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# Quality Manual

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## Introduction

Eskleigh is a not for profit incorporated body established in 1947 and has operated in Tasmania on a continuous basis since that time. Eskleigh is governed by a Board of Directors.

Eskleigh operates a 42 bed supported accommodation at Eskleigh Home, in Perth, Northern Tasmania, as well as contemporary Group Homes in Longford, Kings Meadows, Montrose and Mornington.

Eskleigh Home and the Group Homes provide support and accommodation for younger adults with varying levels of disability ranging from severe to moderate intellectual disabilities, physical disabilities to disabilities caused by an acquired brain injury.

In addition to supported accommodation, Eskleigh has developed a statewide premier community support network. The service and support provided enables individuals to remain in their own homes when without support they may not be able to do so.

Our service is funded largely by the Tasmanian government; other income is received as a result of donations and fundraising activities managed by volunteers. Eskleigh is staffed by paid employees and unpaid volunteers.

## The Scope of the Quality Management System:

This manual describes the organisation of Eskleigh, and defines the procedures for the maintenance of the organisation's quality system.

This manual also details how Eskleigh fulfils the requirements of ISO 9001:2008.

This manual is supported by detailed policies, procedures, standard operating procedures, work instructions, protocols, manuals and site information folders that are held in electronic format and in hard copy and can be accessed by staff members at all times.

## Eskleigh's Head Office is located at:

16087 Midlands Highway  
Perth Tasmania 7300

Telephone: (03) 6398 7100

Email: [office@eskleigh.com.au](mailto:office@eskleigh.com.au)

Postal Address: PO Box 42

Perth Tasmania 7300

Facsimile: (03) 6398 2928

Website: [www.eskleigh.com.au](http://www.eskleigh.com.au)

## Supported Accommodation Facilities are located at:

- Eskleigh Home, Scone Drive, Perth, Tasmania 7300
- 33 High Street, Longford, Tasmania 7301
- 36 Ryton Street, Kings Meadows, Tasmania 7249
- 10 Phillip Avenue, Montrose, Tasmania 7010
- 37 Carbeen Street, Mornington, Tasmania 7018

## Board Members & Staff

Eskleigh operates in team structures comprising:

**Board: Up to** 12 Directors

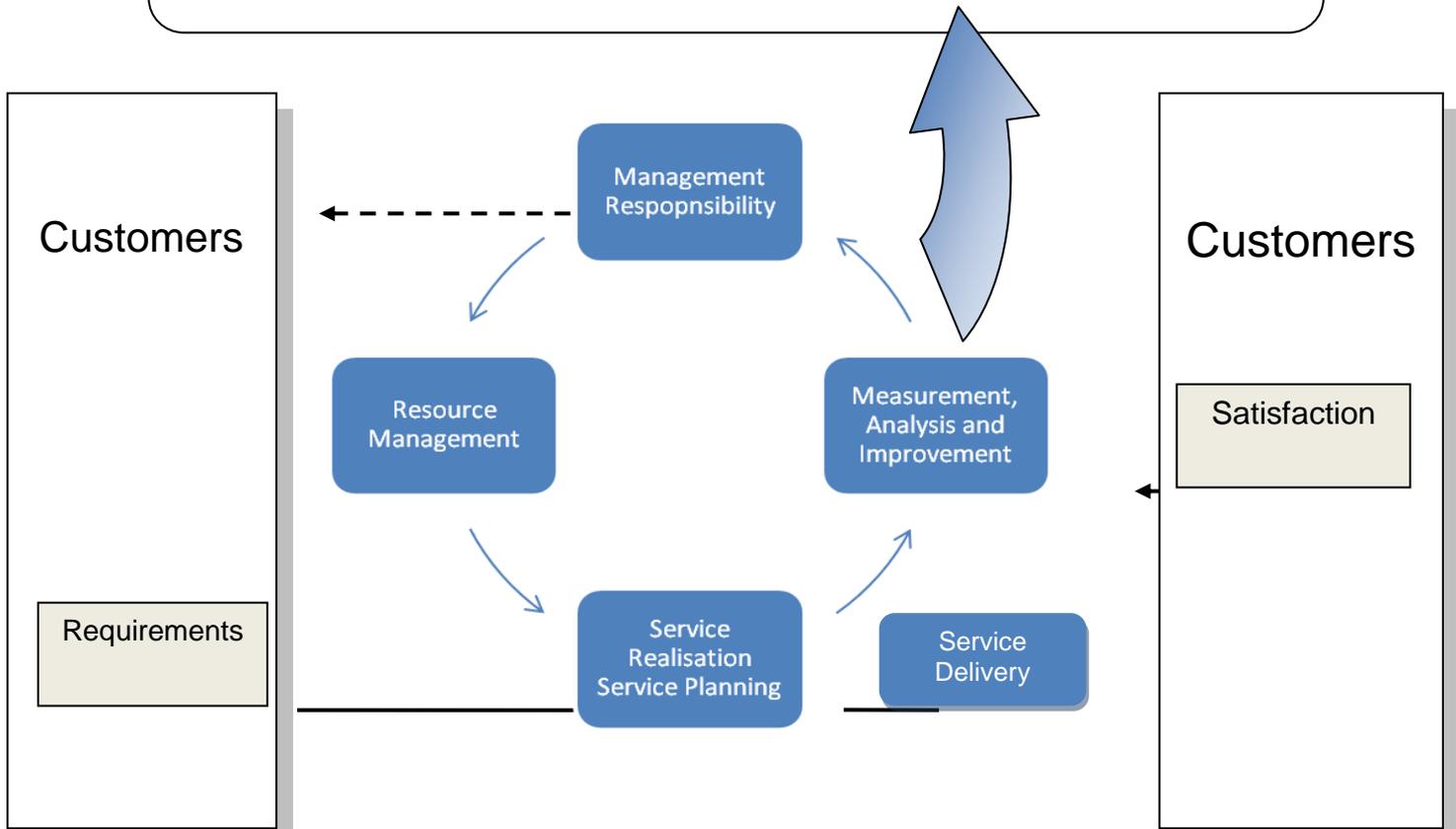
**Management Team:** Chief Executive Officer and up to two nominated managers

**Supporting Staff:** Nominally 85 full time equivalent team members, comprising Registered Nurses, Senior Support Workers, Support Workers, Leisure and Lifestyle Employees, Service Employees, Administration staff, Supervisors and Coordinators.

<b>DEFINITIONS</b>	
<b>Acceptance Criteria</b>	Standards or criteria that characteristics, materials, products and services must meet.
<b>Audit</b>	An evaluation to determine if present activities conform to specified requirements and whether services conform to acceptance criteria.
<b>Authority</b>	The right to command others, the right to make and enforce decisions.
<b>BOM</b>	Board of Management
<b>Calibration</b>	Comparison and adjustment to a standard of known accuracy.
<b>CEO</b>	Chief Executive Officer
<b>Conformance</b>	Compliance with specified requirements.
<b>Contract</b>	Any formal or verbal agreement between Eskleigh and a customer for the delivery of a service.
<b>Control</b>	An activity to ensure conformance with acceptance criteria.
<b>Corrective Action</b>	Action taken to eliminate the causes of an existing nonconformity, defect or other undesirable situation in order to prevent recurrence.
<b>Customer</b>	Includes clients, their families, staff, allied health professionals, government funding agencies, service providers, contactors and volunteers.
<b>Defect</b>	A product or service that does not meet acceptance criteria.
<b>Documentation</b>	Recorded information.
<b>Failure</b>	Any condition that prevents the product or service from performing its specified function.
<b>Inspection</b>	Activities such as measuring, examining or testing one or more characteristics of a product or service, and comparing these with specified requirements to determine conformity.
<b>Management System Policies</b>	Procedures and all supporting documents that direct work practices.
<b>Non-conformance</b>	Nonconformity; non-fulfilment of a specified requirement.
<b>Nonconforming Service</b>	Any action taken/or task performed which is inconsistent with a procedure laid down as part of the management system.
<b>Objective Evidence</b>	Facts that are observed and documented.
<b>Operating Procedure</b>	A document that specifies or describes how an activity is to be performed including methods, equipment to be used and a sequence of operations.
<b>Position Description</b>	A written description of work inclusive of responsibilities and tasks or activities to be performed at a specific location. Each position description should be a statement which distinguishes a particular task or set of responsibilities from all others in the organisation. Position descriptions should clearly define the parameters within which an individual is expected to perform; they should also clarify the hierarchy of authority. Responsibility for the quality of the key functions and activities must be individually defined and documented.
<b>Preventive Action</b>	Action taken to eliminate the causes of a potential nonconformity, defect or other undesirable situation in order to prevent occurrence.
<b>Product</b>	Result of activities or processes, which may include service, hardware, processed materials or intangibles such as knowledge or concepts or a combination of these.
<b>Quality Control</b>	The operational techniques and activities used to fulfil requirements for quality.
<b>Quality System</b>	The organisational structure, responsibility, procedures, processes and resources for implementing a quality management system.
<b>Quality</b>	Conformance to specified requirements
<b>Responsibility</b>	The state of being held accountable for the outcomes of actions and

	decisions.
<b>Senior Management</b>	The personnel with executive responsibility for the management of the facility
<b>Service Exception</b>	Incidents or outcomes that do not fall within expected management system guidelines.
<b>Specification</b>	The document that prescribes the acceptance criteria with which a product or service has to conform.
<b>Supplier</b>	Vendors and subcontractors who furnish materials, products or services
<b>Traceability</b>	The ability to trace the history, application or location of an item or activity by means of recorded identification

The process for Continual Improvement of the Eskleigh Quality Management System



Key	
—→	Value-adding activities
- - - ->	Information Flow

## Quality Manual Policies

The following is designed to provide an overview of the manner Eskleigh meets the requirements of ISO 9001:2008.

## ISO Standard 4: Quality Management System

### 4.1 General Requirements

Eskleigh Management is committed to and accepts the obligation to implement the quality policy by fostering a culture of corporate and personal responsibility.

The processes needed for the quality management system are identified within this quality manual and in associated policies, standard operating procedures and work instructions. The documentation defines these quality system processes and their sequence and interaction, and provides instruction on how and why:

- Customer needs and expectations are met and where possible exceeded;
- The management structure has been designed to enable staff to achieve the strategic objective/s;
- Individual authority and responsibility for work practices has been clarified and communicated;
- Availability of resources as required to fulfil customer needs;
- Work systems are designed to ensure effectiveness and efficiency of work practices;
- A systematic approach to continuous improvement is active;
- Availability of fact and data are used to aid decision making; and
- Partnerships with suppliers are managed.

### 4.2 Documentation Requirements

#### 4.2.1 General

The quality management system documentation includes a statements of a quality policy and objective, documented procedures required by ISO 9001:2008, documents needed by Eskleigh to ensure effective planning, operation and control of processes and records required by ISO 9001:2008.

The quality system includes the following documents:

- Quality Manual;
- Policies and procedures;
- SOP's, Work instructions, Protocols, Manuals and site information folders;
- Agreements;
- Service realisation (care) plans;
- Forms;
- Staff training records ;
- External disability services standards and regulations; and
- Quality records including Minutes of Meetings, Internal and External Audit Reports, Survey Reports and Analysis of Data, Corrective Action Requests, Incident reports and Your Voice forms received.

#### 4.2.2 Quality Manual

This Quality Manual is the overarching document defining the overall quality management system at Eskleigh and is supported by policies.

This Quality Manual demonstrates the agreed management policies for Eskleigh. Its purpose is to ensure that at all times a person centred approach is the focus of service to clients.

### 4.2.3 Document Control

Eskleigh maintains documented procedures to control the flow of documents and the content of documents that relate to the requirements of ISO 9001:2008.

Documents are identified with the following information:

- type of document (code);
- date and version number;
- belongs to a particular part of the system, e.g. to a procedure;
- can be cross referenced where it is necessary to other parts of the system; and
- Its authority is clearly traceable.

Changes or improvements in Eskleigh's work practices are submitted to the document control officer, updated in the relevant documents, authorisation sought, adopted and then made known to the rest of the organisation. This process then allows new ideas to be implemented. A suitable document control system ensures that documents that are critical to service delivery quality are:

- Reviewed and approved by appropriate personnel;
- Distributed so that their ongoing whereabouts are known and ensures that modifications to these documents are also reviewed and approved and obsolete documents are withdrawn or appropriately marked for the purpose;
- The control of documents including changes to documents and data are coordinated by the document review officer after review and authorisation by the appropriate person;
- A Document Control Register and Master Index identify the current status of documents is readily available to prevent the use of out of date documents; and
- Out of date documents (e.g. equipment out of date but needed for record) retained for legal or other purposes are identified, promptly removed from circulation and stored safely.

Documents include the following:

- Quality policies
- Resident/Client Care plans
- Communication forms
- Related software and data
- Internal auditing documents
- Training documents
- Forms, checklists
- Position descriptions

Relevant Policy:

PP200 Document Control

### 4.2.4 Control of Records

Records include both paper based and electronic records. Documented procedures are maintained to describe what records have to be kept, where they are, for the retention period, who is responsible for their disposal and whether they are hard copy or electronic media.

Quality records are those records generated through the performance of a function or activity that provides evidence that the service does conform to planned requirements.

All quality records are legible and are stored in such a way that they are readily retrievable in facilities that provide a suitable environment to prevent damage or deterioration and to prevent loss. Retention times of quality records shall be established and recorded.

Relevant Policy:  
PP211 Record Integrity

## **ISO Standard 5: Management Responsibilities**

### **5.1 Management commitment**

Eskleigh recognises that an effective quality management system requires the involvement and commitment of the Management Team and all staff members.

All staff members are responsible for their own work and actions.

The CEO is the management representative who is ultimately responsible for the Quality Management System.

Refer to:

Minutes of meetings, Manager/Supervisor/Coordinator monthly reports  
- Documents located on: U drive / Master Index

### **5.2 Customer focus**

The Eskleigh Quality Management System identifies customer requirements in each area of service delivery and seeks feedback to ensure:

- needs and expectations are being met;
- requirements are understood and are being met; and
- resources are available to meet these needs.

Eskleigh customers are:

- Clients, Residents, Relatives,
- Government Agencies and Departments,
- The Eskleigh Board of Directors
- Eskleigh Staff Members and Volunteers,
- Suppliers and Contractors.

Refer to:

Your Voice forms, surveys, questionnaires, training feedback forms, goals consultation meetings, staff professional development reviews.

- See administration staff for the location of these documents.

### **5.3 Quality Policy**

#### **OUR VISION**

To be the leading provider of disability and support services in Tasmania.

#### **OUR BUSINESS PURPOSE**

To provide quality, individual support services that enrich the lives of people with a disability.

#### **OUR GOALS**

##### ***Sustainability***

To be sustainable in five years' time with opportunities emerging for growth.

##### ***Marketing and communication***

To have raised our profile as demonstrated in increased membership, participation, fundraising and partnerships.

## Our People

To have a skilled and happy workforce.

## Our Clients

To be delivering quality care to an increasing client base, with a higher percentage of satisfied clients and value added services.

## QUALITY POLICY

Eskleigh in supporting people will:

- Deliver a quality, efficient and diverse service.
- Value and respect all people we support in policy and practice.

The Quality Policy is periodically reviewed during the framework of management review of the quality management system. This is to ensure its continual relevance and suitability.

## 5.4 Planning

### 5.4.1 Quality Objectives

The Eskleigh objectives for quality are to:

Objective	Strategy	Success Indicator
<b>Deliver quality accredited service</b>	<ul style="list-style-type: none"> <li>• Regular surveys of clients, families and staff members</li> <li>• ISO audits in accordance with consultant audit requirements</li> <li>• Internal Quality audits in accordance with the internal audit schedule</li> <li>• Departmental audits</li> <li>• Staff performance reviews in accordance with the schedule</li> </ul>	<ul style="list-style-type: none"> <li>• ISO 9001:2008</li> <li>• Service Contract with DHHS</li> </ul>
<b>Value and respect the individuality of each person we support</b>	<ul style="list-style-type: none"> <li>• The client/resident goal setting program</li> <li>• Adherence to the Privacy &amp; Dignity Policy and Procedures (PP262) at all times</li> <li>• Client/resident individual care plans</li> <li>• Minutes of residents/clients meetings</li> <li>• Staff training programs</li> <li>• Adherence to Clients Rights Policy &amp; Procedures (PP244) at all times</li> <li>• Family &amp; Resident Surveys on an annual basis</li> </ul>	<ul style="list-style-type: none"> <li>• Person Centred Approach</li> <li>• Positive feedback</li> <li>• Outcomes achieved</li> <li>• Minimal complaints</li> </ul>
<b>Provide support options to existing (and potential)</b>	<ul style="list-style-type: none"> <li>• Client/resident care planning review process</li> </ul>	<ul style="list-style-type: none"> <li>• Person Centred Approach</li> <li>• Maintain service contract</li> </ul>

<p><b>people we support</b></p>	<ul style="list-style-type: none"> <li>• Client/resident goal setting program and review</li> <li>• The client/resident care requirements assessment and review process</li> <li>• Adherence to Clients Rights Policy &amp; Procedures (PP244)</li> <li>• Adherence to Service Entry Policy &amp; Procedures (PP267)</li> <li>• Case conferencing</li> <li>• Regular meetings with stakeholders</li> <li>• Immediate access for clients/residents to allied health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain or increase business</li> <li>• Positive feedback</li> </ul>
<p><b>Maintain and extend the skills and knowledge of every employee</b></p>	<ul style="list-style-type: none"> <li>• Annual Staff Professional &amp; Development Reviews (HR042)</li> <li>• On-going staff training programs</li> <li>• An annual Staff training needs analysis</li> <li>• Internal audits on daily operations processes in accordance with the internal audit schedule</li> </ul>	<ul style="list-style-type: none"> <li>• Training Feedback</li> <li>• Professional Development Reviews</li> <li>• High Staff Attendance</li> <li>• Demonstrated skills</li> </ul>
<p><b>Provide a financially viable service</b></p>	<ul style="list-style-type: none"> <li>• Financial audits in accordance with legislative and regulatory requirements</li> <li>• Financial reports and returns</li> <li>• Ensuring that each business centre is financially sustainable</li> <li>• And by seeking and securing adequate funding</li> </ul>	<ul style="list-style-type: none"> <li>• Financial reports</li> <li>• DHHS service contract</li> <li>• Auditor's opinion</li> </ul>

These quality objectives have been established to support and implement the Quality Policy Statement and continuous improvement imperatives. It is the responsibility of each staff member to uphold these objectives at all times.

#### **5.4.2 Quality Planning**

Quality management system elements and processes are planned to ensure that the system is appropriate for its intended purpose, and that it is effective and efficient.

Refer to:

Minutes of meetings, monthly reports, internal audits.

- Documents located: U drive / Master Index.

### **5.5 Responsibility, Authority and Communication Organisation**

The management and employees of Eskleigh have the necessary authority and resources required to meet the mandates assigned to their areas.

Refer to:

Organisational Chart (appendix 1), Position Descriptions.

- Documents located: U drive / Master Index.

#### **5.5.1 Responsibility and authority**

The Quality Management System Manual is the principal document covering the requirements of ISO 9001:2008 and is supported by policy and procedures supported by working documents and other documentation.

An organisational chart (appendix 1) which clearly identifies departments, who has authority, who holds responsibility in any area and who reports to whom.

#### **5.5.2 Management Representative**

The CEO is the management representative who has the responsibility and authorisation to ensure that the quality management system is maintained in accordance with ISO 9001:2008.

#### **5.5.3 Internal Communication**

The CEO ensures that appropriate communication processes are maintained and communication takes place regarding the effectiveness of the quality management system, quality performance, and customer satisfaction levels. This communication includes on-going employee meetings and documented employee communications. Resident and client meetings are held on a regular basis to receive and provide feedback regarding satisfaction levels with service delivery.

Communication and reporting channels include:

Eskleigh Echo (quarterly newsletter), memos, staff payslips, staff meetings, internal committees, communication books, whiteboards, reports, incident reports, letters, emails, preferred method of communication.

### **5.6 Management Review**

The Management Team reviews the Eskleigh quality management system. These reviews consider the suitability of the system, the adequacy of the system and its effectiveness. Management review occurs at Management meetings.

Refer PP304 Management Meeting Terms of Reference.

Records of management reviews are maintained.

Refer to:

Minutes of Management meetings, minutes of the Board of Management meetings

- See administration staff for the location of these documents.

## **ISO Standard 6: Resource Management**

### **6.1 Provision of Resources**

As part of its annual budget allocation process, management determines and allocates sufficient resources to implement and maintain the quality management system and to

enhance client/relative satisfaction by providing sufficient resources to continuously improve the standard of care and services that are provided.

These resources may include people, supplies, information, infrastructure, work environment and financial resources.

The CEO is ultimately responsible for determining the resource requirements for the implementation and improvement of the quality management system.

### **6.2 Human Resources**

#### **6.2.1 General**

All staff members are appropriately trained and competent for the role they perform. Performance is assessed on an annual basis, or sooner if warranted by circumstances.

Position descriptions define each staff member's level of authority and responsibility for standard of service delivery.

Evidence of relevant qualifications and experience are maintained in staff files.

Refer to:

Personnel files, registration database, position description's, professional development reviews, training plans, training calendar.

- See administration staff for the location of these documents.

Relevant Policies:

PP238 Staff Training & Development, PP231 Induction, PP237 Staff Selection & Recruitment.

#### **6.2.2 Competence, Awareness & Training**

Eskleigh is committed to the continuous improvement of the skills and knowledge and the professional development of its staff. Eskleigh ensures that the knowledge and skills of its staff meets the requirements and needs of clients. Areas requiring knowledge and skill improvement are identified through: training feedback, direct requests, staff meetings, staff reviews, changing/new client needs and the annual training needs analysis.

All employees receive induction training which ensures they are aware of the relevance and the importance of their role and how they contribute to the achievement of the quality objectives.

Personnel must be competent in relevant education and training, and also skills and experience as defined in the position descriptions and Eskleigh standard operating procedures.

Training records are maintained for each employee, and where required, the employee's registration status with the relevant registration board.

Refer to:

Probation review, performance review, personnel files, training records, training feedback summaries, standard operating procedures.

- See administration staff for the location of these documents.

Relevant Policy:

PP238 Staff Training & Development

### 6.3 Infrastructure

Suitable buildings, facilities, grounds, equipment and other infrastructure needed are determined, provided and maintained as required to support care and service conformity to requirements.

Eskleigh buildings are maintained to provide a safe, home-like environment and a safe working environment. Grounds are maintained to provide a pleasant space for staff, volunteers, residents/clients and their families.

Equipment, including motor vehicles, communication equipment and information systems, is maintained in accordance with manufacturers' specifications, recommendations and instructions.

Refer to:

Maintenance schedules, testing and tagging schedule, audit schedule, SOP's, checklists, hazard reporting, Incident forms, and capital works schedule.

- See administration staff for the location of these documents.

Relevant Policies:

PP209 Maintenance, WHS021 WH&S.

### 6.4 Work environment

Eskleigh provides a suitable and safe work environment for its staff to achieve conformity to service requirements.

All staff are required to adhere to Eskleigh's Policy and Procedure and in particular the staff code of conduct and work health and safety policies, and where applicable, standard operating procedures and work instructions.

Each member of the Management Team is responsible for ensuring suitable conditions in the workplace, including:

- WH&S;
- Infection control;
- Manual Handling;
- Interactions and communication between employees; and
- Conflict resolution and negotiation.

Relevant workplace policies and procedures are implemented through training and awareness, and non compliance may invoke disciplinary action.

Refer to:

PP226 Anti workplace bullying, PP240 Employee complaints, PP289 Whistleblower, PP228 Disciplinary, WHS021 WH&S, PP236 Code of Conduct, PP239 Workplace stress management.

- Documents located: U drive / Policies & Procedures / Document Control Register.

## ISO Standard 7: Service Realisation

### 7.1 Planning of service provision

In planning the provision of service, the management of Eskleigh takes into consideration all legislative requirements, regulatory controls and professional standards that are applicable to the operations of the organisation. Residents/Clients and relatives requirements, third party provider requirements, and required resources and resources implications are all inputs into the service planning process.

Planning of service realisation processes includes the determination of requirements and quality objectives for services; development of required processes and process documentation; and the establishment of service verification and validation programs.

The plan also defines requirements for records necessary to demonstrate process and service conformity.

### **Service requirements and quality objectives**

Service requirements and quality objectives for the service are defined and communicated in agreements, contract documents, internal and external standards, and applicable legal and regulatory requirements.

The CEO reviews these specifications before the acceptance of the agreement or contract of service.

### **Service provision planning**

Service provision planning includes, as applicable:

- The definition and evaluation of operations and processes to deliver the required care and services to clients and residents,
- The development of adequate and capable processes,
- The identification of special processes and consideration of associated risks and consequences,
- The establishment and implementation of appropriate process control measures,
- The development of SOP's and training for staff members, and
- The requirements for records necessary to demonstrate service conformity.

Refer to:

Care plans, tender documents, intake forms, customer feedback, surveys, service quality review meetings, leisure & lifestyle planning and evaluation documents.

- See administration staff for the location of these documents.

## **7.2 Customer Related Processes**

### **7.2.1 Determination of customer requirements**

Service requirements are determined to include resident/client requirements and legal, regulatory, and other necessary requirements.

Each resident/client (or their representative) is consulted and provides the information that forms the basis of their care plan. This is then documented and contained within a formal agreement with associated documentation and records for the resident/client.

In situations where Eskleigh provides the care and service to a resident/client on behalf of a third party (such as a Government Agency), a formal contract of service is also entered into with the third party prior to the provision of service to the resident/client.

Relevant Policies:

PP267 Service Entry, PP241 Care Planning & Review, PP245 Residents Security of Tenure, Client Agreements.

### **7.2.2 Review of customer requirements**

Agreements and contracts are reviewed to ensure that service requirements are defined and can be met, and to resolve any incomplete or conflicting requirements.

Agreement and contract reviews are recorded and are communicated to all relevant stakeholders.

The resident/client's care plan and associated documentation is reviewed six monthly (or sooner if required) to ensure the validity and currency of the support and service provided. Where changes are made, they are communicated to all relevant staff.

Care plans and associated documentation are subject to internal quality audits on a scheduled basis.

Refer to:

Care plans, progress notes, surveys, evaluations, service quality review meetings.

- See administration staff for the location of these documents.

Relevant Policies:

PP241 Care Planning & Review, PP246 Clinical Care, PP244 Clients Rights, Client Agreements

### 7.2.3 Customer Communication

Procedures are in place to enable effective communication with customers regarding the following:

- Availability of information relating to service provision;
- Accessing the service and any amendments to the service delivery process;
- Process of submitting complaints and notification of actions being implemented to correct problems; and
- Feedback from customers regarding the quality of the service.

Refer:

Your Voice forms, surveys, Eskleigh Echo, letters, contact logs, meeting minutes.

- See administration staff for the location of these documents.

Relevant policies:

PP244 Clients Rights, PP204 Comments & Complaints, PP205 Conflict Resolution, PP236 Code of Conduct, PP225 Code of Ethics, PP262 Privacy & Dignity.

Arrangements for communication with residents/clients relating to service information, and customer feedback and complaints are defined and implemented.

Where appropriate, operational procedures and instructions for these activities are established and implemented.

Each resident/client (or their representative) is provided with an Information Handbook prior to entering into agreement for care and service provision. This handbook provides general details on the operations of the service, as well as client's rights and responsibilities and the complaints and comment mechanisms available at all times to the resident/client (or their representative).

The Management of Eskleigh operates an open door policy in relation to all suggestions, comments and complaints from residents/clients, their representatives, relatives, staff members, volunteers and any other interested parties. Clients and Resident Meetings are also held on a regular basis to provide a forum to receive and provide feedback.

Formal avenues for suggestions, comments and complaints also include:

- Your Voice forms
- Corrective Action Requests
- Advocacy Services
- Surveys

### **7.3 Design & Development**

This clause of the International Standards is not applicable to Eskleigh because it is not relevant to the activity related and therefore excluded from the Quality Management System.

### **7.4 Purchasing**

The CEO is responsible for all capital expenditure. The members of the Management Team are responsible for all other purchasing functions and processes within each of their individual areas of responsibility, control and delegated authority.

Relevant Policy:  
PP212 Purchasing

### **7.5 Service Provision**

Service and process information and appropriate SOP's are maintained and communicated to relevant personnel.

Service provision processes are monitored and controlled, and are validated where appropriate.

Machines and equipment used in service provision and for monitoring and measurement activities are maintained/validated and records are maintained.

Materials, consumables and pharmaceuticals used in service provision are identified. When required, the traceability of materials and pharmaceuticals are recorded and maintained.

Resident/Client supplied products are normally controlled in the same manner as are purchased products.

Information regarding the provision of services generally is available through brochures, the Eskleigh web site, Resident/Client Information Books and Staff Handbooks.

Information regarding the care and service characteristics designed to meet individual needs and requirements are contained with care plans and associated documentation.

Individual care plans are monitored for effectiveness and signed off by the staff member providing the service.

Policies, procedures, SOP's, checklists and competency standards are available to all employees.

The need for SOP's is evaluated on the basis of criticality, importance and complexity of the process; the ability to verify results of the process; staff member qualifications; and history of quality problems associated with the process.

Service provision is monitored and controlled through a variety of approaches, activities and techniques.

Refer to:

Client feedback, internal audits, standard operating procedures, meeting minutes, reports, checklists.

- See administration staff for the location of these documents.

### **7.5.4 Customer property**

This element of the standard is applicable to Eskleigh through:

- Third party customer property (such as property owned by a government agency on whose behalf Eskleigh provides service to residents/clients) and used by Eskleigh during service provision;
- Property that is owned by residents/clients (such as personally owned wheelchairs) and is used by Eskleigh during service provision to that resident/client.

Due care is applied to all aspects of the service delivery, both to the client and their belongings.

Due care also includes all aspects of confidentiality inclusive of information provided in confidence. In the event of an exception occurring, records are kept and the relevant people notified.

As part of this responsibility procedures are in place to access emergency treatment in the event of an unexpected deterioration of a client either medically, physically or mentally.

Relevant policies:

PP254 Medical Emergencies, PP244 Clients Rights, service agreement, C005 Resident/Client Information Handbook.

### **7.5.5 Preservation of Product**

This element of the standard is not applicable to Eskleigh.

### **7.6 Control of Monitoring and Measuring Equipment**

Appropriate measuring and monitoring instruments are maintained and selected to ensure that measurement capability is consistent with the measurement requirements.

Equipment used is calibrated using calibration standards traceable to the national standard. The calibration status of measuring equipment is identified with calibration stickers. Measuring equipment is properly maintained and its placement and use are controlled.

Refer to:

Maintenance schedule, testing & tagging schedule, testing 7 tagging database, maintenance records and SOP's.

- See administration staff for the location of these documents.

Relevant Policy:

PP209 Maintenance.

## **ISO Standard 8: Measurement, Analysis and Improvement**

### **8.1 General**

Measurement and monitoring activities to assure and verify service conformity are defined in care plans, policies, procedures, and work instructions. These activities are further defined in this manual in Section 8.2, Measurement and Monitoring.

The effectiveness of the quality system is monitored by internal audits and by measuring quality performance and customer satisfaction and by Management Team reviews. The results of these activities are reported to the CEO and used to identify opportunities for improvement.

Activities related to internal audits and to measuring customer satisfaction and quality performance are further defined in this manual in Sections 8.2.

### **8.2 Measurement, analysis and improvement**

#### **8.2.1 Customer satisfaction**

Customer satisfaction and internal auditing is utilised to evaluate ongoing system compliance.

Client satisfaction is very important to Eskleigh. Procedures are in place to generate customer feedback regarding their level of satisfaction or dissatisfaction. Compliments, complaints, spontaneous expressions of satisfaction, and other unsolicited customer feedback are collected and processed. This data is used by the Management Team to identify opportunities and priorities for improvement.

Refer to:

Your Voice forms, correspondence, surveys, service quality review meetings, minutes of meetings.

- See administration staff for the location of these documents.

#### **8.2.2 Internal Audit**

Documented procedures for planning and implementing internal quality audits have been formalised to provide verification that the quality activities and practices are achieving the quality goals. Internal auditing provides evidence required demonstrating the degree to which customer needs and expectations have been met.

Internal quality audits are scheduled on the basis of the status and importance of the activity to be audited and are performed by personnel independent of those with direct responsibility for the activity being audited.

The results of the audits are recorded and brought to the attention of the personnel having responsibility in the area audited. The responsible manager for the area will take timely corrective action on deficiencies found during the audit.

- Follow up audit activities will verify and record the implementation and effectiveness of the corrective action taken.
- A report of internal audit outcomes and trends will be supplied to management for consideration and inclusion in continuous improvement strategies.

The Board of Management in conjunction with the CEO are responsible for evaluating the impact of the quality management system on the financial status of the organisation. Data obtained from linking financial considerations with the quality management system is utilised in the planning and implementing of improvement processes in the organisation. Records of these outcomes are maintained.

Through the use of Strategic plans and key performance indicators, Eskleigh is in a position to constantly assess its status in relation to its objectives and priorities. Records of its status are maintained by the Board of Management.

Refer to:

Meeting minutes, internal audit reports, audit schedules surveys, incident forms, and monthly incident summaries.

- See administration staff for the location of these documents.

Relevant Policies:

PP216 Internal Quality Audits, PP207 Corrective & Preventative Actions, PP277 Corporate Governance Policy, PP223 Incident Reporting.

### **8.2.3. Monitoring of Quality System processes**

Quality system processes are monitored by a variety of approaches and techniques, as appropriate for a particular process and its importance.

These include:

- Conducting internal audits of the quality system;
- Monitoring trends in monthly incident report summaries;
- Analysing service conformity and other quality performance data and trends; and
- Measuring and monitoring customer satisfaction.

### **8.2.4 Monitoring and Measurement of Service**

Satisfactions with the outcomes of the service are reviewed as part of the formal management review process.

Interested parties include, the Board of Management, staff, clients, contractors, Government agencies and suppliers.

To facilitate access to their expectations and requirements information is gathered systematically from them through a range of strategies.

This information is assessed to determine the extent to which the needs and expectations are known, understood and are being met.

Refer to:

Tender documents, service agreements, customer feedback, surveys, service quality review meetings.

- See administration staff for the location of these documents.

### **8.3 Control of non conformance**

Eskleigh is committed to ensuring that service exceptions are identified and processes for review and documentation exist for the recording and notification to the relevant personnel and appropriate action taken.

Review and Disposition of Service Exceptions.

Strategies are in place to ensure that all service exceptions will be reviewed and actioned according to the corrective and preventative action system.

Refer:

Incident reports, Monthly Incident report summaries, Your Voice forms, surveys, service quality review meetings, minutes of meeting.

- See administration staff for the location of these documents.

Relevant Policies:

PP207 Corrective & Preventative Actions, PP204 Comment & Complaints.

### 8.4 Analysis of Data

Procedures are in place to ensure the collection of data to support an objective analysis of the effectiveness of the quality management system and for identifying where improvements to the system can be made. Data will be collected via measuring and monitoring activities and any other relevant sources. Specifically analysis of applicable data will be undertaken to:

- Demonstrate the suitability, effectiveness and adequacy of the quality management system;
- Report on trends;
- Report customer satisfaction and/or dissatisfaction;
- Demonstrate conformance to customer requirements; and
- The characteristics of processes and services.

Refer to:

Minutes of Board of Management meetings, minutes of Management meetings, monthly reports.

- See administration staff for the location of these documents.

Relevant Policies:

PP216 Internal Quality Audit, PP204 Comment & Complaints.

### 8.5 Improvement

#### 8.5.1 Continual Improvement

Continuous Quality Improvement is a key element in being accountable for the Quality Service delivered at Eskleigh.

#### 8.5.2 Corrective Action

Eskleigh procedures ensure:

- The effective handling of customer complaints and nonconforming goods and services;
- Results of investigations are reported to all stakeholders;
- Methods of eliminating the cause of nonconforming goods and services;
- Controls are applied to ensure corrective action is taken and is effective; and
- Reports detailing corrective actions are reported to management for review.

#### 8.5.3 Preventive actions

Eskleigh procedures ensure:

- Service documents and customer complaints are analysed to detect and eliminate potential causes of nonconforming goods and services;
- Determination of the steps needed to deal with any problems requiring preventive action;
- Initiation of preventive action and application of controls to ensure that it is effective; and
- Relevant information on actions is submitted for management review.

Refer to:

Internal Audit reports, incident report summaries, minutes of the Board of Management and Management meetings.

- See administration staff for the location of these documents.

Relevant Policies:

PP207 Corrective & Preventative Actions.