ISO 9001:2008
Clause 8.5.2

PR023 Corrective Action Procedure

Strode Park Foundation for People with Disabilities
Approvals

The signatures below certify that this procedure has been reviewed and accepted, and demonstrates that the signatories are aware of all the requirements contained herein and are committed to ensuring their provision.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Position</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared by</td>
<td>Jacky Moat</td>
<td>HR Support</td>
<td>11/04/12</td>
</tr>
<tr>
<td>Reviewed by</td>
<td>David Dye</td>
<td>HR Director/Quality Manager</td>
<td>11/04/12</td>
</tr>
<tr>
<td>Approved by</td>
<td>Quality Meeting 15/05/12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Amendment Record

This procedure reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

<table>
<thead>
<tr>
<th>Page No.</th>
<th>Context</th>
<th>Revision</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Contents

**P023 Corrective Action Procedure**

- 1. Introduction & Purpose .................................................................................................................................................. 4
- 2. References ........................................................................................................................................................................ 4
- 3. Terms & Definitions .......................................................................................................................................................... 4
- 4. Application & Scope .......................................................................................................................................................... 4
- 5. Requirements ....................................................................................................................................................................... 4
- 6. Process ................................................................................................................................................................................. 5
  - 6.1 Review Non-conformities .............................................................................................................................................. 5
  - 6.2 Determine Causes ............................................................................................................................................................ 5
  - 6.3 Evaluate Need for Action ............................................................................................................................................... 5
  - 6.4 Implement Action ............................................................................................................................................................ 5
  - 6.5 Verify Effectiveness .......................................................................................................................................................... 5
  - 6.6 Management Review ....................................................................................................................................................... 5
  - 6.7 Documentation & Records ............................................................................................................................................. 5
  - 6.8 Corrective Action Process Map .................................................................................................................................. 6

PR023 Version 1 Review annually
P023 Corrective Action Procedure

1. Introduction & Purpose

The purpose of this procedure is to establish the process for identifying, documenting and implementing corrective actions in order to eliminate actual failures in service delivery. The Foundation’s quality management system is geared toward the elimination of defects and to this end; a formal corrective action system is utilized.

2. References

<table>
<thead>
<tr>
<th>Reference</th>
<th>Title &amp; Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.5.2</td>
<td>Quality System Manual</td>
</tr>
<tr>
<td>F018-5</td>
<td>Internal Audit Report</td>
</tr>
</tbody>
</table>

3. Terms & Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>ISO Clause</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-conformity</td>
<td>3.6.2</td>
<td>Non-fulfillment of a requirement</td>
</tr>
<tr>
<td>Preventive Action</td>
<td>3.6.4</td>
<td>Action taken to eliminate a potential non-conformity</td>
</tr>
<tr>
<td>Corrective Action</td>
<td>3.6.5</td>
<td>Action taken to eliminate the cause of a non-conformity</td>
</tr>
</tbody>
</table>

4. Application & Scope

This procedure is applicable to all corrective actions related to non-conforming services and audit results. Any corrective action taken to eliminate the causes of actual non-conformances is appropriate to the magnitude of the problem whilst also being in proportion to the risks presented by the non-conformance.

Root causes of non-conforming services, as well as, quality management system defects are investigated and actions implemented to prevent their recurrence.

5. Requirements

All Care and other staff are required to:

- Highlight potential non-conformances to their Line Manager/Supervisor
- Follow this procedure upon detection of a non-conformance

The Director of Care is required to:

- Determine the causes of non-conformances
- Maintain a system for reporting and record keeping

Top Management is required to:

- Implement necessary actions to achieve resolution
- Review the effectiveness of corrective actions taken
6. Process

6.1 Review Service

- Non-conformances or opportunities for improvement may be identified by employees, customer complaints or by quality management system audit reports. By whichever means a non-conformance is identified, the underlying cause of the non-conformance is investigated.

6.2 Determine Causes

- The Director of Care will review any issues raised and complete a non-conformance report F020-1 to identify root cause and level of action required.
- Repeated non-conformances of the same nature or significant deviations from procedures or the quality policy are reported to Top Management for action and resolution.

6.3 Evaluate Need for Action

- If corrective action is necessary then from F023-1 will be developed and appropriate personnel assigned tasks.

6.4 Implement Action

- Designated personnel must implement the agreed level of action within an agreed timescale. The Director of Care will follow up all corrective actions to ensure effective and timely responses are achieved.
- The Care Director or representative will close out the corrective action when satisfactory resolution has been achieved and when objective evidence of close out has been obtained through inquiry or audit.
- Preventive action such as, implementing, modifying or enforcing procedures or controls will be taken to avoid repetition of the non-conformance where necessary.

6.5 Verify Effectiveness

- The corrective action request originator verifies the effectiveness of the corrective action(s) taken. Where the originator is also responsible for the implementation of the corrective action, the Director of Care will provide the verification for corrective action request closure.
- If corrective actions are determined to be not effective, the original corrective action request will be closed and a new corrective action request will be issued.

6.6 Management Review

- A review of corrective actions is undertaken by top management to verify the performance and effectiveness of corrective actions taken. Corrective actions are reviewed for long-term effects and process improvements in Management Reviews.
- The Quality Management Representative and top management determines if the action taken could potentially improve other areas of the organization.

6.7 Documentation & Records

- Any changes to the quality management system and its procedures, as a result of corrective actions are recorded. All documentation and records generated by the corrective action process are managed in accordance with ISO 9001:2008 Clauses 4.2.3 & 4.2.4.

PR023 Version 1 Review annually
6.8 Corrective Action Process Map

- Corrective Action Request F023-1
  - Corrective Action Request log F023-2
  - Determine Causes
    - Evaluate Need for Action
      - Devise Action Plan
        - Implement Action Plan
          - Verify
            - YES
              - Close-out Corrective Action Request F023-1
                - Management Review
              - Update Corrective Action Log F023-2