

Quality Assurance Manual



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2.1 *QQI Registered Centres*

1.1 *Quality Statement*

7.1 *Person Centred Planning and Learner Supports*

3.2.5 *Individual Criteria*

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Purpose of the Quality Assurance (QA) Manual

The purpose of this Quality Assurance Manual is to set out in a systematic way how St John of God Community Services CLG (SJOGCS) quality assurance systems will operate for Day Programmes, specifically programmes that have a focus on Learning, Education and Training, and Employment outcomes for individuals with an intellectual disability availing of services.

The aim of the manual is to support staff to strive for excellence in all aspects of their work and inform Individuals supported/ Learners of what to expect, and the standard to expect from Programmes, in particular Programmes that offer QQI accredited courses.

Commitment to excellence is a fundamental aspect of our business and has been one of our core values. Our Mission, Vision and Values aim to produce a better quality of life for the people we support and as such create a quality system that seeks to embed a culture of quality at all levels and within all programmes and departments of the organisation.

Our aim as an organisation is to constantly learn and improve our systems so that we provide excellence and foster a high-performance culture of support services.

Management with direct responsibility for service provision ensure staff members proactively work towards a culture of excellence, whilst staff in management roles aim to deliver a high- performance culture through Leadership and Compliance; however, all employees embody our Mission, Vision and Values and take responsibility to ensure quality, and our core values of Hospitality, Compassion and Respect is at the fore front of everything they do.

This Quality Assurance Manual aims to describe the quality assurance systems and strategies in place in SJOGCS to achieve high quality training and education and to monitor the effectiveness of same.

The scope of this Quality Assurance Manual applies to all SJOGCS staff including those in management roles, Learners, Community Employment, volunteers, and all others engaging with QQI training and education within the organisation. This policy applies to all QQI training and education activities undertaken as part of SJOGCS's business.

Introduction

St. John of God Community Services (SJOGCS) has a long history in the provision of quality services and supports to individuals with an intellectual disability and mental ill health across the country. Saint John of God Services has been in operation in Ireland since 1892 when the Saint John of God Hospital in Stillorgan was founded to bring healing care to people with mental health problems. In 1930 St Augustine's school in Blackrock opened for young people with a mild intellectual disability and in 1946 St Mary's in Drumcar opened which is now part of our Northeast Services (NES) for individuals with high support needs; in 1952 Oakley Park House, best known as St Raphael's in Celbridge, Kildare opened and is now part of Liffey Services (LS) with Menni Services, Dublin (now Dublin Day Services), which opened in 1964. Carmona Services in Southeast Dublin (DSE) continued the Saint John of God work whilst Kerry services opened in 1980, all of which provides a range of day, residential, and respite services to individuals with intellectual disabilities, ranging from high to low support needs.

There have been many other developments in respite, schools, and foreign services but the history of the regions that make up SJOGCS is deep history, experience and community standing but if there is one thing that would define SJOG is the word and value of hospitality and all that comes with that – dignity, respect, compassion, excellence, justice and more. For over a century SJOG has been building its reputation as a national leader in care and support and recently won an award as one of Ireland's top employers and as separate providers of QQI (formerly FETAC) it has been offering accredited training across Dublin, Kildare and Kerry SJOG and has been accredited for courses since March 2008.

SJOGCS is made up of four different regions providing services to individuals with intellectual disability. Menni, Dublin (now called Dublin Day Services) and St Raphael's, Kildare make up Liffey Services (LS), St Augustine's School and Carmona are now Dublin South East (DSE Services). Services previously in St Mary's are now in North East Services (NES) with the fourth region being Kerry Services (KS). While SJOGCS have been providing QQI courses in different regions, this manual outlines how SJOGCS, as one organisation with more than a decade of experience and expertise, will provide high quality training and education, and monitor the effectiveness of the programmes provided. SJOGCS is applying to operate as 'One Provider' of QQI nationally via our four regions: Liffey, North East Services, Dublin South East, and Kerry Services.

In Ireland, SJOGCS provides a range of supports to the men and women who avail of its services. Throughout this document the terms Individual supported, Learner, Men and Women who avail of our service, or Individuals are interchangeable. Learners may one day be either individuals supported or employees or other stakeholders.

St. John of God Community Services: Mission, Vision, and Values

Mission

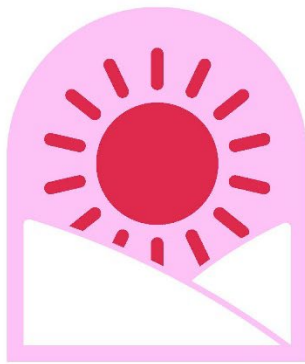
Our mission is to identify, respond and support the needs of all individuals, in the manner of Saint John of God.

Vision

Inspired by our heritage of Hospitality, we support each individual to reach their full potential.

Values

Our values underpin all we do, shape who we are and how we work with one another, in our organisation and in the community:



Hospitality

Offering a welcome to those in any kind of need. Every day, we say 'come in, you are very welcome' and every day we are inspired by the strength, humanity and hospitality of the people that we work alongside.



Compassion

the support that we offer is underpinned by the active gift of kindness, caring and a demonstration of being willing to help.



Respect

we respect the dignity of each person, to choose how they live and our support and care does not degrade a person's inherent dignity.

Strategic Priorities

SJOGCS strategy, as underpinned by our Mission, Vision, and Values, includes a number of key priorities and our strategic aim with respect to our core business includes the following.

- Maintain, develop, and deliver high quality, person centred, human rights-based services and supports,
- Individual supported by services, with their families and circle of support being active participants in the delivery of services.
- Maintain and develop a culture, structure, and identity to deliver on the Vision and Mission in accordance with the Values and Ethos of St John of God
- Achieve permanent financial and operational sustainability and be the Provider of Choice for the community we support.
- Enhance Governance and Compliance structures, systems, and processes to ensure that the provision of service complies with legislative and regulatory requirements.

Overview of Training for Programmes Leading to QQI Awards

SJOGCS provides QQI accredited training to Learners who present with an Intellectual Disability. We employ permanent staff to provide supports and teaching supports to Learners. All Learners are internal to our organisation. Learners do not pay a fee as their courses are funded by their Day Service funding, from the respective regional Health Services Executive (HSE) Community Health Organisation (CHO). Occasionally Learners may participate in external, community based mainstream courses and whilst SJOGCS may support their attendance as part of their day programme supports, all additional fees required for the course are covered by the learners themselves, in line with any student on that external course.

Training centres offer QQI accredited training programmes for Levels 1 and 2. The training is managed by the QQI Co-ordinator of Training Services and their team of support staff. Each region has a QQI Co-ordinator of Training Services who manages the input of information and details of certification for the QQI Quality Business System (QBS), and this role is represented on the QQI Programme Development and Review Team and the QQI Quality Assurance Policies and Procedures Team.

For many years different SJOGCS regions operated within the QQI framework independent of each other. During this time SJOGCS gained a wealth of experience and knowledge of creating and delivering QQI programmes, with a particular expertise in developing programmes for learners with support and learning needs.

It is SJOGCS's policy to have arrangements in place to ensure, to the best of our ability, that if a programme of education and training ceases prematurely, individuals supported will be able to complete a similar programme within another SJOGCS programme or with another provider. As a section 38 HSE funded organisation our Learners are assured of service delivery, programme delivery and continuity of service at no cost, financial or otherwise to them.

SJOGCS provide services to approximately 8000 adults and children with intellectual disability. QQI Levels 1 and 2 training programmes leading to QQI awards are offered by SJOGCS (listed below, full details available in the QQI Learner Handbook) and targeted to the adult individual supported population. The overall responsibility lies with the SJOGCS Academic Committee for QQI Training and Education.

- Level 1 Major Award General Learning P1GL0
- Level 2 Major Award General Learning P2GL0

Please refer to the QQI Learner Handbook for an overview of the training programmes and Appendices which lists the modules offered

Section 1: Governance and Management of Quality

1.1 Organisation Structure

SJOGCS is a registered company, limited by guarantee. The Articles of Association lay down the details of membership, meetings and how the Board of Directors operate. The main objectives for SJOGCS are:

- To promote and/or provide the highest possible standards of services and support, training, education, general welfare, and inclusion of individuals with an intellectual disability in their communities and,
- To deliver services in line with a human rights and person centred based approach with a key focus on advocacy and inclusive activities within the community.
- To encourage natural support networks of parents and families to individuals to live a life of their choosing in the community by providing information, meetings and discussions on areas relating to individuals' rights and community inclusion.

1.2 Governance - SJOGCS Board of Directors

Charles Watchorn (Chair)	Theresa Ghalainey
Gerard Boyle	Shane Hill
Elma Clancy	Ger O'Sullivan
Hans Gerhard Lindlahr	Paul Ryan
Mairead Divilly	Padraic White
Harry Kennedy	

SJOGCS Details:

Company Number: 430744

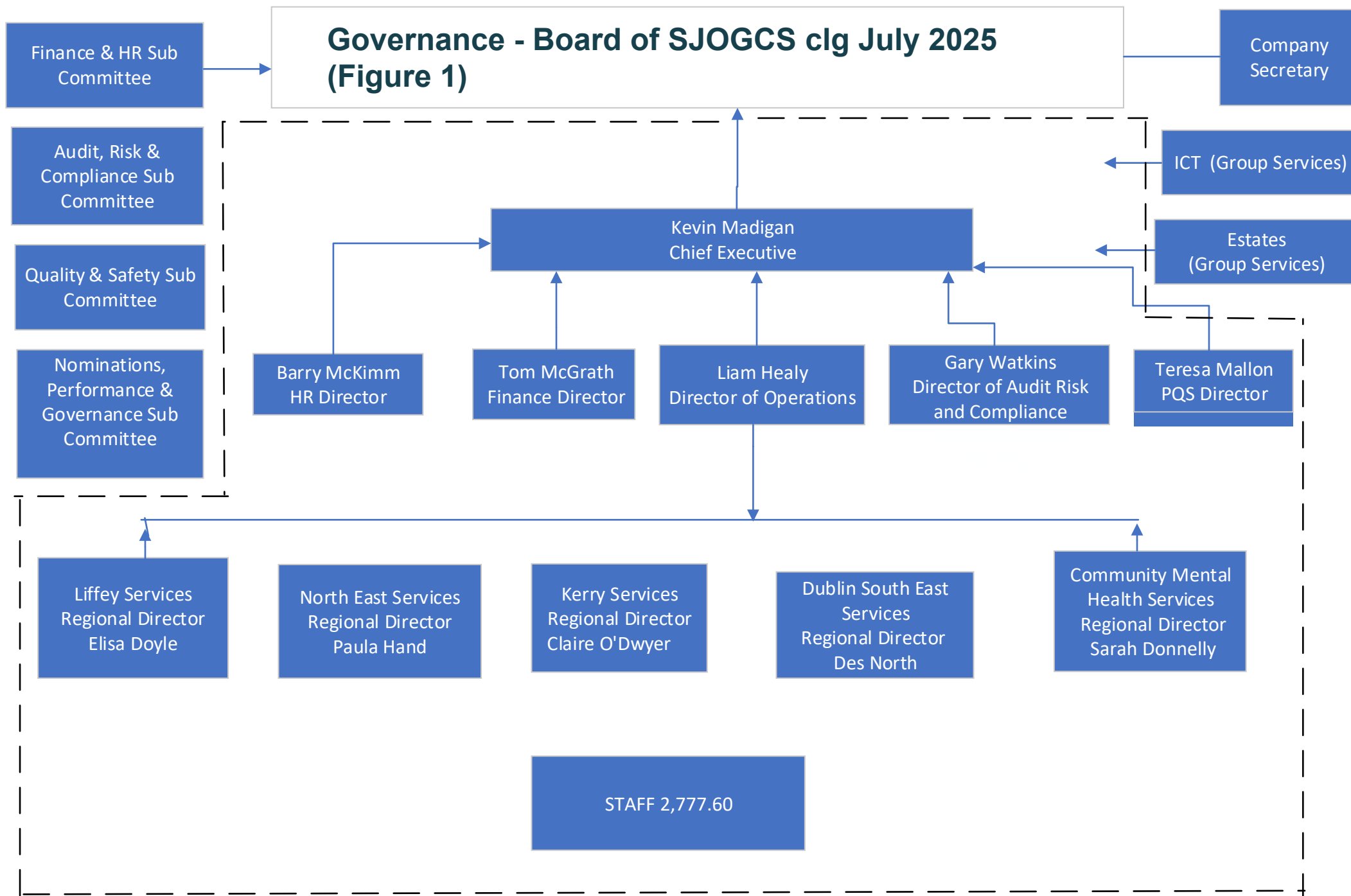
Charity Tax Exemption Number: CHY 18284

Charity Reg. Number: 20069865

CEO: Kevin Madigan

Secretary and Registered Office: Ciaran Cuddihy "Granada" Stillorgan Co. Dublin

Website: <https://sjogcommunityservices.ie/>



The Board of Directors contains one member of the Saint John of God Order, and the remaining directors were recruited by way of publicly advertised campaigns.

The Directors are appointed on three year terms which are renewable twice for a maximum nine year term. The Board meets ten times a year at a minimum to receive reports from the CEO. There are four sub-committees on which directors also sit to carry out more detailed reviews of the company's affairs:

- Quality and Safety Board Sub Committee
- Nominations, Performance and Governance Board Sub Committee
- Finance and HR Board Sub Committee
- Audit, Risk and Compliance Board Sub Committee

The Audit, Risk and Compliance Board Sub Committee has an independent, external Chair. The CEO attends Board and Committee meetings, with heads of function (IT, Finance, HR, Quality and Safety) attending by invitation.

1.3 SJOGCS Executive and overall Governance Structures

SJOGCS are tasked by the Board of Directors with executive responsibility to lead and manage Services and Supports across all Regional Services. The CEO has in place an Executive Team which comprises; Director Programme Quality and Safety, Director Human Resources, Director Finances; Director of Operations and the Director of Audit, Risk and Compliance.

The Executive Team meet with the Directors of the Regional Services on a monthly basis, and this forms the Leadership Team for the organisation.

There is a Quality and Safety Executive Committee in place which is chaired by the Director of Programme Quality and Safety. All Directors attend and meet at a minimum quarterly with each Regional Director also in attendance. This forum has an oversight role in reviewing quality measures, compliance, continuous quality improvement, training and education, recruitment, complaints, safeguarding, and incident management. Data from each regional service is collated on a quarterly basis and reviewed by the Committee to ensure learning across the organisation, and to improve overall quality of outcomes for individuals supported. There is two way communication pathway from this committee with Regional Services that deliver QQI accredited programmes.

Alongside this, there is a Programme Managers Forum for Day Services also chaired by the Director of Programme Quality and Safety which meet bi monthly at a minimum and is representative of the four regional services.

Day Service Programme Managers have a responsibility for all activities and services associated with the management of day services and support the academic decision making structures in place for QQI accredited training and education, and the corporate decision making decisions relating to operational matters. Co-ordinators of Training for each training centre report or feed into the Day Services Programme Managers. Day Services Programme Managers report directly into Regional Directors and work closely with their respective regional management teams to support all QQI related structures, activities and decision making both academic and corporate.

The Director of Programme Quality and Safety reports directly to the CEO of SJOGCS, sits on the executive team and also attends the Quality and Safety Sub Committee of the Board. Their responsibility includes an assurance to the Board of Saint John of God Community Services that there are appropriate and effective systems, structures and processes in place that cover all aspects of clinical and social care safety and occupational safety, and to set and monitor the delivery of key performance indicators for the quality and safety function at executive and local levels. The Programme Quality and Safety Department plays a key oversight role in terms of quality, policy and programme related areas across the organisation.

The Director of this Department is chairing the Quality Executive Committee, the Day Service Programme Managers Forum, sits on the Executive Team and the Quality and Safety Sub Committee of the Board. The Quality Manager who is a member of the Programme Quality and Safety Department sits on the Academic Committee for QQI Training and Education.

The Academic Committee for QQI Training and Education in SJOGCS report into the Quality and Safety Sub Committee of the Board and provides quarterly updates to them. These corporate /operational governance structures support the clear separation between academic and corporate decision making. In the Terms of Reference for both the QQI Programme, Development and Review Team and the QQI Quality Assurance Policies and Procedures Team, it clearly outlines the academic role of these teams and also their links with some of the structures above to support corporate and operational decision making relating to QQI activities within SJOGCS.

The following provides an overview of the four sub committees of the board.

1.3.1 St. John of God Community Services Board Sub-Committee on Finance

Overall Purpose and Objectives

The overall purpose of the Board Sub-Committee on Finance is to oversee the development of policies and standards relating to the Company's financial management, including the financial controls system, and monitor their implementation.

Membership

The Finance Sub-Committee will consist of at least two Directors with recent and relevant experience in the financial arena. The Chair of the Finance Sub-Committee must be either independent of the Company or a non-executive member of the Board. They should not be an employee of the Organisation. The remaining members of the Audit Committee must all be non-executive directors or persons who are not members of the Board but have special knowledge and experience related to the purpose of the Committee.

The Duties and Responsibilities of the Board Sub-Committee on Finance:

- Review and recommend approval of the annual overall operating budget for the Company.
- Review management accounts, including the cash flow position of the Company and financial reports for each of the Services, and provide reports for the Board on the same.
- Review on an annual basis the Company's procurement policy and consider the relevant EU directives and public procurement guidelines issued by the Department of Finance/the Health Services Executive.
- Review management system in place, which identifies any contracts in excess of €25,000 which were not subjected to the appropriate competitive procurement process.
- Review the implications for the Company's financial reporting policies of any financial reporting requirements issued by the Health Services Executive, the Charities Regulatory Authority, or any other regulatory authority.
- Examine the detail and financing of the Company's capital programme, including policy on disposal of fixed assets.
- Review on an annual basis the Company's insurance strategy.
- Review on an annual basis the Company's treasury management policy and consider any proposed changes in light of financial risk or other relevant matters.
- Consider any other finance-related matters referred to the Committee by the Board.

1.3.2 St. John of God Community Services Board Sub-Committee on Audit and Risk

Overall Purpose and Objectives

The overall purpose of the Audit & Risk Committee is to assist the Board in fulfilling its duties by providing an independent and objective review of:

- The accuracy of financial data.
- The financial reporting processes.
- The processes relating to the Organisation's Integrated Risk Management Policy, management of financial and non-financial risks, prevention of corruption and waste and the internal control system.

Internal and External Audit Processes

Excluded from the role of the Committee is clinical/social care audit and risk, which is the responsibility of the Quality and Safety Committee.

Membership

The Audit and Risk Sub-Committee will consist of at least two Directors with recent and relevant experience in financial management, audit, or control. In addition, at least one of its members should have strong financial expertise and qualifications.

The Audit and Risk Committee Chair must be either independent of the Company or a non-executive member of the Board. They should not be an employee of the Organisation. The remaining members of the Audit Committee must all be non-executive directors or persons who are not members of the Board but have special knowledge and experience related to the purpose of the Committee.

Duties and Responsibilities of the Board Sub-Committee on Audit and Risk can be summarised under four headings:

Financial Statements

- To review and monitor the integrity of the annual Financial Statements and submit a recommendation to the Board.
- To consult with the members of the Finance Committee in the context of the Committee's review of the annual Financial Statements.
- To receive and consider reports from the CEO and the Director of Finance
- To review the adequacy of all of the Company's systems to meet the needs of its financial activities.
- To review, before publication, the formal year-end announcements relating to St. John of God Community Services' financial performance.

External Auditor

- To consider and recommend the appointment, re-appointment and removal of the External Auditor, the audit fee and any questions of resignation or dismissal.
- To discuss with the External Auditor before the audit commences the nature and scope of the audit.

Risk Management

- Ensure that a Risk Management Policy is prepared and approved by the Board.
- Review processes related to identifying, measuring, assessing, and managing risk in the Organisation.
- Promote a risk management and quality improvement culture throughout the Organisation.
- Set the risk tolerance of the Company for its key risk areas.

Internal Audit

- To set and annually review the Terms of Reference for the Internal Audit function.
- To receive reports from the Internal Auditor
- To review and approve the Internal Audit Charter and to review and approve the Internal Audit plan.
- To ensure that the Head of Internal Audit has direct access, as necessary, to the Chairman of the Board and the Chairman of the Audit and Risk Committee.

1.3.3 St. John of God Community Services Board Sub-Committee on Quality and Safety

Overall Purpose and Objectives

The overall purpose of the Quality and Safety Committee is to assure the Board of SJOGCS that there are appropriate and effective systems, structures and processes in place that cover all aspects of clinical and social care safety and occupational safety and to set and monitor the delivery of key performance indicators for the quality and safety function at executive and local levels. A vital function of this Committee is to ensure that all individuals supported / service users' voices are heard regarding their satisfaction or otherwise with the quality of service they have received.

Membership

The Quality and Safety Sub-Committee consists of at least two Directors with recent and relevant experience in clinical and social care governance and individual supported/service user advocacy. It may also include persons who are not members of the Board but have special knowledge and experience related to the purpose of the Committee.

Duties and Responsibilities

The duties and responsibilities of the Board Sub-Committee on Quality and Safety are:

- To maintain a register or registers, describing
 - significant non-compliance risks
 - significant business or operational (including reputation) risks.
 - serious incidents & serious complaints
 - legal actions being taken against St. John of God Community Services and to receive and verify assurances that these are being managed effectively.
- To monitor the implementation of company-wide policies, practices and procedures for the control, monitoring, management, and documentation of risk, chiefly by SJOGCS Quality and Safety Executive Committee.
- To receive periodic reports from the CEO and Director of Programme Quality and Safety concerning
 - performance against regulatory standards
 - regulatory inspection reports & other regulatory activity
 - other actions to address issues of any kind raised in the risk register.
- To ensure that SJOGCS is operating within the provisions and standards set out in that legislation or regulation which is material to the Company's work by maintaining and continuously updating a register of such legislation or regulation.
- To be responsible for its own annual work plan and ensure the resources are available to deliver it.
- Any other matter that may impact the quality and safety of services as may be determined by the committee from time to time.

1.3.4 St. John of God Community Services Board Sub-Committee on Nominations, Performance Governance and Remuneration

Overall Purpose and Objectives

The Nominations, Performance and Governance Board Sub-Committee's (NPG Sub Committee) overall purpose is to oversee the Board's exercise of its fiduciary and governance oversight functions, as set out in its written Governance standards.

Membership

The Nominations, Performance and Governance Sub-Committee will consist of the Chairpersons of the three other sub-committees of the Board, together with such other persons who are not members of the Board but have special knowledge and experience related to the purpose of the Committee, as the Chairman may appoint from time to time.

Duties and Responsibilities

The duties and responsibilities of the NPG Board Sub-Committee will be to:

- Develop and recommend to the Board formal, rigorous, and transparent procedures for the identification, selection, and appointment of Board members.
- Review and monitor the membership needs of the Board and its committees.
- Ensure that the search for board candidates is conducted and appointments made on merit against objective criteria and with due regard to the benefits of diversity on the Board, including gender and skill mix.
- Ensure the Company is provided with adequate governance support to ensure all Directors.
 - a) are provided with appropriate induction and briefing in the first instance,
 - b) are alerted in a timely way to changes in their legal/regulatory responsibilities,
 - c) are provided with the opportunity for periodic self-evaluation.
- Ensure that remuneration policies and practices of the Company are fully compliant with public sector pay policy and any specific directions or instructions of the HSE.
- Ensure appropriate arrangements are in place for performance review/remuneration and succession planning for the Chief Executive.
- Ensure compliance with the terms of governance compliance statements to the HSE, including the implementation of agreed action plans.
- Support the Board in recruiting the Company Secretary and reviewing the performance of this function.
- Ensure that there is a Succession Plan for Senior Managers, and that appropriate leadership and development programmes are in place to support managers in discharging their responsibilities effectively.
- Seek assurances from the Chief Executive Officer that the performance of the Senior Managers is effective, and that Senior Managers participate in regular Performance Development Reviews.

1.4 SJOGCS Principal External Relationships and Funding

The principal external group that SJOGCS is linked with is the Health Service Executive (HSE). The HSE is the principal funder of the company. The company is a Schedule 38 Organisation under the 2004 Health Act.

1.4.1 Insurance

SJOGCS carries a comprehensive suite of insurance coverage which includes Directors and Officers Liability Cover. SJOGCS is indemnified through the State Claims Agency for the core areas of insurance.

1.4.2 Risk Management

The Executive Team, Regional Directors with the Chief Executive Officer have assessed the major risks to which the company is exposed, in particular those related to its operations and finances, and are developing audits focused on financial controls.

There are risk management policies in place which were developed in accordance with the HSE Integrated Risk Management Policy. The Electronic Risk Register is operational in SJOGCS.

The organisation's internal control systems are supported by policies, procedures, protocols, and guidelines covering all aspects of the work of the organisation. These internal controls will be subject to internal audit in the next twelve months with a focus on financial controls.

Direct access to the National Incident Management System (NIMS) provides staff at local service level with direct and easy access to incident data. The Quality and Safety Executive Committee conducts an analysis of incident data on a quarterly basis. Accordingly, strategies to address the factors giving rise to incidents have been implemented and there is evidence of a continuing downward trend in the number of incidents in a number of areas occurring across Community Services.

It is the policy of SJOGCS that all staff and volunteers including members of the Board are engaged, subject to best practice recruitment policies and Garda Vetting procedures. All staff and volunteers are made aware of their responsibilities to protect those they support, by adhering to national policies for safeguarding vulnerable people. These policies include Children First and Safeguarding Vulnerable Persons at Risk of Abuse.

See SJOGCS Integrated Risk Management Policy and Standard Operating Procedure

1.4.3 Safeguarding

We recognise that implementation of all policies and procedures relating to safeguarding is an ongoing process. Our Service is committed to the implementation of this Child Safeguarding Statement and the procedures that support our intention to keep children safe from harm while availing of our service. This Child Safeguarding Statement is reviewed on a yearly basis or as soon as practicable after there has been a material change in any matter to which the Statement refers.

SJOGCS are guided by the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures.

SJOGCS adopt the HSE, Social Care Division position, and for the purposes of this policy and procedures, considers a Vulnerable Person as an adult who is restricted in capacity to guard himself/herself against harm or exploitation or to report such harm or exploitation. This may arise as a result of physical or intellectual impairment and risk of abuse may be influenced by both context and individual circumstances.

The Social Care Division is committed to the safeguarding of vulnerable persons from abuse. It acknowledges that all adults have the right to be safe and to live a life free from abuse. All persons are entitled to this right, regardless of their circumstances.

It is the responsibility of SJOGCS as it is all, statutory and non-statutory bodies, to ensure that, Individuals supported are treated with respect and dignity, have their welfare promoted and receive support in an environment in which every effort is made to promote welfare and to prevent abuse. All services must have a publicly declared 'No Tolerance' approach to any form of abuse and must promote a culture which supports this ethos. All policies and procedures must promote welfare, reflect inclusion and transparency in the provision of services, and promote a culture of safeguarding.

This National Policy must be used in conjunction with the following as appropriate:

- a) National Standards for Residential Services for Children and Adults with Disabilities, (Standard 3).
- b) National Quality Standards for Residential Care Settings for Older People in Ireland, (Standard 8).
- c) HSE Policies for Managing Allegations of Abuse against Staff Members
- d) HSE National Consent Policy
- e) Children First: National Guidance for the Protection and Welfare of Children

1.5 Organisational Governance for Training and Education

While training and education is not the core business of SJOGCS it is seen as a fundamental part of the SJOGCS organisation and a vehicle for ensuring staff and learners are provided with opportunities to develop both personally and professionally.

SJOGCS recognises that their staff is the most valuable resource that it possesses; therefore, it is committed to the training and development of all staff within their organisation. SJOGCS strives to ensure that each staff has the necessary skills, knowledge, and attitude to carry out the work of the organisation. SJOGCS has a long history of providing training and education to its individuals supported and this is underpinned by the Mission, Vision, and Values. Both New Directions Standards for Day Services and HIQA Residential Standards arising from the Health Act 2008 call for training and education to be provided to those who access our services and SJOGCS value lifelong learning.

SJOGCS trainers and assessors are recruited from the existing SJOGCS staff pool to deliver and assess training and education programmes. Recruitment is carried out in line with the recruitment and selection policy. All staff involved in training and assessment will have relevant qualifications.

SJOGCS also have a process in place around the selection of trainers who provide QQI accredited programmes which ensures that the trainers involved meet a specific criterion. This includes subject matter expertise and the relevant training/teaching experience. QQI Trainers are selected to deliver specific modules based on their qualifications, knowledge, and expertise in particular subject matters.

Given this, SJOGCS have a system in place whereby there is a Lead Trainer(s) for QQI programmes selected within each regional service who have at a minimum a Level 6 (major award) / qualification and significant experience of delivering QQI accredited programmes. Many of these QQI Lead Trainers have also completed Systematic Instruction training.

In addition to the QQI Lead Trainers in SJOGCS there are many QQI Training Facilitators who have yet to complete Level 6 Training and Development. QQI Training Facilitators may have Systematic Instruction training and are progressing towards completion of the Level 6 Training and Development (comprising of Training Needs Identification and Design 6N3325 and Training Delivery and Evaluation 6N3326).

All QQI Trainers have a wide range of experience in delivery of a variety of skills including life skills training and coaching, and in training and education, as part of their basic qualifications when securing their role in Day Services.

Where QQI Training Facilitators have a qualification at level 5 they are assigned to work with the QQI Lead Trainer while they complete the Level 6 Training and Development Award.

All trainers involved in the delivery of QQI training and supporting Learners meet Pedagogical, Academic, Professional and Technical standards set by SJOGCS and professional bodies where applicable, e.g., CORU, Teaching Council, the Nursing and Midwifery Board of Ireland. A number of trainers of QQI programmes in SJOGCS would have previously worked as FÁS trainers or worked in other training facilities as trainers.

1.6 ICT Support

SJOGCS have an ICT Department which provides ongoing support in relation to internal ICT Systems. This includes:

- Provision and maintenance of required ICT equipment
- Specific support in developing and maintaining key recording systems.
- Development of specific training for ICT related areas
- Support for remote training delivery

1.7 Staffing

In Ireland SJOGCS provides a range of supports to the men and women who avail of its services. Throughout this document the terms Individual supported, Learner and Men and Women who avail of our service or Individuals are interchangeable. This Scope is always under review and learners may one day be either individuals supported or employees or other stakeholders. Our Day Programmes provide high-quality training, education, lifelong learning, and employment placement services including but not exclusive to the list below. Some activities are classroom based, some online and others community focused. We provide a holistic approach to care and support and QQI accredited courses are one part of the spectrum of services, programmes and supports provided. Other non-accredited programmes on offer include:

Daily Living Skills	Horticulture and Environment
Personal Rights and Advocacy	Career Development
Literacy and Numeracy	Education Health and Welfare
Computer and Media	Employment
Career Exploration and Employment Skills	Raising Awareness in Relationships & Friendships
Personal and Social Development	

1.8 Health and Safety

SJOGCS is committed to ensuring, in as far as is reasonably practicable, the safety, health and welfare of its staff, individuals supported and all other persons who may be affected by its activities. It does this by creating a culture where safety, health and welfare are an integral part of all SJOGCS's policies, procedures, and practices. SJOGCS have a dedicated Health and Safety Manager and each Region has a Health and Safety Officer(s).

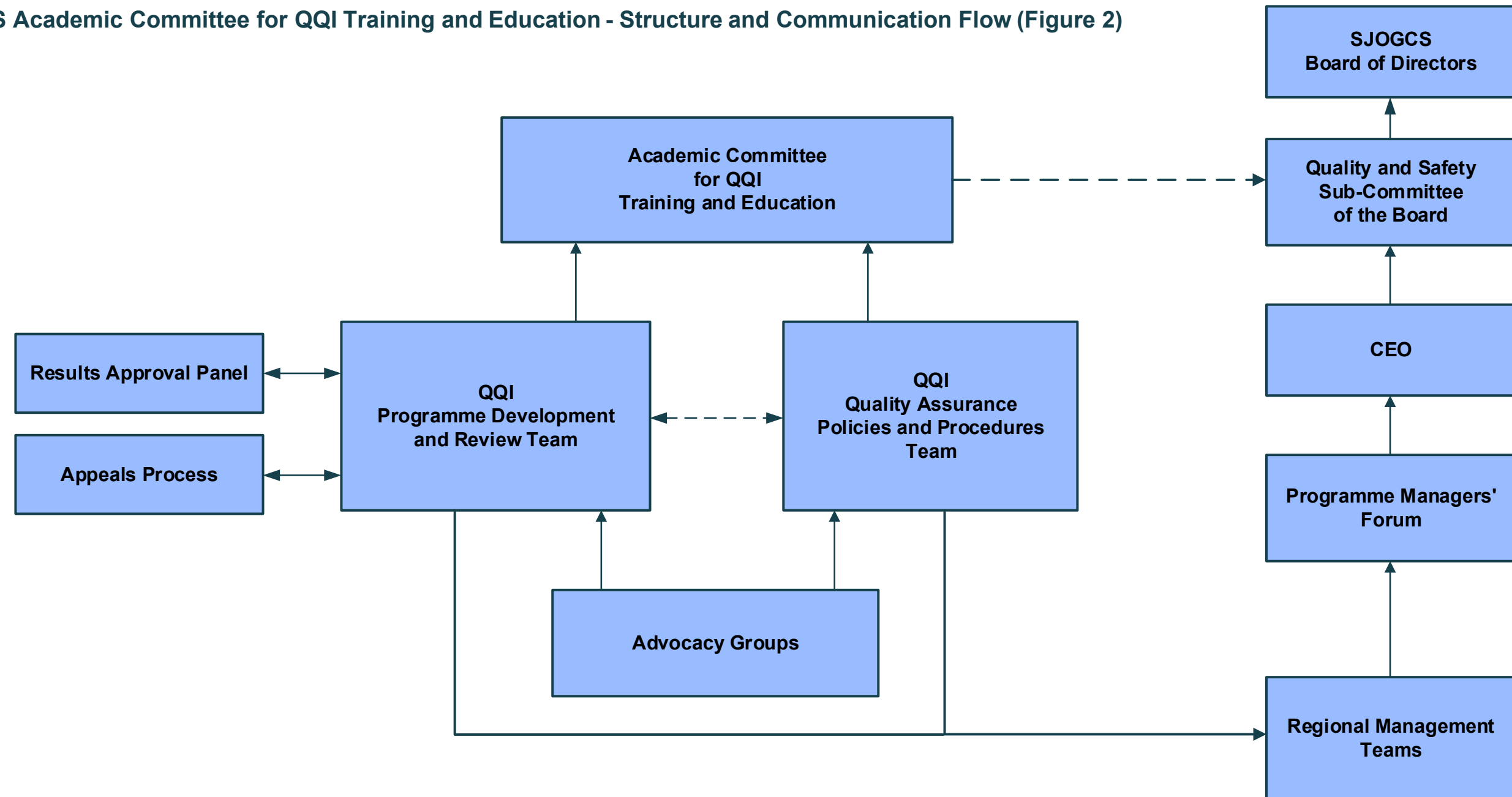
The following policies and procedures have been developed to support effective health and safety practices.

- SJOGCS Safety Statement
- Integrated RMS
- Policy and Standard Operating Procedure
- Fire Safety Register
- SJOGCS20 Standard Operating Procedure for Infection Prevention Control in line with the HSE Community Infection Prevention and Control Manual (Intellectual Disability and Mental Health Services)
- SJOGCS Child Safeguarding Statement
- HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures
- Policy on the Prevention and Management of Work-Related Aggression and Violence 2018 (HSE). Standard Operating Procedure including the Protection of Staff working in Saint John of God Community Services CLG.

1.9 Training Budget

Each regional service has a responsibility through their Human Resource personnel to oversee the planning, development, delivery, and evaluation of all staff related training and education activities.

SJOGCS Academic Committee for QCI Training and Education - Structure and Communication Flow (Figure 2)



1.10 The Academic Committee for QQI Training and Education

The main role of SJOGCS's Board of Directors is to govern the work of the organisation and ensure that a quality service provision, based on current best practice is provided to people who use our services. However, in order to ensure that all academic decision making is done in an independent manner, the Board have delegated sole responsibility for all academic areas to the Academic Committee for QQI Training and Education.

This committee oversees the management and governance of programmes of learning leading to QQI awards. The Chairperson and Vice-Chair of the committee are external to SJOGCS, and both have expertise in quality assurance and programme development.

The remaining committee members come from within the organisation with direct experience in co-ordination and delivery of QQI training and education or supporting QQI programmes from an operational perspective. The Academic Committee for QQI Training and Education also have two learners who will attend meetings to provide updates and participate as required and provide feedback into their regional self advocacy committees. The Academic Committee for QQI Training and Education also has a HSE staff member who previously worked with SJOGCS and co-ordinated QQI training.

Two teams report into the Academic Committee for QQI Training and Education in relation to programmes of learning leading to QQI accreditation and policy and procedure development. They are the QQI Quality Assurance Policies and Procedures Team, responsible for supporting the development of QQI related policies and procedures, and the QQI Programme Development and Review Team, who develop new and review existing QQI programmes.

Both of these teams have representatives involved in the delivery QQI accredited programmes from each regional service and there is no cross over of staff members per team. The two learner members of the Academic Committee for QQI Training and Education link in with both Teams to bring the learner voice to the forefront in relation to QQI training and education activities.

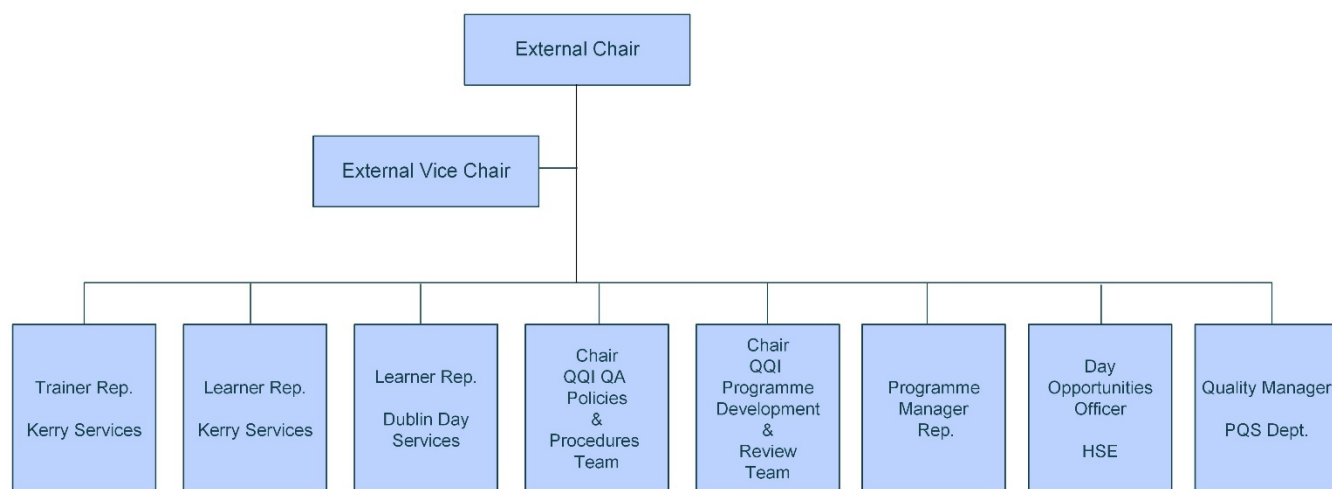
The two Teams also link in with Day Services Programme Managers who have responsibility to support the operational and corporate aspect of QQI training and education in the different regional services and they in turn report to their regional management teams. The Programme Managers from regional services are part of a forum that is Chaired by the Director of Programme, Quality and Safety who in turn reports in to the CEO of the organisation and attends the Quality and Safety Sub Committee of the Board meetings.

The main work of the Academic Committee for QQI Training and Education is generated from the two Teams (QQI Quality Assurance Policies and Procedures Team and the QQI Programme Development and Review Team), with the Academic Committee for QQI Training and Education having overall responsibility for making decisions on existing and potential programmes of learning leading to QQI accreditation. These responsibilities are outlined in the Academic Committee for QQI Training and Education Terms of Reference on page 30.

While the Academic Committee for QQI Training and Education have overall responsibility for programmes leading to QQI accreditation, they provide a report to the Quality and Safety Sub Committee of the Board, which is a sub-committee of the SJOGCS Board of Directors. This committee is tasked to oversee the management of quality and safety in the organisation and to provide a level of assurance to the board that there are appropriate and effective systems in place that cover all aspects of risk management oversight, quality, and safety oversight. Therefore, the Academic Committee for QQI Training and Education are best placed to link with from a consultation and quality assurance perspective and also to provide information to the SJOGCS Board of Directors through the Quality and Safety Sub Committee on their work.

These structures manage all learner training and education within the organisation, including programmes leading to QQI accreditation. This includes learner admissions, scheduling, organising internal verification and external authentication, and submission to QQI for certification, programme development, delivery, assessment, and evaluation as well as the provision of learner supports.

Academic Committee for QQI Training and Education (Figure 3)



Academic Committee for QQI Training and Education Terms of Reference	
Purpose/Aim of this Committee:	The Academic Committee for QQI Training and Education is responsible for the governance and management of QQI training and education activities within SJOGCS. The aim of this committee is to set in place the academic framework and oversee the establishment, maintenance and development of quality assurance policies, procedures, and processes for all QQI training and educational programmes within the organisation.
Membership:	There is no cross over on this committee with the QQI Programme Development and Review Team or the QQI Quality Assurance Policies and Procedures Team except for the two chairpersons. The Academic Committee for QQI Training and Education will comprise of: a) External Representative (Chair) b) External Representative (Vice Chair) c) Co-ordinator of QQI Training Services (Kerry Services) and QQI Programme Development and Review Team Chair d) Co-ordinator of QQI Training Services (Kildare Services) and QQI Quality Assurance Policies and Procedures Team Chair e) Trainer Representative – Kerry Services f) Programme Manager – Kildare Services g) Two QQI Learners (Dublin Day and Kerry Services) will provide feedback for defined periods of this team meeting. h) Quality Manager, Programme Quality and Safety Department i) HSE Day Opportunities Officer Members serve for a term of three years with the possibility of further terms. Depending on the requirements of an agenda, other parties with particular expertise or knowledge base may be invited to be present for part or all of a meeting.
Frequency of Meetings:	• The Academic Committee for QQI Training and Education shall meet twice a year and as required. • All members have equal voting rights with the Chair having the casting vote. • Members are expected to attend 2 meetings a year. • Agendas and Minutes will be circulated prior to the meetings.
Responsibilities:	• Provide overall governance on all QQI academic matters. • Ensure all QQI training and education activities within the organisation are conducted in line with the agreed Quality Assurance (QA) standards. • Oversee the monitoring, review, on-going development, and improvement of the Quality Assurance Framework (QAF) and the QQI quality assurance policies and procedures for SJOGCS.

	• Ensure all assessment activities in relation to QQI validated programmes within the organisation are conducted in line with the agreed QA standards to include conduct of assessment, requests for reasonable accommodation, internal verification, external authentication, results approval and submission of results for certification • Oversee QQI assessment and examination procedures and ratify the appointment of external authenticators as nominated by the QQI Programme Development and Review Team. • Review and approve new / revised QQI policies, procedures and processes submitted from the QQI Quality Assurance Policies and Procedures Team. • Appoint external, and approve appointment of internal members, review, and monitor functioning of the QQI Development and Review Team and the QQI Quality Assurance Policies and Procedures Team. Finalise and ratify the work of the above mentioned QQI Teams. • Review and approval of new QQI related programme applications and associated documentation before submission to QQI for validation. • Review and agree new QQI programme proposals submitted from the QQI Programme Development and Review Team. • Monitor the implementation of QQI guidelines, policy and regulations pertaining to the assessment of learners. • Prepare and submit a yearly Annual Report to the SJOGCS Quality & Safety Board Sub-Committee on the work of the committee. • Approve QQI Quality Assurance related reports prior to submission to QQI and publication on the SJOGCS website. • Promote and recognise excellence in SJOGCS QQI related training and education. • Review QQI internal verification reports and external authentication reports. • Manage the self-evaluation of SJOGCS QQI programmes leading to QQI awards. • Review and decide on learner appeals relating to QQI assessment processes and results. Oversight of reviews and rechecks. • Review and decide on learner complaints relating to the delivery and/or assessment of QQI training and education programmes. • Approve all assessment techniques and revisions as required. • Agree and sign off academic results that have gone through the results approvals process and approve submission to QQI.
Quorum:	The quorum is 5 people to include an external representative.
Reporting to:	Academic Committee for QQI Training and Education report into the Quality and Safety Sub Committee of the SJOGCS Board on a quarterly basis.
Admin. support:	Administrative support is provided via the Programme Quality and Safety Department. This will include circulation of all documentation pertaining to meetings.

Chairperson	The appointed chairperson will be in place for a three year period. They will have excellent communication, interpersonal and organisation skills. They will have a good understanding of training and education, with a particular focus on QQI and further education and training. Experience of being part of a committee and a background and qualifications in further training and education is desirable. The Chairperson will ensure that: • They understand the responsibilities associated with the TEC. • They lead meetings and ensure they are conducted effectively. • Matters are dealt with in an orderly, efficient manner. • The committee fulfil their roles and responsibilities effectively. • They engage actively in carrying out the work of the committee and completing action items they have committed to.
Vice Chairperson	The appointed vice chairperson will be in place for a three year period. They will have excellent communication, interpersonal and organisation skills. They will have a good understanding of training and education, with a particular focus on QQI and further education and training. Experience of being part of a committee and a background and qualifications in further training and education is desirable. The Vice-Chairperson will: • Read and understand the responsibilities associated with the TEC. • Support the Chairperson in ensuring the work of the committee is carried out effectively. • Deputise as the Chairperson if required. • Engage actively in carrying out the work of the committee and completing action items, they have committed to.

1.10.1 Learner Representatives

SJOGCS have a strong history of communicating with and listening to the individuals availing of its services, and in 2022 completed an advocacy survey across the organisation using the nine quality of life outcomes as agreed by the HSE and Department of Health.

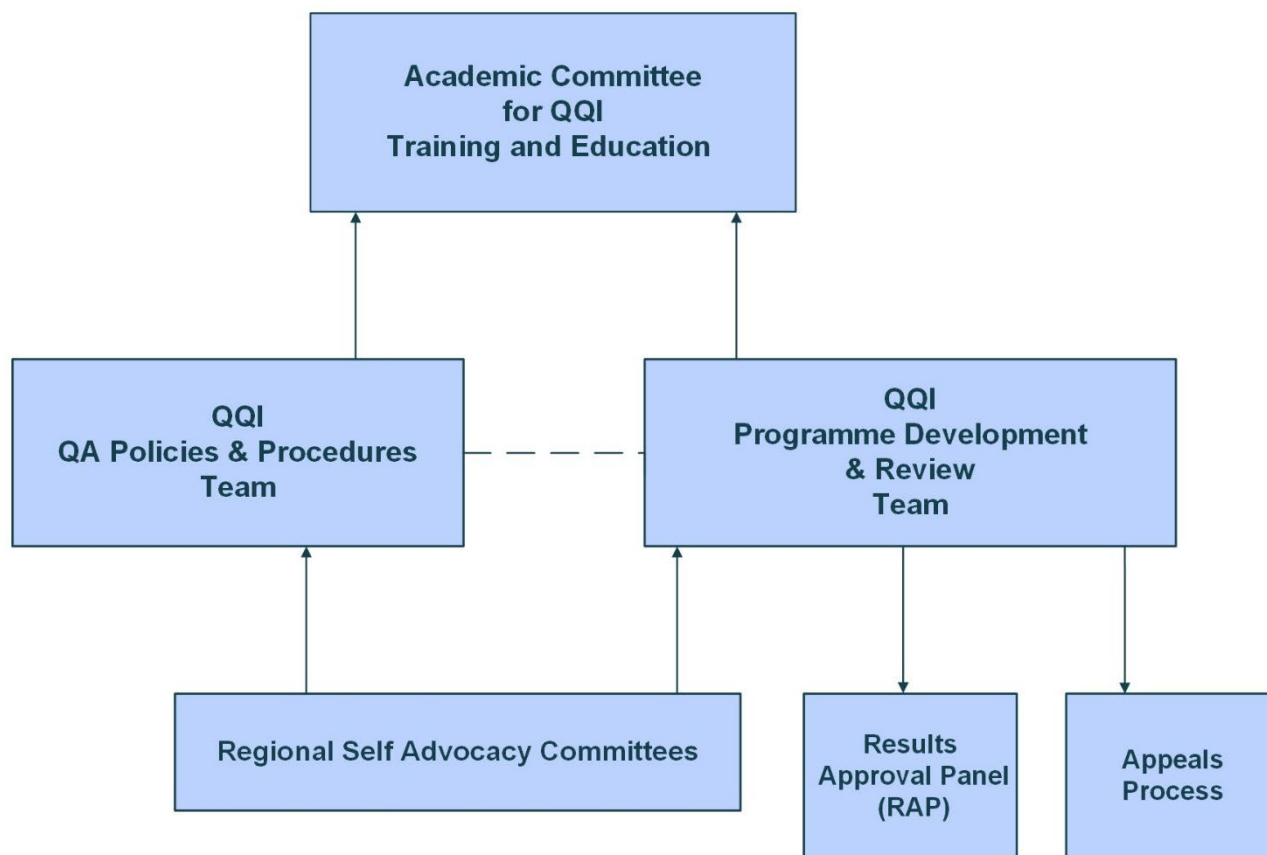
Regional Services have in place Self Advocacy Committees, which facilitates feedback from individuals. The Self Advocates voice also plays an important role in the organisation and in relation to programmes of learning leading to QQI accreditation and will provide advice, information, and feedback.

We recognise the importance of learner involvement in relation to teaching, learning, monitoring, and review of QQI training and education activities. Learners involved in QQI accredited programmes can provide feedback through the Regional Advocacy Committees which will feed into the QQI Programme Development and Review Team, and QQI Quality Assurance Policies and Procedures Team through the two learners who are members of the Academic Committee for QQI Training and Education.

The learner representatives on the Academic Committee for QQI Training and Education will bring feedback to this committee and vice versa, bring feedback from the Academic Committee for QQI Training and Education to regional Self Advocacy Committees. The learner representatives are not required to attend the entire Academic Committee for QQI Training and Education meeting to provide their feedback.

The learners who are members of the Academic Committee for QQI Training and Education Committee will meet at least twice yearly with the Regional Self Advocacy Committees, playing an important role in the development, monitoring and review of training and education activities in the organisation. Their main role is to gather and discuss learner feedback and identify specific issues and/or concerns and to collate this information and feedback to the appropriate department. They will also feedback to the peers they represent on the progress, or outcomes of relevant actions, and/or developments arising from the Academic Committee for QQI Training and Education, and any actions and/or developments arising from Regional Self Advocacy Committee meetings.

Advocacy Committees / Learner Element (Figure 4)

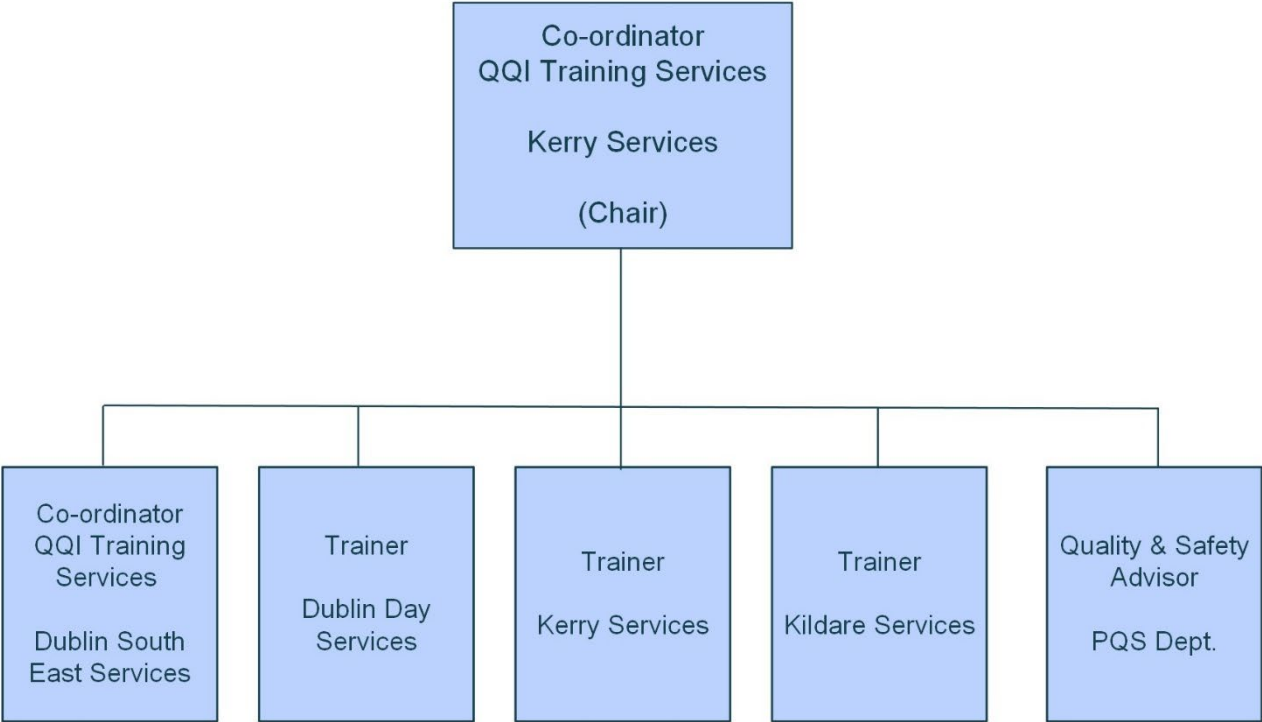


1.11 The QQI Programme Development and Review Team

The purpose of the St. John of God Community Services QQI Programme Development and Review Team is to

- develop new QQI programmes and review existing QQI programmes,
- review and improve on the processes for the development of new programmes
- receive and review all appeals related to both the appeals of an assessment result and the appeal of an assessment process
- submitting provisional decisions to the Academic Committee for QQI Training and Education.

QQI Programme Development and Review Team (Figure 5)



QQI Programme Development and Review Team	
Terms of Reference	
Purpose/Aim of this Committee:	The purpose of the St. John of God Community Services QQI Programme Development and Review Team is to develop new QQI programmes and review existing QQI programmes. The Team is responsible for the ongoing review and enhancement of the processes for the development of new programmes. The Team is also responsible for receiving and reviewing all appeals related to both the appeals of an assessment result and the appeal of an assessment process and submitting provisional decisions to the Academic Committee for QQI Training and Education.
Membership:	The membership of the St. John of God Community Services QQI Programme Development and Review Team is designed to enable relevant St. John of God Management, staff, and learners to collectively contribute to the development of new programmes and review existing programmes. Membership of this team will include the following staff positions: • Co-ordinator of QQI Training Services (Chair) Kerry Services • Quality and Safety Advisor, Programme Quality and Safety Department • Trainer – Kildare Services • Trainer – Dublin Day Services • Trainer – Kerry Services • Co-ordinator of QQI Training Services (Dublin South East Services) There is no cross over of members of this team with the QQI Quality Assurance Policies and Procedures Team.
Frequency of Meetings:	Quarterly or as required
Responsibilities	The QQI Programme Development and Review Team will liaise directly with the Academic Committee for QQI Training and Education in relation to all assessment related activities to include conduct of assessment, requests for reasonable accommodation, internal verification, external authentication, results approval, appeals process and submission of results for certification. The Team will also ensure effective internal verification and external authentication processes are implemented effectively.

Developing QQI Programmes:

- Development of QQI Programmes in line with agreed QQI quality assurance processes.
- Identifying and devise proposals for new QQI programmes ensuring the following information is included in proposals for submission to the Academic Committee for QQI Training and Education
 - The identification of the programme level and associated award.
 - A clear rationale for the proposed programme.
 - Identification of how the proposed programme fits with the scope of training provision in SJOGCS.
 - The proposed target groups.
 - An overview of potential course modules.
 - As part of the proposal process, identifying requirements (resources etc.) for the establishment of new or revised programmes
- Developing draft programme documentation using formal and informal proposals, e.g., learner input, organisational input, and external input.
- Development and submission of new QQI programme proposals to the Academic Committee for QQI Training and Education
- Continuous review and enhancement of QQI programme development processes for the development of new programmes.

Existing QQI Programmes:

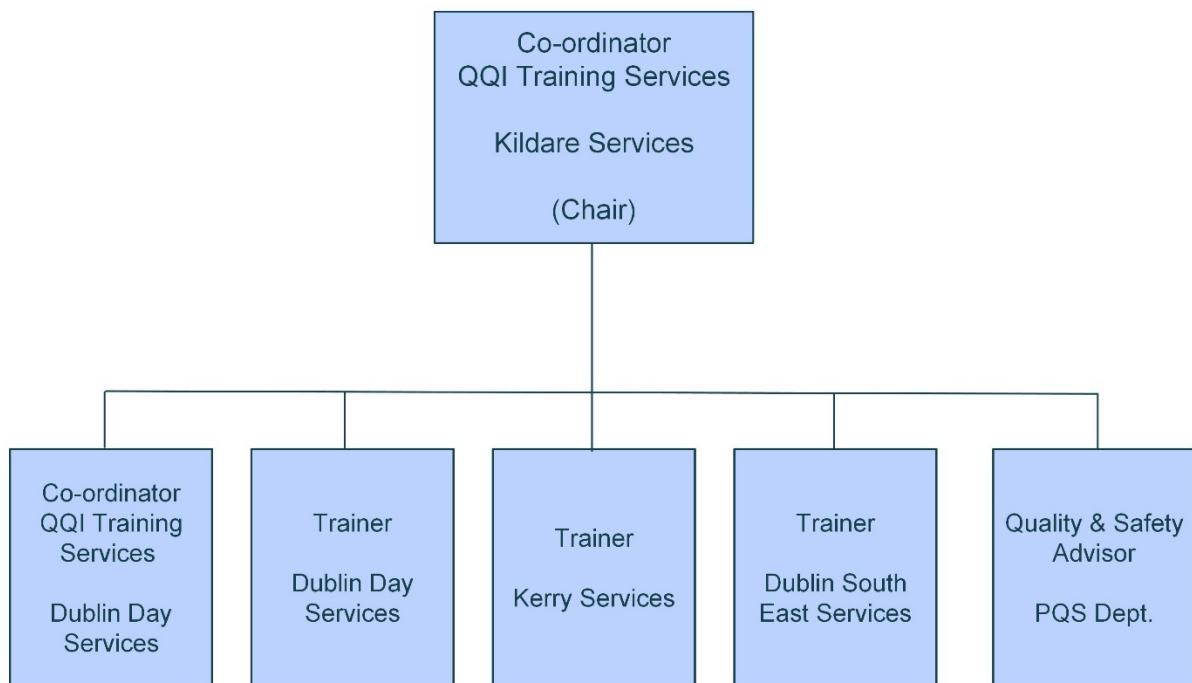
- On-going monitoring, review, and evaluation of all elements of QQI programmes in place, and collating feedback reports on existing programmes to the Academic Committee for QQI Training and Education.
- Review and consideration of relevant data, to include trends, assessments, and overall grades, related to ongoing evaluations of QQI programmes in place.
- Compiling and collating feedback reports of trends, assessment results and overall grades of existing QQI programmes to the Academic Committee for QQI Training and Education.
- Continuous monitoring of, and actioning identified revalidation recommendations of all QQI programmes.
- Identify suitable internal candidates and propose appointment of external authenticators to the Academic Committee for QQI Training and Education.
- Implementation of minor modifications/additions to programmes recommended resultant from programme reviews.
- Report feedback from learners (Regional Advocacy Committees) and staff to inform programme development.
- Reporting on progress of action plans to the Academic Committee for QQI Training and Education.
- Review outcomes for learners and action same.
- Review reports of external examiners.
- Collating programme validation documentation for submission to the Academic Committee for QQI Training and Education.

	Appeals Processes: • The QQI Programme Development and Review Team have responsibility in supporting and facilitating requested appeals of both the assessment result and the assessment process. • Communicate with the learner regarding appeals of either the process or result. • Receive all appeals of the assessment process or assessment result/ reviews for learners concerned - review the applications and discuss grounds for appeal with the learner. • A Subgroup of members of the QQI Programme Development and Review Team, appointed by the Chair of the QQI Programme Development and Review Team shall review appeals process, make a provisional decision, and forward this to the Academic Committee for QQI Training and Education for final approval. • Review appeals data, to inform review of existing programmes and / or review components of programmes and the implementation of new programmes. • Responsibility of Chair to convene the yearly Results Approval Panel.
Quorum:	The quorum is 4 people
Reporting to:	The QQI Programme Development and Review Team reports directly into the Academic Committee for QQI Training and Education. The QQI Programme Development and Review Team may also link with relevant SJOGCS governance structures regarding corporate decision making and operational matters as required.
Administrative support:	Administrative support is provided via Programme Quality and Safety. This will include circulation of all documentation pertaining to meetings.

1.12 QQI Quality Assurance Policies and Procedures Team

This Team is responsible for supporting the quality assurance of the QQI Framework in SJOGCS by identifying and developing new QQI related policies, procedures, and processes, for submission to the Academic Committee for QQI Training and Education for final approval. The Team also reviews and develops existing QQI related policies, procedures, and processes, for submission to the Academic Committee for QQI Training and Education for final approval.

QQI Quality Assurance Policies and Procedures Team (Figure 6)



QQI Quality Assurance Policies and Procedures Team Terms of Reference	
Purpose/Aim of the Team:	To support the Quality Assurance of the QQI Framework in SJOGCS the QQI Quality Assurance Policies and Procedures Team is responsible for: • Identifying and developing new QQI related policies, procedures, and processes, for submission to the Academic Committee for QQI Training and Education for final approval. • Review and the development of existing QQI related policies, procedures, and processes, for submission to the Academic Committee for QQI Training and Education for final approval.
Membership	Membership is made up of SJOGCS Co-ordinators of QQI Training Services, Supervisors of Training Services and Trainers. • Co-ordinator of QQI Training Services (Chair) Kildare Services • Quality Advisor, Programme Quality and Safety Department • Co-ordinator of QQI Training Services – Dublin Day Services • Trainer – Dublin South East Services • Trainer – Dublin Day Services • Trainer – Kerry Services There is no cross over of members of this team with the QQI Programme Development and Review Team.
Responsibilities	• Identifying and developing new policies, procedures and processes where required by reviewing and identifying any requirements for updating or development of any QQI related policies, procedures, and processes, including the QQI Quality Assurance Manual. • Ensuing any revised or new QQI related policies, procedures and processes submitted for approval to the Academic Committee for QQI Training and Education, have completed, not limited to but including, the following steps: ➢ Prepare a plan for the specific policy document review, ➢ Undertake consultation with relevant groups, ➢ Complete all required research to support the process, ➢ Prepare draft policy document, ➢ Submit final draft to the Academic Committee for QQI Training and Education and the Programme, Quality and Safety Department for approval of final draft - completed policy document receives final approval from the Academic Committee for QQI Training and Education. ➢ Register new / revised policy documents with the Programme Quality and Safety Department. • To update and inform the Academic Committee for QQI Training and Education on work of the QQI Quality Assurance Policies and Procedures Team on a quarterly basis.

	• To review the QQI Quality Assurance Manual and systems for SJOGCS and any suggested changes to be submitted to the Academic Committee for QQI Training and Education for review and approval. • Liaise with the Programme, Quality and Safety Department regarding the development of policies and procedures, and any other SJOGCS governance structures as required relating to operational matters. • To consider self-evaluation, complaints, appeals, communication from QQI and all relevant stakeholder feedback to inform policy, procedures and process reviews and development. • Receive feedback from Learners (regional Advocacy Committees) and Trainers to inform policy and procedure development.
Frequency of Meetings:	Quarterly or as required
Quorum:	The quorum is 3 people.
Reporting to:	Reporting to the Academic Committee for QQI Training and Education Committee. The QQI Quality Assurance Policies and Procedures Team may also link with relevant SJOGCS governance structures regarding corporate decision making and operational matters as required.
Administrative support:	Administrative support is provided via PQS Department. This will include circulation of all documentation pertaining to meetings.

1.13 Results Approval Panel (RAP) Terms of Reference

Results Approval Panel (RAP) Terms of Reference	
Purpose/Aim of this Panel	To review and approve the QQI Internal Verification and External Authentication reports and assessment results
Membership	Membership will comprise of: • Chair of QQI Programme Development and Review Team • Chair of QQI Quality Assurance Policies and Procedures Team • Quality Manager, Programme, Quality and Safety Department (Chair) • External Authenticator who is a non-voting member
Frequency of Meetings:	Yearly basis with the provision an additional meeting can be convened as required.
Responsibilities	• Receive and review the QQI Internal Verification report • Receive and review the QQI External Authentication report • Once satisfied that all policies / procedures and processes have been followed the Results Approval Panel approve the academic assessment results • Submit academic assessment results to the Academic Committee for QQI Training and Education for submission to QQI.
Quorum:	The quorum is 4 members to include an External Authenticator – attendance is mandatory.
Reporting to:	The Results Approval Panel will report to the Academic Committee for QQI Training and Education.
Administrative support:	Administrative Support is provided via the Programme Quality and Safety Department. This will include circulation of all documentation pertaining to meetings.

1.14 Embedding a Quality Culture

The provision of quality services is fundamental to SJOGCS. A culture of quality and continuous quality improvement is a vital and core element that underpins our service provision, and one which all staff are supported to understand and implements in their practice.

Embedding a quality culture within SJOGCS is of paramount importance for both staff members and the individuals supported. A quality culture within a social care setting shows an organisational commitment to continuous improvement, best practices, and the holistic well-being of service recipients. A culture of quality encourages open communication, teamwork, and a commitment to learning. It supports staff engaging in ongoing training and development, leading to enhanced skills and greater job satisfaction.

Individuals supported are the primary recipients of an embedded quality culture. Such an environment guarantees the delivery of person-centred care, where the unique needs, will and preferences of each individual are at the crux of all services provided. SJOGCS mission is to identify, respond and support the needs of all individuals, in the manner of Saint John of God. Our quality culture is reflected in the vision, mission, and strategic plan and also in resourcing a dedicated Programme, Quality and Safety Department. This department monitors quality systems within the organisation, supports the development of policies and procedures and carries out audits to ensure compliance. We have a range of policies, procedures, and guidelines, which supports best practice approaches across the organisation.

1.15 Programme, Quality and Safety Department

To support the embedding of a quality culture within SJOGCS, the Programme, Quality and Safety Department provides expertise, advice, training, and support to assist in the implementation of an organisation wide quality and safety framework, which ensures the regions achieve its mission, attains strategic corporate objectives, and continuously improves its performance in delivering services.

The Programme, Quality and Safety Department achieves this through:

- The department provides support on all matters quality and safety related throughout St. John of God Community Services, including support relating to compliance with regulations and standards under the Health Act 2007, as regulated by HIQA, and other relevant legislative requirements including New Directions Standards for Day Services. As a resource for staff the department aims to promote continuous improvement in shared learning.
- The department supports and engage in programme development initiatives moving towards individualised service design and/or recovery oriented approaches to services which are aligned to the quality and risk framework.
- The department promotes, enhances, and supports the embedding of a person centred culture and continuous quality improvement across the services of SJOGCS so individuals supported have positive experiences and achieve positive outcomes.
- The department is responsible for the oversight of the current department policies (over 40) which includes the development of SJOGCS policies and chairing Policy Review Committees, providing governance over policies, ensuring they are compliant with all relevant legislation and best practice.
- The department chairs the ADM (Capacity) Oversight Committee which is responsible for the implementation of the Assisted Decision Making Act 2015 for the organisation.
- The department provides supports and advice to managers and clinicians at all levels to ensure that the organisation understand, own and are accountable for a quality system which is fully embedded within operational practice.
- The department provides leadership and advice in the implementation of an organisation wide quality and risk management framework and the provision of an effective and proactive audit assurance function.
- The department develops and provides training, development, and practice development initiatives, to assist in raising the awareness of control, compliance, and quality and risk management and standards. This training is designed to assist staff to take ownership for the management of quality and risk and controls relevant to their spheres of responsibility.

- The department has comprehensive experience and knowledge in internal auditing and assessment and schedule and completes the required Regulation 23 Register Provider unannounced visits in each DC every six months as required under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. We then provide a comprehensive report to all the required individuals within the organisation.
- The Department Director is Chair of the Quality and Safety Executive, Day Services Programme Manager Forum, member of the Executive and attends Quality and Safety Sub Committee of the Board
- The Quality Manager for this Department is a member of the Academic Committee for QQI Training and Education

SJOGCS is committed to:

- Quality Control, through the development of policies and procedures which promote best practice in service provision.
- Quality Assurance, through both internal and external monitoring and audits.
- Continuous Quality Improvement, through reviewing and implementing identified actions.

1.16 SJOGCS Quality Assurance Definitions - Defining Quality

In Ireland the principles of quality are defined by the following four quality domains.

- 1 Person centred – services and support that is respectful and responsive to an individual's needs and values and partners with them in designing and delivering that care and support.
- 2 Effective – services support that is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes.
- 3 Safe – services and support that avoids, prevents, and minimises harm to Individuals supported/ Patients and learns from when things go wrong.
- 4 Better health and wellbeing – care and support that seeks to identify and take opportunities to support Individuals/Patients in improving their own health and wellbeing.

1.17 Defining Quality Improvement

Quality improvement (QI) is the combined and unceasing efforts of everyone - Healthcare Professionals, Individuals supported/Patients/Learners and their Families, Researchers, Providers and Educators - to make the changes that will lead to:

- Better personal outcomes for Individuals supported/Learners.
- Better experience of services and support
- Continued development and supporting of staff in delivering quality services.

1.18 The Framework for Improving Quality

In order to support the achievement of the vision to “support people to live ordinary lives in ordinary communities”, the SJOGCS Quality Improvement Operational Plan drives this Quality Assurance Manual and will focus on the key drivers identified in the HSE Framework for Improving Quality.

The Framework is comprised of 6 drivers for improving quality:

- Leadership for Quality
- Person and Family Engagement
- Staff Engagement
- Use of Improvement Methods
- Measurement for Quality
- Governance for Quality

Focusing on only one of the drivers within a service will not give the desired effect for improvement. It's the combined force of drivers working together that creates the environment and acceleration for improvement. A critical element in any movement to improve quality is putting in place the supportive structures for quality and funding leadership positions to drive improvement in organisations.

1.19 Quality Assurance Statement

SJOGCS aims to promote, achieve, and maintain excellence in quality in the management and the provision of all services and supports.

Our commitment to excellence and continuous improvement is a fundamental aspect of services we provide, and we are guided by our Mission, Vision and Core Values, National Quality Assurance Criteria for Clinical Guidelines (HIQA) and the HSE Nine Outcomes of Person-Centred Planning – contained within the National Framework for Person-Centred Planning in Services for Persons with a Disability (see page 8 of that Framework) and New Directions.

1.20 Quality Statement

SJOGCS offers a range of awards at Levels 1 to 2 on the National Qualifications Framework (NQF).

We aim to comply with a number of external quality standards including:

- Quality and Qualifications Ireland (QQI).
- New Directions Interim standards set by the HSE.
- Health Information & Quality Authority Standards.

All Day Programmes are subject to:

- An annual review of programmes.
- Individual supported, Staff and Stakeholder feedback.
- Individual supported, Staff and Employer Surveys.

SJOGCS's approach to programme delivery is highly individualised. Individuals who access our programmes participate in a range of sampling activities at the beginning of training and a Person-Centred Plan is developed with them to build on their strengths and address needs identified. Actions and results are recorded and analysed to ensure that individual personal goals and needs are being met.

1.21 Mandatory Quality Assurance Systems

New Directions

'New Directions', the Review of HSE Day Services and Implementation Plan, published in 2012 propose an approach to the provision of these services which is based on the principles of person- centeredness, community inclusion, active citizenship, and high-quality service provision. There are seven themes within the New Directions framework:

Theme 1: Individualised Services and Supports

Theme 2: Effective Services and Supports

Theme 3: Safe Services and Supports

Theme 4: Leadership, Governance and Management

Theme 5: Responsive Workforce

Theme 6: Use of Resources

Theme 7: Use of Information



1.22 QA System and Regulation / Legislation

The following are some of the many quality assurance systems and regulatory frameworks SJOGCS operates within:

- Children First Act 2015
- Companies Act 2014
- Disability Act 2005
- Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013
- HIQA Guidance on the Statement of Purpose for Designated Centres for Children and Adults with Disabilities
- HIQA National Standards for Residential Services for Children and Adults with Disabilities
- HSE A National Framework for Person-Centred Planning in Services for Persons with a Disability
- HSE Guidelines for EASI Process and Tool Evaluation Action and Service Improvement

- HSE New Directions
- HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures
- HSE Your Service Your Say
- Organisation of Working Time Act 1997
- Safety, Health, and Welfare at Work Act 2005

1.23 SJOGCS Funding and Awarding Bodies

Health Service Executive (HSE)

Health Information and Quality Authority (HIQA)

Department of Education and Skills



Celebrating Success

We also ensure we celebrate awards with Graduations, and with consent, promote and celebrate on social media.

Section 2: Documented Approach to Quality Assurance

The graphic below illustrates an approach by SJOGCS towards quality services. Providing services to people who at the centre of all decision making, is central to the supports and methods we employ.



2.1 QQI Policy Development, Approval and Review

SJOGCS aims to ensure a consistent approach to policy development and review and have developed a process to support this. This ensures that all policies are developed and reviewed in line with the organisations vision and are compliant with all relevant legislation, best practice and standards leading to a best practice approach across the organisation. SJOGCS ensures that all policies and procedures underpinning QQI Quality Assurance are developed and reviewed in line with the organisation's process and those agreed through the QQI Quality Assurance process.

This procedure applies to all policies and procedures underpinning QQI training and education activities in the organisation, and all those involved in developing and reviewing SJOGCS's Quality Assurance document.

The main purpose of the SJOGCS QQI Quality Assurance policies and procedures is to ensure that activities within QQI training and education are fit for purpose and are informed by the relevant QQI guidelines and national legislation, where relevant. SJOGCS will ensure to provide a comprehensive range of policies and procedures in order to demonstrate the organisation's commitment to quality provision in relation to the development, delivery, assessment, monitoring, and review of all QQI training and education in the organisation. These policies and procedures will be made available internally in the organisation and also external to the organisation in order to maximise clarity and transparency.

SJOGCS will ensure:

- That QA Policies and Procedures are developed to be fit for purpose, facilitate diversity and inclusion, and promote a culture of quality in relation to QQI programmes of learning.
- That QA Policies and Procedures are underpinned by best practice, relevant legislation and QQI policy and guidelines.
- QA Policies and Procedures are reviewed at least every 3 years, or as needed, in order to maximise opportunities for continuous improvement.

- That development and review of QA Policies and Procedures will include representation from all stakeholders involved in QQI programmes of learning.

Overall responsibility -

- The policy owner for the QQI Quality Assurance Policies and Procedures is the Academic Committee for QQI Training and Education
- Policies and procedures are developed and reviewed by the QQI Quality Assurance Policies and Procedures Team in consultation with the Programme, Quality and Safety Department and all relevant stakeholders.
- The function of approving newly developed or reviewed policies sits with the Academic Committee for QQI Training and Education.

2.1.1 Policy Development

Policy development in SJOGCS is on-going in order to ensure best practice, meet legislative requirements and reduce risk in specific areas. In relation to the development and review of QQI Quality Assurance Policies and Procedures the stages are adhered to as outlined below.

Development and Approval

- Identification and approval of new QQI QA policy area
- Convene policy development team and identify a policy owner.
- Register new policy development with the Programme Quality & Safety Department
- Conduct research and prepare draft policy
- Consultation with relevant groups
- Review of feedback and revise policy as relevant
- Submit to Academic Committee for QQI Training and Education and the Programme Quality and Safety Department (who have responsibility for operational policies across the organisation) for approval of final draft.
- Approval of QQI policy by the Academic Committee for QQI Training and Education
- Launch of Policy to all Stakeholders
- Publication of Policy on SJOGCS Website

Policy Review

Review of QQI Quality Assurance Policies in SJOGCS follows a consistent process which includes the following stages:

Prepare a Plan for the Policy Review

- This review will be led out by the QQI Quality Assurance Policies and Procedures Team which includes a representative from the Programme Quality and Safety Department and identify any others required to support the policy review.
- Agree Terms of Reference
- Identify documents that need to be consulted with to inform review e.g., standards, regulations, guidance documents, existing policies, audit reports, or survey findings.
- Identify stakeholder groups for consultation and how consultation will happen.
- Identify any benchmarking that needs to be carried out to inform review e.g., practices in other organisations.
- Agree Communication Plan for policy once review is completed i.e., publication process.
- Establish time frames for completion of the policy review including dates for completion of research and consultation phase, writing phase, approval phase and communication phase.
- Agree how information in relation to the review will be managed.

Carry out Research and Consultation

- Review relevant documentation including regulations, standards, guidance documents, existing policies, audit reports or survey findings.
- Carry out any benchmarking that has been identified as needed.
- Prepare and carry out consultation with relevant groups and gather feedback including what is working well, what is not working well, what is not covered and what could be improved.
- Analyse findings/feedback and identify issues to be addressed in the update.

Prepare Revision to Policy Document

- Prepare policy document for updating.
- Work through the policy document updating it as relevant.
- Carry out any further consultation required (if significant changes have been made further consultation may be required)
- Finalise the Communication Plan and the draft document including layout format.

Approval and Communication of Policy

- Submit draft revision of policy and proposed Communication Plan to the Academic Committee for QQI Training and Education for their review.
- Make final adjustments to the policy if necessary.
- Submit policy to the Academic Committee for QQI Training and Education for approval.
- Implement the Communication Plan including publishing the policy, getting staff sign off and making an accessible version if relevant.

2.2 QQI Registered Centres

SJOGCS regions, Kildare Day Services; Dublin Day Services and Kerry Services, are currently registered providers of QQI awards at Level 1 and Level 2. This application process will standardise the provision for SJOGCS across all regions, becoming one national provider, to include Kildare Services, Dublin Day Services, Kerry Services, North East Services and Dublin South East Services.

SJOGCS have been working with QQI and offering accredited course since March 2008 at our Kildare, Menni now Dublin Day and Kerry Services. These services have been operating as three standalone providers working directly with QQI. From this, SJOGCS have a wealth of experience and knowledge across the Regional Services relating to developing and creating QQI programmes and delivery to learners with support needs. SJOGCS have achieved this through successfully complying and engaging with the QQI programme validation process.

Section 3: Programmes of Education and Training

SJOGCS as an organisation, are aware that training and development are ongoing processes and are committed to continuous programme development, delivery, and review to ensure our learners reach their potential and that our service provision meets their needs and provides supports to be successful and in order to promote and fulfil learners' individual needs and personal growth.

It is the policy of SJOGCS to ensure that all training programmes are developed and approved in line with funding and awarding body requirements and the SJOGCS Mission, Vision and Values.

For all QQI accredited programmes they follow the following process:

- Programme Proposal
- Development of National Training Specification
- Programme Evaluation Process
- Internal Approval Process
- External Validation Process
- National Training Specification (QQI) that guides Local Operating procedures.
- Local Implementation

SJOGCS believe that to be effective, programme development must consider the needs of the learners, and as such should be designed and delivered in a way to optimise the success of the learners involved. Therefore, SJOGCS commit to carry out continuous assessment of needs in order to improve and enhance programme design, considering the delivery of the programme to ensure that sufficient materials, methods, and flexibility have been put in place to meet the learners' needs. SJOGCS are also committed to carrying out regular reviews and evaluations of all the available programmes and are willing to make any changes necessary to maintain a high standard of programme delivery to ensure the success of our learners.

SJOGCS plans, co-ordinates and facilitate the development, delivery, and review of QQI programmes in line with identified training needs, ensuring successful access, transfer and progression to learners and providing them with the opportunity to practice and transfer learned skills to their work environment and /or daily lives. SJOGCS are also committed to ensuring that learners are fully informed regarding all aspects of the programmes being offered, to ensure they are supported to make an informed choice and decision. The information provided includes transfer and progression options, if applicable, available to them on successful receipt of an award.

SJOGCS ensures that all involved are provided with the appropriate information, materials and supports to participate and be successful. All Learners are internal to SJOGCS. All staff are employed by SJOGCS. Each Learner has their own Person-Centred Plan and whilst in training and education, they also have an Individual Training Plan (ITP), both of which are reviewed regularly. Please refer to Procedure QQI 007 Existing Programme Development / Programme Delivery of Learner Training within the SJOGCS Quality Assurance Procedures for QQI 2025.

The Scope of this QA applies to access, transfer, and progression as well as the development, delivery, and review of all programmes of learning leading to QQI Awards. SJOGCS recognises the need to have clarity in relation to the access, transfer and progression therefore have developed this policy to provide learners with clear and accurate information in relation to QQI training and education programmes within the organisation.

3.1 National Framework of Qualifications

The development and approval of training programmes must be conducted in a systematic way as outlined above, allowing sufficient time for internal and external consultation with stakeholders including time for programme evaluation by the appropriate personnel. The Academic Committee for QQI Training and Education approves the quality assurance framework for all associated policies and procedures relating to QQI programmes. The Academic Committee for QQI Training and Education is chaired by an external person to SJOGCS.

The QQI Programme Development and Review Team notify the local Training Centre and associated teams of all approved programmes. All programmes are in line with the National Framework of Qualifications, further details available on the QQI website at <https://www.qqi.ie/what-we-do/the-qualifications-system/national-framework-of-qualifications>

3.2 Access, Transfer and Progression of Applicants

3.2.1 Access

QQI Access is the ‘process by which learners may commence a programme of education and training having received recognition for knowledge, skill or competence required’ QQI, 2021, please see QQI 003 Recognition of Prior Learning in the SJOGCS Quality Assurance Procedures for QQI 2025. SJOGCS will ensure that all individuals can enter and successfully participate on a programme or series of programmes leading to an award, or series of awards, in pursuit of their learning objectives. We will achieve this by ensuring the following:

- Information on access, transfer and progression is provided to all individuals and fully explained in an accessible way in line with each persons identified needs.
- Arrangements for entering a programme are clear.
- Applicants are treated in a fair and consistent manner and in accordance with relevant equality legislation.
- Decisions made on the allocation of places on programmes are transparent.
- A copy of the local training specification is provided to all individuals outlining the programme content, structure, duration and including transfer and progression options.
- The award offered on the programme is clearly explained to the individual and a statement of knowledge, skill and competence is provided as a basis for successful participation.
- Any risk to the health and safety of individuals with regards to access, transfer and progression is identified and addressed.
- Where access is denied, information is provided to the individual on the appeals process.

- The transfer and progression procedures are explained to individuals as part of the intake process.

Charter of Rights

SJOGCS operate under a right based approach as outlined in our Policy on Equality and Human Rights (Promotion and Protection) for both Adult (2020) and Children (2021) policy documents. Both policies are aligned to a human rights based approach and both the UNCRPD and UNCRPC.

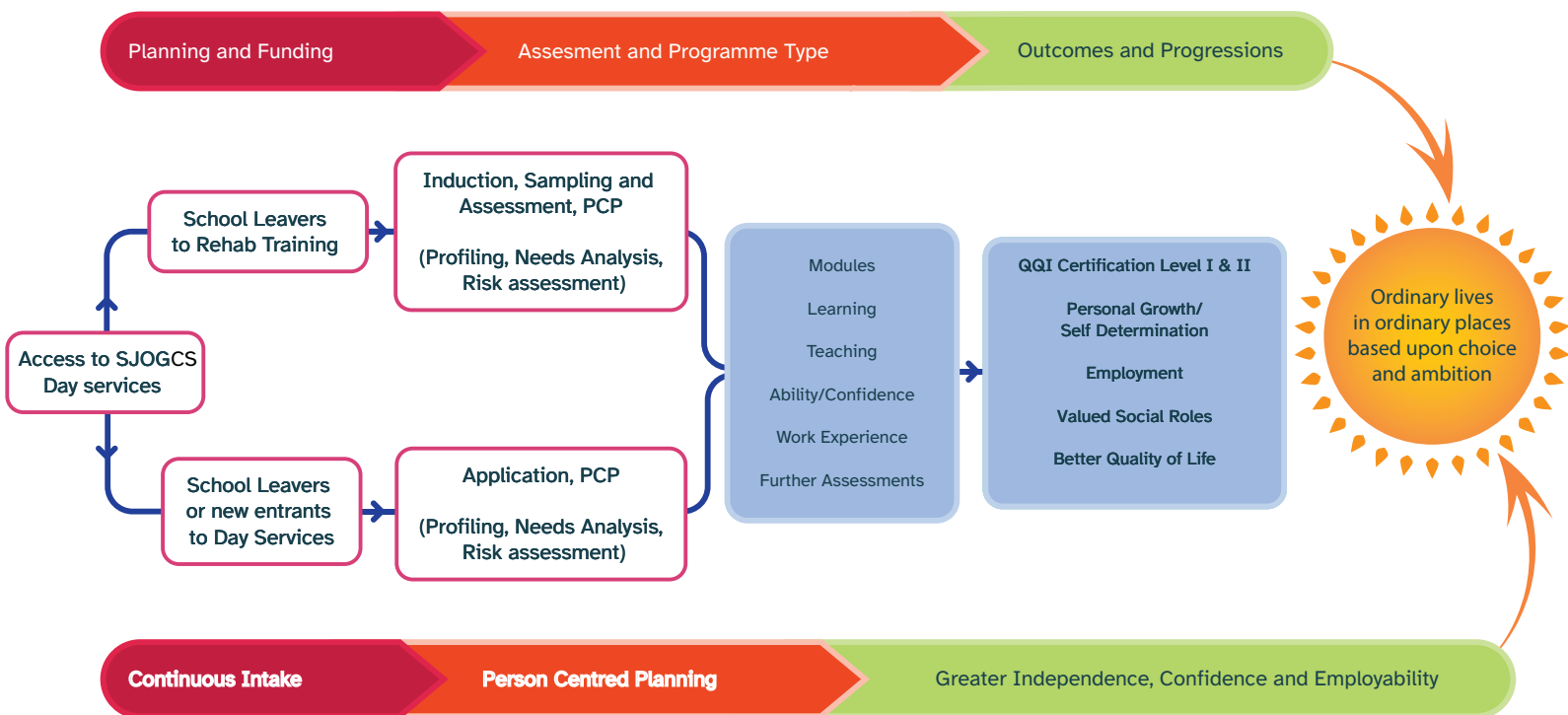
3.2.2 Training and Education Reasonable Accommodation

SJOGCS are committed to equal opportunities for all learners, and we strive to ensure that learners, regardless of disability, are provided with opportunities to achieve accreditation relevant to their level of learning. SJOGCS will ensure, through the availability of learner support services, that no learner is disadvantaged by reason of having a disability and/or specific learning difficulty. We will ensure, within reason and budgetary limitations, to take every reasonable action to meet the specific requirements of learners in order that they are able to participate as fully as is practicable in their chosen programme of learning. We have identified a range of reasonable accommodations in relation to training and education that learners may apply for including:

- Learning materials provided in accessible, modifiable electronic formats.
- The use of Assistive Technology where appropriate.
- Additional time for assessments.
- Alternative assessment formats e.g., audio/visual evidence.

Learners accessing SJOGCS services have a diagnosed intellectual disability and the need for reasonable accommodations in relation to training and education will be assessed through their keyworker. Each learner application for reasonable accommodation in relation to training and education is dealt with on an individual basis in terms of their requirements. SJOGCS will ensure that all facilities are accessible to all learners insofar as is possible. This includes physical accessibility to and within the buildings, as well as access to information.

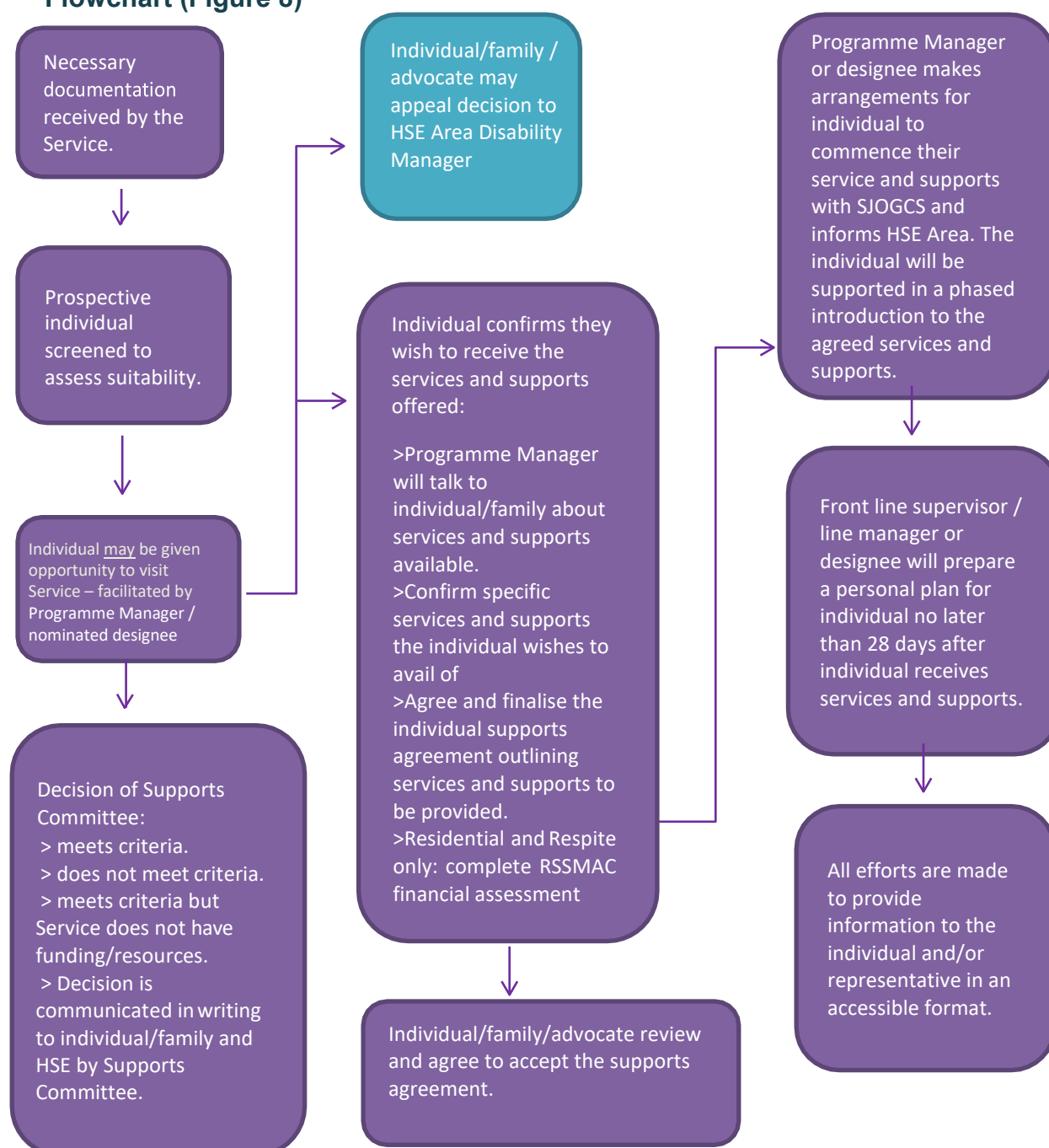
3.2.3 The Learner Journey (Figure 7)



3.2.3 Application for Supports

SJOGCS provides a range of services and supports which includes early intervention, day, residential, and respite to children and adults with an intellectual disability. The services and supports provided by SJOGCS are person centred and based on the individual's support needs, visions, choices, and their will and preference, that are aligned to a human right based approach of equal rights and respect. This policy is underpinned by the ethos, philosophy, mission, and core values of SJOGCS.

Requesting and Commencing Services and Supports with SJOGCS: Process Flowchart (Figure 8)



3.2.4 Individual Criteria

The following is a list of inclusion criteria required by SJOGCS. The individual requesting services and supports:

- Must have a primary diagnosis of a moderate, severe and/or a profound intellectual disability. People attending Kerry Services with a diagnosis of mild ID may also apply.
- Must be aged between birth and 5 years and 11 months to avail of early intervention services.
- Must be aged between 5 years 11 months and 17 years and 11 months to avail of children and young person's day services.
- Must be 18 years or over to avail of adult day services.
- Must be no greater than 17 years and 11 months to avail of children's respite services.
- Must be 18 years or over to avail of adult residential or adult respite services and supports. Respite services are accessed using the compatibility matrix. An adult requesting residential services and supports must be on the local authority housing list.
- Must live in the SJOGCS catchment area as identified by each region.
- New support agreements for individuals are based on the Service's capacity, capability, and resources available to meet the individual's assessed needs.

It is the policy of SJOGCS to provide clear guidance on how services and supports are requested, commenced, changed, or ended. We aim to clearly state the nature and duration of services and support being offered and the process involved.

Services and support requests can be made through self-request, individual's family, general practitioner/medical consultant, public health nurse, HSE Disability Service, training and guidance officer, school, and other agencies.

SJOGCS are committed to providing services and supports in line with the principles as out- lined in the document SJOGCS30 Person-Centred Approach: A Policy on the Development of Personal Plans which include a Person-Centred Plan and a Personalised Care and Support Plan for Intellectual Disability Services.

The principles are self-determination, inclusion, a human rights-based approach, valued social roles, contributing and participation. Requests for day services and supports are made to the SJOGCS Supports Committee in each region as per the general principles of the document SJOGCSO4 Supports Policy and the Requirements set out at section 8.1.2 for a funded day service or a funded rehabilitative training placement.

This policy is informed by:

- S .I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
....Regulation 5. *Individualised assessment and personal plan*,
....Regulation 24. *Admissions and contract for the provision of services and*
....Regulation 25. *Temporary absence, transition, and discharge of residents*.
- National Standards for Residential Services for Adults with Disabilities (2013)
....Theme 2. Effective Services and Supports: Standard 2.3: *Each person's access to services and supports is determined on the basis of fair and transparent criteria and to current best practice on ensuring that placements are well handled and successful. In considering any new admission cognisance must be taken of the need to protect individuals from abuse from their peers*.
- Interim Standards for New Directions, Services and Supports for Adults with Disabilities

It is also informed by the Assisted Decision-Making (Capacity) Act, (2015), the United Nations Convention on the Rights of People with Disabilities (UNCRPD), Data Protection Acts, 1998 and 2003, General Data Protection Regulations 2018, Health and Safety at Work Act 2005 and Equal Status Acts 2000 to 2004.

The supports agreements for adult day services are made in line with New Directions Interim standards, relevant statement of purpose, person centred planning framework and services and supports provided are appropriate to their assessed needs. All services and supports are based on the resources available and the suitability and compatibility of the individual's needs. All requests for services and supports are processed when the necessary documentation has been received and meets specific criteria.

All individuals new to SJOGCS or changing their services and supports within SJOGCS will have a supports agreement detailing the services and supports to be provided and where appropriate the fees to be charged. SJOGCS04 Supports Policy for Individuals with an Intellectual Disability (Admission/Entry/Transition/Transfer/Discharge/Exit) governs this process.

3.3 Person Centred Planning

SJOGCS is committed to providing high quality care and supports to children and adults supported by our services. A person-centred approach is advocated for and adopted by those involved in providing supports to individuals. A person-centred approach to service delivery ensures that each individual is directing, guiding, and included in all decisions and actions in relation to themselves.

Key to this approach is supporting the individual to discover exactly what sort of life they want and supporting the individual to identify their choices and goals for their desired outcomes in their personal plan. This approach to service delivery is underpinned by the concept of Social Role Valorisation and the Saint John of God values of Hospitality, Compassion and Respect, which all contribute to a holistic and meaningful service for the individual. SJOGCS Person Centred Policy is aligned to the HSE National Framework for Person-Centred Planning in Services for Persons with a Disability. These HSE Nine Outcome Measures which are agreed for Irish Health Services following consultation and research and aligned with widely recognised aspects of quality and life.

They are the same for all people and include experiencing a meaningful life, having valued roles and connections with family, friends, and community. These HSE Nine Outcome Measures provide a focus for an individual to set their own goals and to understand how these goals may lead to positive outcomes.

Person Centred Planning supports the identification of a person's training and education needs, after which goals are developed and recorded in the person's Individual Personal Plan. There are two parts to an individual's personal plan: A personalised care and support plan (PCSP) and a person-centred plan (PCP), both of which work together and are guided by a life vision, the principles of a person-centred approach and underpinned by SJOGCS Values of Hospitality, Compassion and Respect.

3.4 Information for Learners

It is the policy of SJOGCS to ensure Learners are provided with clear and accurate information about the awards they wish to achieve so they can make informed choices in relation to education and training options.

Under the terms of the 2012 Education and Training Act all Learners will be provided with information on:

- Awards,
- Access, Transfer and Progression options,
- Protection for Learners should a programme cease.

For further information, the SJOGCS QQI Learner Handbook is available.

SJOGCS create awareness of QQI accredited programmes with individuals supported in each local Day Service or Training Centre and use PowerPoint presentations, and knowledge of existing learners or prior learners to showcase the benefits of QQI training programmes. QQI training programmes are also introduced to school leavers who have been referred to SJOGCS and who may wish to avail of and complete QQI training. This may determine the training centre they choose to attend. Information on QQI training and education is available on the SJOGCS website and training centres have newsletters which provides updates for individuals supported.

3.5 Admissions including Transfers

SJOGCS is committed to the provision of high-quality services, to all individuals who are referred to our services. New referrals begin with school leavers and HSE Guidance office however existing learners of SJOGCS apply via their Person-Centred plans. Assessment for admission to all our services includes consultation with potential Learners, and where appropriate family members, advocates and where appropriate professionals involved with the learner.

The criteria underpinning admissions is outlined in the SJOGCS24 Policy on Access to Education, Training and Development Opportunities for Adults in Intellectual Disability Services and includes equality, a person-centred approach and eligibility as specified in service agreements/contracts.

The admissions process considers the following:

- Referral is appropriate to the individual and the capability and capacity of the centre. The individual can be supported to reach their goals.
- Identification of Risk.
- Continuous consideration of changing needs of the individual and capacity to meet the needs.
- Central to admission and assessment is the recognition of confidentiality and data protection.

Following on from the assessment process two possible outcomes can result: Admission Accepted OR Admission Declined.

3.6 Identification of Potential Programmes

SJOGCS identifies new programmes by using both formal and informal approaches. SJOGCS listens to both its staff and its learners. As a member of the National Federation of Voluntary Bodies (Umbrella Body representing Disability Organisations Nationally) for example we liaise regularly with other organisations in the sector and thus have access to a wealth of information and access to rich source of consultation in discovering and reviewing new ideas and programmes.

In identifying potential new programmes, we use the following approaches: we are both a provider of services and supports to individuals with disabilities and also a provider of education and training to individuals who use our services.

To support the development of potential programmes we use the following approaches.

- Learner Input
- Person Centred Planning Process

Through the Person-Centred Process, Learners and key Workers identify personal goals and ones related to education and training and this is incorporated into a Person Centred Plan for each individual supported. The Learner or their Key Worker notifies the Training centre to see if the programme is available. SJOGCS Person-Centred Approach is underpinned by John O'Brien's 5 Valued Experiences whereby individuals are supported to develop skills, use their abilities, and increase their voice and control their decision making and choices to grow, develop and live ordinary lives in ordinary places attaining employment, social valued roles and being responsible for directing their supports.

Learner Input, Choices, Community approach are all pillars of the HSE New Directions guidance for Day Services where all learners of QQI accredited training programmes attend. This is core to SJOGCS business model, mission, vision, and values. Learners may also make Self-Referrals through their Key Working meetings. If the programme is available, the Learner goes through an Application and Access process to begin.

If the Programme is not currently available or being offered within the specific training centre, the Learner or their Key Worker requests the training centre to consider offering it. If it is not possible to deliver the programme at the specific Training Centre, the local Training and Education Supervisors will liaise with the QQI Programme Development and Review Team to establish availability of the programme in other Regional Training Centres. Once established as available, the keyworker and local Training and Education Supervisors will advocate for the person to attend the different location via an Application for Support Committee Process.

If the Programme is not available at any location, then the Supervisor will inform the QQI Programme Development and Review Team that there is a need identified and that the particular programme and its demand is explored. If the demand is there, then the QQI Programme Development and Review Team will make a programme proposal and seek internal approval from the Academic Committee for QQI Training and Education, and once approved, will lead out on the development of the programme, and seek final approval from the Academic Committee for QQI Training and Education committee who will then apply to QQI for external validation.

Learners have the opportunity to self-refer into a QQI programme through contacting the Line Managers or Local Training and Education Supervisor or the QQI Programme Development and Review Team themselves, to express their interest in participating in programmes leading to QQI Awards. This feeds into the need and identification of new programmes requirements.

3.7 Programme Review and Self-Assessment Processes

The core activity of programme provided are reviewed via the following:

- **Annual Programme Review** – local level to each training programme area.
- **EASI Self-Assessment Tool** which is a key component of the Day Services New Directions Programme aligned to the HSE New Directions Standards. This self- assessment process is pitched at a local level to each day service and training centre and includes all key components of day services delivery including person centred planning, training needs analysis, staffing supports, accessibility of policy for attendees, access to community based activities.

This creates an action plan, which is submitted to the HSE Annually and reviewed locally within each day centre and training centre on a quarterly basis. The Action Plans may include ideas or proposals for new programmes based upon learner, staff, and management input.

- **PCP PCA Audit** - local level to each training programme area that covers all of the Personal and Individuals supports a person wants and needs and is collated for regional senior management to review and discuss, in particular around additional funding requirements.
- **QQI Self Evaluation** – learners and staff complete end of course evaluations that provide data for the supervisor and subgroups, including Academic Committee for QQI Training and Education if required, to consider for necessary changes.
- **Academic Committee for QQI Training and Education** – collate data to have a national picture of trends and future needs.

Organisational Input to Support Review

- Feedback from a wide variety of stakeholders influence and provide feedback on identification of potential new programmes or requirements around review of existing programmes.
- Management teams within the organisation are in a position to identify and recommend specific organisational needs or identify gaps to meet Learner skills and knowledge.
- The potential for new programmes may arise from a change in policy and/or legislation and SJOGCS Senior management are kept abreast of such changes and often have the link to other organisations as a source of future needs or trends.
- All Front Line staff, Key Workers have an advocacy role to support Learners, especially those who cannot communicate verbally and often know the person and their situation and what they may want or need (much of which is manifest in the Person- Centred Plan).

External Input to Support Review

- SJOGCS have direct links with a number of external agencies who can provide valuable insight into training and education development but act as a solid sounding board for new ideas and these organisations include:
 - National Federation of Voluntary Bodies
 - Health Services Executive (HSE)
 - Disability Federation of Ireland (DFI)
 - Health Information and Equality Authority (HIQA)

3.8 Approval of New Programme Proposal

Once the need for a new programme is identified it will proceed through the QQI New Programme Approval Process which identifies the need to develop an outline proposal completed by the Programme Development & Review team which is then submitted to the Academic Committee for QQI Training and Education for review. This committee has overall responsibility for the programmes which are approved for development.

The outline proposal for the potential programme should include the following:

- Identification of programme level and associated major award.
- Clear rationale for the proposed programme.
- Identification of how the proposed programme fits with the scope of training provision in the organisation.
- Proposed target group.
- Overview of potential course modules.
- Required resources and associated costs following consultation with relevant departments in SJOGCS - Finance Department (resources and programme costs approval), Human Resources (staffing) to ensure corporate input and approval.
- Action plan outlining required subject matter expertise and deadlines for completion.

3.9 Development of New Programmes

When approval for a new programme has been granted by the Academic Committee for QQI Training and Education, it is necessary to identify and convene a meeting of the QQI Programme Development and Review Team. They will progress development of the programme and seek expert input as required, while also linking with the Regional Self Advocacy Committees / representatives which primarily consist of Individuals supported and Day Service Co-ordinators. Please refer to Procedure number QQI 006 Development of New Programmes within the SJOGCS Quality Assurance Procedures for QQI 2025 for further information.

The QQI Programme Development and Review Team will develop a clear action plan outlining the development process. This plan should be aligned with the QQI Programme Validation Process and should include:

- Key development activities and responsibility for same.
- Dates and locations for development work.
- Deadlines for completion of each development stage.
- Consultation and review activities.
- Self-evaluation against the QQI Validation Criteria.

Once the programme has been developed in line with the QQI Programme Validation Process it will be submitted to the Academic Committee for QQI Training and Education. A comprehensive review will be conducted to ensure that:

- The programme meets the expected outcomes of the original proposal.
- The programme content and assessment are in line with the associated level on the National Framework of Qualifications.
- All learning outcomes are being met and assessed through the programme content and associated assessments.
- The information provided is accurate and reflects the organisations values, policies, procedures, and practices.
- All required validation criteria have been met

Final Corporate Sign off and Approval of Developed Programmes

- SJOGCS will ensure that the developed programme undergo final corporate approval and signed off by the organisation and its relevant departments and structures to include the Finance Department (resources and costs approval), Programme Department, Human Resources (staffing approval) following approval by the Academic Committee and prior to submission of the programme documentation to QQI.

3.10 New Programme Validation Process

Following a satisfactory review of the developed programme the Academic Committee for QQI Training and Education will sanction its submission to QQI for Programme Validation through the QBS.

Once programme validation has been successfully achieved preparation for programme delivery and assessment can begin.

Once the programme has been approved, the QQI Programme Development and Review Team and all relevant departments are advised of the successful outcome. If approval for the programme is denied, the decision is made known to the QQI Programme Development and Review Team with a clear rationale provided.

3.11 Existing Programmes

All updates and revisions to existing programmes are also channelled through the QQI Programme Development and Review Team who submit to the Academic Committee for QQI Training and Education an outline proposal setting out key changes required following consultation with all key stakeholders and ensuring corporate requirements are met. Once the Academic Committee for QQI Training and Education has approved the revisions and the final version of the Programme it will be communicated back to the QQI Programme Development and Review Team, and all relevant departments are advised.

3.12 Implementation of New Programmes

Once approved and validated, the Academic Committee for QQI Training and Education instructs the QQI Programme Development and Review Team to create an action plan for the local teams to introduce the new programme to Learners.

3.13 Programme Delivery - Learner (Individual supported) Training

Training for learners is identified using the Person Centred Planning Process and this is co-ordinated by the individual's key worker and the teams associated with the Learners local day service. This feeds into the centres training plan and the organisational plan for QQI Training and Development and communicated with the relevant QQI committees and teams. Please see Procedure number QQI 007 Existing Programme Development / Programme Delivery of Learner Training within the SJOGCS Quality Assurance Procedures for QQI 2025.

3.14 Enrolment of Learners for QQI Training and Education Programmes

SJOGCS ensures equality of opportunity for all learners to develop their knowledge, skills, and abilities through a variety of learning opportunities. Learners wishing to enrol on specific courses must go through the following process:

- Identify the training/education need through Person Centred Planning Process /Personalised Care and Support /Individualised planning, or self-referral.
- Complete a QQI Course Application Form or Expression of Interest Form, which provides the option to identify the need for additional supports.
- Has the form signed off by a key worker for individuals supported.
- Submit the form to the Co-ordinator of the Training Centre who liaises with the QQI Programme Development and Review Team.
- The application is reviewed and depending on meeting the pre-requisites of the course and availability of places, a decision is made.
- The applicant receives confirmation of acceptance along, with a learner handbook outlining key course information.

3.15 Additional Supports and Reasonable Accommodations

SJOGCS in its capacity as both a service provider and a provider of education and training acknowledges that learners, regardless of learning level, may require specific supports to achieve their learning goals. We ensure, as much as is practically possible, the adaptation and implementation of specific supports to facilitate individual learners or groups with particular needs to successfully participate, transfer and progress on any QQI programmes offered by SJOGCS. In relation to assessment any reasonable accommodations made will be implemented in a fair and impartial manner and will in no way advantage or disadvantage learners. Please see Procedure number QQI 012 Additional Supports and Reasonable Accommodations in the SJOGCS Quality Assurance Procedures for QQI 2025.

3.16 Protection for Enrolled Learners

It is SJOGCS policy to have arrangements in place to ensure, to the best of our ability, that if a programme of education and training ceases prematurely, Individuals supported will be able to complete a similar programme within another SJOGCS programme or with another provider.

3.17 Programme Monitoring and Review

Programme monitoring and review is central to informing the organisation on how effectively programmes are performing in terms of meeting both learner and organisational needs. Therefore, SJOGCS plans, coordinates, and facilitates the review of QQI programmes at regular intervals to ensure their continued relevance to learners, and also to update programme content, in line with new legislation and current best practice. Monitoring and evaluation are carried out using a number of approaches in order to gather relevant and appropriate information from all stakeholders. Please see Procedure number QQI 021 Programme Monitoring and Review in the SJOGCS Quality Assurance Procedures for QQI 2025.

3.18 Learner Review and Evaluation

In order to gather evidence on learner experiences of the delivery of QQI programmes of learning it is important to include them in the review and evaluation process. SJOGCS receive feedback from learner's post completion of modules to establish suggestions for improvements to the course and how it is beneficial in terms of implementing what they learned into practice. This information is gathered by trainers, co-ordinated by the QQI Lead Trainers and compiled so it feeds back to the QQI Programme Development and Review Team.

3.19 Internal Verification and External Authentication

Feedback from internal verification and external authentication is used to inform programme module review and evaluation as it can provide clear suggestions for improving programme delivery and assessment. The reports produced by the internal verifier and the external authenticator provide different perspectives in terms of review and evaluation and they are well placed to look at programme delivery and assessment through a wider lens, therefore can spot issues that might not be apparent to trainers and assessors. The Academic Committee for QQI Training and Education review all information generated from this process and they agree and monitor the implementation of action plans.

Section 4: Staff Recruitment, Management and Development

SJOGCS provides a range of services and supports to individuals with an ID. The provision of QQI training and education is part of the Day Service Provision and provided to individuals with an Intellectual Disability only. SJOGCS employ approx. 3000 staff across the organisation, however QQI training and education may or may not be part of their role. All staff recruited into the organisation fall under the remit of SJOGCS Human Resource Policy No. 2 Recruitment and Selection as outlined below.

The Human Resources Departments offer a Regional HR support service for all staff and provide information and guidance on all elements of the Employee career within SJOGCS. The aim of HR is to manage the needs of the employees and help maximise the efficiency of the organisation, local, regional, and nationally.

4.1 Staff Recruitment

SJOGCS operates a clear and transparent recruitment process based upon HSE guidelines. All appointments are processed in line with equality legislation and best practice. SJOGCS recognises the benefits of a diverse work force and promotes a work life balance. SJOGCS offers employees independent, no-cost assistance via their Employee Assistance Programme (EAS) with Spectrum Life.

The following are core elements of the SJOG recruitment and selection process:

- Workforce Planning and Budget
- Recruitment and Selection
- Contract Management and Pre-Employment
- Induction
- Probation
- Continuous Professional Development through Supervision, PDR, and Training.

4.2 Policy on Training, Staff Recruitment and Selection

Trainers of QQI accredited programmes in SJOGCS are selected from the existing pool of SJOGCS staff, who will have undergone the recruitment and selection process as outlined previously. All staff recruited for Day Services roles are required to have as per the Instructor/Facilitator Job Description, qualifications at QQI Level 6 in Training/Education/ Social Care etc. Job descriptions also include a requirement for previous experience in training in QQI related programmes.

Staff will have the necessary qualifications and experience to fulfil their principal role within the organisation and for the delivery of QQI accredited training. Therefore, all staff working in Day Services across SJOGCS have qualifications mainly at Levels 6, 7 and 8 as per the National Qualifications framework, in education and training, teaching, social care, psychology, health sport and recreation, community development etc., and have related skills associated with these qualifications.

SJOGCS also have a process in place around the selection of trainers who provide QQI accredited programmes which ensures that the trainers involved meet specific criterion. This includes subject matter expertise and the relevant training /teaching experience. QQI Trainers are selected to deliver specific modules based on their qualifications, knowledge, and expertise in particular subject matters.

Given this, SJOGCS have a system in place whereby there is a lead trainer(s) for QQI programmes selected within each regional service who have at a minimum a Level 6 (major award) / qualification and significant experience of delivering and managing QQI accredited programmes. Lead trainers may have systematic instruction training /training within their primary qualification and or are progressing towards completion of the level 6, Training and Development (comprising of Training Needs Identification and Design 6N3325 and Training Delivery and Evaluation 6N3326).

Trainers have a wide range of experience in delivery of a variety of skills including life skills training and coaching, and in training and education as part of their basic qualifications when securing their role in Day Services. A number of trainers of QQI programmes in SJOGCS would have previously worked as FÁS trainers or worked in other training facilities as trainers. Many trainers who deliver QQI accredited programme also complete systematic instruction training.

Historically there may be some staff who have a qualification at level 5, however they have extensive experience delivering QQI training over the years and are supported to complete the Level 6 overall award in Training and Development. They are assigned to work with the QQI Lead Trainers while they complete the Level 6 Training and Development Award.

All trainers involved in the delivery of QQI training and supporting learners meet pedagogical, academic, professional, and technical standards set by SJOGCS and professional bodies where applicable, e.g., CORU, Teaching Council, the Nursing and Midwifery Board of Ireland. The overall process of managing the recruitment and selection of QQI Trainers lies with the Programme Managers or Co-ordinators of Training Programmes for Day Services, supported by the HR Department. The Day Service Programme Manager is a member of the regional management team and is responsible for the day services activities including QQI training and education.

Clear Job descriptions are provided outlining requirements, including any experience necessary for roles supporting learners. All new staff receive induction training, a staff handbook, and a calendar of training events. Feedback and Evaluation of staff performance is collected via Supervision, PDRs, Programme Reviews, Individual supported/Learner Feedback surveys and Self-Evaluation. Induction for new QQI Trainer includes training on the SJOGCS Quality Assurance Procedures for QQI 2025, QQI Learner Handbook and the QQI QA Manual with a particular focus on teaching, learning and assessment of learning. On the job training is also provided and new QQI Trainers are assigned to a QQI Lead Trainer or QQI Training Facilitator to observe and assist in order to understand the processes and procedures underpinning best practice.

4.3 Recruitment Policy and Garda Vetting

It is the Mission of SJOGCS that working collaboratively and through the provision of Person Centred, Rights Based services we empower and support children and adults with intellectual disability and mental ill health to enjoy valued, meaningful, and inclusive lives. In order to achieve our mission, we are committed to recruiting people of the highest calibre, with appropriate qualifications, skills, and experience, and who are compatible with our mission and values. We commit to follow best practice in relation to recruitment procedures, ensure equal opportunities, and respect the diversity of prospective employees. This includes ensuring that people with disabilities have full access to employment, training, promotion, and career development within our organisation.

As a publicly funded organisation, we are committed to complying with all recruitment approval procedures notified by Health Service Executive National HR. All employees and engaged persons, both potential and current, will be requested to complete a Garda vetting application form prior to commencement with SJOGCS. Garda vetting is in line with National Vetting Bureau Children and Vulnerable Persons Act 2012.

4.4 Recruitment Procedure

In general, vacancies are advertised on appropriate external websites as well as the SJOGCS corporate and regional services website inviting applications from qualified persons. Registered recruitment agencies may be used where it is deemed that there is an insufficient supply of candidates through the normal channels. If it is intended to fill more than one vacancy or if a panel is to be formed from which further vacancies may be filled, the advertisement will indicate accordingly.

- The Human Resources Department will ensure that all recruitment is transparent and conforms to legislative and best practice requirements, and this will include devising procedures which will accommodate the participation of Individuals supported in an appropriate and meaningful manner in the recruitment of employees who provide direct care and support.

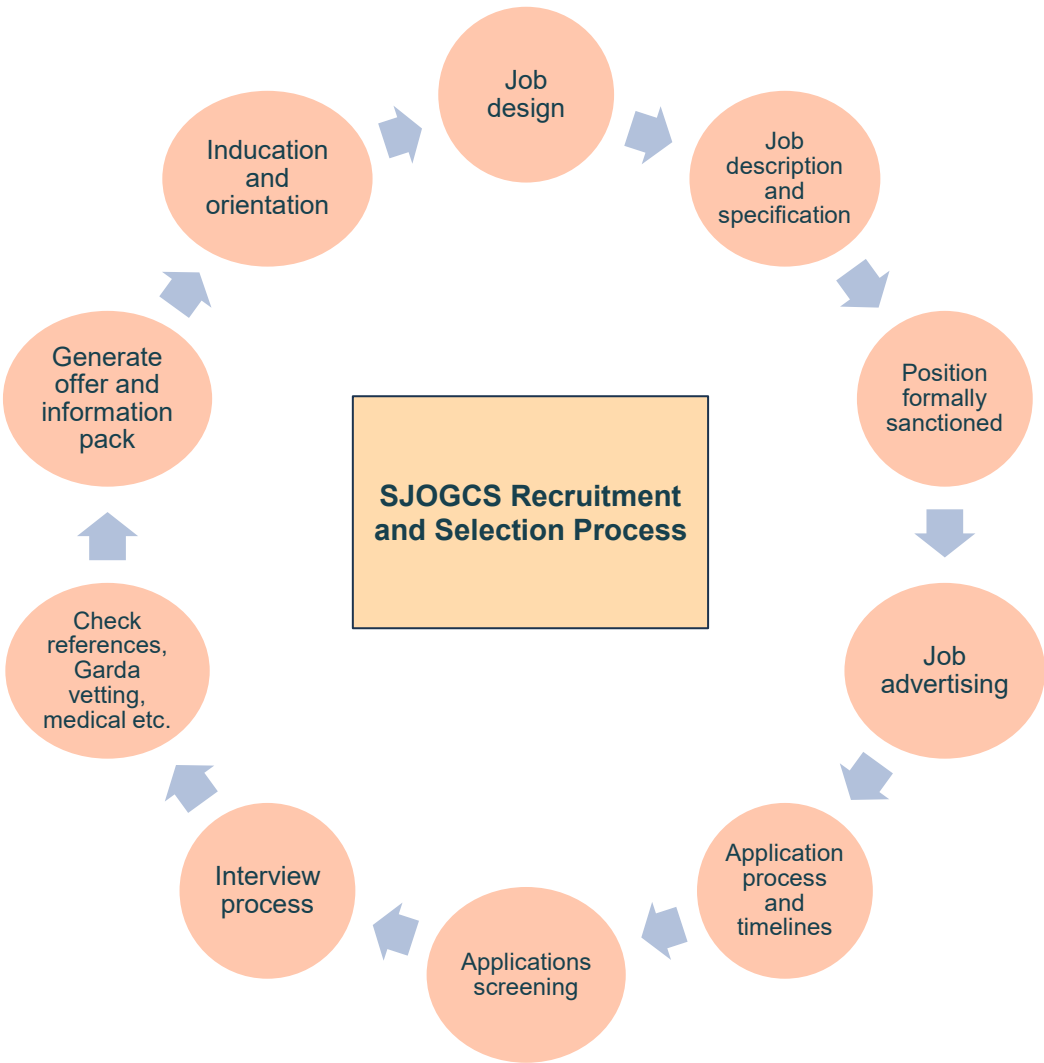
- Where it is intended to fill such vacancies in a permanent capacity the Regional Director must formally advise the Chief Executive/Director of Human Resources as appropriate.
- Before the position is advertised, the particulars of the position, job specification and job description must be prepared. If there are standard qualifications, duties, job specification etc or other features of the post it may not be necessary to alter these.
 - It is essential that Supervisors are satisfied that the list of duties in the job description embrace all the existing and known future demands of the job in order to embrace any subsequent problems in having appropriate duties discharged.
- The month and year when documentation was prepared must be recorded on the documentation.
- The content of the advertisement and choice of media will be agreed at local region.
- The choice of media will influence the content of an advertisement but in general it should include:
 - Description/location of the Service; Type of contract; Job title; Department; Description of the position; Qualifications and experience; Who and where to contact for informal enquiries; Who the application is to be made to and closing date.
- The requirements of the Employment Equality Act, 1998 must be complied with at all times. From time to time this may be adapted to cater for Human Resources' needs.
- The organisation is committed to providing equality of opportunity to people in all aspects of employment. This includes ensuring that people with disabilities have full access to employment, training, promotion, and career development in the organisation.

4.5 Employee Development

SJOGCS are committed to lifelong learning approach and career development by fostering a supportive environment for employees. All employees are encouraged to develop their skills and knowledge and all employees are provided with mandatory training, refresher training and there is a mechanism for additional support to access external training.

SJOGCS ensure that all employees are given support to maximise their performance in pursuit of organisational and individual goals and strategic plans. SJOGCS ensure that all learning and development activities are managed with due regard to fairness, equity, and compliance to national and professional standards. For all other HR queries and details of career opportunities please contact local HR department or directly via SJOGCS's website.

SJOGCS Recruitment and Selection Process Map (Figure 9)



4.6 Employee Code of Conduct

SJOGCS values its reputation for professional and ethical behaviour and is committed to ensuring its adherence to professional and ethical standards and accountability in every jurisdiction the organisation operates within. SJOGCS recognises that to achieve this goal, employees must be accountable and honest and are obliged to act in the best interest of the organisation and the parties concerned. This obligation requires that all employees, volunteers, executive directors, board directors (including all co-opted board members and/or co-opted committee members of the organisation) and suppliers of services (employees/engaged persons) to SJOGCS in the performance of organisational duties seeks only the furtherance of the organisation's mission, vision and values and that all professional and non-professional performance standards dictate the level of quality of care and that probity is high and must be maintained. These values must be the basis for the official actions of all employees/engaged persons.

Section 5: Teaching and Learning

5.1 Overview of SJOGCS Teaching, Learning and Assessment Strategy

SJOGCS believes that Learners of all abilities should have access to opportunities to Learn and grow. SJOGCS operate a Human Rights based approach and a Person-Centred Approach as outlined in our policies and procedures but inherent in our Mission, Vision, and Values.

SJOGCS is committed to providing a safe, quality assured service based upon excellence, compassion, respect, and hospitality. In order to achieve this SJOGCS foster a teaching and learning culture and promote relationships based upon respect and hospitality and when we are faced with barriers we employ the edit of Marc Gold, Founder of Supported Employment and 'try another way'.

SJOGCS recognise that learners have a vast array of experiences, myriad learning styles and unique needs and personal goals and we employ dynamic strategies to be bespoke within a standardised system. Our principles are to support people to increase their independence into the community but also within themselves by making them aware of their decisions, giving them control of their choices and support good and bad choices, supporting positive risk taking to further develop learning and teaching moments through support, reflection, and goal setting.

SJOGCS employ a range of assessment techniques to ensure all learners are provided with the best environments, the appropriate supports and access to ample opportunities for success. We ensure that assessment is fair, transparent, and reflective of the national standards. Our experience supports the idea that Learners gain the most when given the opportunity to transfer the skills and learning to real world situations and there is inherent meaning in all tasks to the person and value to the community also. This provides deep learning and a move towards independence and self-direction.

Being able to offer QQI accredited programmes to our Learners is a key priority for the organisation to ensure that Individuals supported have opportunities to learn, opportunities to receive national certification and begin a journey that will lead to further study and higher levels community access, maybe even employment; but strategically it fulfils our Mission, Vision, and Values to support men and women to become the best version of themselves on their terms. SJOGCS recognise that there are many barriers to access and opportunity for many of our Learners and our role is to create such opportunities and advocate for systemic change elsewhere and support individuals to develop a voice for change beyond our organisation and like John O'Brien would argue, live ordinary lives in ordinary places.

Excellence, continuous improvement, performance review and collaboration help us create an optimal learner experience, often for their entire adult lives and as such help men and women achieve quantifiable outcomes such as QQI certification but unquantifiable outcomes such as self- confidence, increased communication, new skills, and competencies they can use, positive identity, self-esteem and overall, a feeling of achievement.

Teaching, instruction, and support is fundamental to the delivery of programmes in SJOGCS. We are committed to providing high quality learning opportunities to improve skills, abilities, and confidence. Procedure number QQI 007 Existing Programme Development / Programme Delivery of Learner Training within the SJOGCS Quality Assurance Procedures for QQI 2025 outlines the purpose, methods of teaching and learning.

Our focus is on the relationship between the Learner and the support staff providing the teaching. We fuse theory and practice, but our support is underpinned by the mission, vision, and values of SJOG to promote and support people to be successful.

Support staff who teach on the programmes are recruited through SJOGCS robust HR recruitment process and those operating specific learning programmes have relevant expertise, skills, and qualifications to provide the standard required.

In order to teach on the programme, the following is required:

- Relevant qualifications and experience in the subject matter
- A QQI Level that is at least 3 levels above the level being taught but no less than level 5, however the QQI Lead Trainer is at a minimum level 6.

5.2 Induction

It is the policy of SJOGCS that all Individuals supported transitioning to a training programme will complete an induction process and receive a learner handbook. School Leavers entering Day Services as adults will undergo profiling by HSE Guidance office / HSE Disability Service before placement and sampling of different programme areas to support their decision making and choice. Individuals already receiving supports within our day service will also be offered opportunities to sample different areas and if they choose to participate as Learners on a QQI accredited course they will receive a Learner Handbook and necessary supports, if reasonable or additionally funded by HSE.

5.3 Communication with Learners

SJOGCS are committed to support Individuals to 'have their say'. It is the policy of the SJOGCS to establish and maintain effective two-way communication with Learners. Learners are encouraged to communicate and provide feedback on their individual and collective experiences. Learners should be consulted when designing and developing programmes, assessments, and services.

SJOGCS employs a Policy on using Inclusive Communication. SJOGCS uses the Triple C methodology to create a Total Communications environment. Using Person-Centred Planning and Circle of Support we invite and encourage all stakeholders, as directed by the individual we support, to participate in the overall experience. Using traditional methods of reading, writing augmented with Assistive Technology and guided by best practice according to Psychology, Speech and Language Therapy and emerging sciences, all staff in all areas aim to communicate with people in their bespoke learning style whilst offer standardised classes also.

5.4 Learner Information and Resources

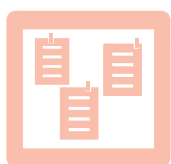
The following is a list of methods available for Learners to receive information relating to any relevant area of a programme. These methods are not exclusive to QQI courses but represent an inclusive communication approach to supporting people to ensure they have access to reasonable accommodations they need.



Induction



Brochures



Notice Board



E-Learning



Social Media



Committee Meetings



Assistive Technology



Conversation

Our Aims

- To ensure quality programme development and design, leading to content that is both relevant and responsive to the needs of learners, underpinned by a robust validation process.
- To provide excellence in teaching, learning and assessment underpinned by robust training and continuous professional development.
- To support staff to belong to a community of practice that is inclusive, proactive, and responsive, and supports engagement and constructive feedback.
- To ensure integrity and consistency, achieved by developing and circulating clear processes and procedures, underpinned by ongoing training for all staff involved in delivering, assessing, and evaluating programmes of learning leading to QQI accreditation and best practice.

5.5 Learner Feedback

Feedback is a fundamental element of continuous improvement and quality assurance. SJOGCS are committed to listening to learners and offering the men and women we support opportunities for their voice to be heard.

Feedback is collected via:

- Learner Evaluation Feedback Form at the end of each module.
- Staff / Key Worker meeting notes, specific to module and/or course (PCP / ITPs)
- Circle of Support meeting notes, specific to module and/or course (PCP / ITPs)
- Monthly Quality Data, specifically complaints and compliments recorded.
- QQI Programme Development and Review Team
- Programme Review of Day Service, that includes satisfaction surveys/will and preference.
- SJOGCS17 Policy on Stakeholder Feedback and Complaints in line with HSE “Your Service Your Say” (Intellectual Disability and Mental Health Services)

5.6 National/Local Representative Committee

Each of our learning locations has in place a Local/Regional Self-Advocacy Group to facilitate two-way communications between local management and Learners. The Self- Advocates are supported by SJOGCS staff and are also supported to use the National Advocacy Service if a conflict of interest arises. The Self Advocacy Groups are consulted with regard to QQI training delivery, development of programme and policy and evaluation and learning. Two learners link with the Advocacy Groups to seek feedback to bring to the Academic Committee for QQI Training and Education and the bring back information and feedback to the regional Advocacy Committees.

5.7 Complaints and Compliments

It is the policy of SJOGCS to seek to create a climate where positive and negative feedback on its services and activities is encouraged and responded to. Feedback is welcome from staff, Learners, and all other stakeholders.

It is SJOGCS policy to:

- Enable feedback.
- Listen and respond to feedback.
- Support Staff and Individuals supported to give feedback.
- Review feedback to continuously improve our service and enhance Staff / Individual supported / Stakeholder's experience.



SJOGCS Complaints Policy Pathway Flowchart

This Policy relates to the handling of feedback provided by stakeholders for example Individuals supported, learners, families, visitors, advocates, staff, members of the public, concerned persons and service providers about the provision of services, directly by SJOGCS or through the SJOGCS's contractual arrangements with other service providers (Statutory and Non-Statutory).

The scope of this document may be amended in light of future developments with contractual agreements and legislative requirements. This policy is in line with the HSE Your Service Your Say National Policy 2017. The guidance resource documentation which gives extensive information on all aspects of the HSE policy is available at HSE Your Service Your Say.

5.8 How to Provide Feedback in SJOGCS

If you wish to provide feedback (comment, compliment, or complaint) about any aspect of our service, please:

- Tell a staff member or
- Email your feedback to –



DublinSouthEastFeedback@sjog.ie LiffeyFeedback@sjog.ie NorthEastFeedback@sjog.ie
KerryFeedback@sjog.ie SJOGCSFeedback@sjog.ie PQSFeedback@sjog.ie
CallanFeedback@sjog.ie Lucena.Feedback@sjog.ie CMSFeedback@sjog.ie
CEOFeedback@sjog.ie HSE at yoursay@hse.ie

- Complete an Accessible Feedback Form (SJOGCS17 – Policy on Stakeholder Feedback and Complaints). A Learner may also give it to a member of staff or ask a staff member for an address, or
- Ask a member of staff for details of where to send a letter with details of any complaint, feedback, or concern.

Front Line Supervisor / Line Manager	Feedback and Complaints Officer / Investigator
Programme Manager Level / Director of Nursing	Accountable Officer and when required, the Review Officer
Programme Manager from another location / Region / Director of Nursing from another area	Review Officer
Operations / Administration Manager / Director of Nursing (CMHS)	Complaints Manager

Section 6: Assessment of Learners

SJOGCS will ensure that assessment of Learners is robust and fit for purpose. We will ensure that we comply with the criteria and procedures set down by the awarding bodies.

6.1 Quality Assurance and Assessments

The provision of quality assured assessments will provide Learners will achievements that are assessed in a consistently fair way, and in line with all QQI requirements. SJOGCS will ensure all assessments for certification are fair, consistent, and carried out professionally at all times. SJOGCS assessment framework includes formal assessments, which are managed through the process outlined where Assessment of Learners leads to formal certification. There is a focus on applied assessment i.e., learners are supported to use, where practical, real situations in the assessment of learning, thereby facilitating clear connections between theory and practice.

SJOGCS recognise the importance of transparency in assessment and strive to ensure that assessment policies and procedures are accessible to learners, staff and all stakeholders involved in the assessment process. In addition to this, fairness and consistency underpins the assessment process and to this end we ensure that:

- All learners have equal opportunities to engage in and understand the assessments associated with their programme of learning.
- Assessments are accessible to learners both in terms of access and comprehension.
- Learners are provided with the necessary information and resources to successfully engage in assessment.
- Assessors are provided with training on assessment of learning and have the necessary information and resources to conduct assessment fairly, consistently and without bias.

6.2 Fairness, Transparency and Consistency

In order for assessment to be fair, transparent, and consistent the following criteria must be adhered to:

- An assessment brief must be written up for each associated programme assessment.

Assessment briefs must contain the following information:

Programme Module Name	Agreed Deadline
Component Code	Assessment Tasks & Guidelines
Programme Module Level	Assessment Presentation & Submission
Assessment Type	Assessment Criteria
Assessment Weighting	

- Assessment briefs must be accessible to learners i.e. they must be able to understand the requirements for assessment.
- Learners must have access to assessment briefs in a timely manner.
- An assessment marking criterion must be developed for each assessment brief.

Assessment marking criteria must contain the following information:

Programme Module Name	Assessment Criteria
Component Code	Criteria for Allocation of Marks
Programme Module Level	Sub-totals and Overall Result
Assessment Type	Feedback for Learners
Assessment Weighting	

SJOGCS ensures that there are appropriate systems in place for assessment and verification of learner achievements. To support this SJOGCS will ensure that.

- All who are involved in the assessment process understand the policy.
- Good communication takes place to ensure that all learners are kept informed of what is expected of them and their ongoing progress.
- There is a fair and consistent approach to assessments of learning.

- There is reasonable accommodation/assistance in place for learners in undertaking assessments as appropriate.
- A robust appeals structure and process is in place for all assessments.

Assessment is quality assured through the following processes:

- Assessment Activities
- Authentication Process
- Internal Verification of the Process and Results
- External Authentication
- Results Approval Process
- Appeals Process for Assessment Process and Assessment Results

6.3 Assessment Techniques

When developing assessment, care is taken to ensure a balance for learners in terms of summative and formative assessment methods. All associated learning outcomes are assessed, and learners are provided with every opportunity to achieve learning outcomes in real life contexts as follows.

6.4 Assessment Techniques used to Assess Individuals supported as Learners

Learners studying at Levels 1 and 2 in SJOGCS are assessed by two main assessment techniques:

- Collection of Work, which may include assessment workbooks, project work and photographic evidence,
- Skills Demonstration, which may include presentations and group discussions and are captured using digital and photographic evidence.

6.5 Information and Communication to Learners

Information assessment is provided to learners through the relevant learner handbook and also through programme module induction. The learner handbook is provided to learners prior to commencement of a course and are reviewed and updated regularly.

6.6 Security of Assessments and Learner Records

SJOGCS have taken measures to ensure the security of assessment and learner records in relation to programmes of learning leading to QQI awards. We will ensure, through our Data Protection and Records Management Policy, that assessment documentation and learner records are gathered and stored in a fair, consistent, reliable, and secure manner.

6.7 Overview of the Management of Assessment

There are a number of staff and external persons involved in the management of assessments within SJOGCS services and their roles are outlined as follows. As noted previously in this document, the QQI Programme Development and Review Team will liaise directly with the Academic Committee for QQI Training and Education in relation to all assessment related activities to include conduct of assessment, requests for reasonable accommodation, internal verification, external authentication, results approval, and submission of results for certification. The QQI Programme Development and Review Team will also ensure effective internal verification and external authentication processes are implemented effectively.

6.7.1 Role of the Academic Committee for QQI Training and Education

The Academic Committee for QQI Training and Education is responsible for the governance and management of QQI training and education activities within SJOGCS. The aim of this committee is to set in place the academic framework. They oversee the establishment, maintenance and development of quality assurance policies, procedures, and processes for all QQI training and educational programmes within the organisation.

The role of the Academic Committee for QQI Training and Education in relation to the effective management of assessment of QQI programmes of learning is to:

- Ensure all assessment activities in relation to QQI validated programmes within the organisation are conducted in line with the agreed QA standards to include conduct of assessment, requests for reasonable accommodation, internal verification, external authentication, results approval, and submission of results for certification.
- Approve all assessment techniques and revisions as required.
- Oversee QQI assessment and examination procedures and ratify the appointment of external authenticators.
- Review QQI internal verification and external authentication reports
- Agree and sign off results that have gone through the results approval process and approve submission to QQI.
- Promote and recognise excellence in assessment of QQI programmes of learning.

6.7.2 Role of the QQI Programme Development and Review Team

The QQI Programme Development and Review Team will liaise directly with the Academic Committee for QQI Training and Education in relation to all assessment related activities to include conduct of assessment, requests for reasonable accommodation, internal verification, external authentication, results approval, appeals process and submission of results for certification. The QQI Programme Development and Review Team will also ensure effective internal verification and external authentication processes are implemented effectively. The QQI Programme Development and Review Team is also responsible for receiving and reviewing all appeals related to both the appeals of an assessment result and the appeal of an assessment process and submitting provisional decisions to the Academic Committee for QQI Training and Education.

6.7.3 Role of QQI Trainers, Assessors and QQI Assessments

The role of the QQI Lead Trainer/ QQI Training Facilitator /Assessor in relation to the effective management regarding assessment of QQI Programmes of Learning is to:

- Undertake required training as identified by SJOGCS to support learning.
- Link with the various QQI teams and committees, and any other support structures within SJOGCS in order to fully understand assessment requirements.
- Effectively communicate all assessment requirements to Learners and ensure that they fully understand what is expected of them i.e., what the assessment is, the medium of response, submission guidelines and deadlines etc.
- Mentor and support Learners through the assessment process and in conjunction with the relevant QQI teams and committees who deal with issues that may arise.
- Mark all work submitted for assessment and return grades and constructive feedback to Learners.
- Demonstrate best practice in all assessment associated activities.

6.7.4 Internal Verifier

The role of the Internal Verifier in relation to the effective management of assessment of QQI programmes of learning is to:

- Ensure that SJOGCS assessment procedures have been adhered to during assessment, by being involved in planning meetings and communicating effectively with all course coordinators, trainers, and assessors.
- Ensure that learning has been assessed using the techniques outlined in the programme module descriptors and that results are documented using appropriate documentation.
- Ensure they are up to date on all relevant policies and procedures relating to assessment and make this information available to Assessors/Markers when required.

- Monitor and check assessment results on an identified sample basis.
- Ensure that all work for assessment is marked, calculated correctly, and is made available for external authentication, ensuring that evidence exists for each learner presented for an award.
- Consult with the QQI Programme Development and Review Team regarding any issues that arise from internal verification.
- Complete and present an internal verification Report to the Academic Committee for QQI Training and Education on completion of the internal verification process.

The purpose of the authentication process is to ensure fair, consistent, and valid assessment of Learners. Assessment must be completed in line with funding and awarding body requirements. Internal Verifiers systematically check the assessment procedures have been applied across all assessment activities.

6.7.5 External Authenticator

The Academic Committee for QQI Training and Education will ratify the appointment of an external authenticator using the following criteria:

- SJOGCS have an existing panel of External Authenticators per Regional Service with the appropriate experience, training and subject matter expertise.
- When SJOGCS require additional External Authenticators to add to their existing panel, they will contact their existing External Authenticator panel members to seek nomination of applicants that have the necessary experience and expertise relating to the role of Authenticator for SJOGCS and request that they make contact with SJOGCS in line with GDPR requirements.
- SJOGCS will also form partnerships with External Providers of Education including Education Training Boards (ETB) and when it is necessary they will contact them to support their process of recruiting additional External Authenticators onto their existing panel.

- SJOGCS will communicate to the external providers of educational their requirements in terms of External Authenticators' experience, subject matter expertise, previous training etc. and seek their assistance in passing this on to potential applicants and request that they make contact with SJOGCS in line with GDPR requirements.
- SJOGCS will follow up and screen applicants who have been nominated by existing Panel members or from third level providers to confirm an External Authenticator meets the following criteria (see below) as set out by SJOGCS.
- The QQI Programme Development and Review Team will oversee this process with input from Co-ordinators of Training in Regional Services.
- Once the applicants meet the agreed criteria the External Authenticator is selected and recruited and will form a panel of agreed External Authenticators.

The External Authenticator selected will:

- Have technical/subject matter expertise within the field of learning.
- Have experience of programme assessment and external authentication.
- Have excellent communication skills, administrative and IT skills.
- Operate within QQI guidelines and adhere to QQI codes of practice.
- Be available to SJOG at appropriate times.
- Be independent to the centre to which they have agreed to carryout external authentication.

6.7.6 Training and Induction for External Authenticator

External Authenticators with subject matter expertise are appointed to independently confirm fair and consistent assessment of Learners in line with the national standards.

SJOGCS will ensure that the External Authenticator is provided with the appropriate training that they may require prior to taking on the role. SJOGCS will provide them with a results pack that contains all the required information to conduct a full external authentication including:

- Internal Verification and previous External Verification Reports
- Programme and Component Specifications
- SJOGCS Validated Programmes and Module Specifications

- QQI Certification Authentication Reports
- Assessment Briefs
- Assessment Marking Criteria
- Examination Papers
- Examination Answer Guides

As part of the preparation for the visit, the External Authenticator will meet with the QQI Representative and go through all necessary information and documentation to support their role.

The SJOGCS representative will ensure the External Authenticator has received and reviewed the QQI Core Guidelines and discuss what information will be provided on the day, answer any questions that the External Authenticator has regarding the visit and source and discuss any additional information that is required or requested by the External Authenticator.

The External Authenticator will visit SJOGCS as required to conduct external authentication and will have access to all learner work submitted for certification. The Staff, Supervisor, and QQI Representative will be available for the duration of the visit and will answer any questions that the External Authenticator may have.

The role of the External Authenticator in relation to the effective management of assessment of QQI programmes is to:

- Review the appropriateness of SJOGCS assessment strategies and techniques and provide constructive feedback and support to SJOGCS.
- Confirm that fair and consistent assessment of learners has been conducted in line with national standards and SJOGCS assessment procedures.
- Review the Internal Verification Report and authenticate findings/outcomes.
- Participate in the authentication process by visiting the centre and communicating effectively with staff and learners, where appropriate.
- Identify issues/ irregularities in relation to the assessment process.
- Complete and present an External Authentication report that can be presented to the Academic Committee for QQI Training and Education
- Participate in the Results Approval Process where required.

6.7.7 Results Approval Panel

The Results Approval Panel, convened by the Academic Committee for QQI Training and Education meets to approve assessment results. The panel considers the internal and external reports and agrees the final results.

Provisional results will be made available to Learners through the QQI Programme Development and Review Team once they have been assessed and reviewed. At this point if the Learner is not happy with their result they are invited to talk to the relevant department and if necessary to appeals process will be implemented

Final results will be made available to Learners through the QQI Programme Development and Review Team once they have been submitted through QQI QBS for Certification and final statement of results becomes available.

6.8 Appeals Process – Requesting a Review of Academic Decisions

SJOGCS is committed to supporting the fair and consistent assessment of learners. To do so, SJOGCS provides an appeal process to support learners to appeal the assessment process or the assessment result, which includes re-check and review of assessment results.

6.8.1 Recheck (Administrative Process)

- Learners can also request a re-check of results to the Co-ordinator of QQI Training Services within ten working days from issue of results, which means the Co-ordinator of QQI Training Services will review the recording and combination of component scores for a module and/or stage as per Section 4.10 of the QQI Assessment and Standards (Revised 2022).
- A discussion with local Programme staff, Learner, and where appropriate line Manager and / or Keyworker will take place.

- SJOGCS will ensure that rechecks should be completed in time for the appropriate QQI grant of awards date. The relevant external examiner should be notified and/or consulted if any change in classification is decided by the academic committee following review. Rechecks should be managed directly by the Academic Committee for QQI Training and Education.
- Re-check results will be notified to the Learner by the Co-ordinator of QQI Training Services. Any errors identified will be notified to all relevant parties, and the Academic Committee for QQI Training and Development.

SJOGCS operates an Appeals process to enable learners to appeal:

- The Assessment Process
- The Assessment Result

Only results approved by the Results Approval Panel can be formally appealed by the learner. Please see Appendix 6 for the Appeals Form.

6.9 Appealing the Assessment Process

Learners are entitled to make an appeal if they are not satisfied with any aspect of the assessment process. If a learner perceives that there has been an irregularity in conducting the assessment process the following steps can be taken.

- Raise the issue / concern in writing with a staff member no later than 10 working days from the date the assessment took place.
- Staff should discuss the assessment process and the issue / concern with the Learner ensuring that they are made aware of their right to appeal.
- The staff should support the Learner to locate the appeals form.
- If the Learner wishes to appeal, they must complete the Appeals Form, clearly explain their concern and why they are appealing the assessment process.
- The appeal must be submitted to the QQI Programme Development and Review Team Chairperson.

- A Review of the assessment process for the specific learner concerned will be conducted by a subgroup of members of the QQI Programme Development and Review Team Group Region Representative, appointed by the Chair of the QQI Programme Development and Review Team and a provisional decision will be made.
- The final decision will be made by the Academic Committee for QQI Training and Education, and the learner will be informed within the agreed timescale.

6.10 Appealing the Assessment Result

Learners are entitled to make an appeal (request a review) if they are not satisfied with their assessment results. Only results approved through the Academic Committee for QQI Training and Education can be formally approved by the learners. If a learner wishes to appeal/review their assessment results the following steps should be taken.

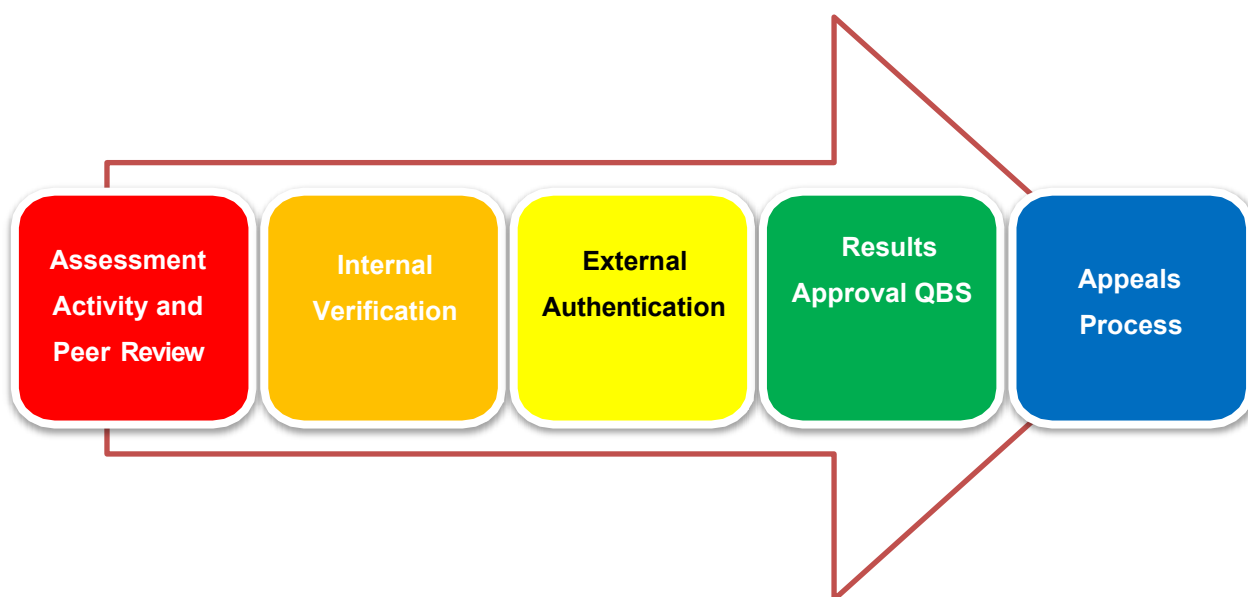
- Learners must complete an Appeals Form clearly explain their concern and why they are appealing the assessment and submit it within 10 working days of the receipt of their final approved results.
- Appeals/ reviews received after this time will not be processed.
- Appeals/reviews should be made via the QQI Programme Development and Review Team
- The Chair of the QQI Programme Development and Review Team will review the application and will discuss the grounds for appeals with the Academic Committee for QQI Training and Education who oversee the process. It is discussed with the Learner, ensuring to explain the options available to them.
- All relevant external examiners will be consulted if there are any changes in classification made by the Academic Committee for QQI Training and Education.

SJOGCS will commit to a reassessing of the Learner's work, and this will not involve the original assessor. Learners will be made aware the re-marking can lead to a downward review of grades as well as an upwards review. The learner will decide if this is an option they wish to pursue. If the learner is not satisfied with the outcome, they will be advised of the repeats process.

6.11 Repeats Process

If it is necessary for learner to repeat part / all the programme module the following steps will be taken.

- The learner will make known to their local training centre / Programme staff their wish to repeat.
- A discussion with local Programme staff, Learner, and where appropriate line Manager and / or Keyworker will take place.
- A decision which will be approved by the Academic Committee for QQI Training and Education will be made identifying the steps the learners need to take, which may include:
- Repeating the entire course i.e. completing the course in its entirety and resubmitting all work for assessment
- Repeating part of the course i.e. attending some classroom sessions and resubmitting some work for assessment
- Resubmitting some work for assessment without being required to attend classroom sessions. This encompasses the re-check and review processes.



Section 7: Support for Learners

SJOGCS is an innovative and progressive voluntary organisation that provides services and supports for people with intellectual disabilities and their families.

SJOGCS's Adult Supports are designed to support each person to lead the life of their choice. We use individualised person-centred planning to identify and agree the specific supports we will provide to each person. These supports typically fall into the areas of daily living, emotional and physical wellbeing, employment, formal education, sport, and leisure and living arrangements. We provide a range of clinical supports to adults in the areas of physiotherapy, speech and language therapy, social work, psychology, behaviour support and occupational therapy.

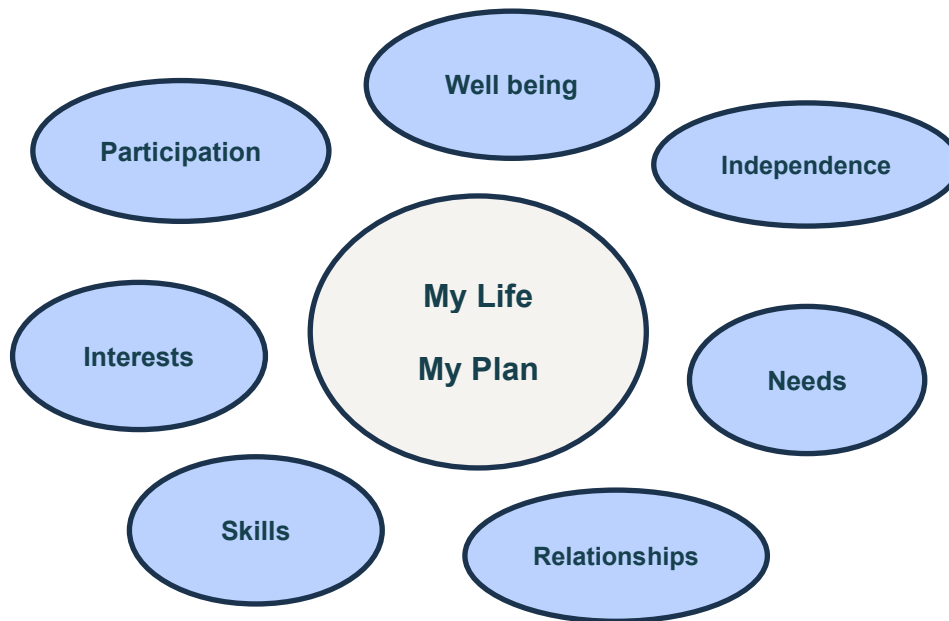
7.1 Person Centred Planning and Learner Supports

It is the policy of SJOGCS to use a person-centred approach to develop, implement, and review an individual's supported personal plan. We support collaborative working for 'One Life Vision-One Plan' with every individual we support with a person-centred approach.

As noted in Section 3 of this document, SJOGCS have in place a Person-Centred Approach policy aligned to the HSE Nine Outcome Measures. It outlines the roles and responsibilities of staff to ensure that a person-centred approach is used for the development of a personal plan with an individual which is based on an understanding and assessment of what is important to and for the individual.

Studying for QQI levels 1 and 2 in General Learning supports the process by offering learners the opportunity to learn about choice, decision making whilst also learn new skills for daily living, personal care, safety, and self-advocacy. This collaboration between the learner and the provider supports the growth of a holistic service.

SJOGCS30 Person-Centred Approach: A Policy on the development of Personal Plans which include a Person-Centred Plan and a Personalised Care and Support Plan for Intellectual Disability Services.



Person-centred approach is evident resulting in making a real and positive difference with and for each individual.

Each personal plan includes a person-centred plan (PCP)

Each personal plan considers outcomes as outlined in the HSE Nine Outcome Measures. Each region's Quality and Safety Committee reviews data to ensure service provision and development occurs in order to facilitate a person-centred approach and outcomes for individuals as appropriate.

7.2 HSE Nine Outcomes and Learner Supports

The Person Centred Policy is aligned to the HSE National Framework for Person-Centred Planning in Services for Persons with a Disability, and the Nine Outcome Measures are presented in the framework are:

- Are living in their own home in the community.
- Are exercising choice and control in their everyday lives.
- Are participating in social and civic life.

- Have meaningful personal relationships.
- Have opportunities for personal development and fulfilment of aspirations.
- Have a job or other valued social roles.
- Are enjoying a good quality of life and well-being.
- Are achieving best possible health.
- Are safe, secure, and free from abuse.

By listening to our learners, and all staff involved in the design, delivery, and review of QQI courses provides, SJOGCS can support Learner acquire skills to move them closer to achieving their chosen outcomes.

7.3 Legislation and other Related Policies

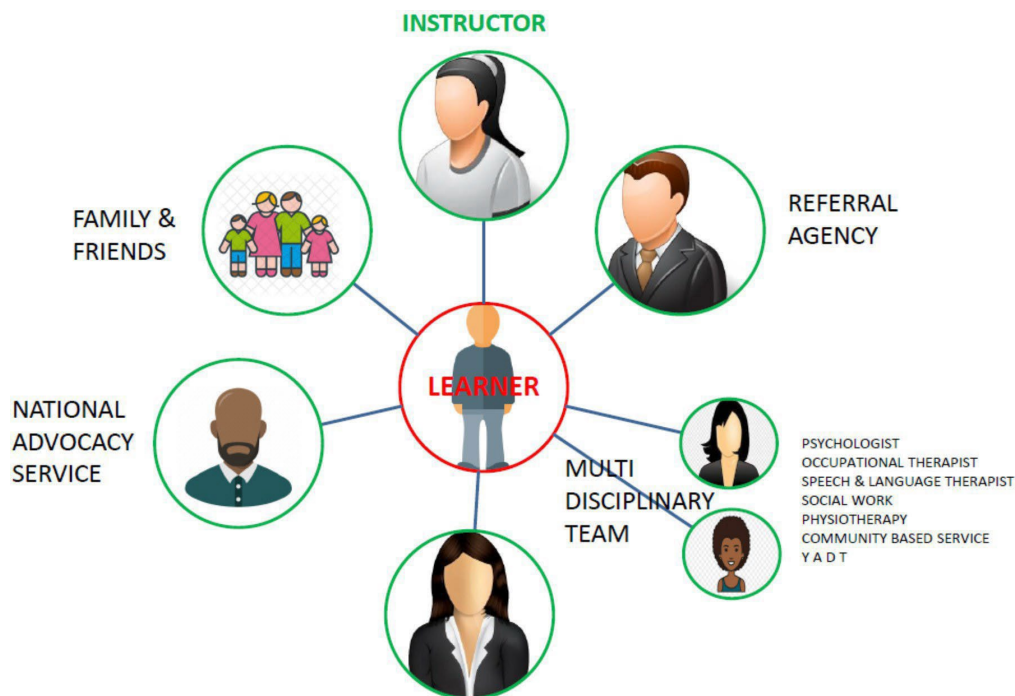
The National Standards (National Standards for Residential Services for Children and Adults with Disabilities) and Interim Standards for New Directions, services and supports for adults with disabilities and The Health Act 2007 Regulations (2013) indicate each person should have a personal plan which outlines what is important to and for the individual and the supports he/ she requires to maximise his/her personal development and quality of life.

In addition, The Health Act 2007 Regulations (2013) outline the requirement for a personal plan to be prepared for people in receipt of residential services. The plan should reflect the individual's needs as identified through the completion of a comprehensive assessment of health, personal and social care needs.

SJOGCS provides services and supporting in line with these requirements and are audited by the Health Information and Quality Authority. Inspection reports are available on the HIQA website.

7.4 Multi-Disciplinary Support Team and Learner Supports

SJOGCS undertakes to work with Learners to identify and analyse their individual needs and goals and seek to meet them through the Person-Centred Planning (PCP) process.



The PCP process is as a structured, systematic, individual driven and team-based approach that enables Learners to identify, plan and achieve their goals in a holistic way within a training / rehabilitation context.

The PCP process is a team approach. Each team member contributes in a collaborative way to establish and agree goals in consultation with Individuals supported. Individuals supported should attend all PCP meetings and be facilitated, with support, to represent their views effectively through an advocate where necessary.

Section 8: Information and Data Management

8.1 Record Systems

SJOGCS maintains comprehensive records at each of its training locations to document Learner progress. SJOGCS ensures all individual records comply with the requirements of funding bodies and in the case of certified training the requirements of certifying bodies. Confidentiality of records is assured by:

- Maintaining files under secure storage
- Limiting access to files
- GDPR
- Consent to access by file owner

Subject to some exceptions referred to under the Data Protection Acts, it is the SJOGCS policy to provide Learners with access to their records and to aid in interpreting records when required.

SJOGCS has specific policy documents in place to support GDPR best practice by all staff. These policies are:

- SJOGCS Data Retention Policy
- SJOGCS Data Retention Schedule
- SJOGCS Data Retention Protection Policy

8.2 Personal Data Security Breach Management

SJOGCS is obliged under EU Regulation GDPR to keep personal data safe and secure and to respond promptly and appropriately to data security breaches (including reporting such breaches to the Supervisory Authority in certain cases. It is vital to take prompt action in the event of any actual, potential, or suspected breaches of data security or confidentiality to avoid the risk of harm to individuals, damage to operational business and severe financial, legal, and reputational costs to SJOGCS.

8.3 Protection of QQI Related Data in SJOGCS

SJOGCS have an up to date policy document in place to address record retention and data protection for all staff, individuals supported (learners), families etc. These policies also apply to all learners who undertake any QQI accredited courses while attending SJOGCS. SJOGCS take privacy and data protection rights seriously. We need to collect personal data to effectively carry out our everyday business functions and to provide services and support to our learners. Such data is collected from employees, learners (and their relatives, advocates, and representatives), and third party suppliers.

In relation to QQI Learner personal and academic, including assessment data and documents, SJOGCS will retain these in line with the SJOGCS Data Retention Schedule 2025. Please also see SJOGCS Quality Assurance Procedures for QQI 2025, Procedure No. QQI 010 Learner Records and Data Protection, page 14.

In addition, we may be required to collect and use certain types of personal data to comply with our legal and regulatory requirements. We are committed to processing personal data in accordance with the General Data Protection Regulation 2016 (GDPR), the Irish Data Protection Act 2018, and any other relevant the data protection laws and codes of conduct (herein collectively referred to as “the data protection laws”).

SJOGCS are mandated to appoint a DPO and we have done so in accordance with the GDPR requirements. SJOGCS have engaged Privacy Engine as its external DPO. We have ensured that our DPO has an adequate and expert knowledge of data protection law. They have been assessed as being fully capable of assisting SJOGCS in monitoring our internal compliance with the Regulation and supporting and advising employees and associated third parties with regards to the data protection laws and requirements.

By Post: Data Protection Officer, St. John of God Community Services CLG,
Hospitaller House, Stillorgan Road, Stillorgan, Co Dublin. E-mail: dpocs@sjog.ie

SJOGCS ensures that:

- We protect the rights of individuals regarding the processing of personal data.
- We maintain a data protection policy, procedure, audit plan and training program for compliance with the data protection laws. We issue regular data protection training for all SJOGCS employees through Privacy Engine, our data protection management platform.
- Every business practice, function, and process carried out by SJOGCS is monitored and reviewed for compliance with the data protection laws and its principles.
- Personal data is only processed where we have verified and met the lawfulness of processing requirements.
- We only process special category data in accordance with the GDPR requirements.
- We record consent at the time it is obtained and evidence such consent to the Supervisory Authority where requested.
- All employees are competent and knowledgeable about their GDPR obligations and are provided with in-depth training in the data protection laws, principles, regulations and how they apply to their specific role and SJOGCS.
- Individuals feel secure when providing us with personal data and know that it will be handled in accordance with their rights under the data protection laws.
- We maintain a continuous program of monitoring, reviewing, and improving compliance with the data protection laws.
- We identify gaps and non-compliance before they become a risk and implement mitigating actions to prevent risk from occurring.
- We monitor the Supervisory Authority, European Data Protection Board (EDPB) and any GDPR news and updates, to stay updated on changes, notifications and additional requirements that may impact how we process personal data.
- We have robust and documented procedures for identifying, investigating, reviewing, and reporting any incidents, breaches, or complaints with regards to data protection as described in our Data Breach Policy.
- We have appointed a Data Protection Officer externally from Privacy Engine who takes responsibility for the overall supervision, implementation and ongoing compliance with the data protection laws and performs specific duties as set out under Article 37 of the GDPR.

- We perform regular checks and assessments on how the personal data we process is obtained, used, stored, and shared. These auditing processes are reviewed against our data protection policies, procedures, and the relevant regulations to ensure continued compliance.
- We provide clear reporting lines and supervision with regards to data protection
- We store and destroy all personal data, in accordance with our Data Retention Policy and Schedule which has been developed from the legal, regulatory, and statutory requirements and suggested timeframes.
- Any information provided to an individual in relation to personal data held or used about them, will be provided in a concise, transparent, intelligible, and easily accessible form, using clear and plain language.
- Employees, individuals supported/service users, and any other individuals whose personal data we process are aware of their own rights under the data protection laws and are provided with the Article 13/14 information disclosures in the form of a Privacy Statement
- We maintain a Record of Processing Activities in accordance with the Article 30 requirements which is regularly reviewed and updated to ensure it accurately demonstrates our data processing activities.
- We have developed and documented appropriate technical and organisational measures and controls for personal data security and have a robust Information Security program in place which is regularly updated and monitored by our ICT Department.

Due to the nature, scope, context, and purposes of processing undertaken by SJOGCS, we carry out frequent data protection impact assessments to identify, assess, measure, and monitor the impact of such processing.

We maintain a Data Protection Risk Register on Privacy Engine to manage and action any risks associated with our processing activities. We have implemented adequate and appropriate technical and organisational measures to ensure the safeguarding of personal data and compliance with the data protection laws and can evidence such measures through our documentation and practices.

8.4 General Data Protection Regulation

Principles of Data Protection

<https://www.dataprotection.ie/en/individuals/data-protection-basics/principles-data-protection>

General Data Protection Regulation came into effect in Ireland on 25th May 2018 replacing previous data protection legislation. The data protection policy sets out the obligations of SJOGCS, regarding data protection and the rights of data subjects, in respect of their personal data under EU Regulation.

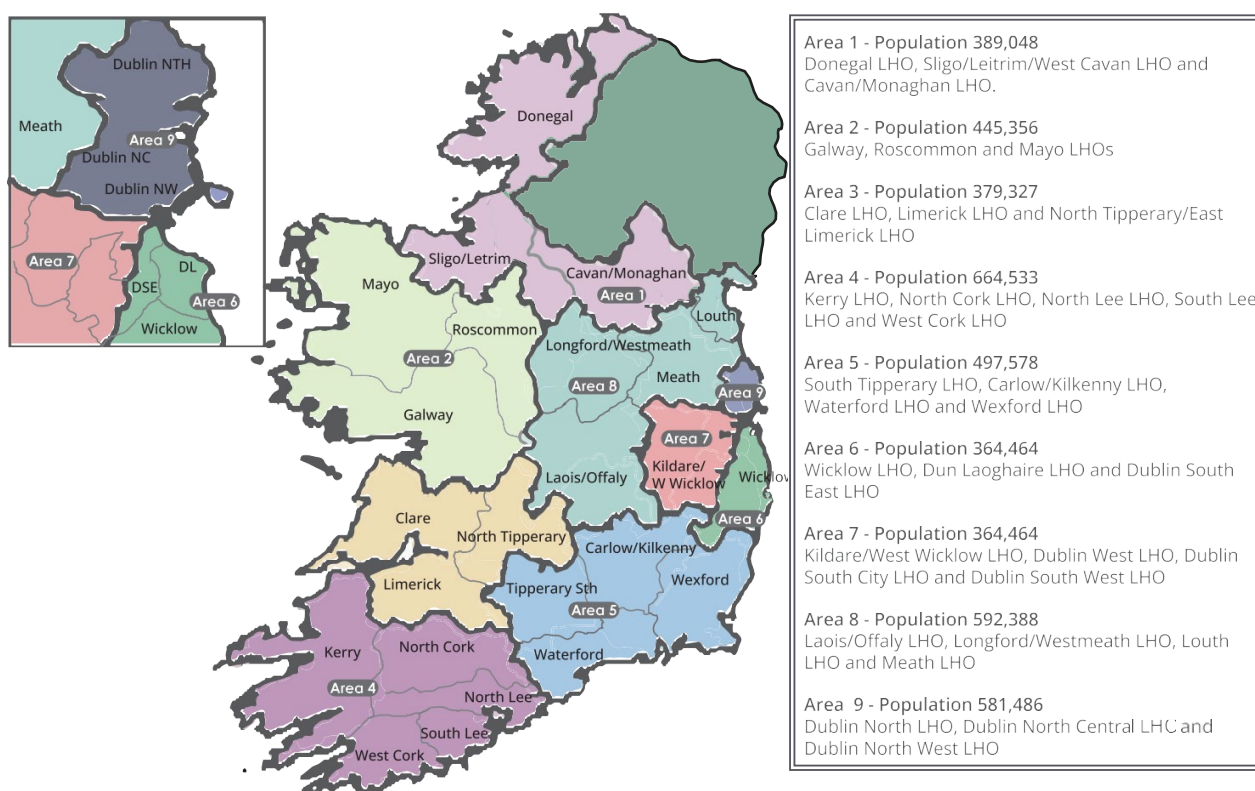
[Your Rights under the GDPR | Data Protection Commission](#)

Section 9: Public Information and Communication

SJOGCS has a range of procedures for ensuring professional and appropriate liaison with the media, public representatives, and other key audiences. All staff must comply with these procedures which ensure that all public communications are conducted with the knowledge and support of the Communications and Public Affairs Team assurance system or major/minor awards offered please contact your PDO.

9.1 Health Service Executive

SJOGCS provides services and supports in four HSE CHO areas which include CHO4, CHO6, CHO7, and CHO8. SJOGCS validates all programmes offered on HSE funded programmes with QQI. Therefore, SJOGCS are responsible for quality assurance of these programmes.



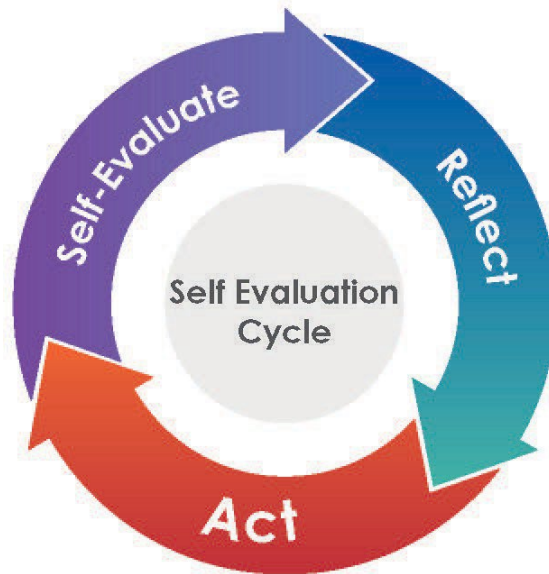
Section 10: Quality Assurance - Monitoring and Review

SJOGCS are committed to delivering a high-quality service to all. SJOGCS implements a system of self-evaluation and review of programmes in line with quality assurance requirements. Quality and its assurance are the primary responsibility of all staff within the SJOGCS and is underwritten in our Mission Vision and Values. Programme monitoring and review is central to informing the organisation on how effective its programmes are in meeting the needs of Individuals supported and upholding the Mission, Vision, and Values of SJOGCS.

All Services review their service at regular intervals. The Person-Centred Planning audit process helps the organisation know the quality of the Person-Centred Plan each individual has. The EASI tool and HSE Audits help inform the day services if they are meeting the needs of Individuals supported but also that the staff and management are aware of same whilst our residential service comes under the scrutiny of HIQA and to prepare for all of these each region conducts regular reviews, peer-to- peer audits of its own and each month each regions senior management team review monthly data on Quality and Safety that is derivative from all the activities that make up the service provision, for example Safeguarding, Incidents, Staff recruitment to name a few.

SJOGCS operate a self-evaluation cycle of Evaluation, Reflection and Action and across the regions this cycle appears in different shapes, form, and size; however, with respect to QQI monitoring and evaluation use a number of approaches to gather information and feedback so that we approach each Learner individually and gather the information in a manner that suits them so standard procedures may differ in execution whilst follow the same pattern.

Self-Evaluation Cycle (Figure 10)



10.1 Learner Review and Evaluation

SJOGCS operates a Person-Centred Approach and ensures that all Learners participate in the review of their programme. Firstly, Learner Feedback is an immediate opportunity for them to offer insight verbally or otherwise on the environment, the location, the QQI Lead Trainer's/QQI Training Facilitator's management of delivery of the programme, the speed of the process and the key moments of their learning and how they felt. The Learner may also employ an advocate, i.e., key worker or family member, to support their feedback and this dialogue can be during or post programme.

Secondly, all programmes providing QQI Modules will complete a Self-Evaluation Questionnaire (SEQ) on an annual basis. This allows programme staff to explore, reflect and report on the effectiveness of a programme. The aim of self-evaluation is to identify good practice/new innovations and areas for improvement to inform future practice.

Thirdly, Learner focus groups - advocacy meetings - provide the opportunity to discuss experiences, and the representative group, i.e., Self-Advocate group, can bring items to the attention of the programme providers or to senior management via their own forum. In reality this process is more a part of the Appeals or Complaints process than monitoring, but it is worth mentioning as it highlights the numerous ways in which SJOGCS listens to its Individuals supported/ Learners.

Finally, all Day Programmes are continually Self-Assessed and Monitored by HSE EASI (Evaluation Assessment Service Improvement) Process to ensure that national standards of New Directions are met, and actions are implemented to offer Learners the appropriate supports to have the best opportunity at living an ordinary life in ordinary places.

10.2 Staff Team Review and Evaluation

Team meetings and Annual Programme Reviews give the staff ample opportunity to review the programmes with their staff peers, the Supervisor, and the Co-ordinator of QQI Training Services for the region. Each staff also has regular supervision and an annual Performance Development Review (PDR) as part of their development that gives them opportunity to develop goals and make changes or at least provide the Academic Committee for QQI Training and Education with ideas for change.

Programme Review Cycle (Figure 11)



SJOGCS are committed to completing Internal Programme reviews on a regular basis and SJOGCS operate a Programme Review cycle of – Engage, Review and Report – this could also be easily Engage, Reflect and Act (similar to the Self Evaluation cycle).

All programmes are reviewed as per the New Directions EASI Process, and all QQI Modules are reviewed as per the QA process. Programme Review provides an opportunity to assess the continued relevance of programmes to the needs of Learners, stakeholders, the labour market, and the educational environment in which the Learner will progress.

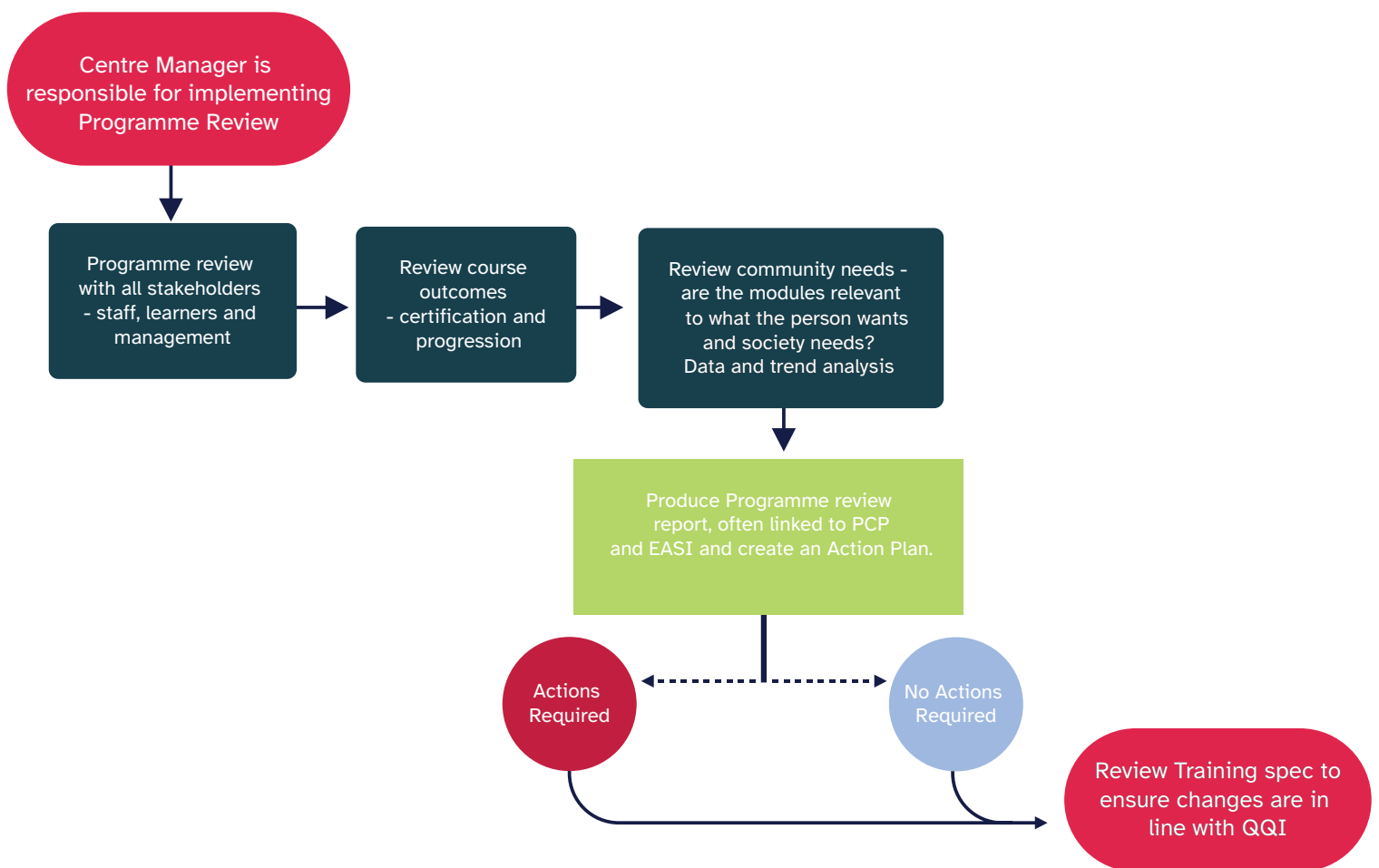
The following are considered when completing a review:

- Programme SEQ including Action Plan and Areas of Innovation/Good Practice
- Learner Satisfaction Surveys
- Staff Satisfaction Surveys
- Stakeholder Satisfaction Surveys
- Certification Outcomes
- Programme Outcomes e.g., employment, progression to higher level.
- Personal Centred Plans/Personal goals

10.3 Internal Verification and External Authentication Feedback

All Internal Verification and External Authentication feedback is analysed by the QQI Programme Development and Review Team when completing a review, to inform a report for submission to the Academic Committee for QQI Training and Education for approved implementation of changes / development.

Programme Review Process Map (Figure 12)



10.4 Monitoring Quality Assurance Review

SJOGCS are committed to continuous improvement in all its activities. SJOGCS recognises that it is ultimately responsible for its service provision and the implementation of the QQI QA Manual. We will ensure that adequate resources are available towards the implementation of the QA and the upholding of the SJOGCS Mission, Vision and Values that are core to everything we do and why we do it. The Quality Assurance Review (QAR) is a fundamental part of our quality assurance systems. SJOGCS continuously monitor our services to ensure standards are met and maintained and will take place at least once a year.

The aim of the Quality Assurance Review is to ensure compliance with:

- organisational requirements
- funding and awarding body requirements.

While completing Quality Assurance Review the following may be taken into consideration

- Self-Evaluation Action Plan
- Programme Review Action Plan
- Learner Feedback
- Staff/Stakeholder Feedback
- Outcomes, such as certification
- Conformance e.g., Operating Guidelines, Local Training Specification, Business Plans.

This is not a definitive list and may vary depending on review type.

The aim of the QAR is to provide re-assurance that all programmes are adhering to the QA process and standards set by SJOGCS, QQI and all those operating the process are compliant with the mission, vision, and values of SJOGCS.

The SJOGCS QAR approach is based on the Gibbs model of self-reflection illustrated below which drives the Self-Evaluation Cycle and the Programme Review Cycle. Monitoring and review are coordinated by the Academic Committee for QQI Training and Education and the local teams at each region and alongside the SJOG Values make it inherent to each staff member that quality is their remit and that we all play a continuous part and whilst there are formal reviews the beauty and the strength of the quality is found in the nuanced informal everyday moments.



10.5 Quality Assurance Review Procedure

- Risk Register outlines any/all associated risks to the development, delivery, assessment, and monitoring of all QQI programmes.
- Learner Review and Evaluation at the end of each course provides opportunity for learner to rate their overall satisfaction.
- Staff Team Review provides opportunity for staff to rate their overall satisfaction with outcomes and resources.

- Internal Verification and External Authentication provides regions and Academic Committee for QQI Training and Education with data on success and feedback from independent source.
- Academic Committee for QQI Training and Education, the QQI Programme Development and Review Team and the QQI Quality Assurance Policies and Procedures Team discuss, monitor, review, and action on an on-going basis.

QAR is crucial to the success of the programmes and the enhancement of the learner experience. SJOGCS keeps abreast of laws and regulatory requirements through membership of National Federation of Voluntary bodies, HIQA, IBEC and our engagement with HSE, as funders. We measure compliance through inspections and audits e.g., HIQA for residential services, CRO, HSE and HAS for example. Audited accounts and safety statements are reviewed annually and published accordingly.

Appendix 1: Glossary of Terms

CAS	Common Awards Systems
CEO	Chief Executive Officer
CHO	Community Healthcare Organisations
DLO	Designated Liaison Officer
DSE	Dublin South East Services
EA	External Authentication
EAP	Employee Assistance Programme
EASI	Evaluate, Action Service Improvement
EBT	Employer Based Training
ETB	Education and Training Board
GDPR	General Data Protection Regulation
HR	Human Resources
HSA	Health and Safety Authority
HSE	Health Service Executive
HIQA	Health information and Quality Authority
IV	Internal Verification
KS	Kerry Services
LDE	Learning and Development Environment
LTS	Local Training Specification
MDT	Multi-Disciplinary Team
NE	North East Services
NTS	National Training Specification
NFQ	National Framework of Qualifications
PLSS	Programme and Learner Support System
PCP	Person-Centred Plan
PQS	Programme Quality and Safety Department
PSI	Psychological Society of Ireland
QI	Quality Improvement
QA	Quality Assurance
QAR	Quality Assurance Review
QBS	QQI Business System
QQI	Quality and Qualifications Ireland

RUA	Relationship, Understanding, Awareness Programme
RCCRS	Results Capture and Certification Request System
ROO	Regional Operations Officer
RT	Rehabilitative Training
SEQ	Self-Evaluation Questionnaire
SJOGCS	St. John of God Community Services CLG
SMT	Senior Management Team
TQAS	Transition Quality Assurance System
TPS	Training Programme Specification
VT	Vocational Training
YADT	Young Adults Disability Team
YSYS	Your Service Your Say

Appendix 2: Documents Informing the Quality Assurance Manual

- Statutory Instruments, I No 367 of 2013, Health Act 2007 (Care and Support of residents in designated centres for persons with disabilities) Regulations 2013.
- Universal Declaration of Human Rights (1948) and UN Convention on the Rights of Persons with Disabilities 2006
- HIQA National Standards for Residential Services for Children and Adults with Disabilities 2013.
- A National Framework for Person-Centred Planning in Services for Persons with a Disability HSE 2018.
- HSE National Consent Policy 2024
- Assisted Decision Making (Capacity) Act 2015
- SJOGCS11 Policy on Equality and Human Rights (Promotion and Protection)
- SJOGCS17 Policy on Stakeholder Feedback and Complaints in line with HSE “Your Service Your Say” (Intellectual Disability and Mental Health Services)
- SJOGCS18 Integrated Risk Management Policy and Standard Operating Procedure
- SJOGCS Data Protection Policy
- SJOGCS Data Retention Policy
- SJOGCS Data Retention Schedule
- KARE QQI Manual
- OTC QQI Manual

Appendix 3: Suite of SJOGCS Policies

- SJOGCS Safety Statement
- SJOGCS Child Safeguarding Statement
- SJOGCS Fire Safety Register
- SJOGCS04 Supports Policy for Individuals with an Intellectual Disability (Admission/Entry/Transition/Transfer/ Discharge/Exit)
- SJOGCS08 Positive Behaviour Support Policy (Children and Adults Intellectual Disability)
- SJOGCS11 Policy on Equality and Human Rights (Promotion and Protection)
- SJOGCS13-Policy on using Inclusive Communication
- SJOGCS17-Policy on Stakeholder Feedback and Complaints in line with HSE “Your Service Your Say” (Intellectual Disability and Mental Health Services)
- SJOGCS18-Integrated Risk Management Policy and Standard Operating Procedure
- SJOGCS19-Incident Management Policy and Procedure
- SJOGCS20-Standard Operating Procedure for Infection Prevention Control in line with the HSE Community Infection Prevention and Control Manual (Intellectual Disability and Mental Health Services)
- SJOGCS24-Policy on Access to Education Training and Development Opportunities for Adults in Intellectual Disability Services
- SJOGCS30 Person-Centred Approach – A Policy on the development of Personal Plans which include a Person- Centred Plan and a Personalised Care and Support Plan for Intellectual Disability Services
- SJOGCS37 SJOGCS Open Disclosure Standard Operating Procedure
- SJOGCS38 Standard Operating Procedure on Consent for Children and Adults supported by SJOGCS Intellectual Disability
- SJOGCS39-Policy on Equality and Human Rights for Children (Promotion and Protection)
- SJOGCS41-Policy on the Prevention and Management of Work-Related Aggression and Violence 2018 (HSE). Standard Operating Procedure including the Protection of Staff working in Saint John of God Community Services clg.

- SJOGCS Statement of Purpose - Generic Template and the SJOGCS Statement of Purpose - Easy Read Version
- SJOGCS Code of Conduct
- SJOGCS Garda Vetting / Policy Clearance
- SJOGCS Recruitment and Selection
- SJOGCS Data Protection Policy
- SJOGCS Data Retention Policy
- SJOGCS Data Retention Schedule

Appendix 4: Relevant National Policies

- HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures
- HSE Guidelines for EASI Process and Tool Evaluation, Action, and Service Improvement (April 2019)
- HIQA Guidance on the Statement of Purpose for designated centres for Children and Adults with Disabilities Effective February 2018
- HIQA National Quality Assurance Criteria for Clinical Guidelines October 2011
- HIQA National Standards for Residential Services for Children and Adults with Disabilities January 2013
- HSE Your Service Your Say National Policy 2017
- HSE Your Service Your Say Guidance Manual
- HSE A National Framework for Person-Centred Planning in Services for Persons with a Disability
- Trust in Care: Policy for Health Service Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse against Staff Members

Appendix 5: Feedback Forms and Terms of Reference

Feedback Forms

QQI Evaluation and Feedback Form (QQI Lead Trainer / QQI Training Facilitator)

QQI Learner Evaluation Feedback Form

Terms of Reference

Academic Committee for QQI Training and Education Terms of Reference

QQI Quality Assurance Policies and Procedures Team Terms of Reference

QQI Programme Development and Review Team Terms of Reference

Board Sub-Committees:

Nominations, Performance and Governance Sub-Committee Terms of Reference

Quality, Safety and Regulatory Compliance Sub-Committee Terms of Reference

Audit, Risk and Compliance Sub-Committee Terms of Reference

Finance and HR Sub-Committee Terms of Reference

New Directors Steering Committee Terms of Reference

Quality and Safety Executive Committee Terms of Reference

Appendix 6: SJOGCS QCI Appeals Form



QCI Appeals Form

Learner Name	
Learner Number	
Contact Number	
QCI Course	
Day Service/Education Centre	
Trainer	
Date of Appeal	

What is the category of the Appeal (Please tick)

Process ☐ Result ☐

Briefly Describe the Nature of your appeal

Please submit this form to the QQI Programme Development and Review Team Chairperson. A Review of the relevant process will be conducted by a subgroup of members of the QQI Programme Development and Review Team, appointed by the Chair of the QQI Programme Development and Review Team and a provisional decision will be made. The final decision will be made by the Academic Committee for QQI Training and Education, and the learner will be informed within the agreed timescale.

Appendix 7: SJOGCS QCI Evaluation and Feedback Form



QCI Evaluation and Feedback Form (QCI Lead Trainer/QCI Training Facilitator)

Name of Module Completed:

Dates Module Commenced:

Dates Module Concluded:

Number of Participants who took part in Module:

What worked well on the Module?

What did not work well on the Module?

What would you change the next time you ran the Module?

Signature:

Date: