

# **HOUSING & COMMUNITIES**

# QUALITY MANAGEMENT SYSTEM ISO 9001:2015 INTERNAL AUDIT REPORT

Area Audited: Community Advice Team

Audit Date: 28<sup>th</sup> February 2023

Auditor: Stewart Love

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# **INTRODUCTION**

The audit was to review the Community Advice team processes to ensure compliance with BS EN ISO 9001:2015

Audit Scope To review the following areas Management Service Planning Service Provision Competence & Training

This audit was carried out remotely with supporting evidence being shared on screen and via email.

Information for the audit was collected from: -

- Relevant policies and Procedures as identified in the audit finding.
- Training records for various staff members
- Interviews via MS Teams

# AUDIT SUMMARY

There were no findings from this audit. The audit found compliance with BS EN ISO 9001:2015. Good working practices were identified and staff had a working knowledge of the policies and procedures and how they related to the National Standards they operate to.

#### Non-Conformances

There were no non-conformances identified from this audit.

#### **Opportunities for Improvement**

There were no opportunities for improvement identified from this audit.

Attendees:-

Stewart Love (Management Systems Officer)- Lead Auditor Anna Dick (Senior Welfare Benefits Officer) – Auditee Allyson Kerr (Debt Advice Officer) – Auditee Kenny Bowie (Senior Debt Adviser) - Auditee

# Audit Findings

The Community Advice Team (CAT) are audited under Scottish National Standards whilst this audit was carried out in line with the BS EN ISO9001: 2015 Quality Standard. This also meets the requirement of the National Standard for an independent audit assessment to be carried out.

# Management

There were clearly structure charts in place although it was noted that these are being updated now due to Revenues & Benefits moving from within Finance to Housing Services. On terms of staff roles, these are defined within individual job profiles. This was clearly evidenced by the Household Support Officer job profile/description, which is a relatively new post withing the team.

Policies and procedures are controlled through a revision reference and date of revision. This was evidenced through 5.3a Training and Development Statement, revision D which was dated 22<sup>nd</sup> April 2022 and 4.3a Referral Process, revision J which was dated 22nd April 2022.

Any new procedures or changes to existing ones are communicated to the relevant staff at their regular team meetings. Staff are also prompted to always refer to the procedures stored on the shared drive, rather than having uncontrolled copies on laptops/personal drives. This is included in their initial induction.

## Service Planning

There is a current service plan, which covers the period 2022-2026. Although this is a four-year plan it is reviewed and updated annually with a full review at the end of the four-year period. There is also a ward map community profile which refers to the key demographics within the Falkirk Council area. This was last updated in 2021 so would still be considered current at that this time.

It was noted that within the team's internet page they list the number of clients and total debt by ward. There were anomalies within the figures in terms of three wards with much higher total debt than the others. It was explained that for two it was due to the higher number of clients being assisted, over twice the average and for the other it was due to individuals having much higher levels of debt than average.

The service had to adapt to required changes during the periods of lock-down and with the move to the council's hybrid working practices. Whilst the number of clients dropped during the initial lock down period these are now back up in line with pre-lockdown. The service was maintained during the lock down period, and they also used Attend Anywhere for video calls. This has now been changed to the Scottish Government approved Near Me software. Face to face interviews are also now taking place. Where there is a requirement for interpreters there are services available to Falkirk Council including the use of the Sensory Centre for BSL.

Staff are also given specific training in areas such as mental health. This was evidenced through training records. KK attended Ask Tell Welfare (NHS Mental Health course) on the 11<sup>th</sup> and 18<sup>th</sup> January 2022.

In relation to customer feedback, questionnaires are sent to clients once a case has been closed. The team management have a specific Customer Feedback meeting to review feedback and any complaints. This is then discussed at the individual team meetings. Survey returns are relatively high and feedback the majority being ranked Mostly Satisfied or Very Satisfied. This was evidenced by meeting minutes dates 27<sup>th</sup> October 2022.

#### Service Provision

In terms of providing a service to clients, the Community Advice Service have an Inbound Referrals procedure (4.3a dated November 2022) which details how cases can be referred into the service, how they are allocated and makes provision within the team rota for periods of leave and absence. This is complemented by an additional policy, Case Recording: Minimum Standards (4.4b, February 2022) which sets out clear guidance on how a case is recorded, giving specific information on areas such as recording facts, rather than opinion and conjecture and not using subjective or judgmental language, which

are all areas that can be challenged in respect of a subject access request under GDPR. To support staff in their recording of cases, templates have been developed to ensure there is a consistent approach and that all relevant information is requested and recorded. This is an area of good working practice that could be of benefit to other areas within the Housing Service.

## Competence & Training

Training for staff is identified through one-to-ones, annual good conversations etc. Staff must meet a minimum number of annual training hours, 35 hours where they have less than 5 years' experience and 20 hours for those with more than 5 years. They maintain their own training records and recorded time is not only for training course, but it can also include time to read specific guidance/information etc. Induction training is also included within the records. Training records were reviewed for various staff members. DG, Income Maximisation Officer completed 51.5 hours, FA, Welfare Benefits Officer completed 43.25 hours, DN, Debt Advice Officer completed 24 hours and KK, Debt Advice Officer completed 46 hours for the year 2022. All exceeded the minimum hours required.

Training feedback is covered within their team meetings, and they also share training within the team. For example, if cost restrictions only allow one team member to attend a specific training course, then they will relate the training to their colleagues.

New training opportunities are obtained from a variety of sources including Child Poverty Action Group, Advice Scotland, and the Institute of Revenues, Rating & Valuation.

#### Conclusion

With the evidence supplied and the information received from the auditees during the course of the audit, this area complies with the requirements of ISO 9001:2015.

It should be noted that the auditees had an extensive knowledge of their National Standard, including relevant clauses, that the documentation pertaining to that was stored in a logical and ordered manner and that all requested information and documentation was made readily available both during and after the audit.