REYADA
for Social Care Services
Quality Assessment

دائـــرة تـنـمـيـة المـجـتـمـع
DEPARTMENT OF COMMUNITY DEVELOPMENT

Assessment Guidelines for Facilities
Providing Social Care Services

REYADA

Contents:

SECTION A

About this manual

1. Introduction

The Department of Community Development (DCD) was established in 2018 to cultivate, coordinate and regulate the social sector in Abu Dhabi. This is being achieved through setting policy and strategy, establishing integrated and effective organizational and service responses, and in overseeing and regulating the social sector ecosystem. The Department of Community Development (DCD) has established the Quality Assessment Framework- Reyada to ensure and enhance high quality social service provision and practice in social care facilities within the Emirate of Abu Dhabi.

1.1. About Reyada Assessment Guidelines

The guidelines have been developed through a collaborative effort with the Department of Community Development (DCD). This collaborative approach aims to assess social care facilities in Abu Dhabi with a unified and standardized approach. The goal is to align seamlessly with DCD's vision and ensure adherence to best practices in evaluating social care providers, including all social service facilities from Private, Government and Third sector in the Emirate of Abu Dhabi. The guidelines' structure follows Deming Cycle Model (Plan Do Check Act technique) for quality improvement and is based on the concept of continual improvement to enhance any kind of performance.

1.2. Objective

The objective of Reyada is to improve the quality of social services and standardize the principles of delivering high-quality social services in the Emirate of Abu Dhabi. This is achieved by promoting a culture of quality and accountability through systematic assessments. The structured assessment serves as a robust check, ensuring that services align with evidence-based standards, identifying areas for improvement, and facilitating continual enhancements.

The key purpose of establishing assessment guidelines rules includes ensuring the below aspects while conducting assessments:

Standardization

To follow a standard or uniform approach for conducting assessments, outlining the steps and criteria to be followed during the assessment process, regardless of involved facility team and assessors.

Transparency

To promote transparency in the assessment process by clearly defining the rules and procedures to be followed, making the process understandable to all stakeholders.

Accountability

To establish clear responsibilities and expectations for assessors and team undergoing assessment, ensuring accountability in the execution of their roles effectively.

Efficiency

To enhance the efficiency of the assessment process by providing a structured framework, reducing ambiguity, and with objectivity.

Continuous Improvement

To facilitate ongoing improvement by incorporating feedback and lessons learned.

1.3. Distribution

1.3.1. This document shall be made available to facilities providing social care services in a non-editable version to prevent unauthorized modification of the document.

1.3.2. This document shall be made available to facilities providing social care services in a non-editable version to prevent unauthorized modification of the document.

1.3.3. Any copy of the document, if printed out, shall be considered as an un-controlled document.

1.4. Review & Update

1.4.1. Review of the assessment guidelines can be performed on an annual basis based on the updates to the assessment guidelines and updates can also be any time prior to that if deemed necessary by the DCD.

1.5. Assessment Body

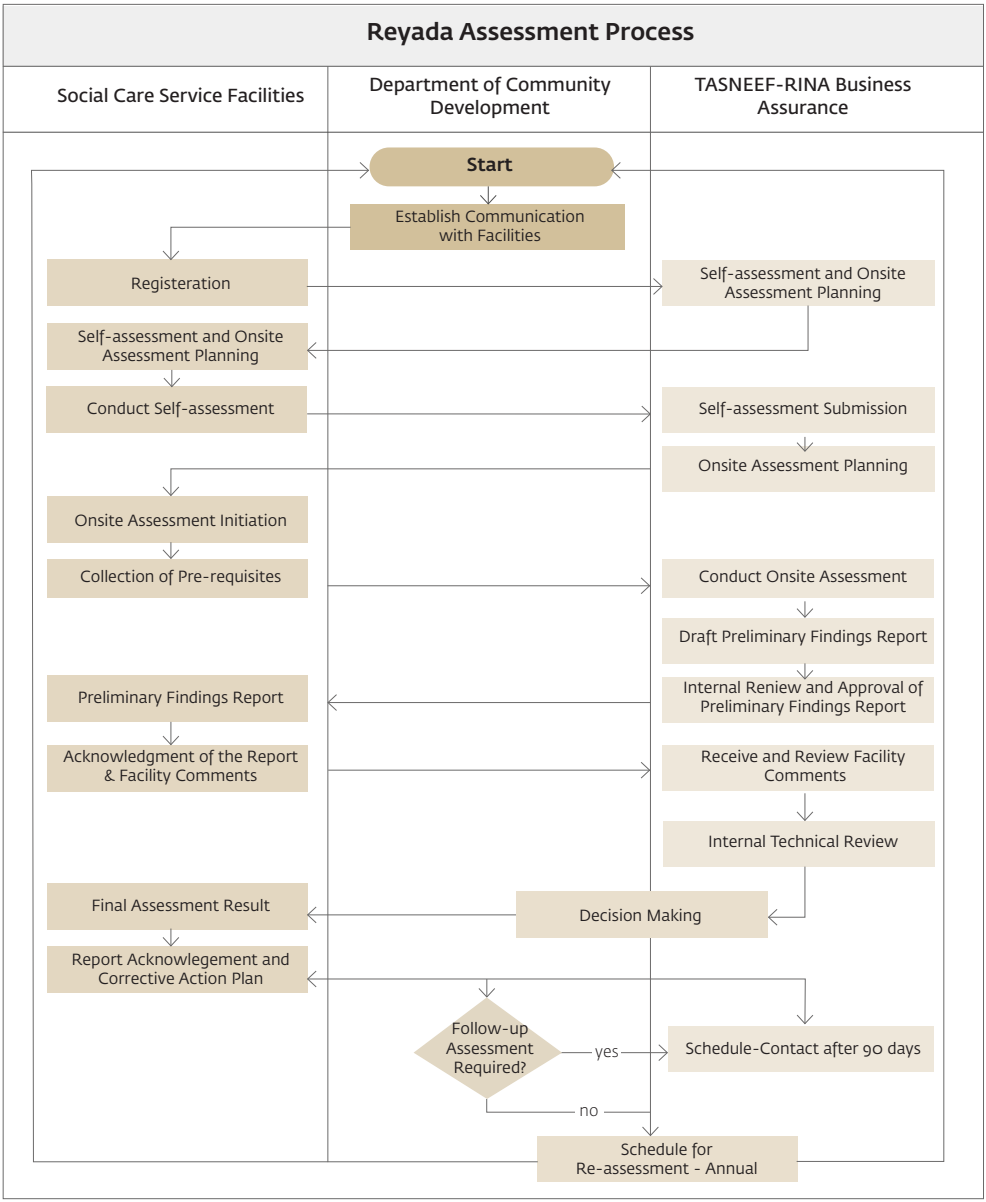
Aiming at continuous quality improvement of the social care facilities in the Emirate of Abu Dhabi, the Department of Community Development (DCD) has signed a service level agreement with TASNEEF through its subsidiary TASNEEF-RINA Business Assurance (TASNEEF). TASNEEF is the only external assessment body authorized to conduct assessments using this guideline document.

2. Normative References

Requirements stated in this guideline document are considered mandatory for the assigned entities determined in the scope of applicability. Other reference requirements and stipulated laws applicable that are specified in Reyada standard are complementary to this guideline and are also considered as applicable.

3. Guidance to this document

3.1. Overview of Assessment Process



3.2. Guiding Principles

The below principles are intended to enhance the objectivity, effectiveness, and reliability of assessments as tools supporting performance monitoring that facilities can utilize to enhance their quality of services. Adhering to these principles is essential to ensure that assessment conclusions are pertinent and adequate. It also enables assessors to operate independently, to arrive at similar conclusions in comparable situations.

3.2.1. Uphold integrity throughout the assessment process.

3.2.2. Appoint representatives who serve as process owners and possess the competence to engage fairly and impartially throughout their involvement in the assessment.

3.2.3. Refrain from exerting intentional or unintentional influences on the assessor team that could compromise their impartiality and judgment.

3.2.4. Acknowledge the responsibility to present relevant evidence in an unaltered and accurate manner as requested by the assessing team.

3.2.5. Preserve the confidentiality of the complete assessment process, encompassing, but not restricted to, assessment notifications, schedules, process activities, and outcomes with respect to each facility.

3.2.6. Assist the assessment team in preserving the impartiality and recognizing objectivity in making the conclusions.

3.2.7. Recognize that an assessment serves as a platform for assessing the present state of conformance with regulatory requirements and provides opportunities for improvement.

3.2.8. Provide timely responses and take necessary actions as requested by the assessment team.

3.3. Applicability

These guidelines are applicable to all facilities from Private, Government and Third sector entity or institution providing Social Care Services in the Emirate of Abu Dhabi, U.A.E.

The spectrum includes various facilities designed to meet diverse needs:

3.3.1. Day Care & Therapy

These facilities offer Social Care Services where individuals spend specific daily hours for temporary care, counselling, specialized therapy, or other social work-related services such as but not limited to child and family welfare, addiction support, employment placement for vulnerable groups, sheltered workshops, and more.

3.3.2. Supported Accommodation

Providing temporary or permanent non-medical residence, this category includes shelters, orphanages, Homes for the elderly, Homes for People of Determination, and services protecting individuals from abuse, neglect, and exploitation.

3.3.3. Community-based

Social care professionals extend their services beyond facility confines, offering community-based social rehabilitation, respite care for families, assisted living services in individual homes or communities, job coaching in workplaces, and home-based therapy.

3.3.4. Digital & Teleservices

This service type involves the electronic provision of Social Care Services, encompassing video conferencing, telephone, email, and mobile services as remote support for various social care needs.

3.4. Assessment scope:

Assessment scope constitutes of the requirements defined under five main domains of Reyada standard which are Leadership & Governance, Safety, Effectiveness, Beneficiary Centricity, and Sustainability.

3.5. Facility Authorized Representative

The facilities are required to have a designated point of contact to:

3.5.1. Ensure the ongoing availability of a designated point of contact for seamless communication with the assessing team and DCD.
3.5.2. Establish and maintain an alternative point of contact that is readily available in the event of an emergency.
3.5.3. Thorough understanding of Reyada Standard requirements, guidelines, and implementation as needed.
3.5.4. Facilitate evidence collection during the on-site assessment.
3.5.5. Engage in discussions with their management to stay informed about the status of compliance, conformity, and any associated concerns.
3.5.6. Submit corrective action plans for shared assessment findings and obtaining approval from the authorized signatory.
3.5.7. Initiate or take actions with approval from top management when internal compliance is at risk.
3.5.8. Direct all activities related to quality and monitoring.
3.5.9. Participate in the opening and closing meetings to ensure commitment to the required corrective

3.6. Facility Leadership

3.6.1. The top management of the facility being assessed is expected to exhibit a meaningful commitment to provide needful resources and monitor adherence to the requirements of the Reyada Standards through the essential control measures.
3.6.2. Ensure the availability of necessary resources for a seamless and uninterrupted assessment process with a prompt response to all communications related to the Reyada assessment.
3.6.3. Define roles, responsibilities, and authority for personnel involved in the quality assessment process.
3.6.4. Grant the assessing team with access to pertinent information, records, and process areas necessary to validate compliance.

3.6.5. Ensure the nominees are subject matter experts and process owners, enabling the accurate conveyance of information and data to the assessing team.

3.6.6. Participation of facility leadership in the opening and closing meetings of Reyada Assessments to demonstrate their commitment for continual quality improvement and to understand the areas of improvement and ensure required corrective actions implementation for findings identified during the Reyada assessments within the stipulated time.

3.7. General Requirements

3.7.1. The facility shall establish a systematic approach in addressing all the given requirements in the Reyada standard including documented procedures addressing all the mentioned requirements that are necessary for quality assurance, improvements, quality governance and monitoring key performance indicators mandated by DCD.

3.7.2. Determine methods needed to ensure that both the implementation and quality of these processes are effective. In case of processes that are outsourced, the facility shall still own the responsibility of adhering to the Standard's requirements and cannot provide any exemption from assessment.

3.7.3. Ensure the availability of resources and information necessary to support the operation and monitoring of these processes.

3.7.4. Monitor, measure where applicable, analyze and implement actions necessary to achieve planned results and continual improvement of these processes.

3.7.5. For any outsourced processes, it will be the facility's responsibility to identify the relevant controls which assure the performance of the outsourced entity.

3.8. General Documents and Records controls

3.8.1. Control over documented information — is one of the basic principles of quality management. It refers to the way of organizing every aspect of a document throughout its entire life cycle, from creation to archiving.

3.8.2. A documented procedure shall be established to define the controls needed for document management, especially, policies, procedures, forms, records etc.,

3.8.2.1 to approve documents for adequacy prior to issue,

3.8.2.2 to review and update as necessary and re-approve documents,

3.8.2.3 to ensure that changes and the current revision status of documents are identified,

3.8.2.4 to ensure that relevant versions of applicable documents are available at points of use,

3.8.2.5 to ensure that documents remain legible and readily identifiable,

3.8.2.6 to prevent the unintended use of obsolete documents, and to apply suitable identification to them if they are retained for any purpose.

3.8.3. Records established to provide evidence of conformity to requirements and of the effective implementation of the Reyada shall be controlled.

3.8.4. The facility shall establish a documented procedure to define the controls needed for the identification, accessibility, storage, protection, retrieval, retention, and disposition of records.

3.8.5. Records shall remain legible, readily identifiable, and retrievable.

4. APPLICATION, PREPARATION AND PLANNING FOR THE ASSESSMENT

4.1. Registration Process

4.1.1. All Social care service providing facilities are mandated to register for Reyada assessment through the e-registration form by filling in all parts of the "Registration Form" before initiating the assessment process.

4.1.2. Facilities shall submit the details either through online application or online survey upon receiving notification from TASNEEF or DCD.

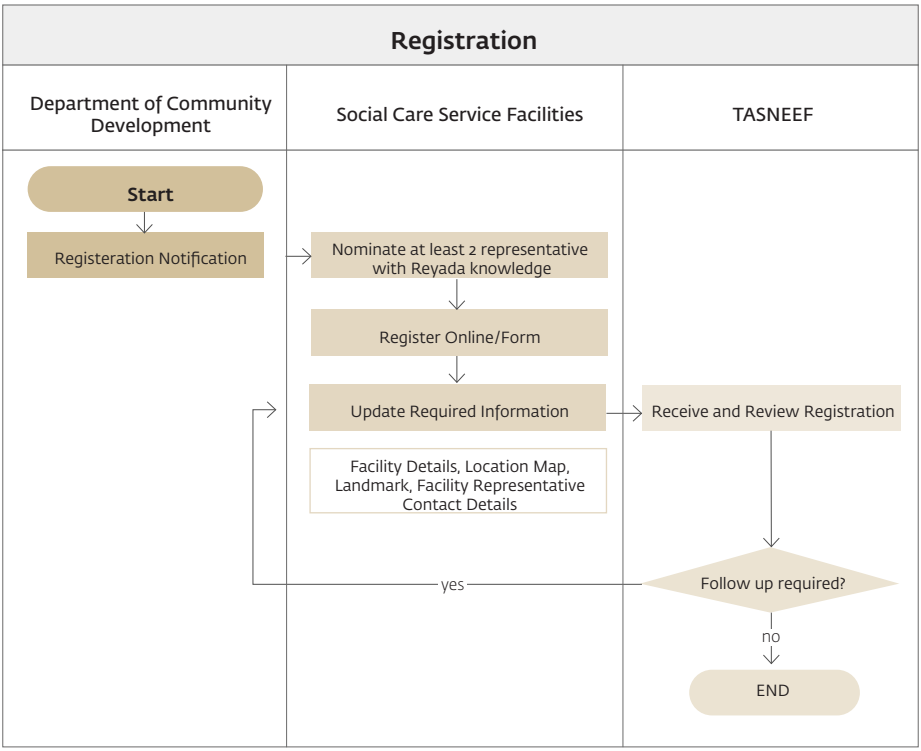
4.1.3. The information should be provided by an authorized representative of the applicant facility

and shall be the point of contact for the entire assessment process.

4.1.4. For the re-assessment, the facility applies through the registration form with any updated information to TASNEEF.

4.1.5. Facility must confirm the assessment schedule and share the facility's location and contact details along with location map and landmark.

4.1.6. All correspondence will be sent to the facility's registered emails only, and changes must be notified to TASNEEF.



4.2. Contract formation

4.2.1. There is no individual contract formation with the facilities, as the assessments are conducted in accordance with the service level agreement between DCD and TASNEEF.

4.3. Defining Assessment Timelines

4.3.1. The overall time taken to assess a social care facility, includes the time taken to review the documents (onsite/remote), perform the on-site assessment, draft the report, review report, and manage the general aspects of the job.

4.3.2. The duration of each facility assessment shall be assigned, depending on the complexity of services, facility's location, size, scope, and type of the social care service.

4.4. Assessment Day(S) / Man-Day(S)

4.4.1. The typical duration of an assessment day / man-day (MD) is 8 hours from one assessor and cannot exceed 10 hours unless circumstances are adequately justified.

4.4.2. The approximate on-site assessment time is calculated initially based on the scope of the assessment that can range from 2 to 4 man-days and time shall be reassessed later based on the size of beneficiaries receiving services.

4.4.3. To help ensure the effectiveness of the assessment, the composition and size of the assessment team should also be considered. (e.g., ½ day with 2 assessors may not be as effective as a one-day assessment with 1 assessor).

4.4.4. The assessment time determined shall not include the time of "assessors in training", observers or the time of technical experts.

4.4.5. The use of less man-day against the necessary pre-defined, in fact, need not result in compromise of the assessment.

4.5.Pre- Assessment Activities

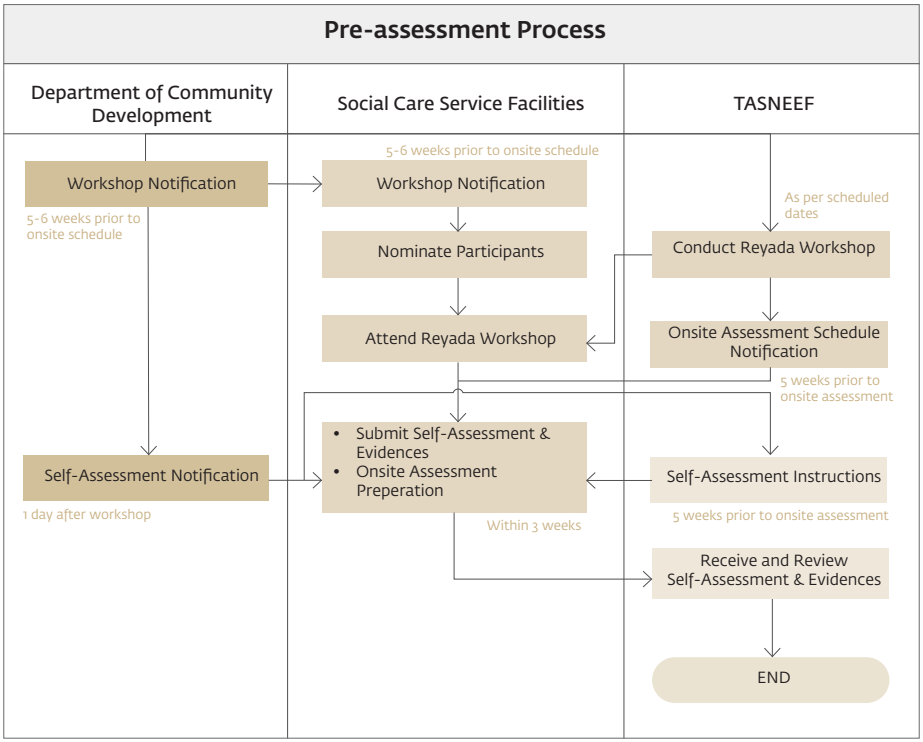
4.5.1. Social care facilities shall be informed about assessment schedules through a formal notification unless DCD aims to conduct unannounced visits at any point of time.

4.5.2. A general assessment plan will be shared with the facility team for better assessment arrangements and coordination.

4.5.3. Self-assessment notification shall be shared by TASNEEF with the facilities, 30-35 days prior to on-site assessment schedule starting in a specific month,

4.5.4. The facilities shall submit the self-assessment and associated relevant evidence and documents within 3 weeks of receiving the self-assessment submission notification from TASNEEF.

4.5.5. A minimum of two representatives knowledgeable of Reyada requirements shall be nominated by facility for preparation and submission of self-assessment as well as on-site assessment.



4.6. Assessment Planning

4.6.1. A planner with schedule of assessments for each facility in scope shall be prepared by TASNEEF.

4.6.2. E-Registration from all social care service providing facilities with the required establishment details, contact information, service status and scope of practice will help to initiate the assessment planning.

4.6.3. All correspondence will be carried through registered emails only and changes must be notified immediately to TASNEEF. In case relevant information is not available from DCD, the concerns shall be communicated and agreed procedure shall be followed with defined timelines as it may impact the assessment planning.

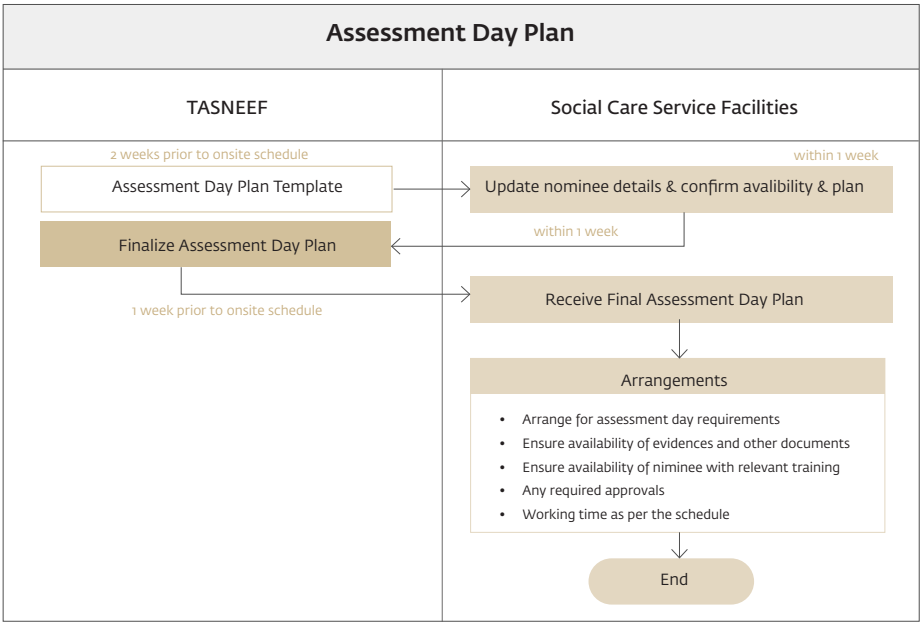
4.6.4. The recognized focal points and details (facility's location, contact number and email address) for each facility.

4.6.5. After necessary approvals on the assessment planner, a kick-off assessment notification shall be shared, 5 weeks prior to the onsite assessment schedule for the facilities scheduled in each month, for efficient arrangements and coordination.

4.6.6. All the facilities scheduled in each month are required to submit self-assessments during a window period of 3 weeks as per the communication shared by TASNEEF. The window period shall be closed at least 2 weeks prior to the start of scheduled assessment month.

4.6.7. An assessment day plan template shall be communicated to the facility 2 weeks prior to the scheduled assessment for providing and confirming the required nominees' details.

4.6.8. The entity shall be required to confirm the assessment day plan at least one week prior to the assessment day.



4.7. Assessment Type, Mode, And Frequency:

The Department of Community Development shall determine the assessment type (announced or unannounced), mode (on-site, remote, or hybrid), frequency (annual or bi-annual), and extent of assessments (comprehensive all-inclusive or selected processes) that shall be communicated with the facility.

Assessment Type	Visit Plan	Assessment Frequency	Assessment Mode
Initial Assessment	Announced	First Assessment	On-site
Follow-up Assessment	Announced	Based on initial assessment outcome	On-site
Re-Assessment	Announced	Annually/As Required	On-site

4.8. Special Requirements for Multi-site Facilities

If an entity operates through multiple facilities, each facility is required to undergo the assessment process independently; however, if facility is not licensed yet, more details shall be requested from the facility and decision can be made as per the organizational structure and functioning which may necessitate for having assessments separately.

4.9. Assessment Sampling

4.9.1. As part of the evaluation process, the assessor may select samples of records and evidence for each domain, as per his/her decision.

4.9.2. Usually, the selection of samples on the day of assessment shall be random. The selection may be spanning to enable meaningful coverage of sample distribution for assessment.

4.9.3. Assessor may not limit the review of evidence submitted and can request for additional justified sample to evaluate existence of systematic process that can demonstrate consistent performance.

4.9.4. The random samples containing any identifiable beneficiary information shall be handled as per applicable laws for maintaining beneficiary privacy and confidentiality.

4.9.5. Occasionally focused samples with specific criteria can be selected during the assessment, as needed to evaluate specific cases and aspects. A risk-based approach of sampling shall always be considered.

5. Conducting Assessment

5.1. Preparing for Assessment Day

5.1.1. Facility team shall organize the necessary documents in sequential order and convert hard copy or electronic records, policies, procedures, workflows, and other relevant documents into soft copies with appropriate document titles.

5.1.2. Gain a comprehensive understanding of the requirements and directions outlined in the assessment plan.

5.1.3. Determine the person responsible for receiving, escorting, and assisting the assessment team throughout the assessment process and notify relevant teams of the assessment schedule to efficiently coordinate the arrival of the assessing team and the entire process.

5.1.4. Identify and assign a secure and uninterrupted work location that is furnished with a desk or table.

5.1.5. Inform the assessing team promptly in case of any unforeseen circumstances resulting in a change to the agreed assessment plan.

5.1.6. Secure the required approvals to facilitate access for the assessing team to review any documented information and to conduct site visits for all relevant functional areas within the scope.

5.2. Assessment Day Plan

An "Assessment Day Plan" is drawn up for each assessment and sent to the facility 1 week prior to on-site assessment and shall be covering the below aspects:

5.2.1. Scope, and criteria of the assessment.

5.2.2. The locations, mode (on-site/Remote), dates, expected time and duration of the assessment activities to be conducted, including meetings with the facility management.

5.2.3. Identification of the facility representative(s) for the assessment.

5.2.4. Assigned roles and responsibilities of the assessment team, such as:

5.2.4.1. Assessors-in-training may be included in the assessment team but shall participate only under the direction and guidance of an assessor.

5.2.4.2. Observers may accompany the assessment team for monitoring andquality assurance purpose and shall not be involving in the execution of the assessment.

5.2.4.3. Translation support team may accompany assessor to help in any required translation of documentations and evidence, as needed.

5.2.5. Indicates the assessment activities, specifically, for each facility covering the applicable criteria as per their service delivery scope.

5.2.6. The need for the assessment team to familiarize themselves with facilities and processes (e.g. by conducting a tour of physical location(s) if needed or reviewing information and communication technology platforms).

5.3. Assessment Day Activities

The assessment activities will be conducted as per the assessment plan starting normally as below:

5.3.1. Conducting the opening meeting

5.3.2. Assigning roles and responsibilities of guides and observers

5.3.3. Reviewing relevant documents and evidence while conducting the assessment

5.3.4. Communicating gaps/-non-conformities during the assessment

5.3.5. Collecting and verifying information/evidence

5.3.6. Generating assessment non-conformities

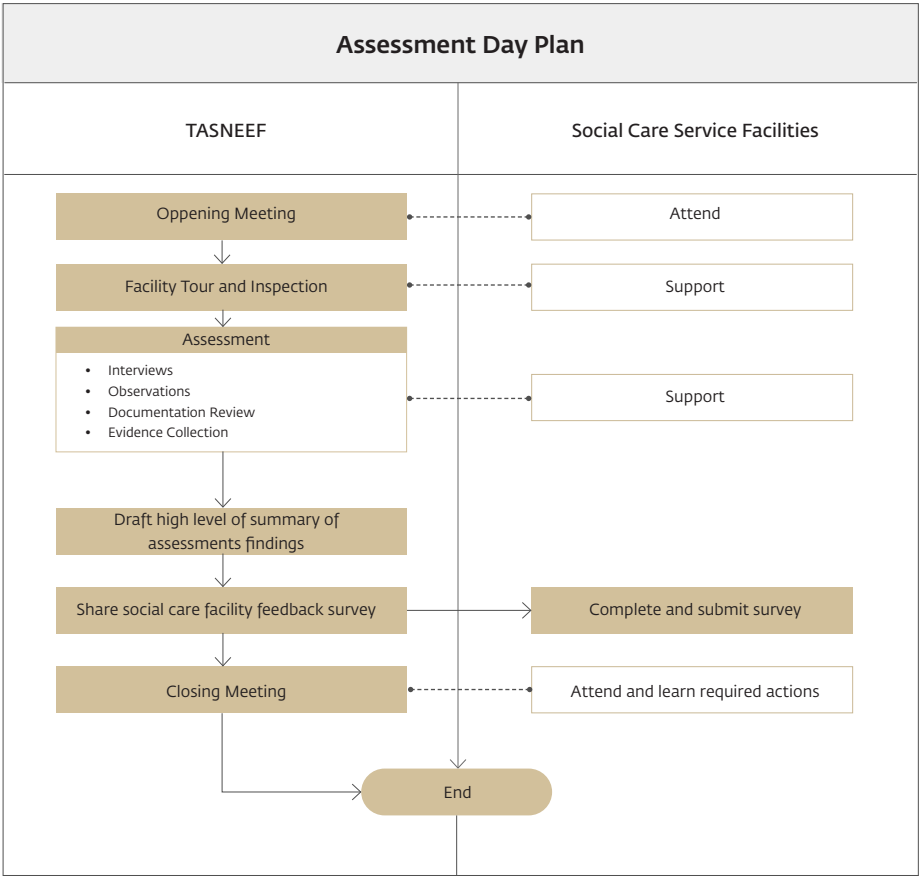
5.3.7. Preparing high-level summary of assessment conclusions to assure identified non-conformities are clearly communicated to and understood by the facility

5.3.8. Sharing customer feedback survey

5.3.9. Conducting the closing meeting

5.3.10. The assessment activities must determine whether the processes and documented information are implemented, and kept efficient, to nurture trust in the facility's quality management system.

5.3.11. Every inconsistency identified must be reported to the facility's authorized representative and required nominees to allow clear understanding of identified non-conformities and required corrective actions.


Assessment Day Plan
TASNEEF
Social Care Service Facilities
Oppening Meeting
Attend
Facility Tour and Inspection
Support
Assessment
Interviews
Observations
Documentation Review
Evidence Collection
Support
Draft high level of summary of assessments findings
Share social care facility feedback survey
Complete and submit survey
Closing Meeting
Attend and learn required actions
End

5.4. Assessment Evidence Collection

5.4.1. It shall be the responsibility of the facility to hand over all the required documentation and evidence before the assessor leaves the facility on the scheduled day and time without lapsing the assessor's time.

5.4.2. Failure to provide the requested evidence within the time shall be considered as non-conformities with the specific assessment requirements and any documentation or evidence provided later for any reason cannot be accepted after completion of the assessment day. Facility cannot disagree or appeal or contest for such non-conformities for which evidence was either missing or not provided during the assessment.

5.4.3. It is highly recommended to provide evidence in electronic format to save paper and time.

5.4.4. All the evidence reviewed in electronic format may be directly taken as evidence by the assessors themselves.

5.4.5. The evidence can be masked for any confidential beneficiary information retaining other required details and pertinent information.

5.4.6. Any sensitive information of beneficiary and facility shall be handled as per the required standards of privacy and security.

5.4.7. Sometimes, the evidence may not be objective document or record, but can be a judgement by assessor based on the observations, inspection, interviewing or based on demonstration.

5.4.8. Before the assessment day, if required, the facility representative must obtain all necessary approvals from facility management to ensure the provision of requested evidence within time.

5.4.9. Any evidence omitted from the list requested by the assessor(s) shall be the exclusive responsibility of the facility team and will be treated as unavailable during subsequent reviews. Required evidence if found absent during reporting phase, will be finalized based on the findings collected by assessors and the facility team are not permitted to comment on or dispute findings for which evidence is missing or not provided.

6. Assessment Report

6.1. Reporting and Decision-making Process:

6.1.1. The assessment report shall be written in English and in electronic format. The original report is owned by the certification body, TASNEEF.

6.1.2. Upon the completion of the assessment, a draft report (Preliminary Findings Report) will be prepared by the Assessor of TASNEEF followed by an internal review and approval and shall then be shared with the authorized representative of the facility within 14 working days from the day of assessment completion.

6.1.3. The facility shall send to TASNEEF, an acknowledgement to the Preliminary findings report and, facility comments if any on the given non-conformities within 10 working days. A specific section for the acknowledgment from the facility representative, including their name and signature, shall also be designated.

6.1.4. Based on the communicated non-conformities, facility should start working to identify the root cause and devise the corrective action plans for each non-conformity to rectify and prevent any recurrence.

6.1.5. The facility may share the comments in the facility comments template provided. All the comments to non-conformities should be justified with specific reference to standard supported by evidence which was already submitted during the assessment. Comments without valid justification and references will not be deemed to provide any response.

6.1.6. TASNEEF assessor shall review the facility comments and provide agreement or disagreement with remarks to internal reviewer in TASNEEF.

6.1.7. The internal reviewer shall review the comments response from facility as well as assessor and shall make a conclusion and the same shall be forwarded to DCD with a proposed decision on the final score and rating for review and final approval or endorsement of decision.

6.1.8. Any disagreement on the issued final report that is related to facts mentioned therein, can follow the appeals process as indicated in clause 9.

6.2. Preliminary Findings Report:

6.2.1. The Preliminary findings report consists of the review outcome of the evidence non-fulfilment to the given criteria under each domain.

6.2.2. In addition to the outcome of each evidence, the assessor also indicates the assessor remarks if any, detailing the reasoning for outcome in reference to the evidence evaluated.

6.2.3. The draft report shall not indicate any scores or rating as the objective of the draft report is to understand and agree on the non-conformities, as an effort to analyze the identified gaps and to make necessary corrective actions.

6.2.4. The facility shall have an opportunity to read through and understand the report findings and any disagreements or difference in opinion can be shared through facility comments.

6.3. Assessment Final Report:

6.3.1. Upon receiving the facility comments, the assigned assessor will make thorough review of comments and make necessary updates if valid justifications with reference and evidence are available.

6.3.2. An independent review on the facility comments and assessor remarks will be conducted to finalize the report. The final Assessment report with a high-level summary of domain performance and identified outstanding non-conformities shall be submitted for final decision and required actions.

6.4. Assessment Report Format

The Assessment Final report will include:

6.4.1. A PDF document with an executive summary of assessment constituting facility details, scope of services as applicable per Reyada standard requirements, any exclusions in the assessment due to non-applicability, high level summary of conformities and identified findings per domain, followed by areas for improvement.

6.4.2. A score representation for each domain is followed by a Statement of conclusion, indicating the overall outcome of the assessment including the final score and Reyada rating scale

achieved by the facility, along with the instructions for submission of corrective actions.

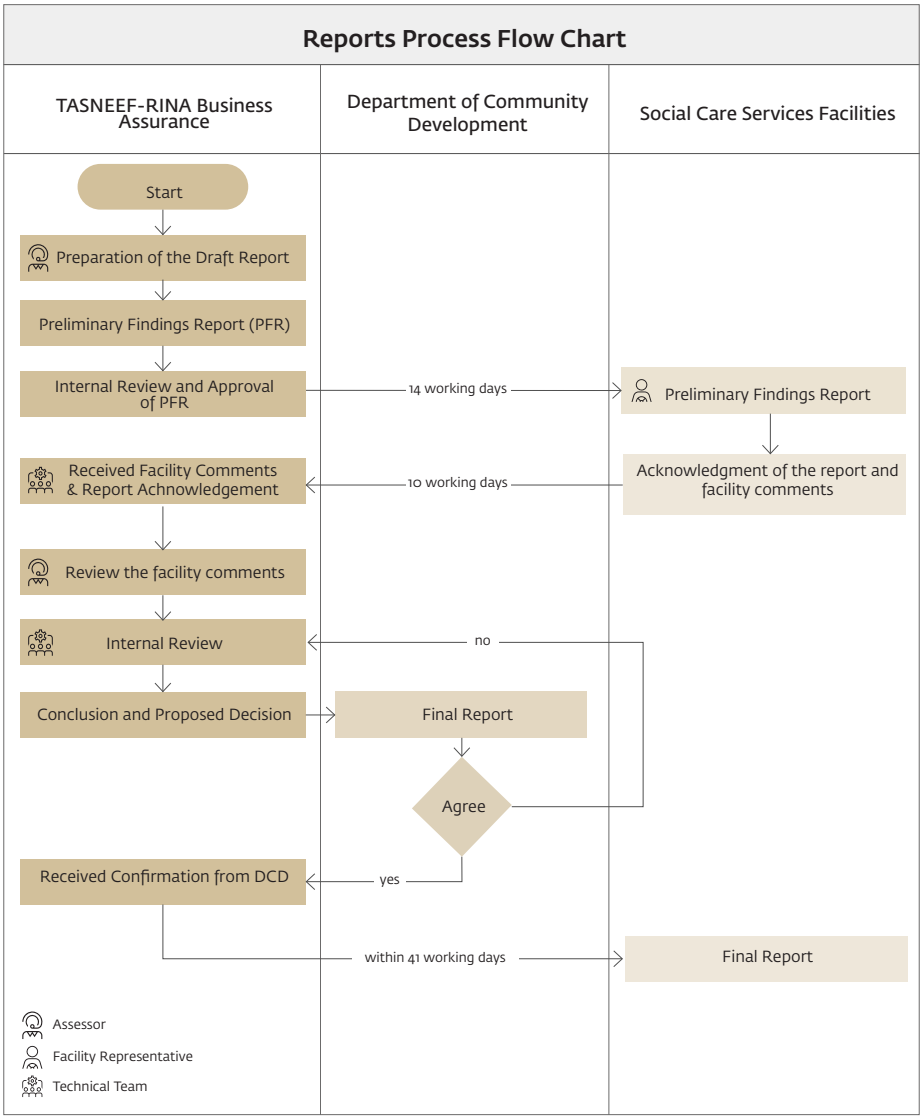
6.4.3. The final report shall formally be endorsed by individuals holding key roles in the assessment process with the authority to validate and approve the findings. This shall include assessment team member(s), technical reviewer(s), and/or approver(s).

6.4.4. Annexure-A -as response to Facility Comments (Facility's comments, Reference Criteria, Additional comments, if any, Assessor's response to facility Comments,) shall be shared along with the Assessment Final Report.

6.4.5. The annexure-A shall have,

6.4.5.1. A Cover page with Facility Name, details, and assessment type.

6.4.5.2. Response to Facility comments


Reports Process Flow Chart
TASNEEF-RINA Business Assurance
Department of Community Development
Social Care Services Facilities
Start
Preparation of the Draft Report
Preliminary Findings Report (PFR)
Internal Review and Approval of PFR
14 working days
Preliminary Findings Report
Acknowledgment of the report and facility comments
10 working days
Received Facility Comments & Report Achnowledgement
Review the facility comments
Internal Review
no
Conclusion and Proposed Decision
Final Report
Agree
Received Confirmation from DCD
yes
within 41 working days
Final Report
Assessor
Facility Representative
Technical Team

7. Non-Conformities, And Corrective Actions

7.1. Each criterion of Reyada standards shall be verified for conformance by the facility through available required evidence demonstrated by the facility team.

7.2. Conformity: Has objective evidence of conformance against the standard requirement and classified as "In Place".

7.3. Non-Conformity: Not having sufficient or unavailability of an objective evidence of conformance against the standard requirements. It is further categorized to Partially in place and Not in place.

7.3.1 Partially in place - Has objective evidence that meets the requirements to some extent or partially and needs improvement.

7.3.2 Not in place: Evidence does not exist (No objective evidence to support the question (regardless of the procedure) and lacking some objective evidence, no written procedure)

7.4. All Non-Conformities must be rectified with a corrective action plan.

7.5. The corrective action should indicate as to what is the non-conformance/finding; identified root cause; what is the proposed corrective action; who is responsible for the implementation of corrective action and when is the corrective action completion targeted to be.

7.6. As per the International standards and best practices, a target date of corrective actions to be implemented is set to be within a maximum of 90 calendar days or 3 months.

7.7. The Leadership of the organization shall understand, acknowledge, and assume the responsibility to monitor the corrective actions' implementation and ensure conformance.

7.8. Any disagreements documented in the corrective action plan are not considered as corrective action, and thus not meeting the requirement of effective completion of the assessment process. Proper corrective action is required to be submitted by the facility within fifteen (15) working days from receiving the final assessment report.

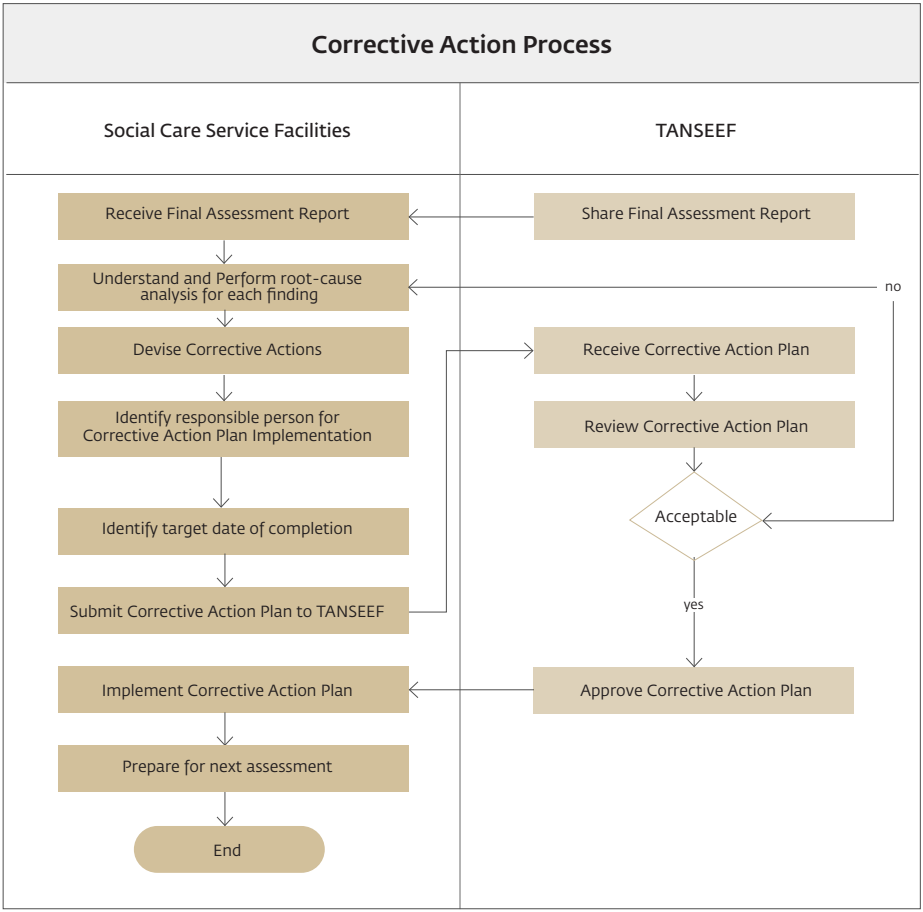
7.9. Corrective Action Plan (CAP) to be evaluated by assessors for completeness and accuracy (i.e. all non-conformities addressed as per final report, root cause identified, responsible person identified for implementation, targeted date assigned).

7.10. TASNEEF/DCD reserves the right to reject the corrective action plan if supposed to be not meeting the requirements of corrective actions and any disagreements on assessor findings. The facility can request for more details to understand the non-conformity to provide the corrective action plan.

7.11. CAP should be submitted to TASNEEF, by the facility representative and endorsed or approved by the facility leadership or delegated signatory authority of entity (signed and stamped).

7.12. TASNEEF shall escalate to DCD if a lack of commitment is seen to submit the corrective action plan or to implement the corrective actions to rectify the identified findings and to prevent the recurrence.

7.13. DCD encourages the commitment of social care service facilities to provide quality services and may recognize such efforts in the future by linking it to incentives or sanctions.


Corrective Action Process
Social Care Service Facilities
TANSEEF
Receive Final Assessment Report
Share Final Assessment Report
Understand and Perform root-cause analysis for each finding
no
Devise Corrective Actions
Receive Corrective Action Plan
Identify responsible person for Corrective Action Plan Implementation
Review Corrective Action Plan
Acceptable
Identify target date of completion
yes
Submit Corrective Action Plan to TANSEEF
Implement Corrective Action Plan
Approve Corrective Action Plan
Prepare for next assessment
End

8. Scoring and Rating Level

8.1. Assessment scores per each domain are generated as per the scoring process described in the Reyada Scoring methodology/guidelines.

8.2. Each evidence (Required/Optional) is assigned with scores based on categorization of conformities, as below:

8.3. In place: "Full" scores shall be awarded for each verification point.

8.4. Partially in Place: "Half" score shall be awarded for each verification point.

8.5. Not – in place: "Zero" score shall be awarded for each verification point.

8.6. Evidence that are "not applicable" in any specific scenario, shall receive no score deduction and shall be excluded from scoring criteria however, assessor shall indicate the non-applicability to ensure alignment with the assessment criteria and scope.

8.7. A final score shall be derived from the assessment which indicates the rating and level of compliance to Reyada Standard requirements of quality.

8.8. A "Rating" is given to the facility based on the overall score resulting from the assessment and decision is made using the 4-point scale given below:

Rating Level	Basic	Intermediate	Achieved	Advanced
Percentage of Score Achieved	0-30	31-60	61-80	81-100

9. Appeals and Complaints Management

DCD and TASNEEF considers complaints and Social Care Facility satisfaction as an incentive to improve the quality of the service provided. This section describes how the facilities can file an appeal request or a complaint with TASNEEF concerning its activities.

9.1. Appeals Management Process:

9.1.1. During the reporting process, the facility shall already be given an opportunity to review the assessment report findings and provide any disagreements as facility comments mentioning relevant reference criteria, guidelines and with appropriate justifications which shall be reviewed by TASNEEF to provide response in the final assessment report.

9.1.2. If the review and conclusion on facility comments in the outcome shared by TASNEEF is not satisfactory and convincing to facility, then the facility shall submit an appeal request to DCD appeals committee , ssq.office@addcd.gov.ae within 15 days of receiving the final report from TASNEEF, to be accepted for review by the committee.

9.1.3. Facility justifications based on incorrect or different interpretation of Reyada standard requirements cannot be accepted for appeals process unless the appeal is based on valid reasoning and reference criteria.

9.1.4. The acceptance criteria for an appeal are as stated below:

9.1.4.1. Appeal request is made with clear citation of criteria requirements and with objective evidence that demonstrates the adherence.

9.1.4.2. Shall not include the factor of misinterpretation of criteria and evidence requirement in the Standard.

9.1.4.3. Acceptable in cases where the facility justification includes a scenario that is not addressed in the Standard directly or indirectly.

9.1.4.4. Any appeal request based on verbal arguments without supporting evidence will be directly rejected.

9.1.4.5. Any appeal request submitted with new evidence that was not initially presented during the assessment will be rejected.

9.1.4.6. Appeals request received after crossing 15 days of receiving final assessment report shall be rejected.

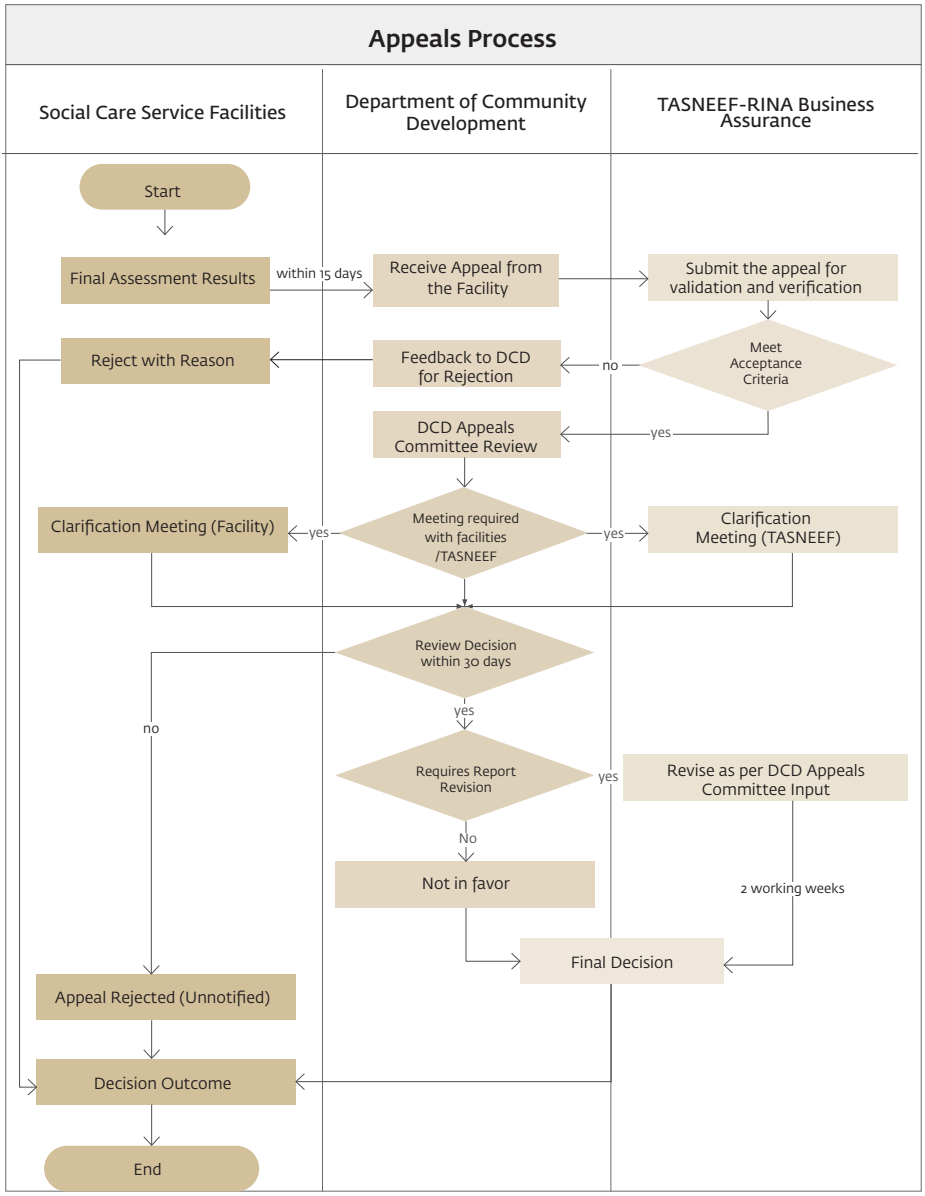
9.1.5. The appeal request shall include the facility details, head of the facility details and the assessment representative details along with the details of assessment concerns such as the reason of the appeal, and they should clarify their compliance with requirements or justify their non-compliance with supporting documents and references including TASNEEF's assessor response to facility comments.

9.1.6. If the appeal request meets the acceptance criteria, the committee from DCD will take 30 days to review and a final decision shall be given by the committee after thorough review of the opinions and justifications from facility as well as TASNEEF team. The committee decision shall be provided within 30 days and the appeal will be considered rejected if no response was revealed from the committee within 30 days."

9.1.7. DCD may submit the request to TASNEEF for validation and verification of appeal. Appeal meeting between facility, DCD, and TASNEEF may be conducted for any needed clarifications.

9.1.8. The decision made by the DCD appeals committee shall be regarded as the final decision on the appeal and there cannot be any further reviews or negotiations after the final appeal's decision.

9.1.9. DCD shall inform TASNEEF to revise the assessment report if the appeal decision is in favour of the facility. TASNEEF shall update as per the final decision of DCD appeals committee within 2 working weeks.


Appeals Process
Social Care Service Facilities
Department of Community Development
TASNEEF-RINA Business Assurance
Start
Final Assessment Results
within 15 days
Receive Appeal from the Facility
Submit the appeal for validation and verification
Meet Acceptance Criteria
no
Feedback to DCD for Rejection
Reject with Reason
yes
DCD Appeals Committee Review
Meeting required with facilities /TASNEEF
yes
Clarification Meeting (Facility)
yes
Clarification Meeting (TASNEEF)
Review Decision within 30 days
yes
no
Requires Report Revision
yes
Revise as per DCD Appeals Committee Input
No
Not in favor
2 working weeks
Final Decision
Appeal Rejected (Unnotified)
Decision Outcome
End

9.2. Complaints Management Process

9.2.1. As part of feedback process, a satisfaction survey link is sent to the social care facilities to collect the feedback on the assessment process.

9.2.2. Any recommendations for improvement of assessment process can be shared through the survey response.

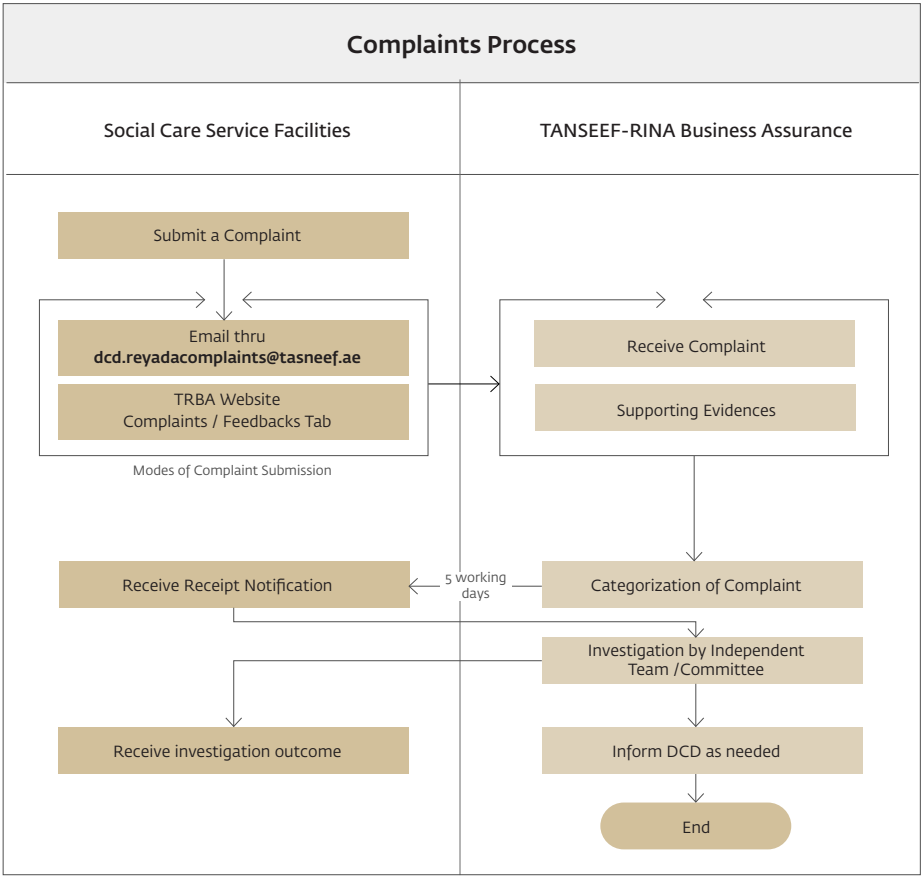
9.2.3. Facilities can still raise a complaint that is not related to the findings of assessment through this process.

9.2.4. To raise a complaint, the facility shall send a complaint to ssq.office@addcd.gov.ae and dcd.reyadacomplaints@tasneef.ae. Complaints routed through this email will be received by the higher management of TASNEEF and shall be investigated independently from the assessment team and shall be informed to DCD.

9.2.5. The complaint must include any supporting evidence that enables TASNEEF to review objectively without any bias, for which complaint is filed.

9.2.6. The specific category of complaint for review will be identified, and a receipt notification will be sent to the facility within 5 working days describing the next steps of complaint management process.

9.2.7. Facility shall note that the assessment team cannot provide solutions or recommendations to the facility internal process, and this should not be the basis for raising a complaint or concern.


Complaints Process
Social Care Service Facilities
TANSEEF-RINA Business Assurance
Submit a Complaint
Email thru
dcd.reyadacomplaints@tasneef.ae
TRBA Website
Complaints / Feedbacks Tab
Modes of Complaint Submission
Receive Complaint
Supporting Evidences
Receive Receipt Notification
5 working days
Categorization of Complaint
Investigation by Independent Team /Committee
Receive investigation outcome
Inform DCD as needed
End

10. Follow- Up Assessment and Re-Assessments

10.1. Follow-Up Assessments:

10.1.1. The facilities that have achieved the final score equal to or less than 30 percent and rated as Basic level shall be under the scope of the follow-up- assessment process.

10.1.2. Follow-up Assessment shall be conducted after 90 days from the day of issuing the final report, provided that the facility confirms the implementation of corrective actions to the findings received.

10.1.3. TASNEEF may make an unannounced visit to verify the status of corrective actions, if no update is received from the facilities even after crossing 100 days from the day of issuing the final report.

10.1.4. The follow-up assessment is conducted to review the status of implementation of the proposed corrective actions and shall be reported to DCD.

10.1.5. The follow-up assessment shall not generate a new score and no change shall be made to the initial report/score. The outcome of follow-up assessment shall be updated to DCD with the status of corrective actions implemented by the facility.

10.2. Re-Assessments:

10.2.1. Re-assessment shall be conducted for all the facilities in scope annually, irrespective of the score and rating received in the initial or earlier assessment.

10.2.2. If a facility has undergone a follow-up assessment in the beginning of the year, it is likely to receive a re-assessment at least before the end of the same year, unless otherwise decided by DCD.

10.2.3. The schedule of re-assessments shall be communicated by TASNEEF on annual basis.

10.2.4. The re-assessments are mandatory for all the facilities in scope and cannot be deemed as optional.

11. Conditions Impacting Continuation of Assessment Process

11.1. Conditions affecting the Assessment Process

11.1.1. Absence of an authorized person to facilitate the assessment process with the competency and authorization levels that help him/her to understand, respond, discuss, agree, and sign the concluded findings (Closing Report) during the whole assessment process.

11.1.2. Any case that might be classified by the assessor to lose the professional objective of the assessment process and leading to unprofessional situation like:

11.1.2.1. Unavailable agreed resources provided to assessor like inadequate and uncomfortable space for the assessment, no access to review the required documentations/records etc.,

11.1.2.2. Unavailability of authorized representative or staff nominated in the communicated assessment day plan, especially when no concern is received from the facility-side after plan communications.

11.1.2.3. When the provided nominee or representative is not competent to provide the required evidence or to demonstrate responsible attitude, consequently, the assessment process will be inoperable.

11.1.2.4. Any interaction from a not nominated facility staff which will not pour in the sake of assessment and may adversely effect on the assessor's ability to conclude proper and professional conclusions.

11.1.3. If due to emergency situations that the TASNEEF assessor couldn't join the assessment as per the planned arrangements, then the facility will be informed to set another assessment schedule plan.

11.1.4. When the assessor faces difficulties getting and collecting the relevant evidence at the time of assessment (i.e., the collection will be later after the assessment) which might lead to an improper conclusion of the assessment findings.

11.1.5. When the facility has not submitted the self-assessment along with the required evidence, within the stipulated submission time, which may lead to an extended on-site assessment duration involving strenuous efforts to complete on-site assessment. This may also impact the assessment outcomes as the evidence is not submitted ahead of time for thorough evaluation.

11.2. Implications and TASNEEF Actions in such conditions

11.2.1. TASNEEF assessors shall exert all possible efforts to continue the assessment with available information or evidence. However, this may have an impact on the outcome of the assessment which is apparently due to lack of full engagement from the facility and cannot be attributed to the quality and integrity of assessment process.

11.2.2. In situations where the assessment cannot be initiated or continued for any reason that is not in control of the assessor, the assessment shall not be conducted or progressed and the same shall be communicated by TASNEEF to DCD for further needful actions and interventions.

11.2.3. Depending on the cause and circumstance, the cancelled or discontinued assessment may be rescheduled with a condition to the facility to ensure full commitment, co-operation, and smooth conduct of assessment.

12. Updates to Guidelines

Reyada Assessment guidelines shall be reviewed at least annually and may be earlier if needed, as per DCD's decision.

13. Communication of Changes

13.1. The facility must promptly inform TASNEEF of any changes in factors that may affect the capacity of the Quality Management System to continue to satisfy the requirements of the Reyada Standards.

13.2. DCD shall inform the Sfacilities whenever any changes in the guidelines and reference standards are published.

13.3. TASNEEF reserves the right to perform additional assessments on the facility if the modifications communicated are considered particularly significant in regard to maintaining the conformity of the Reyada Standard requirements.

APPENDICES

Definitions:

Terms	Definition
Appeal	A formal request for review of a decision or outcome related to an assessment or audit activity.
Assessment Process	Assessment is an objective, evidence-based process for evaluating a process and to make decisions. The series of steps involved in completing this assessment forms the Assessment process.
Continual Improvement	Continual improvement is a set of recurring activities that are carried out in order to enhance performance. Continual improvements can be achieved by carrying out audits, assessments, self-assessments, and management reviews. Continual improvements can also be realized by collecting data, analyzing information, setting objectives, and implementing corrective and preventive actions
Correction	A correction is any action that is taken to eliminate a nonconformity. A correction is applied to rectify the identified single mistake, but it does not prevent from recurrence as corrections do not address root causes.
Corrective Action	Corrective actions are steps that are taken to eliminate the causes of existing nonconformities in order to prevent recurrence. The corrective action process tries to make sure that existing nonconformities and potentially undesirable situations don't happen again. This can be ensured by making root cause analysis and identifying the appropriate corrective actions and implementing them effectively.
Corrective Action Plan	A step-by-step plan of action and schedule for correcting a process or area of non-compliance, after conducting root cause analysis.
Conformity	Conformity is the "fulfillment of a requirement". To conform means to meet or comply with requirements and a requirement is a need, expectation, or obligation.

Criteria	Each criterion is a definite requirement that is expected to be complied with effectively in practice. Few criteria from each domain are identified as Core and the remaining are considered as usual criteria or not core.
Domain	A definite scope of activity or field. In Reyada, each domain acts as a pillar of Quality, indicating a specific section of requirement.
Effectiveness	Effectiveness refers to the degree to which a planned effect is achieved. Planned activities are effective if these activities are actually carried out and planned results are effective if these results are actually achieved
Evidence	Evidence is a document, or record or any objective data or material that can demonstrate the status of fulfilment of the criteria mentioned in Reyada standard. The evidence under each domain is identified as 2 types as required evidence and optional evidence.
Higher Management	Indicates the Leadership with power or authority of making facility level decisions that could involve organizational, strategic, quality and financial aspects and impacts.
Improvement	Improvement is a set of activities that organizations carry out in order to enhance performance (get better results). Improvement can be achieved by means of a single activity or by means of a recurring set of activities
In Place	Relevant evidence exists which is complete and reliable.
Management	The term management refers to all the activities that are used to coordinate, direct, and control organizations. These activities include developing policies, setting objectives, and establishing processes to achieve these objectives. In this context, the term management does not refer to just people. It refers to what managers do and the established system.

Monitoring	To monitor means to determine the status of an activity, process, or system at different stages or at different times. In order to determine status, you need to supervise and to continually check and critically observe the activity, process, or system that is being monitored
Non-Conformity	Nonconformity is a nonfulfillment or failure to meet a requirement. A requirement is a need, expectation, or obligation.
Not Applicable	Evidence is not applicable to this service provider.
Not in Place	Evidence does not exist or not relevant to Reyada.
Optional Evidence	Evidence that the service provider may present to demonstrate their extra efforts and initiatives to achieve beyond the set requirements.
Partially in place	Evidence exists but not fully. (Incomplete or partially relevant or partially reliable).
Performance	The term performance refers to a measurable result. It refers to the measurable results that activities, processes, products, services, systems and organizations are able to achieve. Whenever they perform well it means that acceptable results are being achieved and whenever they perform poorly, unacceptable results are achieved.
Performance indicator	A performance indicator (metric) is a characteristic that is used to measure an achievement of desired performance and how well outputs are realized.
Plan Do Check Act technique	Plan: Establish the objectives and processes necessary to deliver results in accordance with regulatory requirements. Do: Implement the processes. Check: Monitor and measure processes outputs against objectives and requirements and report the results. Act: Take actions to continually improve process performance.

Process	A process is a set of activities that are interrelated or that interact with one another. Processes use resources to transform inputs into outputs. Processes are interconnected because the output from one process often becomes the input for another. Organizational processes should be planned and carried out under controlled conditions. An effective process is one that realizes planned activities and achieves planned results.
Quality	The adjective quality applies to objects and refers to the degree to which a set of inherent characteristics and processes resulting in fulfillment of a set of requirements. If those characteristics meet all requirements, high or excellent quality is achieved but if those characteristics do not meet all requirements, a low or poor level of quality is achieved.
Quality Management System	A quality management system (QMS) is a set of interrelated or interacting elements that organizations use to formulate quality policies and quality objectives and to establish the processes that are needed to ensure that policies are followed, and objectives are achieved. These elements include structures, programs, practices, procedures, plans, rules, roles, responsibilities, relationships, contracts, agreements, documents, records, methods, tools, techniques, technologies, and resources.
Rating Scale	A scale defined to measure the achievement of compliance to Reyada Standard requirements. Rating scale has four levels- Basic, Intermediate, Achieved and Advanced.
Regulatory Requirement	A regulatory requirement is an obligation that is specified by an authority which gets its mandate from a legislative body.
Required Evidence	It is mandatory evidence that needs to be demonstrated to prove that the service provider is meeting the criterion.

Requirement	A requirement is a need, expectation, or obligation. It can be stated or implied by an organization, its customers, or other interested parties. A specified requirement is one that has been stated (in a document for example), whereas an implied requirement is a need, expectation, or obligation that is common practice or customary. There are many types of requirements. Some of these include customer requirements, quality requirements, quality management requirements, management requirements, product requirements, service requirements, contractual requirements, statutory requirements, and regulatory requirements.
Review	A review is an activity. Its purpose is to figure out how well the thing being reviewed is capable of achieving established objectives. Reviews ask the following question: is the subject (or object) of the review a suitable, adequate, effective, and efficient way of achieving established objectives.
Risk-based Approach	A risk-based approach is about identifying the aspects that may have critical impact to quality, if compromised, and this may increase the risk of care quality. Therefore, during the assessments, assessed samples shall always include the aspects considering the risk.
The Outcome	Status of fulfilment of Criteria through evidence. The evaluation of the evidence can result in either of the four outcome options as - In place, Partially in place, Not in place or Not Applicable.
Verification	Verification is a process that uses objective evidence to confirm that specified requirements have been met. There are many ways to verify that requirements have been met. For example, one could inspect something, or do tests, or carry out alternative calculations, or could examine documents or conduct interviews or ask to demonstrate through any objective evidence.

Abbreviations:

Terms	Definition
CAP	Corrective Action Plan
DCD	Department of Community Development

United Arab Emirates - Emirate of Abu Dhabi
Issued by: Department of Community Development