



**EACH Counselling and Support**

Business Management System

ISO 9001:2015

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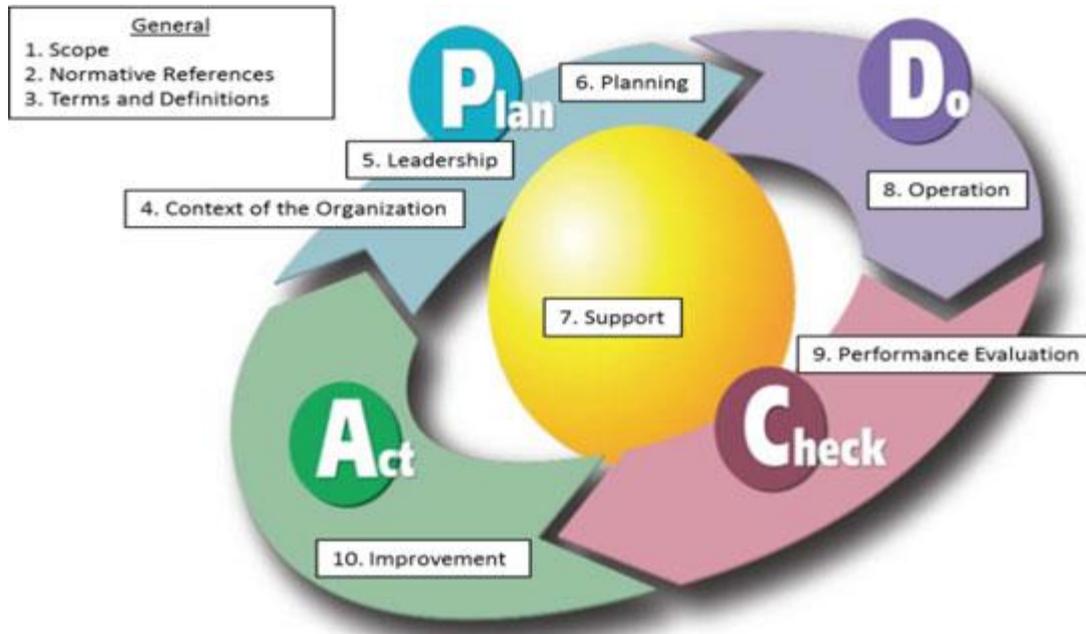
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1.2 PLAN-DO-CHECK-ACT Model for ISO 9001:2015





### 1.3 QUALITY POLICY

It is the policy of **EACH Counselling and Support** to maintain a quality system designed to meet the requirements of ISO 9001:2015 (or any other standard in line with Annex SL Structure) in pursuit of its primary objectives, the purpose and the context of the organisation.

It is the policy of **EACH Counselling and Support** to:

- give satisfaction to all of our service users and other stakeholders and interested parties whenever possible, meeting and exceeding their expectations;
- comply with all legal requirements, codes of practice and all other requirements applicable to our activities;
- to reduce hazards, prevent injury, ill health and pollution
- provide all the resources of equipment, trained and competent staff and any other requirements to enable these objectives to be met;
- ensure that all employees are made aware of their individual obligations in respect of this quality policy;
- maintain a management system that will achieve these objectives and seek continual improvement in the effectiveness and performance of our management system based on "risk".

This quality policy provides a framework for setting, monitoring, reviewing and achieving our objectives, programmes and targets.

Top quality customer service is an essential part of the quality process and to ensure this is fulfilled, all employees receive training to ensure awareness and understanding of quality and its impact on service users service.

To ensure the company maintains its awareness for continuous improvement, the quality system is regularly reviewed by "Top Management" to ensure it remains appropriate and suitable to our business. The Quality System is subject to both internal and external annual audits.

A handwritten signature in black ink, appearing to read "Lakhvir Randhawa", is positioned above the printed name and title.

Lakhvir Randhawa  
Chief Executive



## 2. OVERVIEW OF THE ORGANISATION

**EACH Counselling and Support**, EACH, was established in 1991 as Ethnic Alcohol Counselling in Hounslow to address the gap in Asians accessing the mainstream alcohol counselling services in the borough of Hounslow. It was the first Asian specific community-based alcohol service to be established in the UK and a pioneer in the provision of culturally sensitive alcohol services.

Feedback from the first 100 clients highlighted EACH's model of working and provided the basis to develop our future work to meet the needs of local communities. Our model comprises a number of key, inter-connected elements of:

- community engagement to address stigma and raise awareness on alcohol use
- a culturally sensitive approach that also takes into account language
- recovery based programme of support to address multiple needs
- accessibility through outreach and satellite provision and
- involvement of family members to facilitate recovery and consider their own support needs.

Over the years we have continued to expand our services across West London working with all communities. We have developed comprehensive community-based services. Our drug and alcohol services offer both harm reduction and abstinence based programmes; including family and carer support; young people's service; after care and floating support services.

We have continued to innovate and find effective ways to reach marginalised and excluded groups. Our work with the Tamil and Somali communities is an example of our working approach.

In 2003 we launched Pukaar, a specialist domestic violence and abuse counselling and advocacy service for Asian women, now extended to support all women experiencing these issues.

We have Floating Support Services in Ealing, Brent and Harrow supporting clients across mental health, generic and substance misuse and ex-offender to maintain their tenancy and live independently in their own homes.

In August 2015 we commenced Project Strides, Employment, Training and Education service supporting people recovering from mental health, addiction and domestic violence through one to one coaching and workshops to build IT skills, confidence, motivation and self-esteem and be employment ready.

EACH Individual Placement Support (IPS) Works is a free, specialist employment support project for people with common mental health from Black and Minority Ethnic communities.

We employ 43 people across all sites and have 50 people offering their time and skills to the organisation as volunteers.



## **2.1 SCOPE OF REGISTRATION**

The provision of counselling for individuals and families affected by substance misuse, domestic violence, mental health and floating support

## **2.2 EXCLUSIONS**

The Quality Manual shall conform to all the requirements of ISO 9001:2015.



### 3. QUALITY OBJECTIVES

We aim to provide a professional and ethical service to our clients. In order to demonstrate our intentions, Our Senior Management Team will analyse service users feedback data, internal performance data, financial performance data and business performance data to ensure that our Quality Objectives are being met.

We have identified the following Quality Objectives

- Providing quality and effective treatment to enhance positive outcomes for service users
- Develop a quality system based on ISO 9001:2015 to foster continuous improvement process and problem prevention instead of problem detection.
- We will endeavour to deliver our services to the specifications as set by the funders, on time and to the budget. This is measured by using statistics collected, client feedback and good financial reporting methods.
- We will endeavour to satisfy our clients' requirements and get things right first time. Should we make a mistake, we will admit it and rectify the situation as quickly as possible.
- Establish and maintain a working environment that supports the production and delivery of high quality services.
- Define and implement our quality system based upon employee involvement and a commitment to excellence.
- Give all employees the training and support needed to provide quality services to all clients based on training plans prepared based on skills gaps identified through periodic appraisals.
- Form relationships with suppliers that will improve quality in all aspects of procurements
- Communicate our mission and quality objectives to all employees, and assign individual responsibilities for quality and accountability.
- Use statistical methods to monitor quality performance and isolate major problems for immediate solution and ensure that quality objectives are met.

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#### 4. CONTEXT OF THE ORGANISATION

##### 4.1 Understanding the organisation and its context

The context of the organisation is demonstrated within this Business Management System and all associated processes connected with the services / products offered.

The legal legislation / regulatory compliance to the service / products offered are listed below.

Legal and Regulatory Legislation connected with the business	Hyperlink to Legislation etc
Equality and diversity	<a href="#">Policy revisions\Adverse and Serious Untoward Policy.pdf</a>
Health and Safety	<a href="#">K:\EACH Policies\General Policies\Health and Safety Policy.pdf</a>
Safeguarding Adults	<a href="#">K:\EACH Policies\General Policies\Protection of Vulnerable Adults.pdf</a>
Safeguarding of Children	<a href="#">K:\EACH Policies\General Policies\Safeguarding Children (Child Protection) Policy.pdf</a>
Confidentiality and information sharing	<a href="#">K:\EACH Policies\General Policies\Confidentiality and Information Sharing Policy.pdf</a>
Data Protection Management	<a href="#">K:\EACH Policies\General Policies\Data Protection Management Policy.pdf</a>
Disclosure and Barring Services	<a href="#">K:\EACH Policies\General Policies\Disclosure and Barring Service Policy.pdf</a>
Clinical Record Keeping	<a href="#">K:\EACH Policies\General Policies\Clinical Record Keeping Policy.pdf</a>

##### 4.2 Understanding the needs and expectation of interested parties

Interested Parties	Information Requirements
Trustees	<ul style="list-style-type: none"> <li>• Ensure that the organization continues to function in a sustainable manner without hindrance and bureaucracy.</li> <li>• To act solely in the best interest of the organization and to refrain from deriving personal gain to the organization's detriment</li> <li>• Obligation to avoid impermissible conflicts of interest,</li> <li>• To preserve the confidentiality of the organization's affairs</li> <li>• Attend and participate at board and sub-committee meetings.</li> <li>• Contribute skills and expertise to the organization.</li> </ul>
Senior Management Team	<ul style="list-style-type: none"> <li>• Required to apply the level of skill and judgment that may reasonably be expected of a person with his or her knowledge and experience.</li> <li>• To ensure compliance with applicable statutory requirements.</li> </ul>

	<ul style="list-style-type: none"> <li>• Complies with all organisational policies and procedures</li> <li>• Ensures that the ongoing activities of EACH are reviewed regularly and that any required corrective action is adequately implemented and reviewed to establish an effective preventative process.</li> <li>• Measurement of our performance against our declared Quality Objectives.</li> <li>• Employees have the necessary training, skills and equipment to effectively carry out their work.</li> <li>• Internal audits are conducted regularly to review progress and assist in the improvement of processes and procedures.</li> <li>• To act solely in the best interest of the organization.</li> <li>• To provide good leadership and support for all staff and volunteers</li> <li>• Knowledge of all organisation's stakeholders and manage their expectations at all times.</li> <li>• Demonstrate loyalty and commitment to the organisation at all time</li> </ul>
Employees and volunteers	<ul style="list-style-type: none"> <li>• Understands and complies with all organisational policies and procedures.</li> <li>• Consistently follow through on tasks and meet deadlines.</li> <li>• Understand the importance of, and demonstrate the ability to be a team player at all times.</li> <li>• Demonstrate appropriate and effective communication skills both within and outside the department.</li> <li>• Demonstrate flexibility to make changes as needed or as directed by management.</li> <li>• Monitor progress of projects and give ongoing feedback to management as appropriate.</li> <li>• Demonstrate loyalty and commitment to the organisation at all time</li> </ul>
Contractors and Suppliers	<ul style="list-style-type: none"> <li>• Understand and complies with statutory and regulatory bodies requirements</li> <li>• Provides effective and cost efficient services</li> <li>• Recognises EACH's requirements and ensure they are met</li> <li>• Excellent service users service</li> </ul>
Suppliers	
Accountants	<ul style="list-style-type: none"> <li>• The preparation of annual audited accounts for the organisation prepared in line with the requirements of the Companies Act and the Statement of Recommended Practice (SORP) for Charities.</li> <li>• Provision of Advice to the organisation in relation to the external audit or other financial areas</li> </ul>

### 4.3 Determining the scope of the quality management system

Determine the boundaries and applicability of the quality management system to establish its scope taking into account internal / external issues and the interested parties. This would also include the products and services of the organisation.

#### 4.4 Quality Management system and its processes

**EACH** is responsible for the planning and delivery of its services. We work closely with our partner agencies and service users to satisfy mutual requirements. We have a flow chart of illustrate the interaction of our core business processes, as shown below:

Enter below flowcharts of processes involved within organisation

1. **Service Realisation Flow Chart**  Adobe Acrobat Document <K:\Flow Charts\EACH Service Realisation Flowchart v3.pdf>
2. **Recruitment Flow Chart**  Recruitment Process Flowchart.p <K:\Flow Charts\Recruitment Process Flowchart.pdf>
3. **Complaints Flow Chart**  Adobe Acrobat Document <K:\Flow Charts\Complaints Flow Chart.pdf>

## 5 LEADERSHIP

### 5.1 Leadership & Commitment

**EACH's** Senior Management Team are committed to the development and implementation of a Quality Policy and the Quality Management System (QMS) which are both compatible with the strategic direction and the context of the organisation, the whole system is frequently reviewed to ensure conformance to the standard. Responsibility has been assigned to ensure that the QMS conforms to the requirements of the respective standard and the provision to report on performance to the top management team has been defined.

The designated senior Management Representative(s) will ensure that **EACH's** staff are aware of the importance of meeting service users as well as statutory and regulatory requirements, and overall, to contribute to achieving **EACH's** Quality Policy and Objectives which are aligned with the current strategic plan.

The Senior Management Team is responsible for implementing the QMS and ensuring the system is understood and complied with at all levels of the organisation.

In summary, the Senior Management Team will ensure that:

#### 5.1.1 Leadership and commitment for the quality management system

- The organisation has a designated Senior Management Representative who is responsible for the maintenance and review of the Quality Management Systems.
- The ongoing activities of the organisation are reviewed regularly and that any required corrective action is adequately implemented and reviewed to establish an effective preventative process.
- Measurement of our performance against our declared Quality Objectives is undertaken.
- Resources needed for the Data Monitoring Systems (DMS) are available and employees have the necessary training, skills and equipment to effectively carry out their work.
- Internal audits are conducted regularly to review progress and assist in the improvement of processes and procedures.
- Objectives are reviewed and, if necessary amended, at regular Review meetings and the performance communicated to all staff.
- The DMS is integrated into the organisations business processes.
- Communication covering the importance of the effective DMS and conformance to the DMS requirements is in place.
- Continual improvement is promoted.
- The contribution of persons involved in the effectiveness of the DMS is achieved by engaging, directing and supporting persons and other management roles within their area of responsibility.

#### 5.1.2 Service users Focus

- Service users requirements and applicable statutory and regulatory requirements are determined and met
- The risks and opportunities that can affect conformity of products and services and the ability to enhance service users satisfaction are determined and addressed
- The focus on consistently providing products and services that meet service users and applicable statutory and regulatory requirements is maintained
- The focus on enhancing service users satisfaction is maintained
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## 5.2 Quality Policy

The Quality Policy of **EACH** is located within section 1.3 of this Manual – Quality Policy.

## 5.3 Organisational roles, responsibilities and authorities

**EACH** has an organisation chart in place (See link below), employee contracts together with job descriptions to ensure that the appropriate personnel are in place to cover the whole context of the organisation and strategy of the business. [K:\List of Controlled Documents - links v3.doc](#)

## 6 Planning for the Quality Management System

### 6.1 Actions to address risk and opportunities

We have identified the following process as a means of identifying and determining the risks and opportunities that are relevant to our Business Management system. The Risk Management Policy & document is separate to this manual.

Within each of the areas the risks (if any) are identified together with a rating as to the importance of the risk. The associated consequence, severity & mitigation of the risk is also noted together with the probable likelihood of the risk occurring.

The Risk and opportunities document is reviewed frequently by the Senior Management Team to ensure the effectiveness of the actions have been fulfilled.

**Please see below document as demonstration:-**

[K:\EACH Policies\General Policies\Risk Management Policy Vs 3.pdf](#)

### 6.2 Quality Objectives and planning to achieve them

The Quality Objectives and methods of achieving the objectives is located within section 3 of this Manual – Quality Objectives.

### 6.3 Planning of Changes

The Senior Management Team of **EACH** identify any potential changes, this is then delegated to a responsible person as a “project manager”.

He or she will conduct a “research background” to determine the feasibility of the changes with regards to:-

- Purpose of the change
- Any potential consequences
- Integration of the quality management system
- The availability of resources
- The allocation or reallocation of responsibilities and authorities
- Technical Skills
- Timescales
- Risks



- Impact

Once completed this then forms part of the Management Review together with including within the internal audit schedule.



## **7 Support**

### **7.1 Resources**

#### **7.1.1 General**

EACH determines and provides the resources needed for the establishment, implementation, maintenance and continual improvement of the quality management system.

We ensure that the below elements are taken into account when completing an evaluation:

- The capabilities of, and constraints on, existing internal resources;
- What needs to be obtained from external providers

#### **7.1.2 People**

Operation and context of the organisation is taken into account when we determine the relevant persons necessary for the effective operation of the quality management system.

#### **7.1.3 Infrastructure**

All of our administration is conducted at our Head Office. This includes:-

- Management of financial matters
- Handling of client orders
- Personnel records

#### **7.1.4 Environment for the operation of processes**

We at EACH are committed to reducing our environmental impact and continually improving our environmental performance as an integral part of our business strategy and operating methods, with regular review points. Please refer to the Policy. <K:\EACH Policies\General Policies\Environmental Policy.pdf>

#### **7.1.5 Monitoring and measuring resources**

We ensure that all relevant equipment and personnel are monitored and measured to ensure that equipment and personnel are effective for the services we offer:-

Equipment: We ensure that all equipment is serviced, maintained and where applicable calibrated to statutory and regulatory requirements.

Personnel: We ensure that all personnel are monitored on a regular basis (please see personnel records for training etc). Staff training and other personnel records are maintained on the internet based Simply Personnel Portal.

#### **7.1.6 Organisation Knowledge**

We ensure that "Job Specifications" are produced which include knowledge requirements for each individual role. Specific tests are implemented to ensure that persons are knowledgeable with the specific elements of the role. This could include telephone interview, tests, internal training or vocational certificates.



## 7.2 Competence

All employees have the training and skills needed to meet their job requirements. All employees are monitored on an ongoing basis to identify any training and development needs. Competences and training needs are identified / satisfied by using:

**Please see below “hyperlinked documentation as demonstration of compliance:**

- Job descriptions which set out the competences required
- Contracts of employment which set out contractual and legal requirements - [K:\Controlled Forms\HR & staff documents\Contract of employment - Template.pdf](#)
- [K:\EACH Policies\HR Policies\Induction Checklist.pdf](#)
- [K:\Controlled Forms\HR & staff documents\Appraisal Form.doc](#)
- [K:\Controlled Forms\HR & staff documents\6 Month Probationary Review Form - blank template.doc](#)

## 7.3 Awareness

We ensure that all employees are aware of all policies and their contribution to the effectiveness of the Quality Management System through:

- Notice Boards
- Employee Handbook
- Training
- Induction
- CPD

## 7.4 Communication

For internal staff the company Central (K) drive is a source of information and is updated regularly to ensure that all information is correct. This is accessible by all staff.

The organisation also produces periodic Newsletters through which information are disseminated to staff, volunteers and other stakeholders.

For external persons, the organisation's website [www.eachcounselling.org.uk](http://www.eachcounselling.org.uk) is a source of information and is updated regularly to ensure that information to up-to-date. Client mail shots are sent out regularly to provide additional services etc

## 7.5 Documented Information

### 7.5.1 General

**EACH** demonstrates documented compliance to ISO 9001:2015 (or any other standard in line with Annex SL Structure) through this Business Management System Manual (which includes processes & procedures) on an electronic system which is available on the company shared drive to all employees. All information is read only and only accessible via the document owner for amendment.

### 7.5.2 Creating and updating

The creation of documentation to support the Business Management System is primarily the responsibility of the designated Finance & Resources Director.



Identification will be sought by a document number, date and author. To aid the approval and suitability of documents, the Chief Executive of **EACH** authorises the release and delegates any training required to the “Senior Management Team”.

### **7.5.3 Control of documented information**

All documentation is controlled by version and date and is listed on a “Controlled Form List”.

EACH has **VIEWS in** place to avoid the loss of confidentiality, improper use or loss of integrity. Key office computers are backed up daily on the cloud server managed by IT Provider.

All official transactions are conducted through the cloud internet based system which affords staff and volunteers to access system remotely.

Control of documents can be seen on the Master Document List and encompasses the following elements:-

- Distribution, Access, Retrieval and use
- Storage and preservation, including preservation of legibility
- Control of changes (e.g. version control)
- Retention and disposition

Documents can be retrieved by authorised personnel from the storage locations specified *and / or from folders on the network*. Service users’ records are identified by *service users name and codes*.

On or after the retention period stated, the relevant records will be reviewed by Operations manager and will either remain in-situ, be archived or destroyed.

If records are to be destroyed, they will be disposed of in a controlled manner; *sensitive hard copies will be shredded and soft copies will be deleted from the system*. If records are to be archived, they will be identified and stored appropriately

**Please see below document as demonstration of compliance:**

[K:\List of Controlled Documents - links v3.doc](#)



## **8 Operation**

### **8.1 Operational planning and control**

**EACH** has determined the requirements and controls implemented for all processes detailed in section 4.4. Any planned changes are controlled through section 6.3 (Planning for Changes)

### **8.2 Determination of requirements for products and services**

#### **8.2.1 Service users Communication**

Capability, facility and service information is supplied to service users via web site, brochures, email and through direct personal contact.

Communications such as enquiries, referrals details are appropriately stored and identified by service users and reference number.

Service users' feedback is proactively sought prior to discharge in respect of one to one clients and during and end of the group programmes for satisfaction monitoring.

Complaints are documented and recorded.

#### **Please see below document(s) as demonstration of compliance:**

Service users Satisfaction

<K:\Controlled Forms\Project documents\Ascent documents\ASCENT Client satisfaction form.doc>

Service users Complaints Form:

<K:\Controlled Forms\Shared Resources - all projects\EACH Formal Complaint Form.pdf>

#### **8.2.2 Determination of requirements related to services**

**EACH** ensures that applicable statutory and regulatory requirements are met which can be evidenced within section 4.1 of this document.

Should we issue any legal documentation in connection with the services offered then this is provided to the service user. All documentation is filed within the client file for archive purposes.

#### **8.2.3 Review of requirements related to services**

**EACH** has processes in place to ensure that client details are collected at assessment stage of their engagement with the organisation. This to ensure that all details are correct and any additional information is collected etc.

Any statutory and regulatory requirements applicable to the service offered are also documented within the contract review.

The care/support plan will be reviewed throughout the period of engagement of the client by the counsellor/key worker.



### **8.3 Design and development of products and services**

EACH is service provider so does not carry out design and manufacturing activities and do have sufficient procedures within section 4.4 of this manual

### **8.4 Control of externally provided products and services**

#### **8.4.1 General**

**EACH** ensures that externally provided processes, products and services conform to specified requirements and also reviewed as part of **EACHs** risk and mitigation matrix.

#### **8.4.2 Type and extent of control of external provision**

EACH have controls in place to ensure that external provisions are approved before using the service or product. This is done via the Supplier Quality Questionnaire together with the Supplier visit report.

Please see below document(s) as demonstration of compliance:

<K:\Controlled Forms\Shared Resources - all projects\Supplier Quality Questionnaire.doc>  
[Supplier Visit Report](#)

#### **8.4.3 Information for external provision**

Communication of any applicable requirements which are deemed appropriate and are provided through the contract review with the provider. (i.e. T&C's, performance, competence etc)

### **8.5 Service provision**

#### **8.5.1 Control of Service provision**

EACH ensures that controls are in place for conditions for service provision as outline in the service level agreements or contracts

### **8.6 Commencement of services**

**EACH** ensures that the appropriate documentation is provided to the client on release of the product / service and this is also retained for traceability.

### **8.7 Control of nonconforming process outputs, products and services**

**EACH** Management Action Log is used to identify non-conformances and any actual or potential shortfalls in quality standards or internal processes/ procedures, suggest improvements and track any actions to ensure improvements have taken place, or potential problems are avoided.

These areas are reviewed within the agenda for the Management Review meetings and typically cover the action taken to control and correct any non conformances noting any consequences of the action taken and themes which may be evident. In terms of continual improvement, we also review the suitability, adequacy and effectiveness of our Business Management System.

EACH has various processes and procedures in place to ensure that preventative action against nonconformities can be introduced, documented and seen through to completion in order to address the initial problem. The complex nature of the clients we work with demands that we have flexible, but effective, processes and procedures in place.



However, EACH also uses internal and external audits and risk assessments to continuously improve its service delivery, financial, HR and operational functions.

### Steps

- The Management Representative maintains and monitors the Action Log.
- If any person discovers a shortfall, or potential shortfall in the written processes/procedures or a problem in the practical application of them, the details must be documented in the Action Log. The relevant person who is responsible for the action is informed. Action required as a result of Service users Feedback, Service users Complaint, Information Security incident or Management Review is also logged and tracked via the company Action Log.
- Each entry in the Action Log to include:
  - a. Sequential numbering
  - b. Category of issue
  - c. Person/Date recorded
  - d. Overview of the issue, problem or concern
  - e. Person responsible
  - f. Action taken
  - g. Date completed
  - h. Initialled when complete

For products the following actions must be also followed:-

- Segregation, containment, return or suspension of provision of products

The Senior Management Representative is responsible for checking the “non-conforming products or services form” and ensuring that people with allocated responsibilities are aware of them and actions are progressing.

Once all actions on a log sheet have been completed the Management Representative archives it as a Quality Record

### Related records

Management Review meeting records

## 9 Performance Evaluation

### 9.1 Monitoring, measurement, analysis and evaluation

Monitoring is based on Risk and is linked to the risk & opportunities register.

#### 9.1.1 General

**EACH** has deemed the following elements (9.1.2, 9.2 & 9.3) for monitoring, measuring, analysis & evaluation to ensure the quality performance and the effectiveness of the quality management system.

#### 9.1.2 Service users Satisfaction

**EACH** collates data on service users’ satisfaction through various means. This includes service users contact, emails and service users’ satisfaction survey.



The service users' satisfaction survey is sent to clients yearly, analysed and evaluated at the Management review meeting by "Top Management" as it is a reportable requirement.

**Please see below document as demonstration of compliance:**

<I:\14. Service User Feedback & Involvement\2017\November 2017\Service User Consultation - Ealing.pdf>

### **9.1.3 Analysis and Evaluation**

Results of feedback which includes service users satisfaction questionnaire, internal audits, conformity of products & service, planning, suppliers, risk & opportunities matrix is evaluated through the management review meeting and actioned as applicable should any non-conforming areas be present.

### **9.2 Internal Audit**

An internal audit schedule is prepared on an annual basis year and covers the requirements of any ISO standards in which **EACH** wish to be certified. Internal audits are carried out through "risk or claused based" auditing.

Appropriate personnel are allocated to complete the internal audits and must record appropriate evidence for completeness. All audits completed must be authorised by Top Management as complete once any non-conforming areas have been dealt with (without any undue delay). Internal audit documentation must be kept and filed appropriately.

**Please see below document as demonstration of compliance:**

Internal Audit Report [K:\ISO 9001\INTERNAL AUDIT REPORT\( All Standards V3\).doc](K:\ISO 9001\INTERNAL AUDIT REPORT( All Standards V3).doc)

Internal Audit Schedule <U:\ISO9001\2018\EACH -Internal Audit Schedule 2017-18.doc>

### **9.3 Management Review**

Management reviews take place on a bi-annual basis. The attendees present are SMT and any other appropriate persons of the organisation.

All inputs / outputs are full documented and minuted in line with the requirements of the specific ISO standard in which EACH wish to be certified. Any actions arising from the meeting must be completed without any undue delay and appropriate evidence filed with the Management review documentation.

**Please see below document as demonstration of compliance:**

<Management Review AgendaK:\ISO 9001\Management Review - Agenda & Notes.doc>

## **10 Improvement**

### **10.1 General**

**EACH** ensures that improvement processes are completed and actioned as necessary. Analysis methods include various elements which include:-

- Service users Satisfaction Analysis and Evaluation
- Internal Audits
- 3<sup>rd</sup> party assessments for certification purposes



- Results of non-conforming
- Risks Management

### **10.2 Nonconformity and corrective action**

Should a nonconformity occur, including those arising from complaints, internal audits & external 3<sup>rd</sup> part assessment the Operations Manager is the designated representative of the senior management team to ensure that corrective action including root cause analysis is completed and implemented to avoid any further occurrences. This is then analysed and should the risk to the organisation pose to be “high” then this is then entered onto the “Risk Management matrix to assist in mitigating the risk to the business.

Should any non-conformance occur then the internal audit report must be completed to ensure that a full analysis of the problem is resolved.

The corrective action plan summary must be completed, as this then forms part of the Management Review meeting.

Please see below document(s) as demonstration of compliance:

[Internal Audit Report](#)

[Corrective Action Plan Summary](#)



### **10.3 Continual Improvement**

Continual Improvement will be ongoing through various elements of the Business Management System which is encompassed within this document. The list below is not exhaustive:-

- Risk Management Analysis – Evaluated at several stages (clause 5.1, 6.1)
- Quality Policy / Objectives
- Competency Matrix
- Service users Satisfaction
- Supplier Evaluation
- Internal Audits
- 3<sup>rd</sup> Party External Audits
- Management Review