

Reference	25015
Date	09/08/17

Annual Surveillance Audit Report

Organisation Name	Jet-Set (EU) Ltd t/as Meadow Court
Organisation Address	Trenchard Park Gardens, Minehead Road, Norton Fitzwarren, Taunton, Somerset TA2 6NS
Audit location(s), if different from above	
Audit Type	Surveillance
Certificate Details	Original approval 229/04/16, Current certificate 29/04/16, Certificate expiry 28/04/26 No. 14132307
Standard	ISO 9001 : 2015
Start and Finish Time	09:30 – 12:30
Audit Criteria	Comprehensive Audit (or part thereof) against the Management System processes and procedures documented by the Organisation, based on the requirements of the Standard.
Audit Objectives	<ol style="list-style-type: none"> To confirm that the Management System has been implemented or maintained and is operating in accordance with the Audit Criteria. To confirm the ability of the Management System to ensure that the Organisation meets applicable statutory, regulatory and contractual requirements and meets its specified objectives. To identify areas for potential improvement of the Management System.
Upgrade Information (if applicable)	<ol style="list-style-type: none"> Does the client wish to upgrade to the latest version of the Standard? : N/A Is the Management System suitable for upgrading? : N/A

Recommendation			
Pass			
Pass subject to rectification	✓	Auditor's Name	Mr Andrew North
Probationary Pass		Auditor's Signature	
Suspension		Client's Name	Mrs Kiri Keightley
Cancellation		Client's Signature	

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Findings			
Clause	Grade	Procedure Audited	Evidence and Findings
	Pass	Quality Manual Revision & Amendment Register	The Organisation's Quality Management System and Manual was seen in evidence in hard copy is currently in Issue 1 dated May 2016. no amendments to the Management System have been recorded on the Revision and Amendment Register for the period under audit.
	Pass	Quality Policy Certificate of Registration	The Organisation's Quality Policy is in place signed off and dated by the Organisation's Director/Registered Manager. The Scope of certification on the Certificate of Registration has been correctly identified and is mirrored with that on the Organisation's Quality Policy
	Pass	Quality Structure Chart	A copy of the Organisation's Quality Structure Chart is included within the QMS Manual that continues to accurately reflect the current responsibilities and lines of reporting within the Quality Management System.
4.1	Pass	Context Mission Statement Philosophy of Care Policies	Internal and external context has been correctly evaluated and documented with a review undertaken during the year under audit as part of the Management Review process, this has also been formally included as part of the Internal Audit process.
4.2	Pass	Interested parties	Interested parties and their significant requirements have been identified and remain as defined.
4.3, 4.4	Pass	Scope Processes, Policies and Procedures	The defined scope of the Quality Management System has been identified and recorded as addressed above and Section 8.3 Design and Development of Products and Services identified and justified as non-applicable to the Organisation. Documented procedures are recorded together with a description of the interaction of processes. Together with defined Policies the system continues to control the Quality Management System.
5.1	Pass	Leadership compliance	The Director/Registered Manager and Assistant Manager continue to demonstrate leadership and commitment to the Quality Management System through the methods defined. Evidence of communication throughout the Organisation of the importance of meeting customers', legislative and other requirements was well presented within staff and management meeting minutes.
5.2	Pass	Quality Policy	The Organisation's Quality Policy is in place signed and dated by the Organisation's Director/Registered Manager. The Scope of certification has been correctly identified as the provision of supported living services for individuals with learning disabilities on the Certificate of Registration and this has been defined within the Quality Policy document.
5.3	Observation	Structure Chart Quality Assurance Manager	Responsibilities and authorities are as defined in the Quality Structure Chart within the QMS Manual. Plans to assign Quality related roles and responsibilities to the Assistant Manager will require amendment to the Structure Chart in the year ahead.

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Findings			
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6.1	Pass	Meeting Minutes Risks	Regular general and performance planning meetings are held. Premises and Equipment Safety records have been maintained with full risk assessments compiled by JE/RS and approved by the Director/Registered Manager 01/09/16 A Risk and Opportunities Register template has been provided and discussed.
6.2	Pass	Quality objectives	The Organisation's Quality Objectives have been established and remain relevant to exceed the expectations of the customer with high quality service provision and the maintenance of high levels of customer satisfaction feedback. Monitoring is completed through the implementation of comprehensive auditing procedures both internal and external. The Organisation's Statement of Purpose and Business Plan seen in evidence for 2015-2018.
6.3	Pass	Quality Change	A QMS Change Control procedure is in place with a Quality Change Control Record retained in Audit File – Section 2 – Deputy Office. To date no changes have been identified but by conversation it was identified that the procedure for its implementation is well understood by the Assistant Manager.
7.1	Pass	Resources Meetings Inspections	Regular formal and informal meetings continue to be held as part of the Organisation's day-to-day activity. The Organisation's computer system continues to be serviced and maintained in-house. The Organisation continues to have no equipment used for final verification that requires calibration to National Standards. By visual inspection it was seen that the infrastructure necessary for the provision of the Organisation's services are being maintained.
7.2, 7.3	Pass	Training records	Training records are in place for all staff and the Organisation's Training Files seen in evidence confirms that mandatory and non-mandatory training needs have been identified and training provided during the year under audit. Seen in full file for Kiri K including Competence Based Qualification (QCF) level 5 diploma May 2016.
7.4	Pass	Policy Newsletter	The Organisation's Quality Policy is displayed for customers and relevant visitors as required. A copy of the Organisation's Management Review Minutes or extracts thereof are circulated when applicable. Evidence of internal and external communication seen via the Organisation's online newsletter seen by example dated 04/07/17.
7.5	Minor	Document Control	The Organisation's Document Template Control Schedule/Master Register is in place but has not been populated as required by Section 7.5.3.8 and a Document Change Control Record, as provided should be referenced in Section 7.5.3.17 in place of the Document Template Control Schedule. It was agreed that the Organisation's Diary be included in the list of records defined in Section 7.5.3.14
8.1	Pass	Daily Diary Activity Sheets Support Plans	Daily Diary entries are being maintained together with Activity Sheets Chart and support Plans as verified by RK and KK
8.2	Pass	Enquiries	Enquiries continue to be received by various methods including the Proactis online portal discussed.

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8.3	Pass	Design	Design and development of products and services remains non-applicable to the Organisation's current operational procedures.
8.4	Pass	Control of externally provided products and services	The Organisation's Preferred List of Approved Suppliers and Sub-contractors is maintained and regularly reviewed, hard copy seen as of 29/12/16 Purchasing procedures remain relevant and are as defined. Supplier survey seen by example for R&D Electrical and Devon & Somerset Fire Protection.
8.5	Pass	Service provision Resident Files	Support plans, staff files, policy and procedures file and monthly reviews have been maintained and retained within the Deputy Office. All records were confirmed by discussion as being retained for a minimum of three years in accordance with the requirements of the CQC.
8.6	Pass	Monthly Review	Monthly Review Forms are retained within Client Files Section 4 in the Staff Office.
8.7 & 10.2	Pass	NCR Customer Complaints Accidents/Incidents	Customer Complaints and Non-conformance procedures are defined and are in place. 14 NCR Reports have been recorded and addressed at quarterly Management Reviews. No customer complaints have been received. Additional accident/incident/missing person/concern and safeguarding levels are recorded on a monthly basis and seen in evidence for 2016.
9.1	Pass	Quality Surveys	Quality Survey for January 2017 and June 2016 were seen in evidence including general care, living skills, concerns and complaints and care/support. A section of client comments and evaluation by the Manager has been completed.
9.2	Pass	Internal Audits	Thorough and comprehensive Internal Audits have been undertaken to the ISO9001:2015 Standard during the year under audit. Internal Audit Reports have been generated for each by both Kiri K and Rick K and were seen in evidence.
9.3	Pass	Management Review	Compliant Management Reviews have been held during the year under audit Minutes seen dated 26/07/17, 5/5/17, 14/03/17, 13/01/17
10.1	Pass	Improvement	The effectiveness of the Quality Management System has been reviewed as part of the Management Review process and aspects defined.
10.3	Pass	Continual improvement	As identified in Section 10.1 above the effectiveness of the Quality Management System has been reviewed as part of the Management Review process and aspects defined.

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Notes for the Client

**It was agreed that the Organisation's Diary be included in the list of records defined in Section 7.5.3.14
The Organisation's Structure Chart will require update to identify forthcoming revised roles and responsibilities.**

Corrective action(s)

Required where non-conformance has been identified

Number of non-conformances identified: 1

Number of major non-conformances: 0

Number of minor non-conformances: 1

1	The Organisation's Document Template Control Schedule/Master Register in place is to be populated as required by Section 7.5.3.8 and a Document Change Control Record, as provided should be referenced in Section 7.5.3.17 in place of the Document Template Control Schedule.
2	
3	
4	
5	

This Audit has been based on Random Sampling methodology and does not exclude the possibility that other non-conformances may exist. All recommendations are subject to review and ratification by the Certification and Auditing Division of QMS International. Please remember that free telephone advice on any aspect of your Management System is available from QMS Head Office Tel: (01603) 630345.