually scheduled to collect further evidence that demonstrates your compliance with the National Regulatory Code and to provide you with an opportunity to ask questions.

During an on-site compliance visit we will generally:

- review a sample of selected documents and tenant and property files to verify compliance with performance requirements.
- speak with relevant staff about your organisation's processes and conduct walkthroughs.
- speak with tenants at their property about their experience with community housing.
- attend a Board meeting to introduce ourselves and to observe your governance and decision making processes. We do not participate during the Board meeting. However, we will be available at the close of the meeting to discuss findings from the day and to answer any questions from your Board members about the compliance process.

We will contact you prior to the on-site visit to arrange a suitable time, which aligns with your Board meeting schedule, and to determine other specifics of the on-site visit.

#### **6. Will the Qld Regulatory Services contact me before my initial/next compliance assessment?**

Yes. If you have 10 or more recommendations in your last Determination Report, or any complex/high risk recommendations, Regulatory Services will contact you approximately three months after your last assessment. This is to ensure you have commenced addressing your

recommendations (e.g. established an action plan), and to provide you with an opportunity to ask any questions you may have.

Our next contact with you will be approximately three months before your scheduled compliance assessment. At this time we will request a progress update on how you have addressed your recommendations and remind you that these must be completed prior to your scheduled compliance assessment.

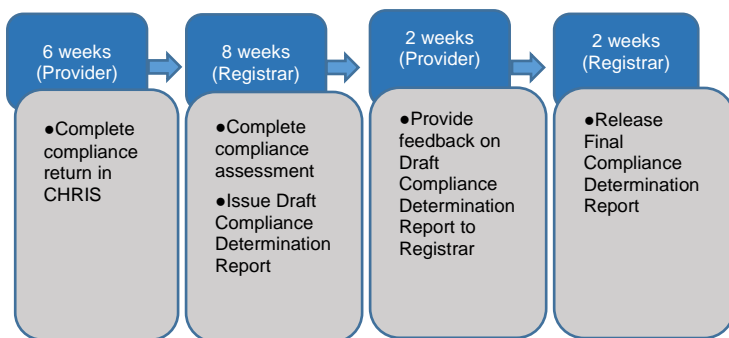
Finally, Regulatory Services will contact your nominated main contact approximately one week prior to your compliance assessment date, to confirm that there have been no changes to your nominated main contact details.

Please note that the specified timeframes are a general guide only and may change if required.

## 7. How long will the compliance process take?

A Standard Compliance Assessment generally takes 18 weeks, however this is indicative only and may vary depending on circumstances.

### Standard Compliance Assessment timeframe (Indicative only)



In most instances, a Targeted Compliance Assessment will fall outside of the periodic review cycle. The timing of your assessment will depend on the specifics of the particular event or circumstance that triggered the assessment.

## 8. Is the compliance process less onerous than the registration process?

This will depend on the number of recommendations from your Final Determination of Application for Registration Report.

The registration process confirmed your capacity to comply with the National Regulatory Code, whereas the compliance process confirms whether you are actually complying with these requirements.

Standard Compliance Assessments form part of the periodic assessment that seeks to ensure ongoing compliance with the National Regulatory Code and constitutes the minimum level of oversight that will be applied. Refer to question 13 of this document and/or section 2 of the [NRSCH Compliance Provider Guide](#) for further details.

## 9. Is the scope and focus of the initial compliance assessment different to subsequent standard compliance assessments?

Your initial compliance assessment will require you to complete a standard compliance return in CHRIS. Regulatory Services will also assess how you have implemented the recommendations set out in your Final Determination of Application for Registration Report and conduct an on-site compliance visit.

The scale and scope of subsequent standard compliance assessments will depend on the outcome of your previous compliance assessment. However, you will still have to complete a standard compliance return in CHRIS each time.

**10. What can I do to prepare for my compliance assessment?**

For your initial compliance assessment, it is important that you work towards addressing recommendations from your Final Determination of Application for Registration Report immediately upon registration, to ensure implementation is finalised by the compliance assessment date. Failure to implement recommendations may lead to an outcome of non-compliance.

For all assessments, you should ensure that your organisation's business planning documentation, financials and policies and procedures are kept up-to-date.

**11. What happens if I don't pass compliance?**

You may be issued with a Notice of Non-Compliance, followed by binding instructions to rectify non-compliance. In extreme cases, non-compliance may lead to cancellation of your registration.

Further information may also be found in the [Enforcement Guidelines for Registrars](#).

## Completing the Compliance Return

**12. When and how do I get access to CHRIS to complete my compliance return?**

A provisional date for your compliance assessment will be detailed in your Final Determination of Application for Registration Report (for initial compliance assessment), or your Final Compliance Determination Report (for subsequent compliance assessments). This also signifies the date you will be given access to CHRIS to commence your compliance return.

Please note that Regulatory Services will contact your nominated main contact approximately one week prior to your compliance assessment date, to confirm that there have been no changes to your nominated main contact.

**13. What information will I need to submit in my compliance return?**

Relative to the Tier of your organisation, at a minimum, the standard compliance return generally comprises of:

- Core financial data (latest Financial Performance Report (FPR) and audited financial statements)
- Community Housing Asset Performance Report (CHAPR) (part of online return)
- List of Community Housing development programmes and their status
- Core non-financial data (non-financial metrics return)
- Significant changes to policies and procedures, including new policies and procedures
- Risk management plan and risk register (or equivalent)
- Strategic asset management and maintenance plans (or equivalent)
- Latest report to the Board detailing performance against business goals
- Annual report (or equivalent)
- Tenant/Resident satisfaction survey results
- Appeals and complaints register
- Evidence to support implementation of recommendations/ compliance findings.
- Current business, strategic and operational plans
- Conflicts of interest register.

**14. Where can I find information about how to complete the compliance return in CHRIS?**

Information on completing the compliance return in CHRIS can be found in the [NRSCH Compliance Provider Guide](#).

### **15. Can I submit additional evidence after the compliance return has been submitted?**

Yes. You can submit additional evidence after your compliance return has been submitted. However, you will need to discuss this with your assigned analyst first. The additional evidence will also need to be identified as 'supplementary' in CHRIS.

## **Getting help and more information**

### **16. Who can I contact to help with my compliance return?**

QShelter provides guidance and compliance tools to assist you in preparing your NRSCH compliance return, such as quality improvement advice on your policies and procedures. Available information, and contact details for QShelter, can be found on the [QShelter Compliance website](#).

Should you have any general queries about the compliance return process, please contact Regulatory Services.

### **17. Who do I contact if I am having issues with CHRIS?**

In the first instance, you should contact the analyst at Regulatory Services that has been appointed to carry out the compliance assessment for your organisation. This person will have contacted you prior to you commencing your compliance return in CHRIS.

### **18. Where can I find further information about the NRSCH compliance process?**

- [NRSCH website](#)
- [Qld Regulatory Services website](#)
- [NRSCH Compliance Provider Guide](#)
- [QShelter Compliance website](#).

### **Contact details**

More information is available through your Analyst, Registrar's mailbox [NRS-Housing-Registrar-QLD@hpw.qld.gov.au](mailto:NRS-Housing-Registrar-QLD@hpw.qld.gov.au), 13 QGOV (**13 74 68**), or via Post to *Regulatory Services*, National Regulatory System for Community Housing, PO Box 690, Brisbane, Queensland 4001.