

# Office of the Management Representative



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## Report for the CUEA Nairobi City Campus Internal Quality Management System Audit

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April, 2017



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<b>Audit Number:</b>	CUEA/VC/MC/03/2017-01		
<b>Audit Type:</b>	First Party (Internal) Quality Audit		
<b>Audit Objective:</b>	(a) Assess the effectiveness of the CUEA QMS; and (b) Identify areas that require improvement		
<b>Audit Dates:</b>	24 <sup>th</sup> to 25 <sup>th</sup> April 2017		
<b>Audit Criteria:</b>	(a) ISO 9001:2008 Standard (b) CUEA QMS Documentation		

## 1.0 Introduction

As is a requirement of the Procedure for Internal Quality Audits CUEA/VC/MC/03 audits were carried out at CUEA Nairobi City Campus between 24<sup>th</sup> and 25<sup>th</sup> April 2017. The objective of this quality audit was to evaluate the effectiveness of the CUEA QMS and identify areas that require improvement. At total of 73 findings were raised from the audit as follows:

(a)	Positives	38
(b)	Opportunities for improvement	26
(c)	Non-conformities	9

This report sequenced into findings, QMS effectiveness, areas of strength and weakness, summary (uncertainty or obstacles), conclusions and recommendation.

Table 4.1 provides the areas that were reviewed.

## 2.0 Audit Findings

The audit findings that follow have been classified into three major categories: positives, opportunities for improvement and non-conformities. There are two categories of non-conformities, i.e., major and minor.

The findings are detailed below:

## 2.1 OFFICE OF THE CAMPUS DIRECTOR / ADMINISTRATION

### 2.1.1 Positives

- (a) General Findings: The Auditee was welcoming accommodating and providing evidence in support of the activities and operations of the department during the audit.
- (b) Quality Policy: The Auditee was aware of the quality policy and how it related to the Campus functions.
- (c) Quality Objectives: The Campus quality objectives had been developed and cascaded according to functional activities and services. There was evidence of activities towards the achievement of these objectives at all functional levels.
- (d) Customer Satisfaction: Customer needs were established through various modes such as phone, verbal and e-mail inquiries at various functions and actions are taken at point of need. Customer needs established at the administration level were handled immediately and evidence of the actions taken.
- (e) Management Review: The Campus held it Management Review meeting through which they established various campus needs for continual improvement.

### 2.1.2 Opportunities for Improvement

- (a) Monitoring and Measurement of Processes:
  - (i) At the time of the audit there were no reports from the functional areas on the monitoring of their quality objectives.
  - (ii) Functional Heads are not adequately facilitating the Administration in decision making by timely provision of status reports for instance reports on monitoring and evaluation of quality objectives reports, corrective action reports and processes that require review to suitable Campus environment.
- (b) Customer Satisfaction: Escalation of customer complaints and established needs to the main campus and inadequate response necessitating unending follow up thereof was undermining the smooth running of processes.
- (c) Provision of Resources: Inadequate human resource. At time of audit it was established that the Campus did not have:
  - (i) There was no student counselor to support student life needs of the campus despite evidence of various requests made to main campus since 2015 and numerous follow up; and

- (ii) No ICT Staff: At the time of the audit the function was headed by an intern whereas it was a critical support function for both staff and students.

## 2.2 ACADEMIC PROGRAMMES

### 2.2.1 Positives

- (a) General Findings: The audit was positive with the Auditee being cooperative and welcoming throughout the session. Clarification was given with evidences.
- (b) Quality Policy: The function had the Quality Policy Statement displayed.
- (c) Quality Objectives: The Corporate Quality Objectives were also well displayed. Departmental quality objectives were also displayed.
- (d) Processes and Procedures: The Auditee had good understanding of the operations of the Function. He had confidence and details of the related functions.
- (e) Reporting: Reports for departmental progress were available at the time of the audit. Evidence of expected revenue and distribution of students per unit was available as well as realignment of the courses as informed by quorum. The reports were retrievable and shared with the Director.
- (f) Regulatory, Statutory and Legal Requirements: The Function adhered to the regulations set by the Ministry of Education. Other ministerial regulations were accessible by the Auditee online, ready downloaded.
- (g) Control of Records: Documents were well maintained and labeled appropriately for ease of retrieval. Relevant records are kept of University decisions and were used for quality education. There was evidence of minutes of the University Senate dated 3<sup>rd</sup> February 2017 available at the time of the audit.
- (h) Customer Communication: Correspondences and communication were maintained in the Function. The Auditee had accessibility of email for communication and update as need arose. A concern about timetable reported on 5<sup>th</sup> April 2017 had a feedback the same day at 5:09pm by the Administrative Assistant. This was filed and retrievable.
- (i) Internal Communication: Communication was enhanced in the department by use of emails, mobile calls, approved notices and face to face communication.

## 2.2.2 Opportunities for Improvement

- (a) Provision of Resources: Inadequate clearance of teaching staff claims posing a challenge in the functional effort to maintain the staff with some opting out of the system and this was undermining the functional effort to ensure quality service delivery.
- (b) Control of Records: Fire-proof Cabinet required to preserve sensitive documents were urgently required to ensure safe-keeping of records in the function. At the point of the audit there was no clear information on status of procurement.
- (c) Customer Satisfaction: Customer feedback for January to May 2017 had not been done at the time of the Audit. Regulator consideration of Customer feedback was required to ensure customer satisfaction.
- (d) Monitoring and Measurement of Processes: Monitoring and evaluation of the functional quality objectives was required to assess the department performance towards achieving quality.
- (e) Working Environment: There was no established Office for the Head of Academics in the Campus at the time of Audit. The work station may pose a challenge in consultation and authoritative guidance of the function.

## 2.2.3 Observation

At the time of the Audit, the Examination Control Unit was located off-the Office in a lockable cabinet. For easy management of examinations, there was need to equip the function adequately for quality service delivery.

## 2.3 FINANCE

### 2.3.1 Positives

- (a) Quality Policy: The quality policy statement was displayed well and the Auditee was aware of it. She was able to articulate what she does to ensure its achievement.
- (b) Quality Objectives: At the functional level Quality Objectives had been established.
- (c) Audit of Procedure: Procedure for Banking – CUEA/DVC FIN/FIN/02: There was evidence that the procedure for Banking was being adhered to:
  - (i) Banking was done by the Accountant for cheques;
  - (ii) It was done regularly;
  - (iii) Company cheques were banked immediately;
  - (iv) A summary was prepared to submit the banking to CUEA Lang'ata Campu;
  - (v) Receipting waited until the cheques had cleared; and

(vi) Reconciliation was done at Lang'ata Campus.

(d) Control of Records

(i) Documents for Petty Cash were filed in the File for Petty Cash, uniquely identified and well labeled;

(ii) Summary for forwarding banking had been signed and dated by the accountant.

(e) Internal Communication: Communication at the function was done using emails and Intercom.

(f) Compliance to Statutory, Regulatory and Legal Requirements: There was evidence that there was compliance to statutory, regulatory requirements, business permit was paid for and well displayed.

(g) Management Review: Campus Management Review meeting had taken place on 2<sup>nd</sup> December 2016 at 11:00aam

### 2.3.2 Opportunities for Improvement

(a) Effectiveness of the Preventive Action taken for Opportunities for Improvement Raised during previous audits: The following remedial action suggested or taken for opportunities for improvement raised at the function were not effective:

(i) Quality Objectives Measurability: Training of the staff on quality objectives had yet to be done, hence the quality objectives had not been established;

(ii) Monitoring and Measurement: Monitoring of quality objectives had not been addressed;

(iii) Control of Documents: Customer Needs Excel Sheet had not been uniquely identified;

(iv) Review of Procedures for Mpesa Cash: Request had been made by email to accountant at main campus but no response given. However up was yet to be done;

(v) Provision of Resources: Resources required for remedial action of the previous opportunities for improvement had not been availed. However, review of the preventive action needed to be done. The printer in finance could be serviced to meet the necessary need for scanning.

(b) Control of Documents:

(i) Summary for forwarding banking was not on University headed paper, did not have a title, lacked unique identification and a reference number;

(ii) Delivery book for the Finance Function did not have unique identification;

(c) Control of Records

(i) A copy of the summary for banking presented to the Auditor during the audit had not been filed;

(ii) Details in the Delivery Book for the Finance Function need to explain the document that was being forwarded to main campus in a way that they could be understood in case of future reference;

(iii) A record for summaries forwarded to main campus needs to be created giving the following information:

- Date forwarded;
  - Period which cheques were banked;
  - Total amount of the cheques; and
  - Signature of person receiving the summary for forwarding.
- (iv) Record of Management Review was not maintained.

(d) Analysis of Data: Data at the function is not being collected; data collection, analysis and report generation need to be done at the function. From the reports decision can be made.

(e) Management Review: Functional Management Review had not been done.

(f) Customer Complaint and Feedback Handling: Procedure for Customer Complaint and Feedback Handling had not been embraced at the Function.

### **2.3.3 Observation**

Withdrawal of Cash was done by the Accountant who had to walk to the Cooperative Bank at City Hall, this could be risky in case of huge amounts. The risk could be mitigated by opening an Account with the bank at the I&M Building.

## **2.4 ICT DEPARTMENT**

### **2.4.1 Positives**

(a) General Findings: At the time of the audit the function was run by an intern who was the Auditee in this case, who was aware of the CUEA QMS and how her activities and services relate to the departmental functions but she had not been inducted on the QMS requirements. The Auditee was welcoming and provided evidence in support of the activities and operations of the department.

(b) Customer Satisfaction:

- (i) Auditee was ensuring service was provided; and
- (ii) Customer needs were attended to and adequately completed

### **2.4.2 Opportunities for Improvement**

Provision of Resources: There was need to have a substantive Officer holder for the ICT Function.



## 2.5 LIBRARY

### 2.5.1 Positives

- (a) Effectiveness of Preventive Action for Opportunities of Improvement from the Previous Audit: Five OFI had been identified during the previous audits. The Function had prepared a Preventive Action Plan. Effective preventive action taken was as follows:
- (i) Quality Objectives – The Functional Quality Objectives had been established and had been cascaded from the Corporate Quality Objectives.
  - (ii) Analysis of Data – The Librarian requested the rights to enable collection of data from the system and they had been granted to her. She now was able to access the CUEA V Smart Live System. Analysis of data from the system had been done on overdue charge payments, report was dated 11<sup>th</sup> May 2016.
  - (iii) Control of Documents – Form for Literature Search had been edited and had been uniquely identified as CUEA/DVC/LIB/04/fm 01.
- (b) Quality Policy: The Quality Policy statement was available and well displayed. The Auditee understood the quality policy and was aware of her role towards its achievement.
- (c) Quality Objectives: At the functional level Quality Objectives had been established.
- (d) Audit of Procedure: Procedure for Lending and Returning Information Resources (CUEA/DVC ACD/LIB/05 – Clause 6.2: There was evidence that the procedure for Lending and Returning Information Resources was being adhered to:
- (i) Patrons identification and its validity was checked before they could lend books out;
  - (ii) Date for return of book(s) is stamped on the book as reminder of when they need to be returned;
  - (iii) System informs staff at circulation desk whether the patron is able to borrow a book; and
  - (iv) Records are updated using the system.
- (e) Control of Documents: Literature Search Request Form was on a letterhead and had been uniquely identified – CUEA/DVC/ACD/LIB.04/FM/01.
- (f) Control of Records
- (i) Files at the Function had been well labeled and uniquely identified.
  - (ii) Softcopies in the Computer were well filed in folders in the computer and were retrievable.
- (g) Analysis of Data
- (i) Data on overdue charges had been collected;
  - (ii) A report had been generated using Microsoft Excel, dated 9<sup>th</sup> November 2016;
  - (iii) Report had been shared with relevant decision makers; and
  - (iv) Decisions were being made using reports generated from the data collected.
- (h) Internal Communication: This was taking place through emails, intercom and notices.

- (i) Compliance to Statutory, Regulatory and Legal Requirements:
  - (i) Most of the statutory and regulatory requirement related the Function were met by the Lang'ata Campus on behalf of the Nairobi City Campus Library.
  - (ii) Staff at the library had updated professional certification.
- (j) Management Review: It had lastly been conducted on 27<sup>th</sup> August 2016. Proceedings of the Management Review Meeting had been minuted.

### 2.5.2 Opportunities for Improvement

- (a) Effectiveness of the Preventive Action taken for Opportunities for Improvement Raised during previous audits: Although action had been taken to address the following Opportunities for Improvement it had not been effective:
  - (i) Management Review: Meeting was conducted on 27<sup>th</sup> August 2016 but did not follow the format prescribed by ISO 9001:2008 standard; and
  - (ii) Procedure for Acquisition of Information Resources: Request had been made by the Campus Director to the DVC AFP after he received a request from the Library to use proceeds from over due charges for stocking the Library, books are yet to be delivered;
- (b) Quality Objectives: Quality objectives needed to be reviewed.
- (c) Monitoring and Measurement: There was no evidence that quality objectives at the function were being monitored.
- (d) Audit of Procedure: Procedure for Lending and Returning Information Resources:
  - (i) The staff at the Library, the staff do not receive a prompt by the system on books that are overdue; and
  - (ii) The Scanner used for the purpose of the updating the borrowed and received books in the system sometimes did not work efficiently.
- (e) Control of Documents
  - (i) Quality Objectives that were displayed lacked approval (signature by the Head of Function and/or stamp
  - (ii) A black book for temporary recording of information resources or past papers leaving the library had not been uniquely identified.
- (f) Management Review: Format for Management Review used during the previous audit did not follow the prescribed guidelines.
- (g) Customer Complaint and Feedback Handling: At the time of the Audit there was no evidence that complaints were being recorded in the Library.

### 2.5.3 Observation

During the Audit the system used by the Library (CUEA V Smart) was quite slow hence retrieval of some evidence was difficult.

## 2.6 REGISTRY

### 2.6.1 Positives

- (a) General Findings: The Auditee was cooperative and welcoming throughout the session. Clarifications were sought and evidence was provided. The session was lively and Auditees were receptive.
- (b) Quality Policy: The function had the Quality Policy Statement displayed.
- (c) Quality Objectives: The Corporate Quality Objectives were also displayed. In addition, it was confirmed that the Functional Quality Objectives were well customerized.
- (d) Customer Satisfaction: Correspondences and communication were maintained in the function. Evidence was available of emails of interactions with customers in [citycampusstudent@cuea.edu](mailto:citycampusstudent@cuea.edu) and a request made by a customer for a course outline via functional mobile phone. A concern about timetable reported on 5<sup>th</sup> April 2017 had a feedback the same day at 5:09pm. Further interactions on the same day confirmed adequate consideration on the way forward.
- (e) Control of Records: The Department had maintained documents in files in shelves and others safe in lockable cabinets. A backup was evident in softcopy was evidenced in analyzed data of student attendance.

### 2.6.2 Opportunities for Improvement

- (a) Analysis of Data: Data analyses done needed to consider all the quality objectives to guide in monitoring and evaluation of the whole process for decision making.
- (b) Functional Quality Objectives: The function needed to have the approved quality objectives displayed for customers to do an objective evaluation of their expectation from the department. This would also guide any functional operators for expected results.
- (c) Customer Satisfaction: Data on customer satisfaction was not available or analyzed at the time of the audit. This was a reference point for an informed decision by the function.
- (d) Management Review: The Departmental Management Review meeting held on 18<sup>th</sup> November 2016 did not follow the outlined agenda defined in the ISO 9001:2008 Standard to address adequately the results of the previous audit.

### 2.6.3 Observation

At the time of the audit, the work environment was evaluated as congested through well-lit and aerated. The environment may pose a challenge in departmental operations and consultation.

## 3.0 Non Conformities

During this Internal Quality Audit of the CUEA Nairobi City Campus a total of nine (9) non conformities were raised, where seven (7) of the nonconformities was categorized as minor while two (2) were categorized as major. The nonconformities raised were as follows:

### 3.1 Minor

3.1.1 Control of Documents: Control of Documents was not being adhered to in the following areas:

- (a) Finance – (i) A Summary for forwarding banking is not on official letterhead, has no title, has no unique identification or reference number; and (ii) A delivery book for the function does not have a unique identification.
- (b) Library – (i) Displayed quality objectives displayed at the function lacked approval or authorization (no signature by the Head of Function and no official stamp); and A black book for temporary recording of information resources or past papers leaving the library had not been uniquely identified.

3.1.2 Provision of Resources: Provision of resources lacking as follows:

- (a) Finance – Resources required for remedial action of the previous opportunities for improvement had not been availed;
- (b) ICT Function – At the time of the audit there was no substantive office holder for the Office; and
- (c) Academic Programmes – Claims of Lecturers has not been cleared, some of them had stopped teaching along the way.

3.1.3 Work Environment: There was lack of conducive working environment in the following functions:

- (a) Registry – The works space was congested.
- (b) Academic Programmes – Work space is congested and there is no substantive office for Coordinator.
- (c) Library – Space is open, consultation with staff is difficult
- (d) ICT – Space is open, consultation with staff is difficult

3.1.4 Analysis of Data: Analysis of data is not being done in the following functions:

- (a) Finance
- (b) Administration – data analysis reports from other functions not being done

3.1.5 Corrective Action: Corrective Action has not been done in all functions.

3.1.6 Preventive Action:

- a) Finance – Preventive Action taken was not done

- b) Library – some preventive action was done but not effective
- c) Academic Programmes – opportunities for improvement identified during the previous audit were not addressed
- d) Registry – opportunities for improvement identified during the previous audit were not addressed

3.1.7 Customer Satisfaction: Procedure for Customer Complaint handling is not being adhered to in the following departments

- a) Library
- b) Finance

### 3.2 Major

3.2.1 Management Review: Management review was not being conducted in the prescribed format as per the standard in the following functions:

- (a) Registry
- (b) ICT Function
- (c) Finance
- (d) Library

3.2.2 Monitoring and Measurement of Processes: Quality objectives are not being monitored at the following functions

- a) Registry
- b) ICT Function
- c) Finance
- d) Library

## 4.0 **QMS Effectiveness**

The number of audit findings raised as indicated above were 73 with Positive findings being 38, opportunities for improvement being 26 and 9 of them being non conformities.

It can therefore be concluded that:

### 4.1 **Number of Non Conformities as per Categorization**

From a total of nine (9) non conformities raised, seven (7) were minor, while one (2) of them was major.

## 4.2 Criteria Document Contravened

**Table 3.1: Criteria Document Contravened**

	<b>General Clause</b>	<b>Specific Clauses</b>	<b>Number</b>	<b>Subtotal</b>
1.	4.0 Quality Management System	4.2.3 Control of Documents	1	1
2.	5.0 Management Responsibility	5.6.2 Management Review – Management Input	1	1
3.	6.0 Resource Management	6.1 Provision of Resources	1	2
		6.4 Work Environment	1	
4.	8.0 Measurement, Analysis & Improvement	8.2.1 Customer Satisfaction	1	5
		8.2.3 Monitoring and Measurement of Processes	1	
		8.4 Analysis of Data	1	
		8.5.2 Corrective Action	1	
		8.5.3 Preventive Action	1	

### (i) CUEA QMS Documents Contravened

Non conformities were raised in contravention to the following CUEA documentation:

- CUEA QMM
- CUEA/VC/DQA/01
- CUEA/VC/MR/05
- CUEA/VC/DQA/07
- CUEA/VC/MR/08
- 

### (ii) Strengths and Weaknesses of the QMS

The audit findings bring out from the positives, opportunities for improvement and non conformities the following strengths and weaknesses of the CUEA QMS:

## 4.3 Strengths

- There was a good awareness of the Quality Management System;
- Students at the Campus are aware that CUEA was ISO Certified;
- Staff are able to relate to their roles towards achievement of the quality policy;
- Staff are also aware that the corporate quality objectives exist and that at functional level the quality objectives need to mirror the corporate ones;
- Functions understand their processes and were implementing them to a very large extent;
- At the Campus Internal Communication was taking place well, favoured modes of communication including email and intercom;

- Compliance to statutory and regulatory requirements was being well done;
- In the Academic Programmes function, departmental progress reports are availed to the function head enable factual decision making to take place;
- Evidence for transactions that took place was well maintained;
- Functions were aware that Management Review needs to be done;
- At Campus Level Management Review was well done; and
- Customer needs were identified and through various modes across the University were being addressed.

#### **4.4 Weaknesses**

- In a number of functions, quality objectives had not been well established;
- In addition, quality objectives that exist were not being monitored for their achievement;
- There was still need to strengthen control of documents;
- Record management as also wanting;
- Functions that had managed to carry out their Management Review had not done it following the prescribed guidelines of the standard;
- The procedure for Customer Complaint and Feedback Handling had not been embraced by many of the Functions at the Campus;
- Opportunities for Improvement identified during previous audits had not been well addressed in most functions at the Campus;
- There was no established Office for the Head of Academics, this proving to be a challenging when consultation and strategic guidance work needs to be done;
- There is no examination control unit office allocated – Academic Programmes;
- Resource provision for clearance of claims of teaching staff was not adequate;
- A substantive officer to relieve the staff on leave in the ICT Function was not there, and the University Campus has not had a Campus Counsellor since the campus began;
- The Campus lacks a facility to store sensitive records to avoid destruction by fire, water, etc;
- Evaluation of courses has not been done since January 2017;
- Sizes of some of the functions working environment were too small and / or there was congestion in these areas;
- In cases where customer complaints had been escalated to the Main Campus, the need for numerous follow up was undermining smooth service delivery to the customer; and
- Provision of timely status reports from Heads of Function were lacking affecting effective decision making by Administration.

## **5.0 Assessment of Audits**

This was the third audit being conducted at the Campus and it covered all areas at the CUEA Nairobi City Campus within the scope of the QMS. Areas audited included administrative and academic functions. All academic functions were represented by the Head for Academic Programmes.

## 5.1 AUDIT OF APRIL 2017 – CUEA/VC/MR/03/2017/01

**Table 5.1: Summary of Audit No – CUEA/VC/MR/03/2017/01, April 2017**

	<b>Particulars</b>	<b>Numbers</b>	<b>Percentage (%)</b>
(a)	Departments sampled for audits	6	
(b)	Departments Audited	6	100%
(c)	Positive Findings	38	52.05%
(d)	Opportunities for Improvement	26	35.62%
(e)	(i) Major Non conformities	2	2.74%
	(ii) Minor Non conformities	<u>7</u>	<u>9.59%</u>
	Total Non conformities	<u>9</u>	<u>12.33%</u>
	Total Findings	<b>73</b>	<b>100.0%</b>

## 5.2 AUDIT OF NOVEMBER 2016 – CUEA/VC/MR/03/2016/02

**Table 5.2: Summary of Audit No – CUEA/VC/MR/03/2016/02, November 2016**

	<b>Particulars</b>	<b>Numbers</b>	<b>Percentage (%)</b>
(f)	Departments sampled for audits	6	
(g)	Departments Audited	6	100%
(h)	Positive Findings	46	60.53%
(i)	Opportunities for Improvement	27	35.53%
(j)	(i) Major Non conformities	-	0%
	(ii) Minor Non conformities	<u>3</u>	<u>3.95%</u>
	Total Non conformities	<u>3</u>	<u>3.95%</u>
	Total Findings	<b>73</b>	<b>100.0%</b>

From the two tables it can be noted that there was an decrease in the positive findings that were noted during the this audit. The opportunities for improvement identified increased by 0.09%. For the major non conformities raised there was an increase of 2.74% while for the minor nonconformities identified increased by 5.64%. Generally nonconformities raised increased by 8.38%.

## 6.0 Audit Plan

The Internal Quality Audit for April 2017 was carried out by three auditors. Each area was visited by one auditor. A general Audit plans was prepared by the team leader including all the areas ad per the requirements for the Procedure for Internal Audit (CUEA/VC/MR/03).



## 7.0 Summary (Uncertainty or Obstacles)

Key grounds that could diminish the reliability of this audit conclusion would be the challenges in categorizing the audit findings.

## 8.0 Conclusion

From the audit reports and documentation received from the audit teams, positive findings totaled 38 while opportunities for improvement and nonconformities raised were 35 in total.

It is the conclusion of the audit that the QMS at the CUEA Nairobi City Campus is being implemented. However, there is need for effort to be increased to ensure effective quality management system. In addition, areas of opportunities and nonconformities raised need to be addressed effectively for continual improvement of the QMS.

## 9.0 Recommendations for Improvement

The following are suggestions for improvement of the Quality Management System:

- (a) There was need for training of staff on the implementation of the new standard (ISO 9001:2015);
- (b) Need for a training on developing and monitoring quality objectives;
- (c) Need for awareness on the need to follow the guidelines of the ISO 9001 standard on format for Management Review;
- (d) Functional Management Review should be scheduled not more than two weeks after audits, whether a section / function was audited or not;
- (e) Functions that have only one staff member should have a management review analysis and a report prepared and disseminated (shared) with the technical or administrative head of the function;
- (f) Training on Document Management is essential;
- (g) Need to ensure the adoption and adherence to the procedure for Customer Complaint Handling;
- (h) Heads of Function should ascertain that all opportunities for improvements raised during audits (both internal and external) are addressed;
- (i) Have a Root Cause Analysis training session;
- (j) Ensure a Corrective Action Planning Workshop is done to address non conformities raised during this audit;
- (k) Find innovative ways of providing space for Head of Academic Programmes;
- (l) Suggest corrective actions that are within the reach of the Campus;
- (m) Functional Heads should work to ensure that status reports are submitted on time to the Administration; and
- (n) Data from processes should be identified, collected and analyzed to give information that can be used to improve processes.

## 10.0 Appendices

### 10.1 APPENDIX A: DEFINITION OF TERMS USED

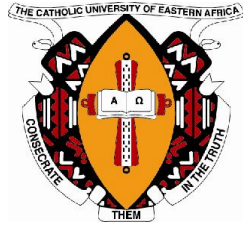
- Audit Client:** Organization or person requesting an audit
- Audit Scope:** Boundaries of the audit e.g. physical locations such as departments, procedures, activities
- Audit Team:** One or more auditors conducting an audit supported if needed by technical experts
- Audit Criteria:** Set of policies, procedures or requirements
- Audit Findings:** Results of the evaluation of the collected audit evidence against audit criteria
- Audit Evidence:** Records of statements of fact or other information, which are relevant to the audit Criteria
- Evidence:** Data supporting the existence or verity of something
- Non conformity:** Non fulfillment of a requirement
- Major Non Conformity:** Contravention requirements of ISO 9001:2008 Standard and / or the QMS documentation and has a significant effect on the QMS and / or product / service.
- Minor Non Conformity:** May not contravene requirements of ISO 9001:2008 but has the potential to affect the quality of the product / services or effectiveness of QMS.
- Opportunity for Improvement:** A potential non-conformity.
- Critical Non Conformity:** Non fulfillment of requirements that is under no circumstance acceptable.

## 10.2 APPENDIX B: DEPARTMENTS SAMPLED FOR THE AUDIT

### Department

1. Executive Director / Administration
2. Head of Academic Programmes
3. Finance Department
4. ICT Department
5. Library
6. Registry

## 10.3 APPENDIX C: AUDIT PLAN



# THE CATHOLIC UNIVERSITY OF EASTERN AFRICA A.M.E.C.E.A.

P. O. Box 62157  
00200, NAIROBI  
Kenya  
Telephone: +254 20 8891601-6  
Fax: +254 20 8891261

### NOTIFICATION OF INTERNAL QUALITY AUDIT

**Title:** INTERNAL QUALITY AUDIT – 1<sup>st</sup> PARTY AUDIT SUPPLEMENTARY

**Audit No:** CUEA/VC/MR/03/2017/01

**Organization:** THE CATHOLIC UNIVERSITY OF EASTERN AFRICA, CITY CAMPUS NAIROBI

**Date:** 9<sup>TH</sup> APRIL 2017

**Audit Team:** MARGARET MEENA (MM) - Team Leader  
PETER NGENO (PN)  
PATROBA SOKOBE (PS)  
PETER MBEVO (PM)

**Audit Basis:** ISO 9001:2008 STANDARD, CUEA QMS DOCUMENTATION

**Purpose of Audit:** TO ASSESS THE EFFECTIVENESS OF THE QMS AND IDENTIFY AREAS THAT REQUIRE IMPROVEMENT

### AUDIT TIME TABLE

Audit Day Date	Time	Activity / Audit Area / Aspects	Participants
Tuesday, 11 <sup>th</sup> April 2017	09:00am -09:30am	Prayer and Opening Meeting	Auditors All Staff
	09:30am – 11:00am	(a) ICT Department	PS & HOD / Auditees
		(b) Finance	PN & HOD / Auditees
	11:00am - 11:30am	<b>Health Break</b>	
11:30am – 1:00pm	(a) Registry	PM & HOD / Auditees	
	(b) Administration	GG & HOD / Auditees	

<b>Audit Day</b> <b>Date</b>	<b>Time</b>	<b>Activity / Audit Area / Aspects</b>	<b>Participants</b>
	<b>1:00pm – 2:00 pm</b>	<b>Lunch Break</b>	
	2:00pm – 4:00pm	(a) Library  (b) Academics	PS HODs / Auditees  MM HOD / Auditees
Wednesday 12 <sup>th</sup> April 2017	09:00am – 10:30am	Auditors Meeting	Auditor Team HODs / Auditees
	10:30am – 11:00am	Health Break	
	11:00am 12:30pm	Auditors Meeting	Audit Team
	<b>12:30pm – 2:00pm</b>	<b>Lunch Break</b>	
	2:30pm – 3:00pm	Briefing of the Executive Director	Audit Team
	3:00pm – 3:30pm	Closing Meeting	Audit Team All Staff
Thursday, 13 <sup>th</sup> April 2017	9:00am	Compilation of Audit Report	Audit Team

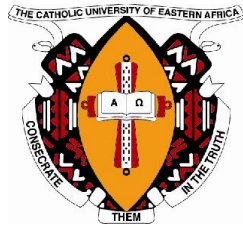
#### **Requirements**

Auditor's Room  
Printing facilities



**Margaret Meena**  
**AUDIT TEAM LEADER**

## 10.4 APPENDIX C: REVISED AUDIT PLAN



# THE CATHOLIC UNIVERSITY OF EASTERN AFRICA A.M.E.C.E.A.

P. O. Box 62157  
00200, NAIROBI  
Kenya  
Telephone: +254 20 8891601-6  
Fax: +254 20 8891261

### NOTIFICATION OF INTERNAL QUALITY AUDIT

**Title:** INTERNAL QUALITY AUDIT – 1<sup>st</sup> PARTY AUDIT SUPPLIMENTARY

**Audit No:** CUEA/VC/MR/03/2017/01

**Organization:** THE CATHOLIC UNIVERSITY OF EASTERN AFRICA, CITY CAMPUS NAIROBI

**Date:** 24<sup>TH</sup> APRIL 2017

**Audit Team:** MARGARET MEENA (MM) - Team Leader  
PETER NGENO (PN)  
PATROBA SOKOBE (PS)  
PETER MBEVO (PM)

**Audit Basis:** ISO 9001:2008 STANDARD, CUEA QMS DOCUMENTATION

**Purpose of Audit:** TO ASSESS THE EFFECTIVENESS OF THE QMS AND IDENTIFY AREAS THAT REQUIRE IMPROVEMENT

### AUDIT TIME TABLE

Audit Day Date	Time	Activity / Audit Area / Aspects	Participants
Tuesday, 24 <sup>th</sup> April 2017	09:00am -09:30am	Prayer and Opening Meeting	Auditors All Staff
	09:30am – 11:00am	(a) ICT Department	PS & HOD / Auditees
		(b) Library	MM & HOD / Auditees
		(c) Registry	PM & HOD / Auditees
	11:00am - 11:30am	<b>Health Break</b>	
1:00pm – 2:00 pm	<b>Lunch Break</b>		
	2:00pm – 4:00pm	(c) Administration	PS HODs / Auditees

<b>Audit Day</b> <b>Date</b>	<b>Time</b>	<b>Activity / Audit Area / Aspects</b>	<b>Participants</b>
		(d) Finance  (e) Academics	MM HOD / Auditees  PM HOD / Auditees
Wednesday 25 <sup>th</sup> April 2017	09:00am – 10:00am	Auditors Meeting	Auditor Team HODs / Auditees
	10:00am – 10:30am	Briefing of the Executive Director	Auditor Team Director
	10:30am 11:30pm	Closing Meeting	Audit Team All Staff
	<b>1:00pm – 2:00pm</b>	<b>Lunch Break</b>	
	2:30pm – 3:00pm	Compilation of Audit Report	Audit Team
Wednesday, 26 <sup>th</sup> April 2017	9:00am	Compilation of Audit Report	Audit Team

#### **Requirements**

Auditor's Room  
Printing facilities



**Margaret Meena**  
**AUDIT TEAM LEADER**

## 10.5 APPENDIX D: OPENING AND CLOSING MEETING ATTENDANCE REGISTER



### OPENING / CLOSING AUDIT MEETING MINUTES REGISTER

Audit No: CUEA/VC/MR/03/2017/01	Date: 24 <sup>th</sup> April 2017
Function / Department: NAIROBI CITY CAMPUS	
Auditee Representative: REV DR PETER MBARO	
Audit Team No: Three (03)	Team Leader: MARGARET MEENA
Scope of the Audit /Aspect audited: CUEA QMS, CUEA Nairobi City Campus, Assessment of QMS Effectiveness and Identification of Area of Improvement.	

#### ATTENDANCE RECORD

S/No.	Name	Position/Title	MEETING	
			24/4/2017	25/4/2017
			Time: 11:30 am	Time: 4:05
			Opening (Sign)	Closing (Sign)
1.	FR. PETER MBARO	DIRECTOR		
2.	Hannah Kimani	Librarian		
3.	Peter Ngono	Head of Academic Reg.		
4.	Paul Moseh	A.A. Registry		
5.	Peter Mbevo	A.O		
6.	Patroba Akeke	Auditor		
7.	MARGARET MEENA	Auditor		
8.	LEAH ATIENO ONYANGO	ACCOUNTANT		
9.	FLORENCE WAKEMA	MAINTENANCE		
10.	Janet Mungira	Admin		
11.	Jane Karani	Reception		
12.	Jane Mungira	Registry		
13.	Peter Mungira	Registry		

CUEA/VC/MR/03/fm 2

Signed: ..... Date: ..... 28<sup>th</sup> April 2017

**Margaret Meena**  
**AUDIT TEAM LEADER**