

Management Systems Certification

Audit Summary Report for:

Fair Deal

Report Completed By:	Laura Riding
Audit Date(s):	30 November 2022
Standard(s):	ISO9001:2015
Audit type:	Surveillance Audit
Client Address:	355a Tormusk Road, Castlemilk, Glasgow, G45 0HF

Audit Outcome Summary

Date Report issued:	15 December 2022
Total no. of Findings Raised:	0
Auditor Recommendation:	Retain Certification
Next audit Date:	01 December 2023
Final Outcome:	Pass
Notes / Comments:	

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Confirmation of Audit Details

The following details were confirmed at the start of the audit;

Audit address / Location(s): (If different from Client Address)			
Scope of Certification:	The management of the provision of quality, person-centred, social care support services including; respite care; access to recreational facilities; additional support services (advocacy) and associated social care services throughout Glasgow		
Has scope been changed?	No		
Certificate details been changed?	No	New cert required?	Yes
Client details correct?	Yes	Update required?	Yes
Contact name and email address for report:	Ann Marie Borthwick AnneMarieBorthwick@fair-deal.org		
Notes / Comments:			

Assessment Participants

Name	Position
Anne Marie Borthwick	IMS Lead
Laura Riding	ISO Assured Auditor

Audit Report Introduction

This report has been prepared to summarise audit findings and also provide feedback and guidance that the auditor may feel is relevant or useful. In addition to this report the auditor may also provide informal feedback during the audit. If you have any questions about the findings detailed in this report, please contact us:

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Classification of findings / concerns that may be reported;

Finding Classification	What finding means
Major Non-Conformance (MNC)	This indicates that the auditor has found evidence of something significant, i.e. a legal compliance issue or complete lack / failure of management systems to meet requirements of the standard, which must be addressed and closed before certificate can be issued (existing certification may be suspended / withdrawn until resolved).
Minor Non-Conformance (NC)	This indicates that the auditor has established that there is a finding or concern which must be addressed and closed out. Details of how to respond to findings are detailed at the end of this report. Note: More than 5 NC's in the same report constitutes a MNC.
Observation (Obs)	This is something that the auditor thinks may need review or attention and could lead to an NC in the future but there was insufficient evidence to state with certainty that it was an NC at the time of audit. There is no limit to number of observations that can be issued and these usually do not require an immediate response but will be formally reviewed during the next surveillance audit.

Comments

As well as findings / concerns that will be summarised at the end of the report the auditor may also wish to formally raise other issues or comments (including issues out with the scope of the audit) and these comments can be added to the report but will not be included in the report summary as they do not require any response or action.

Opportunity For Improvement (OFI) / Recommendation	Recommendations for improvement or advice which may or not be within the audit scope.
Commendation	This indicates something that is very well managed or which the auditor would like to raise in the report as exemplary.

Audit Objectives and Criteria;

The objectives of this audit were:

- To assess the extent that the management system conforms with the requirements of the standard(s)
- To assess the effectiveness and suitability of the management system and documentation and to determine if following own documented procedures
- To review that the operations covered by the scope of this audit are meeting all applicable statutory and regulatory requirements

Disclaimer;

This report is based upon evidence viewed during the audit. Auditing is based on a sampling process of the available information and consequently there will always be an element of uncertainty present in auditing evidence, which may be reflected in the audit findings. Those relying or acting upon the audit results and conclusions should be aware of this uncertainty. ISO Assured Ltd (isoassured) accepts no responsibility or liability for any loss, damage or expenses caused by actions taken based on findings in this report.

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Audit Evidence Summary

This section of the report details the evidence viewed during the audit and any comments including opportunities for improvement / recommendations or commendations will be detailed in the relevant place within this section. Where any findings or concerns are identified they will be highlighted in the confirmation of compliance table and details will be in the [Summary / Conclusions](#) section at the end of this report.

Introduction / Review of Previous findings

Opening meeting

This audit was carried out to ascertain the company's compliance with the requirements of ISO 9001:2015, and held remotely due to current Government imposed home working conditions due to Corona Virus pandemic. The audit objectives were to assess the level of compliance with this standard, compliance with documented company procedures, all applicable laws and regulations and to assess the suitability of the Management Systems

An opening meeting was held via Teams with Anne Marie Borthwick- IMS lead present on behalf of Fair Deal and Laura Riding of ISO Assured. Anne Marie demonstrated evidence of the overall management of the IMS system and provided evidence of various records and forms. The scope of the audit was discussed, and an overview was given by Anne Marie as to the forward ventures of the charity including continued support funding from lottery and Investors in People.

Significant Developments at the company

No real developments at Fair Deal due to the charitable nature of the organization. Anne Marie explained that this had been a particularly challenging year in terms of demand for service against staff provision. Service staff are leaving the care sector in general to seek better pay and conditions elsewhere which is placing a huge burden on resources.

Review / Closure of previous findings (if applicable)

n/a

Summary of Findings / Concerns raised in previous audit (if applicable)

No.	Classification	Summary of Finding
1	N/A	

< General Requirements >

Management System Documentation

IMS Manual controlling ISO 9001:2015 is kept electronically on T Drive and available to all. Paper copy retained for staff access if required or Interested Parties. Latest manual version 6 dated 23/11/22 controlled by IMS lead AMB and approved by Chief Executive Fiona Dunwoodie.

Date of last amendment 23/10/21- changes to some legislation, management processes and internal auditors.

Management of Documented Information

Fair deal currently operates all IT on Sharepoint for cloud based IT storage. All QMS information is backed up and stored onsite on hard drive backed up every day-external IT support is used via Data Tech who provide support for email recovery and all server issues.

A documents register is referenced F-IMS20 which lists all records

Fair Deal Master Document and Records list remains as work in progress to include all in house and external documents.

Scope & Internal / External Context

Scope confirmed as unchanged and recorded in S1.3 QMS as The management of the provision of quality, person-centered, social care support services including; respite care; access to recreational facilities; additional support services (advocacy) and associated social care services throughout Glasgow.

Internal and External Context has been considered in S 1.3 and through analysis of F-IMS22 Interested Parties and F-IMS23 Business Risks to include Customers, Fair Deal's management, staff, subcontractors, and visitors, Investors, Regulatory and Government bodies (Where applicable legislation exists.) External Providers of products and services.

Interested Parties & legal, contractual and regulatory obligations

A List of some applicable legislation listed in s1.6 of the QMS, and full list held on server in Legal register. Main legislation included within s1.6 of QMS and includes SSC Codes of Practice for Social Care Standards 2017, Mental Health Scotland Act 2003 and new legislation Framework for Inspection Care at home and housing support. F-IMS22 November 22 is reflective of all Interested Parties – no changes.

Sampled inspection reports from Investors in People, March 2021, Investors in Young People March 2022 and external HS audit report by ACS 23/11/22 report id Q4681

Confirmation of Compliance

Evidence has been viewed to confirm the following requirements have been met;	
Management System Documentation suitable for the organisation and effectively managed	Yes
All company documentation and records effectively managed	Yes
Scope & Internal / External Context documented and appropriate	Yes
Interested parties (internal and external) needs and expectations identified and appropriate	Yes
Contractual and regulatory obligations considered and being met	Yes
Note: Details of any findings / concerns identified are included in the report summary	

< Leadership, Commitment and Planning >

Company Policies

An endorsed quality policy has been signed by CEO Fiona Dunwoodie 30/9/22 reflective of all ISO9001:2015 requirements. Fair Deal have a variety of other policies mainly for HR requirements.

Roles and Responsibilities

All governed in S2.2 Organisational Roles, Responsibilities and Authorities – this clarifies the key roles and departments within the business, with consideration to IMS roles.

Organisation chart and description of core responsibilities are referenced in organogram in s2.3 and includes roles of internal auditors, HS Group members and Quality and Development manager. Hierarchy of authority is defined.

Management Review and Objectives

Sampled Management Review meeting 2/9/22 which provided 2 objectives- evaluation survey due for analysis, and Exploration of a new internal M&H trainer. A process for monthly management reviews was observed along with fortnightly operational planning meetings and quarterly Quality Forum meetings 5/7/22 reviewing QMS requirements and setting ongoing objectives. A Development Plan Oct 2022 has been drafted on the back of all meetings to document actions and tracks progress- increase staffing, boosting morale, improving credit capacity etc.

Risks and Opportunities

A Risks and Opportunities Register F-IMS23 Nov 22 is prepared detailing current threats to Fair Deal. Main threat is cost of living crisis which is affecting service users hence requiring additional support and staff retention levels as many are leaving to work in other sectors due to current cap on wage at £10.50 per hour.

Most management are covering shifts with discussions in cutting some non essential services. Fair Deal along with other service provider agencies have produced a report CCPS- Coalition of Care and Support Providers in Scotland to determine best steps for “Urgent Actions”.

Confirmation of Compliance

Evidence has been viewed to confirm the following requirements have been met;

Leadership and commitment requirements satisfactorily evidenced	Yes
Suitable Policies prepared and available to interested parties	Yes
Organizational roles, responsibilities and authorities clearly defined	Yes
Management review completed as required, documented and covering all required areas	Yes
Measurable objectives set, communicated, monitored and planning to achieve objectives	Yes
Risks and opportunities identified and actions taken to address these as required	Yes

Note: Details of any findings / concerns identified are included in the report [summary](#)

< Resource Management and Support >

Staff Training, Awareness and Competence

Currently Fair Deal employs approximately 110 employees- 10% approx. reduction in levels last year- on full and part time contracts. S3QMS governs recruitment procedure and has been drafted to include a review of staff competency management and ongoing training. Induction and recruitment process follows Safer Recruitment Through Better Recruitment' (Scottish Government's national guidance November 2016) principles. Evidenced staff induction for support worker contracted through a third party agency- prpcess involved comprehensive training- Service Level Induction for Agency Staff/ Information for Agency/Adults at Harm Information sheet/HS sign off.

All skills are recorded and managed on Webroster and are relevant to needs required including child protection, mental health awareness, allergen and stoma training etc.

Management of Equipment / Premises

Fair Deal remain in a rented office unit in Glasgow, which it shares with other tenants. Evidenced office HS inspection covering, walkways, cleaning products, lighting, screen use age etc. completed on 18/11/22.

Aberdeen PAT Services report for all PAT items Dec 2021

No inspection and measuring equipment is used. No vehicles. No Leased equipment.

Fire Extinguishers last checked Dec 2021 by Asco and fire alarm recorded every Wednesday.

First aid equipment and H&S equipment including Eyewash available in office if required.

Communication

Daily communications to staff by emails, text, phone calls etc with staff able to pop into the office to discuss any requirements. A series of meetings with Regulators, ongoing progress meetings and operational review meetings was evidenced in which findings are communicated to the team by email, notes on boards in office. All can be accessed on Sharepoint. Communication procedure is controlled via S.3.3 QMS Methods of Communication which details what types of information is issued and to whom.

Confirmation of Compliance

Evidence has been viewed to confirm the following requirements have been met;

Staff training, awareness and competence managed effectively	Yes
Equipment and premises managed effectively including calibration (if applicable)	Yes
Effective communications in place for internal and external communications	Yes

Note: Details of any findings / concerns identified are included in the report [summary](#)

< **Operational Processes** >

Control of Enquiries & Sales

S.4 of the QMS includes details of Determining the requirements for services, through reviewing all enquiries, orders and contracts received from customers to ensure that their requirements can be met in full and any ambiguities resolved. Webroster controls provision from allocation of staff member to contract with service user.

Control of Purchasing and Outsourced Services

S4.2 QMS – Control of Purchasing and Outsourced Processes denotes the requirements for all sub-contractors and suppliers. Suppliers and subcontractors are selected on their ability to provide quality services, delivered on time and at the right price. Only one sub-contractor is used primarily for agency staff- ICO approved.

Control of Operations

Provision of Care Services – reviewed support plan prepared covering provision of care services for Newfield Sept 2022. The plan considered management of PPE, Equipment, Linens, Risk of the person, household environment etc. Monthly audits are still conducted on each support worker to ensure that the provision within the determination of service is being met.

Management of Change, Variations and Design	
NA	
Confirmation of Compliance	
Evidence has been viewed to confirm the following requirements have been met;	
Enquiries and sales process managed effectively (if applicable)	Yes
Purchasing and control of outsourced services managed effectively	Yes
Operational activities managed effectively	Yes
Design and management of variations managed effectively (if applicable)	Yes
Note: Details of any findings / concerns identified are included in the report summary	

< **Monitoring, Evaluation and Improvement** >

<p>Customer Satisfaction</p> <p>Service user satisfaction is the core principle element in provision of services at Fair Deal. Client satisfaction is measured via a Service User Evaluation Form, emails, blog, zoom meetings and survey monkey. Evidenced Service User Evaluation with 8 responses 2022 with notes for improvements as requested by service users. 30% recorded as problems with support- largely due to staff shortages. All is analysed through Survey Monkey.</p> <p>Control of Non-conforming Outputs, Nonconformity and corrective action</p> <p>Non Conformance procedure in S5.2 details how to raise a complaint, identify a complaint and training. Audit Register now in operation and captures any improvement requests, issues or complaints. No complaints or issues has been recorded with no trends identified. No issues have been recorded with HSE/SEPA or Care Inspectorate.</p> <p>Management System Audits</p> <p>Internal Audits have been completed on various dates – 3/11/22 and 25/11/22. Audit report has also been produced for the QMS 1/1/22- 31/11/22</p> <p>Areas identified for improvements mainly centre around document control- managing HR files better, developing Cross audits, developing practice observations and replacing quarterly reviews with 6 monthly appraisals.</p> <p>Continual Improvement</p>
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Main driver for improvements is led by Survey Monkey and service user responses to questions on level of their experience of the service provision. Other improvements for the team fall in line with legislative requirements and personal training requirements. The new process of Cross Audits will hopefully further drive improvements as allows a member from one team to audit provision within another area outwith their experience.

Confirmation of Compliance

Evidence has been viewed to confirm the following requirements have been met;

Effective systems in place to monitor, collect and analyse feedback from customers (if applicable)	Yes
Effective systems in place for dealing with non-conforming outputs	Yes
Effective management of non-conformities, corrective action and review of issues	Yes
Audits planned, managed and completed effectively and documentation available	Yes
Evidence of continual improvement and adequate mechanisms in place to achieve this	Yes

Note: Details of any findings / concerns identified are included in the report [summary](#)

Summary / Conclusions

Audit Summary and Conclusions

Fair Deal are managing all ISO obligations very well. They are well organized and proactive in their approach to responding to end user and staff requests. This audit found no minor, major or observations.

Notes / Comments

Auditor Recommendation: Retain Certification

Summary of Findings / Concerns-n/a

No.	Classification	Summary of Finding
1	Choose an item.	

Review / Follow up required

Based on the above summary of findings the following follow up response has been requested.

Response / Follow up required	Choose an item.
Details	

Where a response is required, please use the relevant form which can be downloaded here - [Audit-Forms](#)

- [IAF21_Audit-Follow-Up](#) – use this form when a follow up response has been requested
- [IAF22_Audit-Evidence-Request](#) – use this form when further evidence has been requested

Where a response is requested, it should be returned within 3 months of the date this report unless a different response date is detailed above.

Isoassured details / Feedback

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Ongoing certification

Ongoing ISO certification is subject to completion of an annual surveillance audit and this will be scheduled for a date around the anniversary of the date of initial certification.

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We provide resources and support to help our certification clients to maintain and develop management systems to ensure meeting ISO requirements. Support includes our **alphaZ documents** package which is available online at - az-documents.co.uk



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