QUALITY AUDIT AND SERVICE INSPECTION PROCEDURE

PRN-108: Quality Audit and Service Inspection Procedure
Company Name: AI Auto-Tech Ltd
Trading/Business Name: Trusted Companionship
Company Registration Number: 15556946
SIC Code: 88100 – Social Work Activities Without Accommodation for the Elderly and Disabled
Email: info@trustedcompanionship.com
Version Number: V01 20260815
Date of Review: (August 2026)

---

1. Purpose

This procedure outlines how the organisation conducts quality audits, service inspections, and quality reviews to assess compliance, measure performance, identify improvement opportunities, and ensure high standards of service delivery.

The organisation is committed to providing safe, effective, person-centred companionship and wellbeing support services.

This procedure aims to:

- Monitor service quality.
- Promote continuous improvement.
- Assess compliance with policies and procedures.
- Support safeguarding and quality assurance.
- Identify good practice.
- Address areas requiring improvement.
- Strengthen governance oversight.

---

2. Scope

This procedure applies to:

- Trustees
- Directors

- Managers
- Employees
- Volunteers where relevant
- Services delivered on behalf of the organisation

The procedure applies to:

- Service delivery audits
- Safeguarding audits
- Records audits
- Volunteer management audits
- Health and safety audits
- Governance reviews
- Quality inspections
- Service improvement reviews

---

3. Principles

Quality assurance activities will be:

Person-Centred

Focused on improving outcomes for service users.

Evidence-Based

Using measurable information and objective assessment.

Proportionate

Reflecting organisational size and level of risk.

Improvement-Focused

Supporting learning and development rather than blame.

Transparent

Ensuring findings and actions are clearly documented.

---

4. Objectives

The organisation aims to:

- Maintain high standards of service delivery.
- Ensure services remain safe and effective.
- Promote compliance with policies and procedures.
- Identify risks and improvement opportunities.
- Monitor organisational performance.
- Improve service user experiences.
- Support accountability and governance.

---

5. Definition of a Quality Audit

A quality audit is a structured review of organisational activities to determine whether:

- Policies are being followed.
- Procedures are effective.
- Standards are being achieved.
- Risks are managed appropriately.
- Records are accurate and complete.

Audits help identify strengths and areas for improvement.

---

6. Definition of a Service Inspection

A service inspection is a broader review of service quality and effectiveness.

Inspections may consider:

- Service user outcomes.
- Staff and volunteer practices.
- Compliance requirements.
- Safety arrangements.
- Organisational performance.
- Quality improvement activities.

---

7. Areas Subject to Audit

Audits may include:

Safeguarding

- Referrals
- Recording standards
- Response times
- Risk management

Service User Records

- Completeness
- Accuracy
- Confidentiality

Volunteer Management

- Recruitment
- Training
- Supervision
- DBS compliance

Health and Safety

- Risk assessments
- Incident reporting
- Lone working arrangements

Governance

- Policy reviews
- Trustee oversight
- Risk management

Quality Assurance

- Feedback systems
- Improvement plans
- Monitoring arrangements

---

8. Audit Planning

An annual audit programme should be developed where appropriate.

Planning should consider:

- Areas of risk.
- Regulatory requirements.
- Previous audit findings.
- Complaints trends.
- Safeguarding activity.
- Organisational priorities.

Audit activity should be proportionate to identified risks.

---

9. Roles and Responsibilities

Board of Trustees

Responsible for:

- Oversight of quality assurance arrangements.
- Reviewing significant findings.
- Monitoring improvement actions.

Directors

Responsible for:

- Approving audit programmes.
- Reviewing outcomes.
- Supporting quality improvements.

Managers

Responsible for:

- Conducting or coordinating audits.
- Implementing action plans.
- Monitoring improvements.

Employees and Volunteers

Responsible for:

- Cooperating with audit activities.
- Providing requested information.
- Supporting improvement initiatives.

---

10. Sources of Audit Evidence

Evidence may include:

- Service user records.
- Risk assessments.
- Policies and procedures.
- Training records.
- Complaints information.
- Compliments received.
- Incident reports.
- Safeguarding records.
- Supervision records.
- Service user feedback.
- Volunteer feedback.

Evidence should be objective and relevant.

---

11. Audit Methodology

Audits may involve:

- Document reviews.
- Record sampling.
- Interviews.
- Observations.
- Surveys.

- Compliance checks.
- Discussions with service users.
- Discussions with volunteers.

The methodology should be appropriate to the audit objective.

---

12. Preparing for an Audit

Before commencing an audit:

Step 1

Identify audit scope.

Step 2

Review relevant documentation.

Step 3

Establish audit criteria.

Step 4

Prepare audit tools and checklists.

Step 5

Notify relevant individuals where appropriate.

---

13. Service Inspection Process

Service inspections may include:

- Review of service delivery.
- Assessment of quality standards.
- Review of safeguarding arrangements.
- Examination of records.
- Feedback analysis.
- Interviews and discussions.

Inspection processes should be documented.

---

14. Service User Involvement

Service users may contribute to inspections through:

- Surveys.
- Interviews.
- Feedback forms.
- Consultation meetings.
- Quality review discussions.

Participation should remain voluntary and accessible.

---

15. Volunteer Involvement

Volunteers may be consulted regarding:

- Support arrangements.
- Training experiences.
- Communication.
- Service quality.
- Improvement opportunities.

Volunteer perspectives can support organisational learning.

---

16. Compliance Ratings

Findings may be recorded using ratings such as:

Fully Compliant

Requirements fully met.

Substantially Compliant

Minor improvements required.

Partially Compliant

Significant improvements required.

Non-Compliant

Immediate action required.

Ratings should be evidence-based.

---

17. Identifying Good Practice

Audits should not focus solely on deficiencies.

Examples of good practice should be identified and shared where appropriate.

This may include:

- Innovative approaches.
- Positive feedback.
- Strong safeguarding practices.
- Excellent volunteer support.

Recognition encourages continuous improvement.

---

18. Recording Findings

Audit records should include:

- Date.
- Auditor.
- Scope.
- Findings.
- Evidence reviewed.
- Compliance rating.
- Recommendations.

Records should be retained securely.

---

19. Action Planning

Where improvements are required, an action plan should be developed.

The plan should identify:

- Actions required.
- Responsible individuals.

- Target dates.
- Progress updates.
- Completion status.

Actions should be realistic and monitored.

---

20. High-Risk Findings

Where serious concerns are identified:

- Immediate action may be required.
- Risks should be escalated.
- Management should be informed promptly.
- Safeguarding procedures should be followed where relevant.

High-risk concerns should receive priority attention.

---

21. Audit Reporting

A report should normally include:

- Scope.
- Methodology.
- Findings.
- Good practice identified.
- Areas for improvement.
- Recommendations.
- Action plan requirements.

Reports should support informed decision-making.

---

22. Governance Reporting

Significant findings should be reported through governance arrangements.

Reports may be presented to:

- Directors.

- Trustees.
- Governance Committees.
- Quality Assurance Groups.

Governance oversight supports accountability.

---

23. Follow-Up Reviews

Improvement actions should be monitored.

Follow-up reviews may be undertaken to determine whether:

- Actions have been implemented.
- Risks have reduced.
- Outcomes have improved.

Failure to complete actions should be escalated appropriately.

---

24. Quality Indicators

Indicators may include:

- Service user satisfaction.
- Volunteer satisfaction.
- Complaints received.
- Compliments received.
- Safeguarding trends.
- Training compliance.
- Incident rates.
- Service accessibility.

Indicators help assess organisational performance.

---

25. Learning from Audits

Audit outcomes should be used to:

- Improve policies.

- Improve procedures.
- Inform training.
- Reduce risks.
- Improve service delivery.

Learning should be shared appropriately across the organisation.

---

26. Unannounced Inspections

Where appropriate, inspections may be conducted without prior notice.

This may be considered where:

- Risks have been identified.
- Concerns have been raised.
- Additional assurance is required.

Any inspection must remain fair and proportionate.

---

27. Quality Audit Checklist Template

Audit Area

Audit Date

Auditor

Documents Reviewed

Findings

Compliance Rating

☐ Fully Compliant

☐ Substantially Compliant

☐ Partially Compliant

☐ Non-Compliant

Good Practice Identified

Actions Required

Responsible Person

Target Completion Date

---

28. Quality Audit and Inspection Flowchart

Audit Scheduled

↓

Define Scope

↓

Review Documentation

↓

Conduct Audit / Inspection

↓

Gather Evidence

↓

Record Findings

↓

Good Practice Identified

↓

Areas for Improvement Identified

↓

Action Plan Developed

↓

Follow-Up Review

↓

Quality Improvement Achieved

---

29. Case Study

Scenario: Service User Record Audit

A quarterly audit reviews a sample of service user records.

Findings

- Records were generally accurate.
- Some review dates had not been updated.
- Consent documentation required improvement.

Action Taken

- Additional guidance provided.
- Recordkeeping refresher training arranged.
- Follow-up audit scheduled.

Outcome

Compliance improves and record quality becomes more consistent.

Learning Point

Regular audits help identify minor issues before they become significant risks.

---

30. Responsibilities Summary

Role	Responsibilities
Board of Trustees	Oversight of quality and governance
Directors	Approve audits and monitor outcomes
Managers	Conduct audits and lead improvements
Employees	Support audit processes
Volunteers	Contribute where appropriate

---

31. Monitoring and Quality Assurance

The organisation will monitor:

- Audit completion rates.
- Inspection outcomes.
- Action plan progress.
- Safeguarding audit findings.
- Service user feedback.
- Volunteer feedback.
- Governance review outcomes.

Findings will be used to strengthen services, improve outcomes, and support continuous improvement.

---

32. Review Arrangements

This procedure will be reviewed:

- Annually.
- Following significant audit findings.
- Following safeguarding reviews.
- Following service inspections.
- Following legislative or regulatory changes.

Related Policies

- Quality Assurance and Continuous Improvement Policy
- Adult Safeguarding Policy
- Governance, Board and Trustee Responsibilities Policy
- Compliments, Complaints and Feedback Policy
- Risk Assessment Policy
- Volunteer Management Policy
- Service User Engagement, Participation and Co-production Policy

- Records Management and Record Keeping Policy

Associated Policies

- Quality Assurance and Continuous Improvement Policy
- Governance, Board and Trustee Responsibilities Policy
- Incident Reporting Policy
- Compliments, Complaints and Feedback Policy
- Adult Safeguarding Policy
- Risk Assessment Policy
- Service User Engagement, Participation and Co-production Policy