QQI Quality Assurance

Manual 2023

Version 1.1.

St. Michael's House

Willowfield Park

Goatstown, Dublin 14

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Contents

Section 1: Introduction

St. Michael's House (SMH) provides a comprehensive range of services and supports to men, women and children with intellectual disabilities, and their families, in 170 locations in the greater Dublin area. It supports 2,300 people. St. Michael's House is funded by the Health Service Executive (HSE), TUSLA, and the Department of Education and Skills.

St. Michael's House supports include:

- Residential supports and independent living
- Clinical supports
- Day supports
- Schools
- Respite supports
- Vocational training services.

The values of St. Michael's House are Respect, Kindness, Honesty, Excellence, Creativity.

Our vision is 'A society in which people of every ability can live the life of their choosing'.

Our mission is to work with service users to understand their needs and wishes and help them achieve their goals. 'Your Life, Your Rights, Your Choices'.

St. Michael's House registered as a provider of QQI awards in 2011 under the name 'Evolve Training Services, St. Michael's House'. Evolve was a specific initiative in St. Michael's House which explored day service provision in the lead up to the development and implementation of the HSE policy and standards called New Directions. St. Michael's House is implementing the New Directions Interim Standards for Day Services for Persons with Disabilities (HSE, 2015).

QQI provision is a key aspect in our delivery of day services. As a QQI accredited centre, St. Michael's House offers modules and programmes that lead to awards on the National Framework of Qualifications (NFQ). We are approved to deliver awards at Levels 1, 2 and 3 on the NFQ. Currently, we deliver a Major Award in General Learning at Level 2, along with the option for learners to undertake individual minor awards if they prefer. We deliver a programme at Level 3 called 'Active Citizenship'. There are three modules in this programme – Self-Advocacy, Community Participation, and Work Experience. All our programmes and modules are part-time.

QQI awards are offered as part of the services and supports provided by the organisation. There is no income generated from the delivery of modules and programmes. Expenditure

relates primarily to trainer time, premises, and teaching/learning materials. Trainers take on duties in relation to learning and development as part of their SMH role, and premises/training locations/teaching and learning materials are provided by St. Michael's House, paid for from the central SMH budget or from individual centre budgets.

St. Michael's House has excellent contacts in health, education, and disability services. We have also built strong community connections with local organisations, businesses, education providers, charities, and mainstream services.

The QQI service is led by two QQI co-ordinators and is well supported by the Executive Management Team, and local service and centre managers. We also have access to multi-disciplinary supports, a Staff Training and Development Department, and a Quality, Improvement and Safety Department.

We have a large team of trainers, with significant expertise in our subject areas, and with considerable experience working with persons with intellectual disabilities. We have good relationships with external tutors and local education providers. We are able to design and tailor modules and programmes to the individuals we support, and can meet a diverse range of needs within our learner group, for example, in relation to communication, literacy, specific learning difficulties, behavioural support needs, autism etc.

Our QQI Mission Statement

We want to provide high quality and meaningful learning experiences for adults using St. Michael's House services and supports. We strive to deliver person-centred learning which empowers our learners and assists them to achieve their personal goals and to be active citizens.

We achieve this by:

- Working in an open and honest way with our learners and trainers
- Collaborating with trainers, learners, and other stakeholders to deliver quality learning that meets best practice
- Offering evidence-based learning
- Designing and delivering quality programmes and modules
- Ensuring our trainers have the expertise and experience to deliver these programmes and modules
- Having solid Quality Assurance protocols and procedures in place
- Evaluating modules, programmes and our practices, and implementing change as required

- Developing an inclusive ethos which promotes accessibility, equality of opportunity, and diversity

- Making a positive contribution to communities and society in general.

Our Quality Assurance Process

The Quality Assurance (QA) process in St. Michael's House is comprehensive. It has been designed to ensure that our learners receive the best educational experience possible, and our trainers are supported to develop their skills and deliver programmes and modules in line with best practice. In addition, we want to maintain strong relationships with key stakeholders in the local community. We want to give our learners the foundation they need to access learning opportunities with mainstream providers in their communities if they wish to do this. We see the provision of modules and programmes within St. Michael's House as a stepping-stone for many of our learners, as well as a core support for others that may not want or be able to access external services. Our QA process reflects the values of the organisation in relation to inclusive communities.

St. Michael's House strives to embed a quality culture within the organisation which drives decision-making and standards. QQI provision and our QA procedures are part of this quality culture.

The management proactively monitor and review the quality of QQI provision through both informal and formal mechanisms. Any improvements or recommendations suggested to us, for example, by QQI External Authenticators, are implemented quickly and action plans developed if required.

We strive to be transparent and accountable in our work. The organisation has a website which includes information about QQI programmes and modules, and Quality Assurance. We provide information to our learners in accessible formats.

Aim of this Quality Assurance Manual

The aim of this manual is to ensure that:

- All SMH staff, involved in the development, delivery and evaluation of QQI programmes and modules, are aware of and support the organisation's approach to quality

- The Quality Assurance system is transparent and reflects the mission and values of the organisation

- There are clear measures in place to monitor, review, and evaluate the effectiveness of the Quality Assurance system.

The Structure of this Manual

Our policies and processes as they relate to our QQI modules and programmes are outlined in this manual. This manual is aligned to the *QQI Statutory Quality Assurance Guidelines 2016.*

Section 2 of this manual describes the governance systems in place in St. Michael's House. Section 3 covers a documented approach to Quality Assurance. Section 4 outlines our approach to the development and delivery of programmes of education and training. Section 5 focuses on our practices in relation to staff recruitment and management. Section 6 concentrates on teaching and learning, and Section 7 on assessment. Section 8 highlights the supports available to learners.

Section 9 explains our information and data management policies.

Section 10 is about public information and communication whilst Section 11 addresses other parties that may be involved in our education and training provision.

Section 12 describes the process for self-evaluation, monitoring, and review.

St. Michael's House endeavours to implement policies and processes which provide a robust system of governance. This system of governance supports a quality educational service for learners.

Structure of the Organisation

The structure of the organisation is outlined in the organisational chart below. We believe our structures and processes are sufficient to protect the standard and integrity of the programmes and awards that we deliver.

This manual has been prepared with due reference to:

QQI Core Statutory (QA) Guidelines, April 2016 and '*Interpretation and Practical Application of the QQI Core Statutory Quality Assurance Guidelines Section 2.1: Governance and Management of Quality: A Practical Resource for Providers and Panel Members*'.

The organisation is governed by a Board of Directors. There is a Chief Executive Officer and a Director of Operations. The Executive Management Team is responsible for the day to day management of the health and social care aspect of the organisation, along with the corporate and financial side.

St. Michael's House Organisational Chart
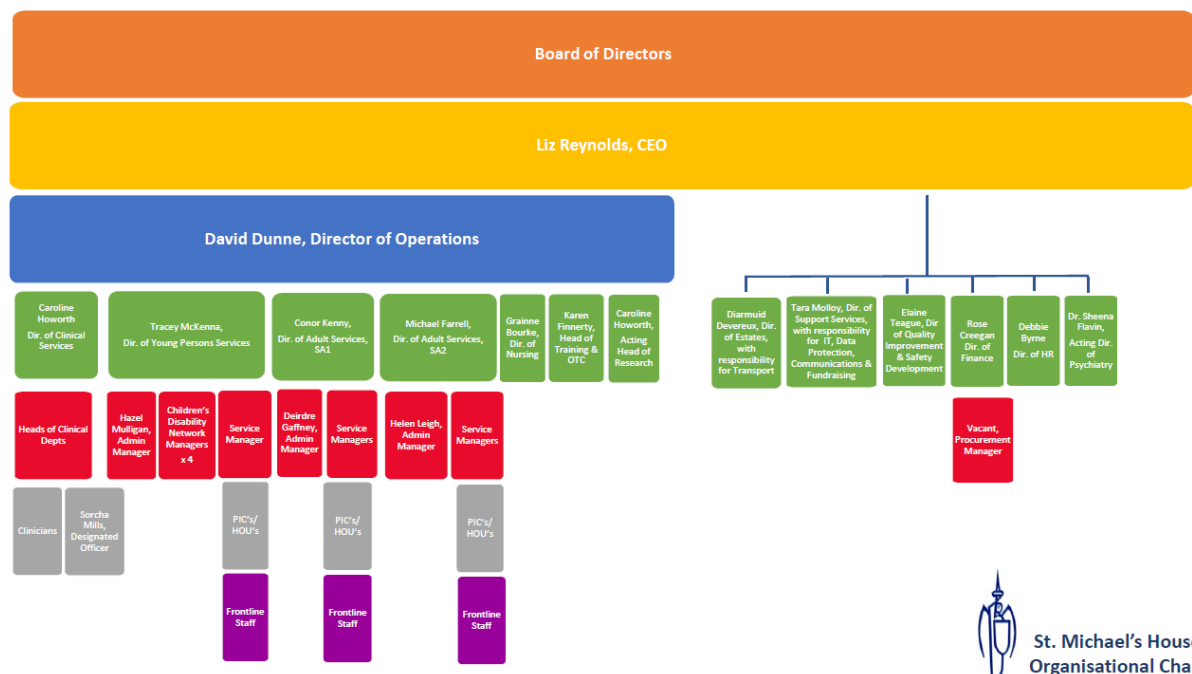
Services and supports for adults in St. Michael's House are divided into two main service areas, each with its own Director. See graphic below.

Conor Kenny, Director of Adult Services – Service Area 1 Service Managers Clusters

Karen Harrold	Eoin Keating	Maria Deaton	Dympna Farrell	Hazel Cadwell	Mary O'Driscoll	Alan Donohue
Residential	**Residential**	**Residential**	**Residential**	**Residential**	**Residential**	**Residential**
Boroimhe- Susan Pepper (acting PIC)	The Willows- Sheila Collins	Glenamoy - Emily McKenna	Marley- Aoife O'Rourke	Woodview- Ailbhe Ward	107 Cromwellsfort Road - Ceara NicCoitir	Park View- Katny O'Relly
Longlands- Niamh Sheridan	Glencree- Siobhan Clinch	Glencorry- Ciaran Reynolds	Glendoher- Joanne O'Keefe	83 Ballymun Rd- Paula Kelly	Whitehall- Emma Redmond	Clew Bay- Jackie Fogarty
Rathbeale- Amy Hudson (acting PIC)	Hazelwood- Paul Henry	Glenanaar- Declan Naughton	Kennington- Joanne O'Keefe	Shanowen/Shanvarna- Mark Marren	The Pines- Ellen O'Driscoll (Acting PIC)	Colllins Park- Jackie Fogarty
30 (A) St Canice's Road- Rosaleen Keane	Willowpark- Maria Roberts	Glenealy- Arvin Sauler / Pauline Kingston	Willowglade- Olivia McMillan	Ferndale/Avondale- Julie Heary	Landscape Park- Ciara Healy (Acting PIC)	Coolfin- Jackie Fogarty
Elmwood- Lynda Yeates		Glenmalure- Sonja Yeates	Rossmore- Triona Ni Shiuchru	63 Canice Road- Pauline McCormack		New Cabra Road- Karen Kelly
		Glenveagh- Niamh O'Shea		Sallowood- Aoife O'Shea		Canice's Square App- Pauline McCormack
						Timbermills – Lorna Dillon
						Wad River – Lorna Dillon
Day & Local Centres	**Day & Local Centres**	**Day & Local Centres**	**Day & Local Centres**	**Day & Local Centres**	**Day & Local Centres**	**Day & Local Centres**
Work Options- Lorna Grendon	ASD Finglas- Gillian Mulholland	Local Centre Managers - Deirdre McDonnell and Lynda Lyons	Leinster Rd- Danielle Hudson Murphy (mon, tues, weds) Clare Sheridan (Thurs & Fri)		Goatstown- Catherine Cleary	ASD Rogha- Jordan Butler
Green Street Hub- June M Robinson	Abhainn Outreach- Gillian Mulholland	Eithne LC- Shirley Maher	107 Cromwellsfort Rd (Day)- Alice Gervin		Templeogue- Mark Smith	
Northwood Hub 2022- June M Robinson	ASD Swords- Diarmuid O'Donovan	Ballygall LC- Michelle Davidson	Bon Accord- Elaine Carton		Turas- Ailish Ryan	
Moyle Road- Gerard Lynch	Solas- Aisling Tully	Oaklands- Deirdre Teague	Ophaly Lodge- Ceciel Farrell		Saoirse Hub- Raymond Galligan	
Le Cheile- Wayne Marshall		Seatown- Francis Harrington	Walkinstown LC- Aaron Proudfoot			
		Seantrabh (Rear of Coolfin)- Roisin Jan Leggett Acting PIC	Starbrook- Elaine O'Rourke			
		Grove Rd- Yvonne Hegarty	Starbrook Outreach Nutgrove- Elaine O'Rourke			
		Ballymun LC - Michelle Cummins				

Elaine Teague, Director of Adult Services - Service Area 2 Service Manager Clusters

Fiona Tynan	Elaine Brennan	Marcella Ryan	Jennie Wall	Caroline Flynn	Alan Egan	Sinead Kavanagh
Residential	**Residential**	**Residential**	**Residential**	**Residential**	**Residential**	**Residential**
Warrenhouse Rd - Samantha Moss	The Laurels - Joan Banguiran	Binn Eadair - Ciara O' Reilly	Collins Ave - Jennie Wall	Foxes Lane - James Murray	Garvagh - Roisín Gilmartin	Seanna Gili - Lisa J Quinn
Grattan Lodge - Joanne O'Reilly	The Maples - Joan Banguiran	Ratheanna - Bernard Kilmurray	Baldoyle Residential - Michael Floody	Artane - Julie Cassidy	Royal Oak - Samantha Moss	Sarto Rise - Pauline Claffey
Kilbarrack Rd - Denise Farley	Ardbeg - Eric Stapleton	Ardmore - Zoe Brownlee	Beauvale - Leah Bohoi	Abbeyfield - Louise Murphy	1 Bettystown Ave - Ian Barron	Kilfenora - Valerie Folan
Del Val - Samantha Moss	Rosetree - Louise Magee	Newbrook Ave - Donna Byrne	Cill Caisce - Ethel Maguire	The Beeches – Maria Lobo	1A Bettystown Ave - Theresa Babayemi	Grangemore Rise - Melissa Morgan
Donabate - Antoinette Thompson		Breaffy House - Eleanor Smyth		10a Middle Third - Julie Cassidy	Lorcan Ave - Lorraine Cleary	Grangemore Flat - Melissa Morgan
Riverside - Eleanor Smyth		La Verna - Paul McDonnell		Cara - Fidelma McManus	Fairview - Ian Barron	Sa Bhaile - Roland Mencias
		10 Middle Third - Ciara O'Reilly				Clonliffe Avenue - Brian Noonan
Day & Local Centres	**Day & Local Centres**	**Day & Local Centres**	**Day & Local Centres**	**Day & Local Centres**	**Day & Local Centres**	**Day & Local Centres**
Coolock Hub 6 - Lynsey Fagan	Local Centre Manager - Fiona Connolly	Cluain Aoibhinn - Sharon Russell	STTC - Laura Doyle	Northbrook - Orla Hely	Castle Industries - Lisa Quinn	ASD Baldoyle - Mark Gaynor
Raheny Hub 7 - Roisin Reeves	Raheny ADC - Co-ordinator Natalie Greagsbey	Kilmore Road LC - Closed	Baldoyle SeaBreeze Day Service - Helen Farrelly	Omni Centre - Ashling Reid	PPE - Jean Maher	ASD Edenmore - Mary Halpin
Artane Hub - Paula Devlin	Iosagain LC - Co-ordinator AnnMarie Murray	Santry Hall - Cara Browne	Baldoyle Friends Group Day Service - Helen Farrelly		Riverside Day Service - Ciara Tonge	
Adare Hub - Lauren Bacon	Enterprise LC - Co-ordinator Deirdre Hedderman	Balbriggan ASD 1 & 2 - Acting PIC Mandy Lynch	Baldoyle Sea Shells Day Service - Helen Farrelly			
Employment / Pobal Co-ordinator - Lorna Hughes	Grangemore LC- Co-ordinators Siobhan Leonard & Fiona Leany (job share)		Chanel 1 & 2 Helen Farrelly & Aoife Sheridan			
	Adare Green LC - Co-ordinator Shannon Fagan		Belcamp Day Service Ann O'Dwyer			
	Warrenhouse Rd LC–Co-ordinator Ashling Kerr					
	Kilbarrack Rd LC – Co-ordinator Bernie McDonnell					
	Raheny Rd LC – Emma Byrne					
	Cill Bharrog LC – Marie Clarke					

QQI within the Organisational Structure

Alongside the organisational structures outlined above, St. Michael's House have implemented and are in the process of developing a number of additional structures to ensure separation between academic and corporate governance. The following structures will support the delivery of QQI awards in the organisation:

- QQI co-ordinators
- Academic Council
- QA Committee
- Results Approval Panel
- Programme Design Teams.

The graphic below illustrates information flow within the organisation. The Director of Operations sits on both the Executive Management Committee and the Academic Council.

St. Michael's House
QQI Information Flow
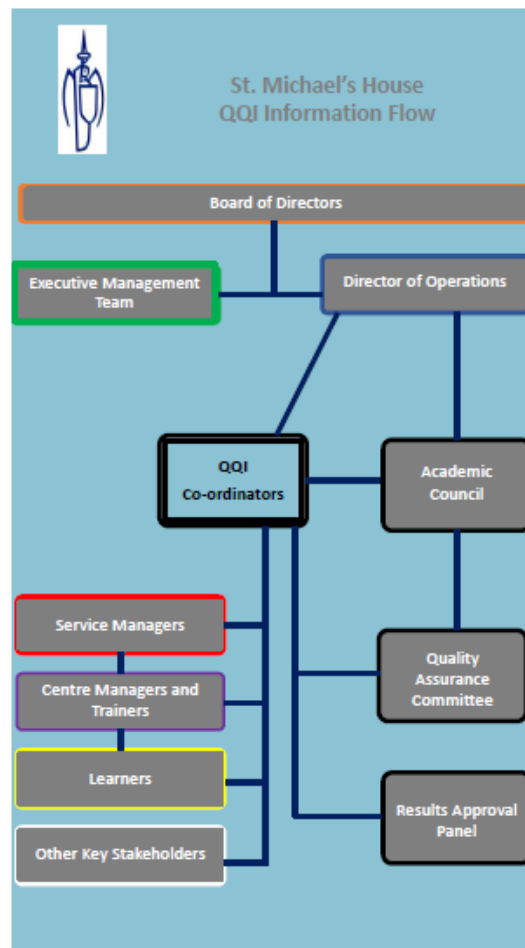
Embedding a Quality Culture

St. Michael's House is fully committed to delivering quality services to our learners and stakeholders. This is reflected in our Strategic Plan which incorporates our mission, vision, values, goals, objectives and strategic actions. The foundation of the Strategic Plan 2022-2026 is a rights-based approach to service delivery for service users and planning for the duration of the lifecycle with a particular focus on key transition points. The development of the Strategic Plan is the responsibility of the Board and Senior Management. The Strategic Plan is reviewed every three to five years.

St. Michael's House have developed a service concept approach that reinforces service users at the core of all we do and recognises the key role of service users, their families and supporters, staff, Government, funders, and regulators.

The Executive Management Team encourage ownership of quality across the whole organisation. Staff and other key stakeholders understand how they can contribute to quality improvement and their responsibilities to it. Their input is sought in relation to the development of policies and procedures, new initiatives, monitoring and evaluation, communication, and the sharing of information. The Strategic Plan has been shaped by the input of staff, persons using our services, families, and carers.

St. Michael's House has identified four high level goals for the organisation. These are outlined in the graphic below:

Our Goals 2022 - 2026

Goal 1: A Rights Based Service for service users

Goal 2: Participation of Service Users and Families / Supporters

Goal 3: Valuing and Investing in Staff

Goal 4: Learning from and influencing the Sector, Government and Society

The Strategic Plan for 2022 to 2026 outlines clear objectives and measures for success for each goal. The delivery of QQI modules and programmes is integral to the achievement of our high-level goals. QQI learning is linked to all four goals but is particularly important to Goal 1, as our modules can give people the skills they need to live a better life and to exercise their rights. Our commitment to include learners on our QA Committee and Programme Design Teams supports the participation and influence of service users within our organisation. In addition, a number of specific awards, such as our Active Citizenship award at Level 3, will support the achievement of Goal 2, and the development of valued social roles and community partnerships going forward - Goal 4. We provide significant learning and development opportunities for QQI trainers, and this supports the work of the organisation on Goal 3.

St. Michael's house has identified four strategy enablers to support the delivery of the Strategic Goals.

1. Robust Structures and Resources

2. Highest Quality Homes and Premises

3. Effective Information, IT and Data Management

4. Quality Enhancement, Integrity and Regulatory Compliance.

Our QA processes support the organisation's commitment to making sure that our governance structures are integrated, responsive, robust, sustainable, and efficient. Achieving this involves putting in place:

- Governance structures

- Systems

- Supporting functions

- Clear accountabilities.

It also includes improvements to:

- Human resources

- Finance

- Quality and safety

- Communications and fundraising

- Information technology functions

- Our culture of learning and development.

This quality approach and ethos is reflected in and is central to the development of our QA process in relation to QQI.

Roles and Responsibilities

St. Michael's House is governed by a voluntary Board of Directors, four of whom are parents of a person with an intellectual disability.

The Board of Directors ensures that the vision, mission, and core values of St. Michael's House as expressed in its constitutional documents are upheld and realised in practice through the adoption and implementation of strategic plans and through regular oversight of their implementation. Services provided by St. Michael's House are developed, planned, and delivered based on the needs and goals of people with intellectual disabilities and their families. The life choices and wishes of the people we support are at the core of service delivery and development. Providing services in this way ensures that the organisation is focused on delivering services to best international standards.

The Board is responsible for exercising all the powers of the organisation, other than those reserved to its members, and has collective responsibility for all of its operations. As an organisation with professional staff, where Directors have no role in the day-to-day running of the company, the Board of St. Michael's House operates by devolving responsibility for the conduct of its business to a CEO and in turn through his/her to other staff.

The Board and Management are committed to maintaining a high standard of corporate governance in accordance with the organisation's Corporate Governance Manual, the HSE Annual Compliance Statement for Section 38 Bodies, and have used the Code of Practice for the Governance of State Bodies 2016 as a guide in drawing up the Corporate Governance Manual.

Please see our Executive Governance Structures Framework for details on the roles and responsibilities of:

- Board Sub-Committees
- Executive Management Team and Sub-Committees
- Executive Quality and Safety Committee
- Finance and Human Resources Sub-Committees
- Communications Committee.

A key aspect of our QQI governance is the establishment of clearly defined roles and responsibilities. The key staffing roles in relation to QQI in the organisation are:

- QQI co-ordinator
- Trainer
- Day service location manager / Person in Charge (PIC) / Service manager
- Keyworker.

QQI Co-ordinator

There are two QQI co-ordinators working in St. Michael's House. One is responsible primarily for the delivery of QQI programmes in Service Area 1, and the other is primarily responsible for the delivery of QQI programmes in Service Area 2. Where one of the QQI co-ordinators acts as chair or sits on a committee or council in relation to QQI programmes, the term will be a maximum of three years. The role/membership will then transfer to the other QQI co-ordinator. This is to allow both co-ordinators to gain experience in all areas of QQI service delivery.

Job Purpose:

The QQI co-ordinators are responsible for the effective implementation, management, and evaluation of QQI learning in St. Michael's House.

Reporting Line:

The QQI co-ordinators report directly to the Director of Operations.

Key Responsibilities

Quality Assurance

- To provide a support service on all aspects of the delivery of QQI accredited learning

- To maintain the QA system

- To monitor the implementation of QQI accredited learning

- To liaise with learners, trainers, and stakeholders to ensure they are aware of their responsibilities in relation to QA

- To act as liaison person with QQI for all matters relating to Quality Assurance

- To disseminate information from QQI to relevant people

- To chair and sit on the QA Committee and sit on the Academic Council.

Communications

- To promote the development of QQI accredited learning across the organisation

- To develop and disseminate (with relevant people) information materials relating to modules, programmes, and services (e.g. prospectus, brochures, handbooks, and organisational materials) in accessible formats

- To liaise with relevant groups in the organisation to ensure they have received communications regarding QQI modules and programmes

- To establish adequate recording procedures for all meetings associated with QA and QQI

- To communicate with learners, trainers, and other stakeholders in a professional and timely manner

- To sit on the Communications Committee in the organisation

- To establish links with external agencies to support the delivery of the QA policy and QQI awards.

Staff support and development

- To reflect on own role and to encourage trainers to reflect on their teaching and practice

- To engage in continued professional development

- To support centre and service managers to recruit staff with the necessary skills to deliver QQI modules and programmes

- To identify and help address staff training needs relevant to the provision of QQI accredited learning.

Access, Transfer and Progression

- To develop learner and trainer handbooks to include all necessary and appropriate information

- To identify the need for new QQI modules and programmes, for example, through person-centred planning information, organisational strategies, national policies and developments

- To develop and implement processes for identification and selection of learners and assess applications for modules and programmes

- To support learners to identify opportunities to transfer their skills and to progress to other programmes and awards

- To support learners to identify other opportunities to use their new learning and skills.

Programme development, delivery and review

- To manage day-to-day issues, which may arise in the delivery of a QQI module or programme, for example, a change of trainer or resource issue

- To support staff to identify learner needs in a comprehensive way and deliver modules and programmes to the highest standard, meeting best practice

- To ensure entry criteria are established for modules and programmes, and to support trainers and learners to understand these

- To ensure that QQI modules and programmes are tailored according to individual learner needs and delivered in a person-centred way

- To lead the development of new module or programme, and develop validation documents for QQI (with initial submission and approval by the Academic Committee)

- To establish and chair Programme Design Teams

- To support staff to plan for and deliver modules and programmes, for example, the provision of trainer resource packs

- To monitor record-keeping practices as per QQI standards

- To oversee a formal evaluation of modules and programmes within the organisation at least once every three years

- To create accessible materials to ensure the learner can contribute to the evaluation of modules and programmes e.g. learner checklists and complaint forms

- To co-ordinate feedback from learners and trainers in relation to individual modules and programmes, and make changes as appropriate

- To support staff to develop and implement evaluation procedures.

Assessment

- To support staff to implement appropriate assessment methodologies in compliance with QQI policies and procedures

- To act as the Internal Verifier for the organisation and organise External Authentication

- To chair and sit on the Results Approval Panel

- To use the QQI web-entry system to register learners on modules and programmes and submit learner assessment results for certification

- To process learner appeals regarding assessment processes or results and act as a moderator in this process

- To develop and implement procedures for corrective action and take appropriate action

- To ensure all certificates are delivered to learners in a timely manner

- To organise graduation ceremonies on a regular basis.

Self-evaluation of programmes and services

- To keep a database of all learners that have engaged with QQI learning
- To keep a database of all trainers in the organisation and the modules and programmes they have delivered
- To schedule, coordinate, and lead out on self-evaluations. This will include:
  o Identifying what is to be evaluated & when
  o Identifying appropriate evaluation methods
  o Conducting consultation with relevant stakeholders
  o Contracting an external evaluator and facilitating them to conduct an independent evaluation
  o Producing an evaluation report to include the findings of the external evaluator and a plan for improvement based on the recommendations of the report (all recommendations will also need to be discussed and finalised by the Academic Council)
  o Supporting individuals to implement improvements and monitor the implementation of same.

Trainer

Our trainers are key to the success of our modules and programmes. Selecting trainers that understand the importance of promoting individual learning and progression is essential. Trainers must understand the importance of a person-centred approach. Working knowledge of our QA protocols allows trainers to effectively manage their input and to deliver their course content with confidence.

The trainer is responsible for:

- Discussing entry criteria with learners, along with their personal goals and expectations of the module or programme
- Delivery of course curriculum and assessment of learners
- Maintenance of adequate learner and module/programme records, for example, attendance sheets, minutes of meetings with learners, marking sheets, lesson plans
- Working with Internal Verifiers and External Authenticators
- Encouraging learner engagement throughout the module or programme
- Delivering person-centred training
- Mentoring learners

- Receiving feedback from learners

- Providing feedback to learners

- Advocating on behalf of the learner

- Promoting the organisation to learners and other stakeholders

- Contributing to module and programme development (new and existing courses) and Programme Design Teams

- Reflecting on their teaching and practice, and contributing to reviews

- Engaging in continued professional development

- Participating in self-evaluation, monitoring, and review.

All trainers report to their local manager. They report to the QQI co-ordinators in relation to the delivery of QQI modules and programmes.

Day Service Location Manager, Persons in Charge (PICs), Service Manager

Day Service Location Managers, PICs, and Service Managers play an integral role in ensuring that our QA procedures are implemented and that learners receive the best service and achieve the best possible educational outcomes.

These roles support:

- The promotion of QQI modules and programmes across the organisation

- The recruitment of skilled trainers

- The provision of appropriate, accessible, and safe venues for QQI learning

- The dissemination of information to learners, staff members, and families in relation to QQI modules, programmes, awards, events, and initiatives

- The allocation of resources to support the delivery of QQI learning

- The day-to-day running of QQI modules and programmes and the development of individual timetables

- The identification and provision of staff learning and development opportunities

- The identification of learner needs in relation to QQI

- The maintenance of records in relation to QQI in their location or cluster, for example, records of meetings with learners, staff meetings, reviews and evaluations.

Keyworkers

Keyworkers know each individual learner well and are familiar with their personalised care and support plans and their person-centred plan. As such, they are in a unique position to advise on QQI modules and programmes, and their suitability.

In particular, keyworkers support:

- The dissemination of information to learners, staff members, and families in relation to QQI modules, programmes, awards, events, and initiatives

- The identification of learner needs in relation to QQI - discussing entry criteria with learners, along with their personal goals and expectations of a module or programme

- The completion of application forms

- Access to learner feedback, for example, complaints forms and learner checklists

- The transfer of skills from QQI modules and programmes to everyday life

- The identification of opportunities for transfer and progression.

Alignment between Corporate and Academic Governance

There is a clear separation between corporate and academic governance in the organisation.

Our structures allow for the transfer of information whilst maintaining this division.

Our corporate structures are well-established. Our academic governance structures have evolved recently as part of the re-engagement with QQI.

Academic Governance

Academic decision-makers are appropriately qualified and experienced. There are four main elements to academic decision-making in the organisation:

- Academic Council

- Quality Assurance Committee

- Results Approval Panel

- Programme Design Team.

Academic Council

The Academic Council is responsible for all QQI academic affairs within St. Michael's House. All major QQI academic decisions are made by the Academic Council.

Membership:

Academic Council:

- Director of Operations (Chair)
- QQI Co-Ordinators – Service Areas 1 and 2
- Centre Manager
- Member of Quality Improvement and Safety Department
- External member

Schedule:

The Academic Council will meet a minimum of twice a year, but additional meetings can be held as required.

Chair:

The Chair of the Academic Council is the Director of Operations (DOO) in St. Michael's House. The DOO is a member of the Executive Management Team and is involved in the day to day running of the organisation. The Directors of Adult Services report to the DOO, as do the QQI co-ordinators. The DOO has a comprehensive knowledge of all adult services in the organisation and has the capacity to make/facilitate decisions on the delivery of services and supports in these service locations. The DOO also has access to a network of managers and administrators to support their work. They are, therefore, in a strong position to advocate for and support the delivery of QQI programmes within adult services, and to lead the Academic Council. The Board have primary responsibilities in relation to the financial and corporate governance in the organisation. Funding is agreed and delivered primarily through the HSE and is allocated for specific purposes. The Board has four sub-committees: Finance, Audit and Risk, Quality and Safety, and Governance. The DOO is not a member of the Board. This allows for a clear division between academic and corporate responsibilities and decision-making in the organisation.

Decision-Making:

Each person will have an equal vote, and the Chair will have a casting vote should there be a split decision.

Quorum of Meeting:

A minimum of 3 people must be available for the meeting to take place (this must include the Chairperson). Meetings can take place online or in person.

Minutes of Meetings:

Minutes will be taken at each meeting and will be distributed within one month of the meeting. Minutes will be approved by the Chair of the meeting prior to distribution.

Terms of Office:

The term of office for the independent members of the Council will be 3 years. Independent members may serve two terms of office.

Terms of Reference:

The Academic Council has full responsibility for all QQI Academic Affairs, and this includes managing the function of the QA Committee. One member should sit on the Results Approval Panel and reports from this panel will be submitted to the Academic Council.

The Academic Council is responsible for:

- Promoting the highest standards in teaching and learning
- Approving appointments of External Authenticators
- Reviewing feedback from the External Authenticator and making decisions accordingly
- Reviewing feedback from learners, trainers, and other key stakeholders.

The Academic Council also reviews and makes decisions on all Quality Assurance proposals submitted by the QA Committee in relation to:

- Improvements / amendments to approved Quality Assurance
- Proposals for the development of new modules and programmes (submission to the Academic Council must include rationale for the proposal and relevant research to support the submission)
- The evaluation and review of all modules and programmes for validation prior to submission to QQI

- The identification and management of risks and threats to academic integrity or the quality of service provision
- The review and monitoring of ongoing modules and programmes including the staffing of same.

We recognise and value the contribution of external persons to our academic governance structures. The organisation is committed to accessing the necessary external advice and high-level expertise to ensure good governance, for example, external experts as part of councils and committees.

The external member of the Academic Council will have knowledge and skills in the provision of accredited educational opportunities to persons with intellectual disability. They may also have specific expertise in the delivery of QQI awards, the development of trainers, accessibility, diversity, and inclusion.

Quality Assurance Committee (QA Committee)

Purpose:

The QA Committee is established to hold responsibility for the day-to-day running of the QQI academic affairs in St. Michael's House. The QA Committee reports directly into the Academic Council.

Membership:

Quality Assurance Committee:

- QQI Co-Ordinator – Service Area 1 (Chair)
- QQI Co-Ordinator – Service Area 2
- Centre Manager or Training Officer
- Trainer
- Learner
- Senior Manager

Schedule:

The QA Committee will meet every quarter, but additional meetings can be held as required.

Minutes of Meetings:

Minutes will be taken at each meeting and will be distributed within one month of the meeting. Minutes will be approved by all members prior to submission to the Academic Council.

Terms of Reference:

The QA Committee is established to hold responsibility for the day-to-day running of the QQI academic affairs. The QA Committee reports directly into the Academic Council. One member of the QA Committee will sit on the Results Approval Panel and reports will be submitted to Academic Council.

The QA Committee is responsible for:

- Promoting the highest standards in teaching and learning
- Carrying out any actions decided by the Academic Council
- The day-to-day running of the Quality Assurance elements
- Approving module and programme information prior to publication in hard copy or on the website
- Reviewing feedback from the External Authenticator, making suggestions (where necessary) to the Academic Council
- Collating stakeholder feedback and submitting findings to the Academic Council
- Submitting information to the Academic Council on:
  - Improvements / amendments to approved Quality Assurance
  - Proposals for the development of new modules and programmes (submission to the Academic Council must include rationale for the proposal and relevant research to support the submission)
  - Review of the work produced by Programme Design Teams
  - Review and evaluation of ongoing modules and programmes.

Results Approval Panel (RAP)

Purpose:

The Results Approval Panel has responsibility for approving all learner results before they are submitted to QQI for Certification.

Membership:

> ## Results Approval Panel:
>
> - QQI Co-Ordinator – Service Area 2 (Chair)
> - QQI Co-Ordinator – Service Area 1
> - Member of Academic Council

Schedule:

The Results Approval Panel will meet each time learners are going forward for certification.

Minutes of Meetings:

Minutes will be taken at each meeting and will be distributed within one month of the meeting. Minutes of the meetings will be submitted to the QQI co-ordinators.

Terms of Reference:

The Results Approval Panel has responsibility of approving all learner results before they are submitted to QQI for Certification.

The Results Approval Panel is responsible for:

- Promoting the highest standards in teaching and learning
- Reviewing any actions from previous Results Approval Panel meetings
- Reviewing the Internal Verifier and External Authenticator Reports
- Reviewing any learner's appeals
- Discussing and documenting any issues that arise from these discussions
- Approving decisions and results as appropriate
- Signing the QQI Final Results Sheets and any other relevant documentation
- Submitting learner results to QQI

- Addressing any corrective actions noted as part of the meeting and bringing this to the attention of the Academic Council at their next meeting.

Programme Design Team

Purpose:

The Programme Design Team has responsibility for the design of new modules and programmes.

Membership:

Programme Design Team:

- QQI Co-ordinator (Chair)
- Clinician / Subject Matter Expert
- Service or Centre Manger
- Trainer
- Learner
- Other key stakeholder / Subject Matter Expert

Any staff member, trainer, visiting tutor, or volunteer, with expertise in the subject area can apply to be part of a Programme Design Team. In addition, at least two subject matter experts are sought, for example, a dietitian for the Food Choice and Health module, a Speech and Language Therapist for communication modules, a Drama Practitioner for the Drama module, a Sports Coach for Health-Related Exercise.

A learner, with experience of completing a module or programme at the same level or a level below, will also join the team. For example, learners that completed their Major Award in General Learning at Level 2 participated in the Programme Design Teams for our Level 3 modules.

Schedule:

The Programme Design Team will meet when the need for a new module or programme has been identified. On average, a minimum of four meetings are required for each module.

Minutes of Meetings:

Minutes will be taken at each meeting and will be distributed within one month of the meeting. Minutes of the meetings will be submitted to the QQI co-ordinators.

Terms of Reference:

The Programme Design Team has responsibility for:

- Designing and developing new modules approved by the Academic Council. This includes working through the module descriptor to develop the module or programme and provide information around:

  - ✓ Entry Criteria

  - ✓ Learner Hours

  - ✓ Learning Goals and course content – Goal Map

  - ✓ Assessment Strategies (including Assessment Plans)

  - ✓ Assessment Briefs

  - ✓ Marking Schemes

- Designing accessible course materials – Course Information Book and Workbook

- Preparing a set of resources for trainers – Trainer Resource Pack

- Supporting the preparation of information for a validation application.

Section 3: Documented Approach to Quality Assurance

Supporting Documents:

1. Qualifications and Quality Assurance (Education and Training) Act 2012
2. Statutory Quality Assurance Guidelines (2016), QQI
3. St. Michael's House Policy Review Framework
4. St. Michael's House Risk Management Policy
5. St. Michael's House Strategic Plan
6. Trainer and learner evaluations
7. Module and programme evaluations.

Quality Assurance

QQI states that 'quality assurance refers to an ongoing, continuous process of monitoring, evaluating, maintaining, and enhancing the quality of an education system, institution, or programme. Quality includes teaching, opportunities for learning, assessment, qualifications standards, the design and delivery of modules and programmes, accreditation and certification of learners, and learning achievement'.

Continual monitoring, review, reflection and evaluation is at the core of our work. We strive to maintain best practice, high standards of service delivery, and to encourage and support creativity and innovation.

Quality Assurance is delivered through:

a) Organisational culture – embedded culture of quality
b) The values of the organisation
c) Organisational strategies and initiatives
d) Policies and procedures
e) Accountability
f) Risk management.

St. Michael's House clearly documents its approach to Quality Assurance within its QQI provision. This is to ensure that our system and processes promote accountability, openness and transparency.

Developing Policies and Procedures

St. Michael's House has a Policy Review Framework. This framework was developed in line with the HSE National PPPG framework and associated documents. This framework was developed to meet St. Michael's House regulatory requirements as set out in the Health Act.

- The framework supports the principle of good governance

- The framework provides transparency relating to how policies are developed and reviewed

- The framework sets out that engagement with stakeholders is an important element of policy development and review

- The framework supports high quality services to be provided by making policies more easily understood by and available to all staff.

St. Michael's House manages all policies in line with best practice and based on evidence. St. Michael's House recognises that policies are an integral part of providing high quality and person-centred services.

St. Michael's House update polices as required and no less than within a 3 year timeframe. This is to ensure all policies are current and in line with best practice. Some policies are updated more frequently as agreed with the Executive Management Team.

The Policy Review Framework ensures that:

- all policy development is guided by and in accordance with the ethos and values of St. Michael's House

- clear guidance is provided on the process of developing, maintaining, and reviewing St. Michael's House policies and procedures

- policies and procedures are accessible to staff, persons using our services, and their families, as appropriate

- policies and procedures are compliant with the Freedom of Information Act (2003 & 2014) and Data Protection Act (2003 & 2018)

- St. Michael's House policies reflect best practice

- policies support the organisation to deliver high quality person-centred services

- policies and procedures comply with statutory, legal, and national requirements

- policies for review are written in line with St. Michael's House Policy Framework

- HSE guiding principles are referenced and included in the policies and updated policies.

Our approach, and our policies and procedures, align with all the required legislation such as:

- The Equal Status Act 2000 and 2004
- The Equality Employment Acts 98 & 04
- The Safety, Health and Welfare at Work Act 2005
- General Data Protection Regulation 2016
- The Qualifications and Quality Assurance (Education and Training) Act 2012.

Our work is grounded in a rights-based approach and based on key national and international legislation and policies:

1. United Nations Convention on the Rights of Persons with Disabilities: United Nations, December 2006
2. The Disability Act: Department of Justice, Equality and Law Reform, 2005
3. The Disability Bill: Department of Justice and Equality, 2016
4. Assisted Decision Making (Capacity) Act: 2015
5. The National Disability Inclusion Strategy 2016 – 2020: Department of Justice and Equality, 2017
6. Council of Europe Disability Strategy 2017 – 2023
7. New Directions Personal Support Services for Adults with Disabilities: HSE, 2012
8. Interim Standards for New Directions, Services and Supports for Adults with Disabilities: HSE, 2016
9. Value for Money and Policy Review of Disability Services in Ireland: Department of Health, July 2012
10. National Standards for Residential Services for Adults and Children with disabilities: HIQA, May 2013
11. The Comprehensive Employment Strategy for People with Disabilities 2015 – 2024: Department of Justice and Equality, 2017.

St. Michael's House have developed and implemented a wide range of policies and procedures across the organisation to ensure compliance with all legislation and standards relevant to a service provider in the disability sector. All policies say clearly when the policy was introduced, what it aims to achieve, how it will be implemented, when it should be reviewed, and who is responsible for its implementation.

All staff in the organisation have a responsibility to read and implement policies and procedures.

Please see below a list of all relevant SMH policies:

Policy Title	Year / Version
Policy Review Framework	May 2022
Risk Management Policy	June 2023
Garda Vetting Policy	September 2021
Recruitment and Selection Policy	September 2021
Staff Training, Learning, and Development Policy	January 2023
Accident Management Policy	October 2022
Slips, Trips and Falls Management Policy	December 2022
Fire Risk Management Policy	January 2023
Fire Risk Management Strategy	March 2023
Infection Prevention Control Policy	May 2022
Internal Emergency Response Plan	March 2020
Safety Statement	January 2023
Severe Weather Contingency Policy & Procedure	September 2018
Open Disclosure Policy	January 2021
Person-Centred Planning Policy & Procedures	September 2022
Policy on Education and Learning	June 2020
Positive Behaviour Support Policy	January 2023
Policy and Procedures for the Safeguarding of Adults at risk of abuse or neglect	September 2022

Data Breach Management Policy	November 2019
Data Protection Policy for handling subject access requests	March 2020
Data Protection Impact Assessment Policy	March 2020
GDPR Policy	November 2020
IT Acceptable Use Policy	May 2021
Privacy Statement	March 2020
Records and Retention Policy	March 2020
Service User Records Policy	March 2020
Social Media Policy	July 2020
Organisational Communication Policy	December 2019
Total Communication Policy	February 2020
Provision of Information Policy	February 2020
Complaints Policy	October 2022

Risk Management

St. Michael's House has a Risk Management Policy. This policy applies to all centres, services, and staff of the organisation, including those delivering QQI learning.

St. Michael's House views risk management as an integral part of service delivery and as the responsibility of all staff members. It is an integral part of delivering safe, effective, and high-quality supports and care to individuals. Integrated risk management refers to the proactive measures taken to identify and manage risks and reactive management of incidents that occur. St. Michael's House is committed to investigating and learning from accidents and incidents when they occur. This is managed through the accident management policy.

St. Michael's House promotes the rights of persons using our services to engage in life-enhancing activities, including those that involve a degree of risk. It is the policy of the organisation to provide the supports necessary to enable individuals to take risks appropriate to their abilities, to develop independence, and take on appropriate responsibilities. Risk is an

inevitable and constant feature of life. In delivering services, it is not possible or desirable to eliminate risk. To do so would remove the freedom and dignity of risk which each person should enjoy as a human right. As an organisation, it is essential that we identify and manage any significant risks. Risk management is a key component in ensuring the necessary supports are in place for all individuals to aspire to their potential.

We are committed to actively managing staff members health, safety, and welfare at work. Risks to staff are managed in line with the Integrated Risk Management Policy. All staff are involved in the identification of risks relevant to their work, and in the assessment, treatment, monitoring, and reporting of these risks, as appropriate to their level of responsibility.

The proactive component of risk management is carried out through the implementation of a 4-step process and through the compilation and maintenance of risk registers at local, directorate, and organisational level.

The reactive component is done through a process of reactive monitoring. Reactive monitoring is the recording and analysis of information regarding unplanned events or near misses that result in injury, ill health, or loss. Reactive monitoring helps to ensure that when things go wrong, we learn from them in order to prevent reoccurrence. It also ensures that all necessary statutory reporting is carried out.

The St. Michael's House Accident Management Policy describes the policy and procedures guiding reactive monitoring, management, escalation, and reporting of unplanned events, near misses, and adverse incidents.

The following principles guide the assessment and management of all types and categories of risk:

- Service provision includes a wide scope of activities, facilities, and functions of the organisation. The organisation seeks to manage risks in a holistic way, focusing on the assessment and evaluation of key types of risk - clinical, occupational, business, and corporate

- The assessment of risk is based on the best available information. Information used and recorded is as comprehensive and accurate as possible and highlights both the negative and positive aspects of any situation. All relevant stakeholders are consulted as applicable

- In assessing risk, it is common to consider the degree of harm that may result from an action/event and the likelihood of that harm. It is also essential to consider any potential benefits that the action/event may have for all stakeholders

- Identification of risk carries a duty to do something about it, namely risk management. Risks often cannot be eliminated, but they can generally be minimised

- The likely duration of risk must be considered during risk assessment. Certain short-term risks may be tolerable for a person and/or for the organisation if they lead to long-term benefit, such as increased quality of life, enhanced delivery of services

- Risks change as circumstances change and need to be reviewed on a regular basis. Responsiveness and learning are key features of a sound risk management system.

The risk management process is outlined below:
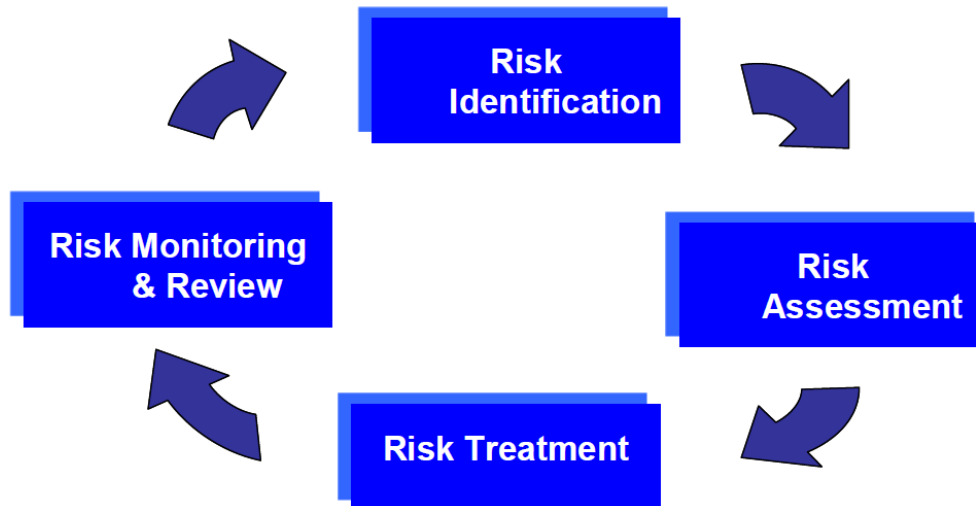
These steps are detailed in the Integrated Risk Management Policy document, along with the procedures for establishing and maintaining risk registers.

The organisation's risk register system is a comprehensive list of all identified and assessed risks, which funnels through a hierarchy of 3 levels:

1. Local Risk Registers

2. Directorate Risk Registers

3. Organisational Risk Registers

The information collated on risk registers informs local, service area, and organisational decision-making, service responses, and developments. It enables tracking and monitoring of risk management processes. It also enables the organisation to systematically provide necessary risk oversight from a corporate governance perspective, at the various levels of the organisation.

The Board exercises oversight of the Organisational Risk Register, in accordance with their responsibilities, as outlined in the St. Michael's House Corporate Governance Manual. The Organisational Risk Register identifies additional risks to the achievement of the strategic plan.

Managers throughout the organisation are responsible for holding a risk register for their area of responsibility. Managers are responsible for engaging in a formal quarterly review of their risk register with the manager or director to whom they report.

All Employees of St. Michael's House must:

- Familiarise themselves with the contents of the Integrated Risk Management Policy and attend training relevant to their role and responsibility

- Be alert to possible risks in their work area/field of practice

- Identify any risks that they become aware of as they conduct their duties and bring these to the attention of their line manager

- Participate in the risk assessment process, as requested

- Implement control measures detailed in risk assessments

- Report ineffective or unworkable controls to their line manager

- Report adverse events, accidents, and near misses

- Cooperate with management during incident investigations.

More detailed information on roles and responsibilities in relation to risk management are outlined in the policy.

QQI Academic Risk Register

A QQI academic risk register has been created which will allow us to identify, record, monitor, and respond to any risks associated with the delivery of QQI programmes and courses in St. Michael's House. The QQI academic risk register will inform decision-making in relation to QQI delivery in the organisation, and service planning in adult services.

The QQI academic risk register will be managed by the Academic Council. Risk ratings of 15 and above will appear on the organisational risk register.

QQI

SMH policies and procedures form the foundation of the QA procedures within our QQI provision. All relevant SMH policies are recognised, understood, and implemented by staff delivering QQI programmes.

Staff members are encouraged to contribute to the development of policies and procedures in the organisation. There is a significant bank of expertise across the organisation which can be utilised as necessary. Trainers, learners, and other stakeholders have the opportunity to input into SMH or QQI specific policies or statements through our feedback mechanisms. External

advice and expertise is sought if required in relation to the development and review of specific educational policies and procedures.

If a new policy or statement is required that is specific to QQI, this will be identified by the QA Committee and/or the Academic Council. Policy development is led by the QQI co-ordinators and policy drafts are submitted to the QA Committee, and if relevant, the Academic Council, for approval. Policies are developed in a collaborative and inclusive manner with input from all relevant stakeholders.

All QQI specific policies and procedures must complement SMH policies and reflect the values and mission of the organisation.

QQI specific policies or statements will be clear and concise and will be made available to learners in Easy to Read and Plain English formats.

Please see below for a list of additional QQI policies and statements:

Policy Title	Year / Version
Quality Assurance Manual	May 2022
Equality and Diversity Statement	August 2021
Keeping your Personal Information Statement	August 2021

Implementing Quality Assurance

The Quality Assurance Committee

The Quality Assurance Committee leads out on QA and ensures the effectiveness of the QA process. It is their responsibility to ensure that there are comprehensive policies and procedures, and that these:

- Reflect and complement existing relevant SMH policies
- Are developed in a timely manner
- Are fit for purpose
- Facilitate equality and diversity
- Promote a culture of accountability and continuous improvement
- Are distributed
- Are accessible to those that need to use them

- Are embedded in practice

- Are reviewed and updated at regular intervals

- Can be adapted to take account of feedback from key stakeholders

- Align with QQI statutory guidelines

- Meet legal requirements.

The work of the Quality Assurance Committee is reviewed and endorsed by the Academic Council.

Documented Policies and Procedures

Robust policies and procedures support staff to comply with our QA framework. All policies and statements are made available to staff and learners, for example, through our handbooks and QA manual. Staff also have access to these on our online platform – yourotc.net. Staff are advised when policy documents and statements are updated and are responsible for ensuring they have accessed the latest version.

All QQI specific policies and statements are developed and reviewed in line with the SMH Policy Review Framework.

Policy reviews take account of:

- Operational feedback

- Changing circumstances and developments

- The needs of learners and trainers

- Stakeholder feedback

- Self-evaluation and monitoring data

- Internal audits

- External evaluations

- Complaints and compliments.

Programme Development and Approval

St. Michael's House is committed to providing the best possible educational programmes for all our learners. We believe that module content, module delivery and the right trainer is of vital importance in how learners develop their knowledge and skills. To maintain high standards of content and delivery, we know that modules and programmes must be regularly reviewed.

Please see graphic below for a summary of our QQI module and programme development process:
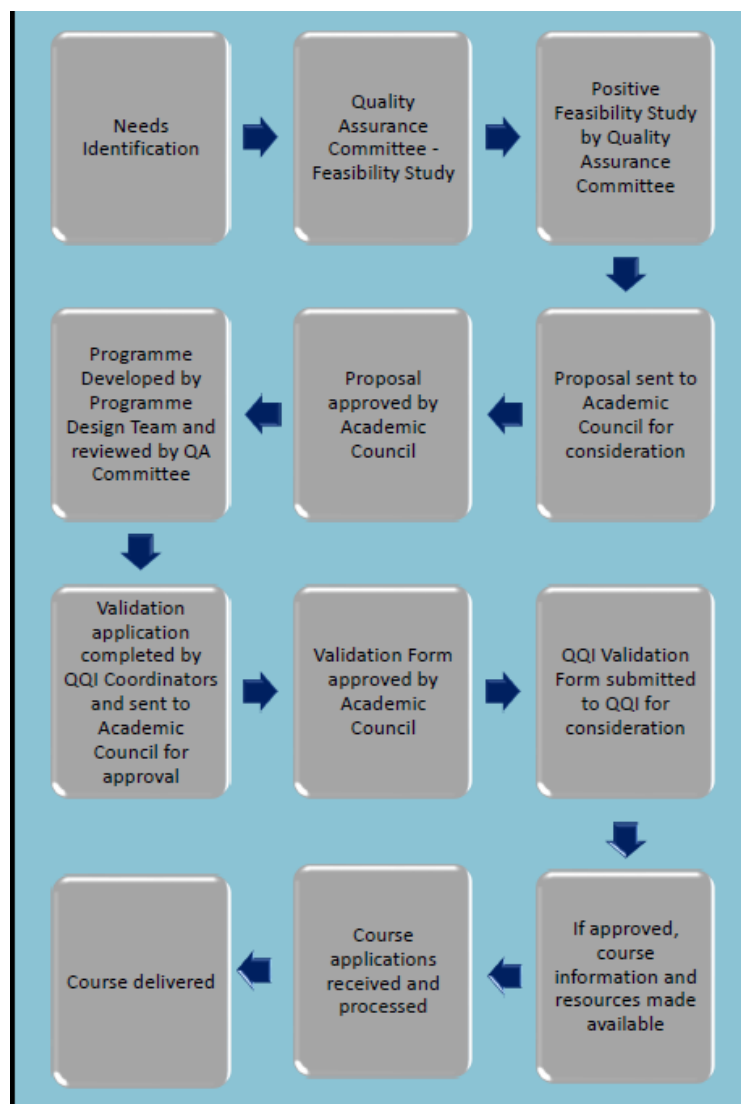
Needs Identification

The need for the development of a new module or programme can be established from a variety of different sources. Ideas can come from trainers, learners, general enquiries, new developments in policies and legislation, person-centred plans, personalised care and support plans, organisational initiatives, and other stakeholders.

The Quality Assurance Committee will meet to discuss the rationale and feasibility of the development of a new module or programme. They will consider the following:

- Is there an actual need for the module or programme / learner demand?
- Who will the target audience be?
- What are the potential learner numbers?
- How does the module or programme fit with the ethos and values of the organisation?
- What will the entry requirements be?
- What resources are required to deliver the module or programme - staffing, funding, locations?
- What resources do we have currently?
- Accommodations and adaptations
- If we need additional resources, how will we provide these?
- What similar modules and programmes are available externally?
- The duration of the course
- Risks and opportunities.

Once the Quality Assurance Committee has agreed that there is a case to develop a new module or programme, a proposal will be completed and sent forward to the Academic Council for consideration and feedback. If approved, a Programme Design Team will be established to begin work on designing the module or programme.

Programme Development and Design

The Programme Design Team will meet to work on the development of the module or programme. The awarding body's component specification will be used as a starting point for the process.

The module or programme design will focus on:

- The target audience
- Entry criteria

- Information on the module or programme

- Any additional supports and accessible materials required for learners

- Clear and achievable learning outcomes and guidance on the learning required to achieve these

- The module or programme curriculum

- Number of hours required to deliver the module or programme. This will be broken down into directed and self-directed

- Teaching and learning methods

- Resources

- Assessment criteria with clear mapping to the learning outcomes

- Assessment briefs and marking schemes

- An Assessment plan/schedule based on the achievement of minimum learning outcomes for each module or programme

- The skill set required for a trainer on this module or programme

- Identifying potential locations for the module or programme.

Once all of the above elements have been designed and agreed upon, the QQI Validation Application will be completed by the QQI co-ordinators and submitted to the Academic Council for approval and feedback. On approval from the Academic Council, the module or programme application and supporting documentation will be submitted to QQI. An up-to-date record of validation dates is maintained to ensure that this happens in a timely manner. Any feedback and reports received from QQI in relation to validation applications is recorded and considered in future programme planning.

Programme Delivery

Once the module or programme has been through the validation process, and approved by QQI, we can commence delivery. Suitable trainers will be identified to deliver the module or programme.

It is crucial that modules and programmes are delivered professionally and completely. We recognise that the standard of delivery reflects outcomes for learners.

Consistency of Programme Delivery and Monitoring of Programme

In order to ensure consistency in the delivery of modules and programmes, the following elements are in place:

- Trainers are required to submit sample lesson plans and schemes of work to the QQI co-ordinators for review

- Each module/programme has its own information book, workbook, goal map, assessment brief, marking sheet, and trainer resource pack

- Feedback from learners is sought mid-module and at the end of the module. Any issues raised are addressed

- Formal feedback from trainers is sought at the end of the module. Any issues raised are addressed. Trainers also provide informal feedback at their regular meetings with the QQI co-ordinators

- The QQI co-ordinators meet with trainers delivering a module every 6 to 8 weeks to review teaching and learning, provide feedback on portfolios, answer questions, problem solve and share ideas

- The QQI co-ordinators may attend some classes and provide any necessary feedback

- Feedback is also sought from other stakeholders as necessary, and this can be formal or informal feedback

- Feedback from the Internal Verification and External Authentication processes is shared with individual trainers, and support is given to address any issues

- Feedback from the Internal Verifier and External Authenticator is considered, and recommendations made the to the Academic Council.

Consistency of Teaching and Learning Materials

Our learners have a diverse range of needs and trainers are encouraged to adapt modules and differentiate learning to respond to these needs. For example, in the module called Quantitative Problem Solving at Level 2, a group of school leavers may explore the subject of pay rates and wages, whereas an older group might focus on pensions.

A standardised workbook is available for each module in Easy to Read and Plain English formats. Trainer Resource Packs are provided to trainers by the QQI co-ordinators prior to the commencement of the module. These packs are designed to give trainers ideas on how to meet each of the learning goals. They are free to use these ideas or to be creative and develop their own. The workbooks and resource packs are developed by the Programme Design Team and updated on a biannual basis by the QQI co-ordinators. The QQI co-ordinators encourage trainers to share resources and ideas.

At the end of the course, feedback is sought from trainers and learners, and any amendments required are made to the documents. Minor amendments will be discussed and agreed by the Quality Assurance Committee. Major amendments will be brought to the Academic Council for Approval.

Learner Admission

Entry requirements for each module are agreed as part of the validation process. It is important that learners have the ability to succeed in their chosen module, and information on entry criteria is available to all learners prior to enrolment.

Modules and programmes are advertised or communicated to learners via staff in their centres, keyworkers or the QQI co-ordinators. For example, a module may be offered in one day service location based on identified need in that centre or learner requests. A module may be offered across centres based on individual requests to the QQI co-ordinators or a new organisational initiative.

Learners should be able to understand the learning goals, the assessment required, and the commitment involved for the module or programme.

Learners at Levels 1, 2 and 3 are supported in a person-centred way. The entry requirements for modules are explained to each potential learner both face-to-face and through accessible information. With the learner's approval and where appropriate, additional information can be sought from or provided to support staff. If we have concerns about our ability to support a particular learner, we can, with their consent, seek more specialist advice.

Each learner gets the opportunity to discuss the entry criteria, along with their personal goals and expectations of the module or programme, with the trainer, their keyworker, and/or QQI co-ordinator.

Any learner wishing to complete a module and meeting the entry criteria will be facilitated to take part.

Progression

We currently have two main progression routes:

1. From minor awards at Level 2 to a Major Award in General Learning at Level 2
2. From a Level 2 minor or major award to a Level 3 programme.

With the introduction of modules at Level 1, we will provide an additional progression route from Level 1 to Level 2 for some learners.

Learners that wish to progress from our Level 3 programme to a Level 3 Major Award, will be supported to do this in the community. We are happy to provide learners with clear information on suitable modules and programmes to encourage them to progress onto other

modules and programmes with other providers. We will help learners to identify pathways to, from, and within programmes, and to find out about awards and qualifications that may be achieved.

In the development of new modules and programmes, we are always cognisant of the need to extend progression routes for learners. We are also committed to encouraging our learners to engage with mainstream educational services and access programmes in the community. We are happy to work with any external provider that can accommodate our learners and meet their learning goals.

Recognition of Prior Learning (RPL)

St. Michael's House do not offer Recognition for Prior Learning.

Contingency Measures

We have the following contingency measures in place to maintain continuity of QQI modules and programmes:

- A large pool of trainers that can be accessed, if necessary, for example, if a trainer leaves the organisation before a module is complete, or goes on extended sick leave

- QQI co-ordinators can step in to complete the delivery of modules if a suitable alternative trainer cannot be found

- Modules may be running in more than one location at a time and learners could complete their module at another venue

- Lesson plans and schedules of work allow us to review work completed and identify gaps in learning/ work still to be undertaken.

All relevant St. Michael's House policies will be adhered to when contingency measures are put in place, for example, Severe Weather Contingency Policy.

If a learner is unable to complete a module or programme for a valid reason, we endeavour to offer them an alternative pathway to completion. A valid reason could include:

- A learner becoming unwell – this could be a mental or physical illness

- A significant change in a learner's circumstances, for example, a family crisis, a change of service, a life opportunity

- A bereavement – family member or close friend.

The QQI co-ordinators will work with the learner and their trainer to ascertain if there is a valid reason for non-completion of a module or programme, and will develop an alternative completion route if this is what the learner wants.

Section 5: Staff Recruitment, Management and Development

Staff recruitment, management, and development in St. Michael's House is guided by the Human Resources Department. There are robust policies and processes in place to ensure we comply with all legislation and best practice guidelines.

Staff Recruitment

The recruitment of all staff in St. Michael's House is carried out in compliance with the organisation's Recruitment and Selection Policy and Garda Vetting Policy. All relevant staff are provided with training on these policies. Policies will be reviewed in line with legislative changes or every three years. Amendments will be made in conjunction with legislative amendments, HSE guidelines, and best practice.

Effective recruitment and selection procedures are vital in attracting and retaining high quality staff. The Recruitment and Selection policy applies to both current and prospective employees of St Michael's House.

For recruitment and selection procedures to be effective it is essential that they are fair and transparent. As an equal opportunities' employer, St Michael's House is committed to providing equality of opportunity in all recruitment practices. It is service policy that all current and prospective employees have equality of opportunity regardless of gender, civil status, family status, religious beliefs, race, sexual orientation, age, disability, and membership of a traveller community. Candidates are selected for vacancies within St Michael's House on the basis of merit in relation to relevant qualifications, experience, abilities, aptitude, and attitude.

Recruitment methods, documentation, and all associated publicity material will contain nothing of a discriminatory nature and will encourage applications from all potential candidates.

Equality of opportunity will also include accommodating where possible the special needs of individuals to facilitate their participation in the recruitment and selection process.

Employees can exercise their statutory entitlements under the Grievance Procedure or the Employment Equality Act. Employment Equality Claims must be brought within six months of the last act of discrimination.

Relevant Legislation and other related policies

- The Fixed Term Workers Act 2003
- Employments Permit Act 2003

- Minimum Notice and Terms of Employment Acts, 1973 – 2001

- The Employment Equality Acts 1998 – 2004

- The Freedom of Information Act 1997 – 2014

- Public Services Management (Recruitment and Appointments) Act 2004

- Data Protection Act 1998 – 2003

- St Michael's House Garda Vetting Policy

- HSE Trust in Care Policy

- National Standards for Residential services for Children and Adults with Disabilities, HIQA 2013.

- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with disabilities) Regulations 2013.

- Interim Standards for New Directions Services and Supports for Adults with Disabilities, HSE, 2015.

Advertising

There is a job description and person specification for every position.

The advertising strategy for any particular position will give due consideration to the duration, grading, and employment category of the post, candidate availability, interest, and cost effectiveness.

St Michael's House will openly advertise positions as part of its strategy of attracting quality staff. Our policy is to advertise vacancies both temporary and permanent to ensure that equality of opportunity is afforded to staff and potential staff of St Michael's House. St Michael's House currently utilises national websites and press to advertise positions. In some instances, it may be appropriate to engage the assistance of a Recruitment Agency to supplement the recruitment process.

All advertising related documentation will be reviewed by the Senior HR Business Partner/Recruitment Officer prior to advertising a vacancy in order to ensure that they are line with current policy, agreed St Michael's House advertising format, and relevant legislation.

Applications

There is a clear process for applications which must be adhered to.

Applications will be treated in strict confidence, subject to the provisions of the Freedom of Information Acts 1997 - 2014, the Data Protection Act 2018, The General Data Protection Regulation 2018 the Public Services Management (Recruitment and Appointments) Act 2004 - 2013 and other provisions that have been identified in the published documentation.

Selection Process

The selection process assesses all applications against the assigned selection criteria detailed in the advertisement and Job Description & Person Specification.

Applications, short-listing, interviews, reference checking, verification of qualifications, pre-employment medical assessments, and Garda vetting will form the basis of the Selection Process.

Certain competitions will require other levels of assessment. Some of the other techniques or tools available to supplement the Selection Process include Presentation and Psychometric testing in the form of personality profiles and ability tests. Any additional assessment methods used will test essential or desirable knowledge and/or skills, as expressed in Job Descriptions & Person Specifications and selection criteria to ensure that they are neither directly nor indirectly discriminatory.

An interview panel will be established and will operate in line with the Recruitment and Selection Policy guidelines.

Selection will be on merit and those who are successful shall demonstrate their suitability for appointment according to predetermined job-related selection criteria which will be consistently applied throughout the recruitment process.

Staff Management and Development

All staff in St. Michael's House have a clear job description and reporting relationship.

All employees will be offered the same terms of employment, working conditions and treatment.

Probationary Period

The first six months of employment will be a probationary period during which time the employment may be terminated at the organisation's discretion.

The organisation reserves the right to extend the probationary period.

Staff Education, Training and Development

There is a policy on Staff Education, Training, and Development. St. Michaels House recognises that staff education, training and development is an essential ongoing process for the delivery of high-quality rights-based services to service-users, the continual professional development of staff, and organisational learning and development. This is reflected in Goal 3 of our Strategic Plan 2022-2026. Staff members are encouraged and supported to develop their educational profile, knowledge base, skills and competence, both for their own benefit and that of the service users to which the organisation delivers a service.

The organisation recognises the need to continually improve education and skill levels, and also to cultivate specialist skills in new areas in order to be able to adapt to the changing and more demanding needs of our service users and the wider environment. The organisation also recognises that adequate resourcing, resources, structures, and systems are required to facilitate staff education, training and development. We will try to evolve in response to need and work to deliver high quality education and training which respond to changes and demands in the internal and external environment.

All employees are provided with equal access to education, training, and development. It is accepted that people learn in differing ways and in so far as is practicable different types of training opportunities are offered.

Induction is an essential part of staff learning and development, and integration into the working environment. All newly recruited staff/ employees are given a timely programme of induction.

The Minimum Required Training (MRT) document sets out specific areas of training identified by the organisation as essential for the safe and effective performance of allocated roles. It also sets out the refresher timeframe for each required area of training and in some cases the standard to be met. MRT training requirements and arrangements are regularly communicated to the organisation by the Staff Education, Training and Development Department. Completing and maintaining MRT is an essential requirement of St. Michael's House staff and failure to comply is considered a serious matter and can be addressed under the St. Michael's House Disciplinary procedure.

Staff are also supported to attend relevant, external training events and workshops, and engage in Continuing Professional Development relevant to their profession. The guidelines and process for allocating funding for external professional training are published adhering to the principles of fairness and transparency.

Supervision and Performance Management

Staff development is supported by their line manager through a Supervision and Performance Management system.

Supervision and Performance Management is an ongoing communication process, which involves both the line manager and the individual staff/ employee in:

- Identifying and describing essential job functions and relating them to the strategic Goals and Enablers of the organisation

- Reviewing MRT to ensure it is complete and up to date

- Planning training, learning, and development opportunities to sustain, improve or build on employee/staff work performance.

- Developing realistic and appropriate performance standards.

It is expected that any training gaps identified through this process should be addressed within a reasonable timeframe.

St. Michael's House acknowledges its responsibility to provide an environment, which is conducive to effective performance, and to promote education, training and development opportunities for all staff. The education, training and development needs identified may be met through on-the-job coaching, internal or external training courses, projects or formal programmes of education. This process will enable plans to be made and priorities and budgets to be agreed to ensure that all staff are provided with the appropriate training to enable them to carry out their job effectively.

St. Michaels House believes the identification of training needs should be an ongoing process for all staff. Individual staff education training and development needs will be identified with their manager during regular supervision sessions. Collective learning needs may be identified within staff groups or teams and discussed with the appropriate managers. Each manager has the lead responsibility for the development of their staff, for assessing their learning and development needs and identifying suitable learning methods.

St Michael's House recognises that the Performance Management and Development process plays an important part in identifying the support, coaching, education, training and development needs of staff. This process provides a forum for discussion with staff on their role, responsibilities and the training requirements to support them to effective and satisfactory performance of the role.

The Staff Training and Development Department is responsible for ensuring that a central record of staff training is created and maintained, through the use of the Wiztec system and that all learning and development activities are monitored and evaluated in terms of suitability, effectiveness and value for money. Evaluation of training is an ongoing process for the Department to ensure all staff training continues to be appropriate, up to date and relevant to the staff, situation and wider organisation environment.

The Staff Training and Development Department has responsibility for ensuring that a clear procedure is in place for recording, monitoring and evaluating learning activities. All staff are required to keep a record of their own learning. This can be in the form of a personal development portfolio.

Promotion

All categories of staff will be encouraged to prepare, plan and consider themselves for promotion. All employees will be made aware of promotional opportunities. Conditions governing access to promotion competitions will not discriminate, directly or indirectly, on

any of the nine grounds. Promotion will be decided on objective criteria relevant to the objectives of the job and will not be influenced by any of the nine grounds.

Staff delivering QQI

All SMH policies in relation to staff recruitment, management, and development are implemented as part of our QA processes.

QQI co-ordinators in St. Michael's House will be educated to degree level at least. In addition, they will hold a teaching or training qualification, for example, Train the Trainer or equivalent. They will have experience in designing, delivering, and assessing QQI programmes. They will have experience working with adults with intellectual disabilities and in supporting and mentoring staff in disability services.

SMH staff undertake the role of QQI trainer as part of their main SMH position. Most of our trainers come from the following professions - Social Care Workers, Nurses, Healthcare Assistants, Tutors, Senior Supervisors. They all have experience working with adults with intellectual disabilities. Some will have a training qualification, for example, Train the Trainer.

Trainers delivering modules and programmes at Levels 1 and 2 must complete in-house learning and development in relation to the delivery of QQI programmes. The in-house learning sessions are delivered by the QQI co-ordinators. The introductory session is a half-day session, with follow-up support and mentoring by the QQI co-ordinators as the trainer develops experience in the delivery of specific QQI modules and programmes. These take place a number of times each year to facilitate trainers to attend. In addition, new trainers are encouraged to 'buddy up' with an experienced trainer when they deliver their first module. The organisation supports trainers delivering modules and programmes at Levels 1 and 2 to extend their learning and complete a training qualification.

Trainers delivering Level 3 modules and programmes must have experience in delivering QQI Level 2 awards to people with disabilities. They must hold a 'Train the Trainer' qualification or equivalent. Trainers, that wish to deliver Level 3 modules and do not hold this qualification, will be given the opportunity to complete the QQI level 6 module on Training Delivery and Evaluation.

Managers link with the QQI co-ordinators to request specific training opportunities for staff in relation to the delivery of QQI. The QQI co-ordinators, in conjunction with centre and service managers, monitor the performance of QQI trainers on a continuous basis to ensure a quality educational experience for those using our services. We also seek to maximise the trainer's strengths and help them to overcome any possible weaknesses. This is an ongoing process and includes informal and formal review. We encourage a two-way exchange where trainers can also give feedback.

The Trainer Handbook provides additional information on development opportunities and performance management.

Equality and Diversity

See QQI Equality and Diversity Statement.

St. Michael's House promotes equal opportunities and welcomes diversity within our team of QQI trainers. We will ensure all staff are treated with dignity and respect in their working life. We will maintain a healthy working environment in which no worker feels under threat or intimidated.

The Ethos of Learning

St. Michael's House is committed to offering a positive approach to teaching and learning. We are always open to making changes that will improve the quality of our service provision and will enhance the learning experience for our learners.

We will ensure all learners and trainers are treated with dignity and respect. Learners and trainers, individually or as a group, will not be limited in their learning opportunities or employment, placed at an unfair disadvantage or treated less favourably in the course of their learning journey or employment as a consequence of their age, disability, family status, gender, marital status, race, religion, sexual orientation, or for being a member of the traveller community. Maintaining these basic principles is important in creating a positive and healthy work environment and in maintaining strong relationships with learners. Upholding this policy is everyone's responsibility and each person associated with the organisation is expected to support these principles at all times. See our statement on Equality and Diversity.

We understand that many of our adult learners are new to formal education, may find the process difficult, and may be apprehensive about the process.

We are dedicated to providing the highest quality learning in a way that is accessible to learners. We are strongly committed to the principles of life-long learning, and our staff are motivated and supported to facilitate learners to maximise their potential. Belief and confidence in each learner's potential is at the heart of our service delivery. We are aware that our learners absorb and use information in a variety of different ways, and we work with each learner to achieve the best educational experience possible. We recognise and value the wealth of knowledge that our learners bring with them from their own life experience.

Our ethos around learning is to deliver courses in a relaxed manner, which encourages learners to actively participate. We provide opportunities for learners to work in groups and on an individual basis. This offers learners the opportunity to learn from each other and to share learning experiences.

Trainers will monitor learning during teaching activities, and as evidence is collected and collated for each learning goal. If there are any concerns in relation to a learner's progress, the trainer will link with the QQI co-ordinators. In addition, the QQI co-ordinators will review lesson plans and portfolio work every 6 to 8 weeks to ensure the course is progressing as planned, the activities undertaken meet the learning goals, and each learner is making satisfactory progress.

We can support learners with different learning preferences and styles. We encourage trainers to engage in multi-modal teaching and learning, and to adopt an inclusive communication approach. A number of different teaching methodologies are utilised including instructional, experiential learning, problem based learning, simulated environments and role play, field trips, one to one teaching, participative and small groups interactions, reflective diaries.

Within these learner methodologies there will be frequent use of active learner-led strategies such as poster work, presentations, voting activities, paired and groupwork, case studies, quizzes and games, tours, and team and individual challenges.

Key Principles

St. Michael's House is committed to providing learners with:

- A learning environment that supports and stimulates learners and enables them to realise their full potential
- An environment that promotes continuous improvement
- Modules and programmes of the highest quality
- Accurate information about all modules, programmes and expectations
- Assessment of learning that is fair, valid, and timely
- Opportunities to discuss their progress
- The opportunity to evaluate teaching, modules, and programmes in confidence and through different channels
- Skilled, qualified, and supportive staff that treat all learners with dignity and respect and are responsive to learner needs and concerns
- A fair and consistent enforcement of all rules and regulations
- A healthy and safe environment that promotes a positive learning experience.

St. Michael's House expect learners to:

- Actively participate in all learning situations
- Produce work to the best of their ability
- Make effective use of the facilities and services provided
- Comply with assessment regulations and use assessment feedback to guide their continued learning
- Provide honest and constructive feedback within the opportunities provided
- Support and respect the rights of fellow learners and staff
- Abide by all rules and regulations.

Entry Requirements

Entry requirements for specific programmes and modules are set as part of programme design and validation. Learners will not be admitted to courses if they do not meet the minimum entry criteria. If a learner does not meet the entry requirement, guidance will be provided to assist them in gaining the necessary knowledge and experience. We wish to set learners up for success and to provide a positive learning experience.

Feedback

St. Michael's House is committed to monitoring our learning environments and the learning experience we provide. We regularly evaluate all our modules and programmes and are committed to maintaining and improving the quality of these. We actively seek feedback from learners, trainers, and other stakeholders so we can constantly improve and update our modules and programmes and delivery methods. Feedback is also sought around locations and resources. This feedback is given to the Quality Assurance Committee and appropriate actions taken.

The Learning Environment

We recognise the importance of the learning environment for trainers and learners. The environment must be welcoming, inclusive, and fit for purpose. St. Michael's House staff are empowered to create and facilitate a learning environment that supports and stimulates learners and enables them to realise their full potential. We will ensure that each learner feels comfortable and that their communication and physical access needs can be met. The cultural needs of individual learners will be respected and facilitated.

The learning environment will be discussed as part of the programme design. This ensures that all requirements are discussed in detail and included in the validation application. Any specific requirements are noted and sourced prior to modules and programmes being delivered.

A venue checklist is utilised to access the suitability of external learning environments for a module or programme. The following items are taken into consideration:

- Accessibility
- Lighting
- Ventilation
- Health and Safety
- Room set-up
- Public transport
- Parking

- Other Facilities – tea and coffee facilities, canteen, toilets
- Location and opportunity for community engagement.

Along with classroom and group activity space, we try to ensure that there is also space available for individual meetings when required. There should be access to Wi-Fi, laptop or desktop, projector, digital camera, colour printer, stationery, art materials, and any equipment needed for specific modules. Communication supports required may include iPads, Photosymbols software, communication apps, visual supports etc.

Venues must comply with all H&S legislative requirements. All relevant St. Michael's House policies must be adhered to in the delivery of QQI modules and programmes:

- Accident Management Policy
- Falls Policy
- Fire Safety Policy
- Infection Prevention Policy
- Internal Emergency Response Plans
- Safety Statement.

We encourage trainers to deliver modules in the community wherever possible, or we include opportunities for community engagement in the design of each module/programme.

Feedback on Locations

Learners will be asked for feedback on the venue in their mid and end of module evaluations. Informal feedback from the trainer will be sought during the delivery of the module, and this will be formalised on the end of module trainer evaluation.

Complaints Procedure for Learners

A grievance procedure is a formal expression of learner dissatisfaction. If a grievance is not dealt with speedily it tends to become deep-rooted. This can then lead to frustration that can filter through the organisation, causing an uneasy learning environment.

Learners are encouraged to try to resolve issues with their trainer in the first instance. Most grievances can be settled informally, and learners should aim to settle their grievances in this way if possible. We will do all we can to address concerns at this point.

If the learner is not satisfied then a formal complaint can be made. The object of the procedure is to provide a learner, who considers that he or she has a grievance, with an opportunity to have it examined quickly and effectively, and where a grievance is deemed to exist, to have it resolved, if possible, at the earliest practicable opportunity. This procedure

has been drawn up to establish the appropriate steps to be followed when pursuing and dealing with a formal grievance.

There is an Easy to Read version of the SMH Complaints Policy. The Learner Handbook has some information on making a complaint. In addition, we will provide person-centred information if a learner wishes to make a formal complaint or needs information in relation to meetings or the grievance process in general.

Stage 1

- In the event of the learner having a formal grievance relating to their learning experience they should, in the first instance, address their complaint to their trainer or to one of the QQO co-ordinators

- A meeting will be set up

- The learner has the option to have a friend or learner representative/advocate present

- The problem will be discussed, and a prompt decision given

- A summary of the meeting will be recorded, and a copy be made available to those in attendance in an accessible format

- The trainer and/or QQI co-ordinator has the responsibility of trying to resolve the matter within a practicable period

- The learner must take all reasonable steps to attend the meeting

- Following the meeting, the organisation will endeavour to respond to the grievance as soon as possible and, in any case, within ten working days of the grievance meeting

- If it is not possible to respond within this time period, the learner will be given an explanation for the delay, and be told when a response can be expected

- The learner will be informed, in an accessible way, of the organisation's decision on the grievance and notified of their right to appeal against that decision if they are not satisfied with it. The learner may appeal in writing to the QA committee.

Stage 2

- Should the matter remain unresolved or the response not adequate the issue will be raised with the QA Committee

- A further meeting will be arranged with a member of the QA Committee present

- The learner will have the option to have a friend or learner representative/advocate present

- The problem will be discussed, and a prompt decision given

- A summary of the meeting will be recorded, and a copy be made available to those in attendance

- The Quality Committee, in conjunction with the parties concerned, will attempt to resolve the matter within a practicable period

- The learner must take all reasonable steps to attend that meeting

- The learner will be informed, in an accessible way, of the organisation's decision on the grievance and notified of their right to appeal against that decision if they are not satisfied with it. The learner may appeal to the Academic Council.

Stage 3

- Should the matter still remain unresolved or the response not adequate the issue will be raised with the Academic Council

- A meeting will be arranged with a member of the Academic Council present

- The learner will have the option to have a friend or learner representative/advocate present

- The problem will be discussed, and a prompt decision given

- A summary of the meeting will be recorded, and copies be made available to those in attendance

- The Academic Council, in conjunction with the parties concerned, will attempt to resolve the matter within a practicable period

- The learner must take all reasonable steps to attend that meeting

- This is the final stage of the grievance procedure, and the organisation's decision shall be final.

Section 7: Assessment of Learners

St. Michael's House has developed an assessment process that is fair and consistent and is in line with the relevant guidelines and regulations set out by the accrediting bodies. For example, the QQI document called *Assuring Assessment, Guidelines for Providers 2013*.

Trainers are provided with Assessment Plans, Assessment Briefs, and Marking Schemes.

Learners are assessed and the assessment judgement is made based on whether the learner has reached the required national standards of knowledge, skill, and competence for the award.

The following principles underpin our procedures in relation to assessment:

1. Validity – assessments will be fit for purpose and will measure the standards of knowledge, skill or competence required for the award

2. Reliability – assessments will be based on valid assessment techniques and be accurate and consistent over time

3. Fair – assessments must be accessible to and provide equal opportunity for all learners i.e. resources/equipment, appropriate techniques, experienced assessors, whereby the learner is potentially able to meet the standard required, using reasonable accommodations where appropriate

4. Transparency – ensuring clarity and understanding by all

5. Quality – ensuring reliability, fairness and adherence to the standards and agreed procedures.

The process is structured to ensure that the integrity of all modules and programmes delivered is maintained.

At the outset of the course, learners are given information on the assessment that they will need to complete.

All assessments and portfolios will be marked within one month of completion of the module or programme. All learner assessment materials and information must be made available for third party assessment. The QQI co-ordinators will inform trainers of upcoming QQI certification dates.

There is information in the learner handbook on making an appeal if a learner is not happy with their result.

The Assessment Process

Assessment Briefs and Marking Sheets	These are designed as part of the programme design process and submitted to QQI as part of the programme validation process.
Assignment received	Once a portfolio is complete, it is submitted to the trainer and a receipt provided.
Trainer	Trainer marks the portfolio and sends results to Internal Verifier.
Internal Verifier	Internal Verifier will verify the process of assessment has been followed and the accuracy of results. Results given to the External Authenticator as part of the certification process. Learner is informed of results.
Appeals Process	QQI's Assessment and Standards, 2013, identifies three distinct types of grade appeal which must be included in the QA process. Learners can ask for a recheck, review, or can appeal. 1. If the learner is unhappy about an assessment result they should firstly contact their trainer, who will provide an explanation of the assessment process. 2. If the learner is still unhappy about the result, they have the option of having their portfolio and marking rechecked in the first instance. The learner will be given a full explanation of the outcome in a way that they can understand. 3. If the learner is still unhappy, they can ask for their portfolio to be reviewed by the trainer or the QQI co-ordinator. The learner must say why they want the portfolio reviewed. A clear explanation of the outcome will be given to the learner in a format they can understand. 4. Where the learner does not accept this review of the result, it will go to the External Authenticator for independent assessment. 5. Where the learner does not accept the result of the External Authenticator, they can make an appeal to the QQI co-ordinators, and this will be sent to Academic Council for review. 6. The decision of the Academic Council is final.

	Appeals can only be considered where a valid reason for the appeal is given.
	All unresolved disputes between learners and assessors are referred to the Academic Council. The QQI co-ordinators will keep a record of all correspondence in relation to learner appeals.
External Authenticator	The External Authenticator will review the results and provide independent authoritative confirmation on a fair and consistent assessment of learners in accordance with national standards.
	Results are sent to the Results Approval Panel.
Results Approval Panel	The Results Approval Panel will review and approve assessment results and agree to the submission of final results to QQI to request certification.
QQI	QQI will issue certificates. The certificate is sent to learner.
Academic Council	Results are sent to Academic Council.

Assessment techniques

Each Programme Design Team will ensure that there is an appropriate mix of formative and summative assessment tasks for each module. A range of suggested tools to support teaching and assessment are provided in the trainer resource packs.

Formative Assessment

Formative assessment is an integral part of our programme design and will be used on an ongoing basis during modules at Levels 1, 2 and 3. Formative assessment is a key source of feedback that helps the trainer and learner to monitor co-operation, motivation, engagement, learning, and to note potential challenges and areas of difficulty. Formative assessment supports the trainer and learner to recognise when new information has been understood, new skills have been mastered, or practice has changed/advanced. It also allows trainers and learners to identify when further assistance, teaching, modelling, or repetition might be required. Formative assessment is not necessarily used for certification, although a selection of the evidence gathered for formative assessment will be included in the summative assessment, the portfolio of work.

Formative assessment opportunities at Levels 1, 2 and 3 will include:

- Questioning during learning sessions and in follow-up sessions

- Trainer observation of learner engagement and understanding in class

- Analysis of learner comments

- Revision quizzes and tests of key learning content

- Learner presentations involving demonstration and idea sharing

- Worksheets

- Skills demonstrations and observation of transfer of skills to everyday situations - evidence of applying understanding of a learning principle to a practical context.

Trainers should use formative assessment as a way to check that their teaching methods, approaches and activities are effective and result in good outcomes for the learners. It should support them to adjust their teaching and adapt their learning resources where necessary.

Summative Assessment

Summative assessment is comprehensive and is primarily for the purpose of certification. It is based on the cumulative learning experience that takes place. The summative assessment technique at Levels 1, 2 and 3 is a portfolio of work.

'A portfolio or collection of work is a collection and/or selection of pieces of work produced by the learner over a period of time that demonstrates achievement of a range of learning outcomes'[1]

The portfolio of work is generally collected over the duration of the module and collated at the end.

The portfolio of work contains evidence of learning, such as, learner comments, task analyses and skill demonstrations, photographs of learner activities, posters, worksheets, printed computer projects, electronic resources such as video clips, learner self-assessment and reflection, trainer evaluations.

Summative assessment feedback consists of the marking sheet for each module and the trainer evaluation comments in the final portfolio of work.

At Level 1, learners should have the opportunity to engage in formative assessment activities on different occasions. Assessment tasks may have been completed successfully a number of times before evidence is selected for the summative assessment. Learners are expected to demonstrate knowledge, skill or competence within a familiar, well-structured, and supported

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[1] QQI Assuring Assessment, Guidelines for Providers 2013.

setting. The assessor may support learner performance through, for example, visual/auditory clues or other prompts. However, the learner's achievement must be substantively their own, the support provided by the assessor should facilitate the learner to demonstrate their achievement of the standard without compromising the standard.

At Level 2, learners should be assessed in familiar contexts and roles. The formative assessment tasks that they undertake should be similar to previous tasks. They should have familiar elements that have been previously encountered by the learner. Learners should be able to do the assessment task a number of times before selecting evidence for their portfolio of work. Learners at Level 2 are expected to demonstrate knowledge, skill, or competence across a narrow range of related and familiar, well-structured settings. The assessor may generally support learner performance. Visual/auditory clues and prompts may be occasionally provided. However, the learner's achievement must be substantively their own and must clearly be approaching independent performance.

At Level 3, learners are assessed in a limited range of contexts. They should have the opportunity to repeat formative assessment activities if required. Assessment tasks are more challenging than at Levels 1 and 2, for example, a familiar activity in a new context. Learners at Level 3 are expected to demonstrated knowledge, skill, or competence across a limited range of familiar contexts within a managed setting. The assessor may direct and support the learner's performance, but learner achievement must be wholly their own and must clearly show independent performance and some autonomy in demonstrating the standards.

Co-ordinated Planning of Assessment

All assessment briefs and marking sheets are designed as part of the programme design process and submitted to QQI as part of the programme validation process. Briefs are informative and clear, and meet the criteria for assignment techniques outlined on the Component Specifications provided by QQI.

Consistency of Marking

Marking schemes are available for all modules and programmes. The QQI co-ordinators review the consistency of marking as part of the Internal Verification Process to limit any discrepancies between trainers and to ensure fair and consistent assessments of learners.

Security and Integrity of Assessments

Assessment materials and learner information are securely stored in SMH locations in line with our Information and Data Management policy.

All learners are given a paper receipt when they submit a portfolio. A learner record of assessment is maintained at all times.

Feedback to learners

It is important that all learners receive timely and constructive feedback from their trainers regarding their assessment. Feedback can be informal or formal, depending on the situation. Feedback will be given in an open and respectful manner.

Plagiarism

Plagiarism, which is the presentation of another person's thoughts or words as though they were your own, must be avoided. Particular care must be taken with coursework. Plagiarism can come in many forms, for example, copying sections of published work, or the use of text, or images without acknowledging the source.

Learners are advised at the outset of their course that plagiarism will not be tolerated, and all sources must be acknowledged. This information is included in our Learner Handbook. All learners submit a declaration with their portfolio to confirm that the portfolio submitted is their own work. Learners are also advised that if they are including photos or video content in their assessments then the appropriate consent must be sought and presented with this work.

If a trainer suspects a possible case of plagiarism, the learner will be informed, and asked to review their work accordingly.

If the learner persists in presenting the work as their own and the trainer decides that there is a case to answer, they will inform the learner in writing.

The learner may appeal this decision and the matter will be referred to the Results Approvals Panel for consideration. The panel will:

- Review all documentation
- Meet with the trainer
- Meet with the learner.

If it is decided that there is no case of plagiarism, the learner will be notified.

If it is decided that there is a case of plagiarism, then the learner will be given additional advice regarding plagiarism and asked to resubmit their portfolio.

All decisions of the Panel are final.

Internal verification

This process checks that the assessment procedures have been applied correctly. Internal verification can take place on a sampling basis, although 100% of assessments are normally verified. The Internal Verifier will monitor the assessment process including the assessment results.

This will ensure that:

- Assessment procedures are adhered to
- Learning has been assessed using the techniques and instruments indicated
- Assessment results are documented and recorded correctly
- Evidence is generated in the appropriate way
- Assessment results are available for each learner.

The outcome of the internal verification process is an internal verification report. This report is submitted to the External Authenticator and also to the Academic Council.

External Authentication

External Authentication provides independent authoritative confirmation of fair and consistent assessment of learners in accordance with national standards. St. Michael's House will select an External Authenticator who has experience in education and training, and whose expertise lies within the modules and programmes being evaluated. It is important that the external evaluator can contribute constructively to the evaluation process.

External Authenticators will:

- Confirm the fair and consistent assessment of learners
- Review internal verification report(s) and authenticate the findings/outcomes
- Apply a sampling strategy to moderate assessment results consistent with QQI requirements
- Moderate assessment results in accordance with standards outlined in the Award Specification
- Visit the centre and where appropriate meet with staff and learners
- Participate in the results approval process (if required)
- Identify any issues/irregularities in relation to the Assessment Process
- Recommend results for approval
- Produce an external authentication report.

The outcome of the external authentication process is an external authentication report which will comment on the effectiveness of the application of the assessment process and procedures, and comment on the extent to which the results conform to national standards. These reports will be made available to the QQI co-ordinator, and a copy of the report is given to the Academic Council.

The Results Approval Process

The results approval process is a key part of the assessment process and "ensures that appropriate decisions are taken regarding the outcome of the assessment and authentication processes." (QQI Quality Assuring Assessment, Guidelines for Providers, Revised 2013)

This takes place following completion of the authentication process which includes the internal verification process and the external authentication process. It also includes consideration of the internal verification and external authentication reports.

All results must be approved before being submitted to QQI.

At the conclusion of the process a results approval report must be completed and kept for our self-evaluation and internal monitoring.

The methodology to be used in the process is determined by St. Michael's House in line with quality assuring assessment policy and procedures. The following must be taken into consideration:

• Terms of reference for the Results Approval Panel

• The composition of the Panel

• Procedures for the panel members in conducting the process.

The scope and powers of the Panel must be determined in relation to the types of judgments and decisions it can make. This should specify the rationale and procedures for dealing with and documenting issues arising, decisions made, and actions take, for example:

• Where the views of the panel members disagree with the findings and recommendations of the external authentication report

• Where there is conflicting information between the internal verification report and the external authentication report

• Where serious cause for concern has been identified in relation to the fair and consistent assessment process and/or the validity of the assessment results

• Where corrective action is warranted.

The work of the Panel must be conducted in a fair and transparent manner, while maintaining confidentiality around learner information.

Confidentiality

Members of the Results Approval Panel may agree a statement of confidentiality in relation to the work of the panel.

Conflict of Interest

A panel member who feels that they may have a conflict of interest should indicate this to the panel prior to the meeting or as soon as the conflict becomes apparent. That person should be excused from the relevant section of the panel meeting.

Results Approval Panel Report

Following the Results Approval Panel meeting, the results approval panel report will be completed and will include:

- Matters arising
- Decisions made
- Recommendations or actions taken.

Issuing of Results to Learners

St. Michael's House will inform learners of their results and learners will have 5 days in which to lodge an appeal.

Corrective Action

This refers to any errors or omissions, whether deliberate or accidental, related to the integrity of certification.

As part of the internal verifying process, the Internal Verifier will identify any issues that arise and include this information in their report. The Internal Verifier notes any discrepancies, and their report is submitted to the Results Approval Panel for further discussion. The Panel decide on any appropriate action, and this is implemented by the QA Committee. The QQI co-ordinators will liaise with QQI where appropriate. A record is kept of all actions taken and this is reported at the next Results Approval Panel Meeting.

The External Authenticator may also have identified amendments required to the assessment process. These corrective actions will also be discussed at the Results Approval Panel and actioned accordingly.

Requesting Certification

Following the decision of the Results Approval Panel, all results will be forwarded to QQI, and certification requested.

Section 8: Supports for Learners

St. Michael's House is committed to providing a supportive learning environment. We recognise that our learners will need additional support and encouragement throughout their learning journey.

A Person-Centred Approach

Learners will be encouraged to consider their educational goals in conjunction with their person-centred plan and personalised care and support plans. This will ensure a holistic, consistent approach which supports personal development and builds self-esteem. Achievements will be recognised and celebrated by the learner, their peers, trainers and staff, the organisation, families, and friends.

Person-Centred Planning (PCP) is a key aspect of Quality Assurance in the organisation. We follow SMH Person-Centred Planning Policy and Procedures in our delivery of QQI awards.

Person-Centred Planning is about what is important to the person – their dreams, wishes and desires. It requires staff to ensure the will and preference of the person is understood and responded to. Person-centred planning seeks to achieve real and positive changes to the person's life. It enables us to support the person through the development of targeted support plans and actions, with a clear rationale. Person-Centred Planning requires a team approach and the person using our services is the most important person on the team. Best practice in Person-Centred Planning involves empowering individuals to take and retain ownership of their lives and lifestyles in as much as possible and to engage in proactive risk-taking.

Personalised Care and Support Plans (PCSP) are about what is important for the person – the things they need to stay healthy, safe, and well.

Trainers should check with learners, and those that know them well, to find out what is important to and for them. This is part of the decision-making process in relation to the modules and courses they undertake. Learners complete a section in their module workbook on their goals at the outset of the course. They are encouraged to consider how the QQI module or programme can support them to achieve their PCP or PCSP goals.

Education and Learning Policy

St. Michael's House has a policy on Education and Learning for persons using our services. This is available in an Easy to Read format and was developed in collaboration with persons using our services.

St. Michael's House believes that people have the right to learn all their lives. St. Michael's House will support persons using our services to learn in a way that suits them best.

We understand that:

- Everyone is good at different things and learns in different ways
- Everyone should be given the chance to try new and interesting things
- Everyone can learn in different places, for example our workplaces, our homes, our day services, local colleges and in the community
- Everyone can make their own choices about what to learn and how to learn it
- Learning new things and information are very important for independence and community engagement
- Learning new things helps us to feel good and to feel proud.

We will:

- Give everyone the same chance to take part in learning
- Support people to make choices
- Do our best to understand what people want to learn and what courses they want
- Make sure that everyone will be given the chance to think about learning as part of their personal plan
- Ask keyworkers to support people to set up a learning plan if needed – there is an Easy to Read template to support people to do this
- Give information about learning in a way that our learners can understand
- Give the right support to people with different learning needs, for example people that communicate in different ways and people that need support with reading and writing
- Give persons using our services the chance to do QQI Training
- Support and encourage staff to learn to be good trainers
- Celebrate all learning
- Support people to use what they have learnt to move forward and make good changes in their life.
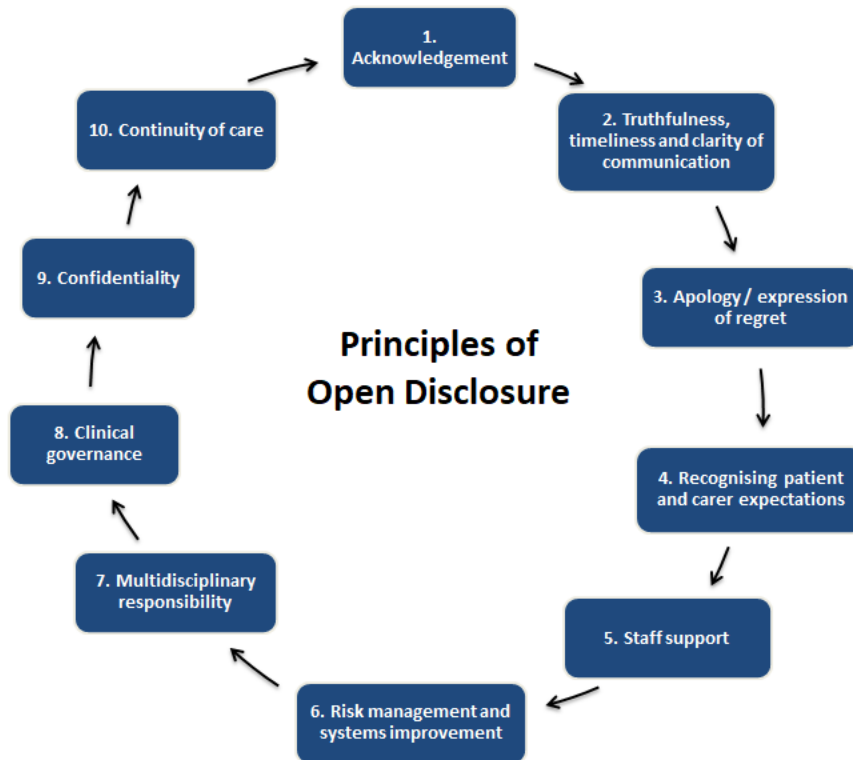
Open Disclosure Policy

St. Michael's House has a policy on Open Disclosure. This is available in an Easy to Read format.

Open Disclosure involves communicating with persons using our services and families in an open, honest, empathetic and transparent manner following adverse incidents. It ensures we provide persons using services and their families with an explanation, acknowledging what

has happened, and providing a meaningful apology when they are harmed or following an adverse incident. We discuss, in collaboration with persons using services and families, the actions required to prevent or reduce the risk of the adverse event reoccurring. This is to ensure organisational learning.

The policy is clear on the types of events that can lead to open disclosure and the process for engaging in open disclosure.

Principles of Open Disclosure

1. Acknowledgement
2. Truthfulness, timeliness and clarity of communication
3. Apology / expression of regret
4. Recognising patient and carer expectations
5. Staff support
6. Risk management and systems improvement
7. Multidisciplinary responsibility
8. Clinical governance
9. Confidentiality
10. Continuity of care

Learning and Teaching Materials

The provision of high quality accessible teaching and learning materials is a key aspect of our service delivery. These materials can be adapted to suit individual learner needs and learning styles. Where necessary, advice can be sought from external subject matter experts on the development of module materials and on the accessibility of materials. We encourage our trainers to share their knowledge and resources.

Learners are represented on our Programme Design Teams and on our Quality Assurance Committee. All information in relation to these processes are available in an accessible format to the individual learner involved.

Learner Supports

St. Michael's House has a range of learner supports available. These include:

- A positive learning environment with supportive trainers
- Inclusive communication environments
- Qualified trainers with experience of teaching and supporting adults with intellectual disabilities
- Safeguarding policy for vulnerable adults
- Positive Behaviour Support Policy
- Learner handbook
- Code of behaviour
- The provision of Easy to Read and Plain English information and learning materials. This includes course information brochures, application forms, handbooks, assessment briefs, evaluation forms etc.
- Access to assistive technologies
- Access to clinical supports if required through a multi-disciplinary team
- Differentiated learning
- Formative assessment
- Mentoring with the trainer or QQI co-ordinator if required
- Fully accessible training locations
- We consider the location very carefully to maximise opportunities for community participation and inclusion
- Peer-to-peer support
- Small class sizes and one to one teaching to ensure person-centred supports
- Trainers are encouraged to support learners to undertake individual pieces of work as well as whole group activities
- Option to complete modules on an individual basis if required, for example, for persons with complex behaviour support needs
- The support of keyworkers, managers and other key staff to transfer learning to everyday life

- Connections between person-centred planning goals, personalised care and support planning goals, and the modules and programmes we offer

- Learner evaluations

- Clear complaints procedure

- Learner involvement in programme design and review.

Reasonable Accommodation

All our learners require some level of reasonable accommodation in order to assist them on their learning journey. We will discuss with the learner and those that know them well, the supports that may be required for each module. As many of our learners complete their learning in their own day service location or with staff that know them well, their needs are mostly well understood. The QQI co-ordinators are available to offer additional advice and assistance to learners and trainers in relation to accommodations. We also have access to external experts if the learner consents to this and if required to ensure they have the best learning experience possible.

Review of Learner Supports

Additional learner supports may arise from information collated on evaluations forms, complaint forms, formal and informal conversations with learners etc. All of this information will be collated and reported to the Academic Council as part of the internal monitoring process. The Academic Council will include any relevant actions on the Quality Improvement Plan.

Learner Admission and Entry Criteria

It is important that learners have the ability to succeed in their chosen module or programme, and information on entry criteria is available to all learners prior to enrolment. Learners are supported in a person-centred way. The entry requirements and work required for each module or programme are explained to each potential learner and their supporters both face-to-face and through accessible information.

All courses are delivered through an 'Inclusive Communication' approach. This means we can support learners that use alternative and augmentative communication systems, such as Lámh sign language, the Picture Exchange Communication System, Visual Supports, AAC devices, or learners that have English as a second language. We can also provide the necessary supports for learners that have literacy support needs.

With the learner's approval and where appropriate, additional information can be sought from or provided to support staff. If we have concerns about our ability to support a particular learner, we can, with the learner's consent, seek more specialist advice.

Most trainers will know their group of learners through their day to day work. If they do not know the learner, they will be given specific information about their learning support needs prior to the module commencing. Learners will be given a chance to meet the trainer and get to know them. We support learners to share information about their module or programme with their family members or with support staff from residential settings, for example, through information sessions at staff meetings.

Access, Transfer and Progression (ATP)

Our learners are generally with St. Michael's House for a long period of time. We endeavour to create progression pathways, for example, from Level 2 to Level 3 programmes, and from Level 2 and Level 3 programmes to mainstream courses and opportunities. Wherever possible, we try to offer advice and guidance to learners in relation to the next steps of their learning journey.

We are cognisant of the *QQI 2015 Policy Restatement on Access, Transfer and Progression*. The policy states that providers are required to give clear information to a learner which should help identify pathways to, from and within programmes, and about awards and qualifications that may be achieved.

Access, transfer and progression is also addressed with learners through the person-centred planning and personalised care and support planning processes. Progression can take many different forms, for example, to further education, employment, work experience, new experiences and opportunities in the community, valued social roles, leisure activities and hobbies, or joining new groups. These are all valued and celebrated equally.

Section 9: Information and Data Management

Data Management

St Michael's House is required under various laws and regulations to comply and adhere to certain standards, rules, and procedures in ensuring adequate protection of all personal data collected and accumulated, and to ensure this it is treated with utmost confidence and privacy.

St. Michael's House operates a strict policy of confidentiality that is detailed in all contracts of employment. Staff members may not disclose any information of a confidential nature relating to St. Michael's House or the persons using its services. This applies during and post-employment within the organisation. On termination of employment, all documentation, files, etc., in a staff member's possession must be returned to St. Michael's House.

St. Michael's House has a Data Protection Officer available to guide and support staff with data and information management.

St. Michael's House has a GDPR/Data Protection Policy to ensure compliance and adequate safeguards are in place to protect the fundamental rights and freedom of persons using our services and staff. St Michael's House, as a Data Controller of personal and sensitive personal data is required to comply with several legislations relating to Data protection and Data security. The most relevant legislations are GDPR and the Irish Data Protection Act 2018.

St. Michael's House is registered with the Information Commissioner's Office as an organisation that processes personal data. In order to deliver our services we are required to collect and use certain types of information about people including 'personal data' and 'special category data' as defined under the General Data Protection Regulation. This information relates to past, current, and future service users, employees, volunteers, suppliers and others with whom staff may communicate in the course of their work.

The GDPR/Data Protection Policy applies to all forms of data including computer, manual, and CCTV records.

In addition, the organisation has developed a number of further policies and guides to promote data security and privacy including:

- GDPR staff guide
- Privacy Statement
- Records and Retention Policy
- Service User Records Policy

- Data Breach Management Policy

- Data Protection Impact Assessment Policy

- Data Protection Subject Access Request Policy

- E-communication Policy

- Social Media Policy.

Data Protection Principles

It is the policy of St Michaels House that all activities of processing data is in line with its responsibilities under the principles of GDPR and other relevant Irish legislation.

St Michael's House will comply with Article 5 of the GDPR which requires that personal data shall be:

a) Processed lawfully, fairly, and in a transparent manner in relation to individuals

b) Collected for specified, explicit, and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes

c) Adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed

d) Accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay

e) Kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals

f) Processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

St. Michaels House staff must ensure protection of data subject's rights at all times:

a) Right to be informed as to what personal data is being processed and the rationale behind processing by St. Michael's House

b) Right of access to personal data being processed on a data subject in line with St Michael's House Subject access request policy

c) Right to request that inaccurate or irrelevant personal data held or processed by St. Michael's House is rectified

d) Right to erasure in the instance where the customer relationship has ended, excluding medical records

e) Right to object or restrict the processing if consent was inappropriately requested and no legitimate grounds for processing are present

f) Right to data portability outside of St. Michael's House, to another controller, if it is in an electronic format

g) Right to protest against automated decision making, provided there is no legal claims or legitimate grounds in justifying the same.

Lawful Processing

All data processed by St Michael's House must be done on a lawful basis. Where consent is relied upon as a lawful basis for processing data, evidence of opt-in consent shall be kept with the personal data. Where communications are sent to individuals based on their consent, the option for the individual to remove their consent should be clearly available and systems must be in place to ensure such a request is reflected accurately in the St Michael's House Register of Processing Activities.

St Michael's House maintains a Register of Processing Activities. The Register is reviewed at least annually. Individuals have the right to access their personal data and any such requests made to St Michael's House is managed within in a timely manner as outlined in the St Michael's House Subject Access Request Policy.

Data Minimisation

St Michael's House staff must ensure that personal data is adequate, relevant and limited to what is necessary in relation to the purposes for which it is been processed. While processing, one should not have more personal data than required to achieve a purpose, do not include irrelevant details nor collect data in the off chance one might need it, unless it can be justified on a business need or national or Member state law requires it.

Data Accuracy

St Michael's House staff must take reasonable steps to ensure personal data is accurate. Measures should be put in place to ensure that personal data is kept up to date. When processing personal data, St. Michael's House shall accurately record the source of information, information provided, and carefully consider any challenges to accuracy before taking steps to erase, update, or delete it.

Archiving and Removal

To ensure that personal data is kept for no longer than necessary, St Michael's House has developed a Records and Retention Policy. This policy considers what data must be retained, for how long, and why. St. Michaels House must ensure that no personal information which is non-compliant with the GDPR legislation or is in violation of any data protection laws or regulations or any contractual obligations, are archived. Any non- compliance or violation will require rectification before any further processing occurs including archiving and/or removal.

Security

St Michael's House ensures that personal data is stored securely using modern software that is kept-up-to-date. Access to personal data shall be limited to personnel who need access and have appropriate access rights. Security measures are in place to avoid unauthorised sharing of information. When personal data is deleted this should be done safely such that the data is irrecoverable. Appropriate back-up and disaster recovery solutions are in place.

Breach

In the event of a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data, the Data Protection Officer and St Michael's House shall promptly assess the risk to people's rights and freedoms and if appropriate report this breach to the Data Protection Commissioners office. This is in line with St Michael's House Data Breach Policy.

Roles and Responsibilities

Everyone falls under the umbrella of GDPR compliance and thus the duty falls on all St Michael's House staff, interns, volunteers, work experience candidates, contractors, sub-contractors, agencies, and authorised third party commercial service providers and all other persons or entities receiving, handling, processing, retaining or disposing of personal and sensitive data.

All staff in the organisation have a responsibility to familiarise themselves with the GDPR/ Data Protection Policy, and all other relevant policies, and to follow these.

All staff receive training in relation to GDPR and data management.

St. Michaels House is to demonstrate accountability and ensure highest standards of protection to personal data and thus retains the right to hold accountable any individual who compromises and contributes to breach of any of the principle or rights given under GDPR through reckless behaviour.

Data Management – QQI Activities

All staff involved in the delivery of QQI related activities in the organisation must follow SMH policies on data management. In addition, we have developed a statement on data management for our learners. This is available in an Easy to Read format.

The QA committee have ultimate responsibility for information and data management during the course of QQI related activities, and in ensuring compliance with QQI guidelines.

In terms of information QQI is the Data Controller of all Data for QQI Courses held within the organisation and SMH is the Data Processor.

Types of Information

Information gathered in the course of QQI related activities includes electronic data, hard copy documents, videos and photos. This information is stored on desktops, laptops, website, social media, online platforms, the QBS system, USB drives, voicemails, mobile phones.

We collect sensitive personal data about learners from which individuals may be identified. This can include name, address, PPS number, telephone number, email address, date of birth, programme of study, results, health information, social welfare details.

Information generated includes Course Information Books, Learner and Trainer Handbooks, evaluation forms, reports, assessment results, policies, guidelines, online content, databases, attendance sheets, agendas, minutes and plans.

The QQI co-ordinators, centre managers and trainers are supported by the IT department to collect and process data securely. There are mechanisms in place to enhance security, resolve IT issues as they arise, and to back-up data. These include use of antivirus software, firewalls, compliance with software licence requirements, encrypted drives, passwords, and technical upgrades.

Records Maintenance, Retention and Disposal

St. Michael's House is committed to ensuring all records are managed appropriately to ensure confidentiality and are in line with legislative requirements under the General Data Protection Regulation 2018, Freedom of Information Act 2014 and the Health Act 2007.

Good record keeping protects the interests of persons using our service by promoting:

- Excellence in standards of care
- Continuity of care
- Good communication between members of the team
- Evidence of care and rationale for decisions taken
- Baseline record to assist review and evaluation of services received.

All staff must comply with the policy on Records and Retention. The Policy applies to all personal data records created or received by staff in the course of their duties on behalf of the service/department they work in and which are retained as evidence of the activities of that service. Records are held in a variety of forms including; paper (written and printed), electronic, audio or video, USB keys, laptops, phones, iPad's, drawings, photographs or anything where information is recorded.

St Michael's House are bound by the Freedom of Information Act 2014 and the General Data Protection Regulation 2018 to maintain and make available records to which people who use our services and staff have a right of access.

Records can be in physical form or electronic. All records that are created by staff in the course of their duties are the property of St. Michael's House. All staff and learner records are kept in line with our data protection policy. We maintain learner records from initial application to certification. These include results, forms, attendance sheets, portfolios, evaluation forms, and receipts. Staff records include forms, evaluations, databases, learning and development records.

All records must:

- Be directed primarily to serving the interests of the person to whom it relates and enable the achievement of priority goals and outcomes for the individual

- Demonstrate an accurate chronology of significant events, consultations, assessments, observations, decisions, interventions and outcomes for the person. The record should also document any reference to complaints or other investigations and its resolution

- Be written as soon as possible after the events to which they relate

- Distinguish clearly between fact and opinion

- Be written legibly and indelibly using blue or black ink. Pencil or unusual ink colours should not be used to avoid the risk of erasure or poor quality photocopying or reproduction if required at a later stage

- Accord to the standard use of the English language. Only universally accepted abbreviations should be used. Slang or subjective statements not relating to the care of the service user should not be used

- Include the full name of the person using the service on each entry. Continued records should be marked clearly (i.e. if a note is continued on the reverse side of a page)

- Be clearly signed and dated by the author and the title or position of the author should also be clearly discernible on each entry. Initials are not acceptable for major entries. However, where the use of initials is allowed for other entries, a local system must be in place to identify initials

- Be objective, clear and accurate

- Any discrepancies between different entries should be discussed and clarified. The resolution should be entered into the record and signed by the parties concerned

- Ensure that alterations are made scoring out with a single line followed by the initialled, dated and timed correct entry. Tippex or correction fluid should not be used

- Be maintained in chronological order

- Avoid excess empty space on a page.

Records should be retained for as long as they are required to meet the legal, administrative, and operational requirements. During this time they should be filed and stored appropriately.

All files and service user records must be stored in a secure location. Only authorised personnel have access to all files containing personal information on service users.

Removal of Files from the building in which they are stored should be minimised or avoided. A tracking system should be used when files are removed from a building. Staff must ensure that the confidentiality and security of the files are protected whilst in their possession. Files must not be read in public areas of a building and must not be left unattended.

Computers and databases are password protected with other factors of authentication as appropriate to the sensitivity and confidentiality of the information.

Learners are provided with a receipt when they submit assessment portfolios. All hard copy assessment materials are stored in a locked cupboard in the centre. These materials are returned to the learner or destroyed once certification is complete. Other hard copy documents are stored centrally for a two year period.

Electronic information on learners is stored indefinitely. Individuals can request to have their information removed at any point once their studies or certification are complete.

All records created and received must be disposed of in a manner which safeguards confidentiality and privacy of the information they contain. When scheduled for destruction, records must be shredded. In the case of third-party destruction, a certificate or docket confirming destruction should be received and retained as proof of destruction.

Learners can request and be given access to their QQI information at any time.

St. Michael's House is committed to providing up-to-date information to learners, trainers, staff and other stakeholders in a clear and informative manner.

Communication is fundamental to the success of the organisation and provides opportunities for individuals to share the knowledge, skills and attitudes that will enable all stakeholders to achieve agreed individual and organisational objectives.

Communication may encompass a wide range of channels and processes, both formal and informal at an individual and organisational level.

We have a Communication Policy which articulates St. Michael's House commitment to appropriate and effective communication across all stakeholders both internally and externally.

The Communications framework has been formulated on the following principles:

- St. Michael's House communications are underpinned by the principles of respect for difference and cultural diversity, transparency, equity and fairness

- All stakeholders having responsibility to develop and maintain good communication practice

- A clear and well-articulated vision and mission that enables all to understand and engage with the strategic direction, goals and priorities of the St. Michael's House

- Appropriate information to enable staff to deliver the strategic goals of the organisation

- Communication on key issues will be considered and relevant

- Communication will be open and transparent

- Communication will be made in a timely fashion

- Most relevant information and issues for dissemination or discussion will be widely available on our website, in newsletters and in published reports

- Key communications decisions must be considered and approved by Head of Communications / CEO Office

- A robust Communication strategy for internal and external communications.

Social Media

The protocol and management of St. Michael's House social media platforms are outlined in our policy on Social and Digital Media.

Video Production

All videos produced by St. Michael's House staff during St. Michael's House working time and representing St. Michael's House should be viewed by Head of Communications to ensure branding and information are consistent with St. Michael's House Branding Guidelines. Any video material not sighted may not be permitted in circulation.

Print

All St. Michael's House printed material including leaflets, flyers, banners, etc., are to be reviewed by the Communications Department prior to print to ensure to ensure branding and information are consistent with St. Michael's House Branding Guidelines. Any print material not sighted may not be permitted in circulation.

Imagery

All imagery in relation to St. Michael's House staff, persons using our services, volunteers, donors, Board members or any other association with St. Michael's House must have permission for use. The St. Michael's House photograph consent form should be used for all images to promote, market or advance St. Michael's House services in any way.

All Staff must comply with St. Michael's House GDPR Policy and Procedures with all communication data information.

St. Michael's House also has a Total Communication Policy and a Provision of Information Policy that talk about how persons using our services give and receive information within our services.

Media Queries and St. Michael's House

All media queries are directed to the Head of Communications and/or CEO Office.

All Staff are asked not to comment to any media queries directly or to invite or conduct media queries on behalf of St. Michael's House organisation.

If a staff member wishes to speak publicly on matters in their own right they are asked to make it clear to the audience that they are doing so in their own right and not on behalf of St. Michael's House organisation.

Staff members who do speak on an issue in their own right are requested to inform the Head of Communications and/or CEO Office as media queries may result and advance warning is appreciated and facilitates preparation for such queries.

The Communications strategy will prioritise developing position statements on matters that St. Michael's House considers relevant to the public interest.

External Channels of Communications

St. Michael's House will communicate externally through a range of communication means - website, social media, emails, newsletters, documents, press statements, media interviews, publications, videos and so on. Information is covered in the Communication business plan.

All communication for external media must be cleared by Head of Communications and CEO Office.

Public Information

Information on the organisation, and the services and supports it provides, can be found on the SMH website www.smh.ie. St. Michael's House has employed the services of a website designer and has a Communications Department which ensures the website is up-to-date.

The website also hosts the following information in relation to QQI courses:

- Course information books
- Information on modules and programmes under development
- News and updates
- QA manual
- Evaluation reports
- Information on protection for enrolled learners
- Contact details.

Course information books are developed in Easy to Read and Plain English formats for each module. Information is also available on Major Awards and Programmes. These can be sent to individuals or groups when an enquiry is received, along with an application form. booking form for the course. Module and programme information is approved by the QA Committee prior to publication in hard copy or on the website.

The public profile of the organisation is the responsibility of the Board of Directors and Executive Management Committee. Guidance may be sought from the Academic Council when required.

Learner Information

We ensure that our learners receive clear and concise information including information on the type of award, awarding body, NFQ level, and access and transfer arrangements.

Learner information is in print format and includes flyers, brochures, handbooks, assessment plans, evaluation forms etc. Information can also be given to learners through letters, phone calls, emails, face to face contact, social media etc.

Feedback is sought from learners and trainers to identify areas for improvement and areas that provided a positive learning experience.

Protection for Enrolled Learners

St. Michael's House has protection for enrolled learners for modules and programmes that are longer than three months in duration.

Cancelled or Deferred Courses

St. Michael's House will endeavour to ensure that modules and programmes run as planned. However, there may occasionally be cause to cancel or postpone a module or programme. In this event, we will communicate clearly with all potential learners and stakeholders. If this occurs during a course, we will ensure all enrolled learners have the opportunity to complete their module or programme with St. Michael's House or an alternative provider.

Publication of Quality Assurance Evaluation Reports

Reports on a provider's Quality Assurance and Programme Validation Applications are published on the QQI Website. The Re-Engagement Panel reports on SMH will also be located on the QQI website www.qqi.ie.

We are committed to carrying out our own Quality Assurance evaluations and implementing a quality improvement plan where appropriate. Key findings will be published in an accessible manner.

St. Michael's House is committed to maintaining their system of communication with its stakeholders and other parties in the education and training community.

Peer Relationships

We recognise the importance of building peer relationships with other individuals and organisations involved in Education and Training. It allows us the opportunity to share knowledge, discuss best practice, debate current issues and recommend learners as part of the transfer and progression route.

Opportunities to develop peer relationships include:

- Attending conferences/ seminars / webinars / meetings etc.
- Participating in working groups / workshops etc
- Contacting and interacting with other education and training providers
- Providing support and knowledge to other providers
- Building knowledge of other providers
- Promoting other providers with areas of specialism and making appropriate recommendations to learners in relation to transfer and progression.

External Partnerships and Second Providers

We does not currently engage with any external partners or second providers for any of its QQI courses.

Expert Panellists, Examiners and Authenticators

External Authenticators

Only qualified, experienced and competent individuals will be selected as External Authenticators. External Authenticators will have subject matter expertise in the appropriate module (s) being put forward for certification. External Authenticators will be approved by the Academic Council.

Section 12: Self-Evaluation, Monitoring and Review

St. Michael's House seeks to review and improve our services and supports on an ongoing basis. Our policy on Complaints and Compliments supports people to tell us when we get things wrong as well as what we are getting right. There are specific forms that can be completed to make a compliment, complaint, and to give comments and suggestions. These are available in Easy to Read formats too.

Complaints and Compliments

All complaints are viewed as an opportunity to continuously improve the quality of the services that we provide, and to learn lessons in order to prevent similar occurrences in the future. We take all complaints seriously.

We commit to handle complaints appropriately and sensitively in accordance with our policy. We also commit to safe-guarding the rights and dignity of both the people we support and our staff in the implementation of this policy. We assure people that they will not be in any way disadvantaged by making a complaint.

Self-Evaluation

St. Michael's House is committed to self-evaluation, monitoring and review of our QQI service. This helps us to evaluate our core processes, evaluate our modules and programmes, highlight areas of good practice, and identify areas for improvement. These can be addressed through an improvement plan and implement change. Contributions from trainers, learners and other stakeholders is crucial to the success of this process. Our councils and committees are fully engaged in our systems of monitoring, review and evaluation.

Our self-evaluation process ensures we are delivering fit for purpose modules and programmes and our learners, trainers and other stakeholders have confidence in our QA process.

Internal Monitoring

Internal monitoring allows us to evaluate modules and programmes from within the organisation. Feedback and contributions are sought from learners, trainers, staff members, External Authenticators and any other relevant stakeholders.

The following evaluation methods are used as part of the internal monitoring process:

- Mid and end of module learner evaluations
- Mid and end of module trainer evaluations

- External Authenticator Reports

- Information from internal staff and management meetings

- If required, Service or Centre Managers or PICs will be asked to review programmes and modules that have taken place in their centres

- Any feedback received from other stakeholders.

The frequency of this evidence is collated as follows:

Evaluation Method	People Involved	Frequency	Content reviewed
Mid-module learner evaluations	Learners	Midway through each module	Location, trainer delivery, course content, resources, areas of improvement
End of module learner evaluations	Learners	On completion of the module	Location, trainer delivery, course content, resources, areas of improvement
End of module trainer evaluations	Trainers	On completion of every module and programme	Location, course content, resources, areas of improvement and overall module/programme findings
Internal Verifier Reports		Each certification period	Verify all assessment procedures have been applied. Accuracy of

			assessment results and learner evidence.
External Authenticator Reports	External Authenticator	On appointment of the external authenticator	Learner assessment, learner evidence, overall module and programme outcomes
Information from internal staff and management meetings	Staff Academic Council QA Committee	At the end of the various meetings	Information on assessment, completion rates, course content, complaints, appeals, findings from various reports above
Any feedback received from other stakeholders – formal or informal, including managers	Other stakeholders e.g. multi-disciplinary team members, service managers, mainstream education providers, external tutors	At any stage	Specific feedback

The internal monitoring process is ongoing, but a formal review is carried out every three years by the Quality Assurance Committee and the findings reported to the Academic Council. The Academic Council considers the report and decides if a quality improvement plan is required. Minor adaptations and developments can be made by the Quality Assurance Committee and QQI co-ordinators. Any relevant changes will be communicated to the Academic Council.

As part of the self-evaluation process, the Quality Assurance Committee may include recommendations in their initial evaluation report to the Academic Council. The Academic Council can accept / refuse these recommendations and include their own findings / actions in the Quality Improvement Plan.

If a Quality Improvement plan is required, it will specify the following:

- Specific actions to be carried out and rationale for these

- The person responsible for implementing the actions

- The timeframe in which the tasks must be completed.

The Academic Council must approve the improvement plan before it is implemented, and a timeline will be agreed with the Council to review the progress of the implementation of the plan.

Where appropriate, policies, manuals, handbooks and other documentation will be updated to take account of changes and improvements.

External Review

If required, we can utilise our Quality, Improvement and Safety department for additional reviews and evaluations.

An external review will take place at least every five years. This will involve a review of programmes and processes. The organisation will appoint an external evaluator to carry out a review of our QA obligations.

The person conducting the external review will be independent of St. Michael's House. They will have expertise in one or more of the following areas:

- A minimum of five years' experience in education and training

- Knowledge of our programme subject areas

- Competency in evaluation and report writing

- Experienced in QQI and other similar accredited programmes and processes.

The report will go to the Academic Council for consideration and action.

Version 1.1.

June 2023