



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

Office of the Management Representative

Corrective Action Plan

Audit Name and number: CUEA ISO RECERTIFICATION AUDIT – QMS/SC/146/01/2017

(Conducted by Kenya Bureau of Standards on 16th to 17th March 2017)

CUEA LANG'ATA CAMPUS NAIROBI

CAR No Area audited Clause	Requirement Non Conformity/Evidence	Root Cause	Correction	Corrective Action	Completion Date	Responsible Person(s)
CAR No. 1 of 6 Area: Control of Records (Minor) Clause No. ISO 9001:2008 Clause 4.2.4	<p>Requirement: Records established to provide evidence of conformity to requirements and of the effective operation of the quality management system shall be controlled.</p> <p>The organization shall establish a document procedure to define the controls needed for the identification, storage, protection, retrieval, retention and disposition of records.</p> <p>Records shall remain legible, readily identifiable and retrievable.</p> <p>NC:/Evidence: (a) The course allocation for regular programs for the semester beginning January 2017 could not be retrieved at the time of the audit. (b) ED 314 scheduled to be taught</p>	During approval requirements for the records in question were not sufficiently checked.	N/A	Documents for approval should be sufficiently checked to ensure that all requirements are attached / enclosed before being approved.	24 th Apr 2017	HOFs

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	in the semester beginning January 2017 was missing on the timetable. (c) Class attendance registers for January and February for ED 315 were not available at the time of the audit. (d) Attendance registers used in the Faculty are different and not uniquely identified. (e) The approved budget for 2016/2017 and customer complaint forms could not be easily retrieved at Finance Office.	There was lack of adequate space and documents were not properly organized. Registry provides a uniquely identified registers for use in all Faculties for Class Attendance. This had not been done. Documents requested had not been placed at a central point of use.	Have designated points for specific documents and organize work space. Registry during this period to generate uniquely identified registers for Class Attendance. Documents that are used by a number of staff at each department to be placed at centrally designated points	Have designated points for specific documents and organize work space. Sensitize on the Procedure for Control of Records. Staff to be sensitized on where these documents are available.	24 th Apr 2017 24 th Apr 2017 24 th Apr 2017	HOFs MR HOFs
CAR No. 2 of 6 Area: Teaching (Minor) Clause: CUEA/DVC ACD/TCH/01 Clause 6.1.10	Requirement: The HOD/Coordinator shall ensure course evaluation is done in the course of the trimester as well as the end. NC:/Evidence: (a) No course evaluation for mid and end of semester for the semester ending	Staff required to carry out Analysis of Data lack the necessary skills.	Carry out the mid-term evaluations at all functions.	Ensure staff handling analysis of data are equipped with the skills	19 th May 2017	MR

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	December 2016 at the time of the audit. (b) The analysis of mid evaluation for the semester beginning January 2017 had not been done at the time of the audit.	The Directorate of Quality Assurance does not have a Data Analyst		through training in Data Analysis. Follow up on request for Data Analyst for the Directorate of Quality Assurance	24 th Apr 2017	MR
CAR No. 3 of 6 Area: Internal Quality Audits (Minor) Clause: CUEA/VC/MR/03 Clause 6.2.5	Requirement: The Audit Team members shall ensure that appropriate corrections are suggested ... the close out shall be carried out within 30 days. NC:/Evidence: Corrective actions for the NC raised in the February 2015, November 2015 and June 2016 had not been closed at the time of the audit.	Some Auditees do not avail themselves to facilitate the closure of audits.	Ensure that Internal Quality Audits are closed within 30 days after they are conducted.	After every Internal Quality Audit the Heads of Function and Internal Quality Auditors meet for Corrective Action Planning and Closing of Audits.	24 th Apr 2017	MR, IQAs & IQAs
CAR No. 4 of 6 Area: Advancement (Minor) Clause: ISO 9001: 2008 Clause 4.2.1	Requirement: The quality management documentation shall include quality objectives, documented procedure and record required by this international standard. NC:/Evidence: There was no documentation on working procedures, records and objectives in Advancement Department.	The Advancement Office is new and still undergoing reform hence the mandate is yet to be clarified by Top	Put in place: (a) Quality Objectives (b) Standard Operating Procedures	Top Management to clarify the mandate of this Office to enable the Quality Objectives,	24 th Apr 2017	MR, Top Management

CORRECTIVE ACTION PLAN

3rd Surveillance Audit

16th and 17th March 2017

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		Management.	(c) Other records necessary for the QMS in the Department	Standard Operating Procedures and other necessary records can be put in place.		
CAR No. 5 of 6 Area: Advancement / Communication (Minor) Clause: ISO 9001: 2008 Clause 5.5.1	Requirement: Top management shall ensure that responsibilities and authorities are defined and communicated with the organization. NC:/Evidence: (a) The Job Description availed at Advancement had not been signed. (b) Job Description and responsibilities assigned to the Community Service Coordinator as outlined in paragraph 2 of the appointment letter dated 3 rd February 2017 had not been issued.	Appointment letters given were not clear and did not have the necessary required documents attached.	Ensure properly approved Job Description are furnished to: - Coordinator – Advancement - Coordinator – Community Service	To ensure that clear appointment letters are given and Job Descriptions are furnished to staff who have been: appointed , redeployed or transferred .	24 th Apr 2017	HR
CAR No. 6 of 6 Area: Finance / Academic Linkages (Minor) Clause: ISO 9001: 2008 Clause 8.4	Requirement: The organization shall determine, collect and analyze appropriate data to demonstrate the suitability and effectiveness of the management system and to evaluate where continual improvement of the quality management system can be made.					

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	NC:/Evidence: Data collection and analyses is not being done at the Directorate of Academic Linkages and Finance	A number of staff are new and may not be aware of the need to collect data and use information from analyzed data for decision making.	Ensure that: - data is collected at functions; - data is analyzed; - generated reports are disseminated to relevant users; and - the information is used for decision making.	Train new staff on the Quality Management Systems Sensitize all staff on the importance of Analysis of Data	19 th May 2017	MR , Top Management

Signed: Prof Mary N GETUI
MANAGEMENT REPRESENTATIVE

24th March 2017

Date