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>
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</thead>
<tbody>
<tr>
<td>Prepared by</td>
<td>Jacky Moat</td>
<td>HR Support</td>
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<td>11/04/12</td>
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<tr>
<td>Approved by</td>
<td>Quality Meeting</td>
<td></td>
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</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>
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<tr>
<th>Page No.</th>
<th>Context</th>
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P024 Preventive Action Procedure

1. Introduction & Purpose
The purpose of this procedure is to establish the process for identifying, documenting, analyzing and implementing preventive actions in order to eliminate failures in service delivery. The Foundation’s quality management system is geared toward the proactive elimination of potential problems. Potential non-conformances in service or the quality management system are investigated and action implemented to prevent their occurrence.

2. References

<table>
<thead>
<tr>
<th>Reference</th>
<th>Title &amp; Description</th>
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<tbody>
<tr>
<td>8.5.3</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-fulfilment 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 the initiation, assignment and recording of preventive actions, including follow-ups, to ensure actions taken are effective. Any preventive action taken to eliminate the causes of potential a failure in service delivery is appropriate to the magnitude of the problem whilst also being in proportion to the risks presented by the threat of failure. This procedure works in conjunction with:

- Internal Audit Procedure P018
- Non-conformance Procedure P020
- Corrective Action Procedure P023

5. Requirements

All carers and other staff are required to:

- Highlight potential failures in service delivery to their Line Manager/Supervisor
- Follow this procedure upon detection of a potential non-conformance

The Director of Care is required to:

- Maintain a system for reporting and record keeping
- Prepare and review preventive action requests (F024-1)

Top Management is required to:

- Implement necessary actions to achieve resolution
- Review the effectiveness of preventive actions taken

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6. Process

6.1 Review Potential Non-conformances

- Potential non-conformances, system weaknesses or threats may be identified employees, customer comments or by quality management system audit reports. By whichever means a potential non-conformance is identified, the underlying cause(s) of the threat are investigated.

6.2 Evaluate Need for Action

- Top management will decide the appropriate level of action to be implemented based on a cost benefit analysis and if preventive action is necessary then the preventive action request form F024-1, is developed and forwarded to the Director of Care who will make an entry in preventive action log F024-2.

6.3 Determine Causes

- The need for a preventive action is identified on the basis of information regarding the capability and performance of processes and care, product non-conformity rates, service user feedback, customer complaints and the effectiveness of the quality system.

6.4 Implement Action

- Preventive actions are implemented where there is an increased risk for potential non-conformances. Preventive actions are also initiated when performance data indicates a trend of decreasing quality capability or the effectiveness of the quality system itself.

- Preventive actions such as, implementing, modifying or enforcing procedures or controls are taken to avoid any potential failure to reach the required standard where necessary.

6.5 Verify Effectiveness

- The preventive action request originator verifies the effectiveness of the preventive action taken. Where the originator is also responsible for the implementation of the preventive action, the Director of Care will provide the verification for the preventive action and request closure.

- The Director of Care will close out the preventive action when satisfactory resolution has been achieved and when objective evidence of close out has been obtained through inquiry or audit. The preventive action log (F024-2) will be updated.

- If preventive actions are determined to be not effective, the original preventive action request will be closed and a new preventive action request will be issued in order to reinitiate the process.

6.6 Management Review

- A review of preventive actions is undertaken by Top Management to verify the performance and effectiveness of preventive actions taken. The Quality Management Representative and Top Management determine if action taken could potentially improve other areas of the organization.

6.7 Documentation & Records

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

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6.8 Preventive Action Process Map

Preventive Action Request F024-1 → Determine Causes & Potential Effects

Preventive Action Request Log F024-2

Evaluate Need for Action → Devise Action Plan → Implement Action Plan → Verify

Verify

YES → Close-out Preventive Action Request F024-1 → Management Review

NO

Update Preventive Action Request Log F024-2