# Quality Assurance Policy

Turas Training

Approval date: October 2017

Revision date: October 2019

## 1. Policy Statement

1.1. Turas Training is committed to high quality service provision that is in accordance with relevant quality standards.

## 2. Purpose

The purpose of this policy is to:

1.1. Ensure a quality policy framework commensurate with Safer Better Healthcare (SBHC).

1.2. Clarify the procedure for regular review and development of policy.

1.3. Clarify staff and management roles and responsibilities in relation to policy approval, implementation and review. This relates to all areas of the quality standards framework: Governance and Management, Human Resources, External Relations / Performance Monitoring, Operational Policies and Procedures, Service User Standards and Care and Case Management.

1.4. Outline how stakeholder consultation will be included in policy formation and review.

## 2. Scope

2.1. In order to advance the goals and mission of Turas Training the following document sets out a quality standard framework which will guide the establishment, review and modification of all policies and procedures within the organisation.

2.2. This policy outlines the roles and responsibilities of all staff (including volunteer and locum) and management committee/board in relation to service polices and practices.

2.3. Service policies will be developed and reviewed with reference to the QuADS framework (Organisation Standards for Drug and Alcohol Services).

## 3. Glossary of Terms and Definitions

3.1. **Policy: a** policy is a written statement that clearly indicates the position and values of the organisation on a given subject.

3.2. **Procedures[1]; a** procedure is a written set of instructions that describes the approved and recommended steps for a particular act or sequence of events.

3.3. **Quality Assurance[2]; a** guarantee that a service has been measured against a standard and has been judged to meet it - by the organisation itself or by an external body.

## 4. Principles

The Quality Assurance Policy provides a framework for and drives the quality assurance procedures operating within Turas consistent with the following principles:

4.1. Quality: Turas provides a commitment to identify and meet the needs of service users.

4.2. Improvement: the development of service delivery is at the heart of all our quality assurance processes.

4.3. Transparency: all policies and procedures should be transparent to service users, staff and stakeholders.

4.4. Consistency: policies will be consistent and fair in approach and content.

4.5. Contextuality: recognition that all policies reflect the environment and practices of the organisation.

4.6. Equality: which is integrated into quality assurance procedures will facilitate greater access to a diverse range of service users.

4.7. Stakeholder consultation: the views of stakeholders will be sought where relevant, this includes engaging service users.

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[1] HSE Procedures for Developing Policies, Procedures, Protocols and Guidelines, HSE (0QR029)
[2] QuADS: Organisation Standards for Drug and Alcohol Services (1999).

## 5. Policy Development Overview

5.1. All written policies will be consistent with the policy standards outlined by QuADS, and all other statutory and legislative requirements.

5.2. For the purposes of transparency and good governance, all written policies and procedures are signed off by the board/management committee or the chief executive officer as described in point 6.2.

5.3. All policies and procedures have an implementation plan which includes clearly defined roles regarding responsibility for implementation and ensuring staff are informed of and understand the policy. This is detailed in section 6.

5.4. All policies will contain the following:

    5.4.1. A policy statement: a written statement that clearly indicates the position and values of the organisation on a given subject.

    5.4.2. A purpose: this provides an overview of the rationale of the policy and its intent.

    5.4.3. Scope: this specifies the limits of the policy, and who it applies to.

    5.4.4. Glossary: definition of all relevant terms.

    5.4.5. Clarification of roles and responsibilities.

    5.4.6. Procedures: a written set of instructions that describes the approved and recommended steps for a particular act or sequence of events.

5.5. The named person/group with responsibility for approving policy will also be responsible for delegating the person/subgroup responsible for drafting policy documents. They are also responsible for deciding how service users and/or external stakeholders will be consulted on new or reviewed policies. In general planning should be undertaken in relation to the involvement of service users in the following policies:

    5.5.1. Mission statement

    5.5.2. Strategic and annual planning

    5.5.3. Day Programme

    5.5.4. Summer and Christmas Programme

    5.5.5. Policies and Procedures

5.6. The process of developing policy will involve, as appropriate: research; a literature review; consultation with relevant experts in the field; obtaining and reviewing similar policies by other organisations; reviewing policies and legislation of relevant statutory agencies; and including relevant staff in discussion around draft policies

5.7. The role of developing policy may also be contracted out to a company or organisation with appropriate credentials to undertake this work. In the case of using a contracted organisation, approval of the policy remains that of the person or group named as having responsibility for approval of policy (section 1. of the table). If policy development is contracted out, it should be ensured that the policy development process includes the elements noted in 5.6.

## 6. Roles and Responsibilities: Approval, Implementation and Review of Policy

6.1. Responsibility for policy development is divided into three actions: approval of policy, implementation and review. Each of these actions will have a corresponding named role that will be responsible for its achievement. These roles are recorded on the front page of each policy as illustrated below.

| 1.Responsibility for approval of policy | *(board, management committee or senior officer)* |
|---|---|
| 2.Responsibility for implementation | *Staff role* |
| 3.Responsibility for ensuring review | *Staff role* |

6.2. Responsibility for approval of policy (area 1. in the table)
The level of management responsible for approving policy and policy changes needs to be clearly defined for each area of policy. Note that the overall responsibility for ensuring that the organisation operates to relevant legislation is that of the board; however responsibility for drafting and approving operational policies can be delegated to the executive officer or other senior staff. The Board of Management has agreed that the role responsible for each area of policy sign off is as listed (note that you may be more specific in relation to areas of responsibility of required):

     6.2.1.    Governance (board of management, executive officer).
     6.2.2.    Human resources (board of management, executive officer).
     6.2.3.    Policies and procedures (board, of management, executive officer).
     6.2.4.    External relations / performance monitoring (board of management, executive officer).
     6.2.5.    Service user standards (board of management, executive officer).
     6.2.6.    Case Management, key working and care planning (board of management, executive officer).

6.3.  Limits to changes in service operation
Where senior staff members have been delegated responsibility for approving specific policies they must work within the aims and objectives of the organisation.  Any policies which come into conflict with the stated aims or objectives or any other previously agreed project documentation will need to be discussed with the Board of Management.

6.4.  Responsibility for implementation (area 2. in the table)
This role involves ensuring that the policy is meaningfully integrated into the organisation's operational practices, which includes ensuring that any person that policies may pertain to is properly informed of the policy and is provided with the opportunity to seek clarification as required.  There will be specific requirements for different groups:

     6.4.1.    Staff
     All staff will be asked to sign a 'staff sign off sheet' to confirm that they have read and understood the policy.  Staff will always have a minimum of one week between first receiving the policy and being asked to sign the sign off sheet.  Before signing the manager needs to confirm that the staff member understands the policy, and that any questions are answered to the staff member's satisfaction.  Staff may be asked to sign this sheet in a specifically organised time or through regular supervision.

     6.4.2.    Service users
     Service users need to be informed verbally of any new policies.  In certain cases it will be useful to display new policies in service user friendly format.  This will be at the discretion of the named person responsible for the implementation.

     6.4.3.    Access to policy documents
     Policies will be held in hard copy form and electronic form in a place which is accessible to all staff and management.

     6.4.4.    Training and resource needs
     The person responsible for policy implementation needs to ensure that any staff training needs in relation to the implementation of policy are identified.  Identified needs should be brought to the relevant management forum.  Resource needs that inhibit the organisation meeting policy quality standards should be identified in the same manner.

**6.5.  Responsibility for ensuring review** (area 3. in the table)
This role involves ensuring that a review of policy is completed at regular intervals.  We review all policies at a minimum of a 2 yearly / yearly basis.  The person/group responsible for the review role will determine whether the consultation will be extended to staff, services users or other stakeholders.  If policies are changed the following process is to be followed:
     6.5.1.    Proposed changes should be recorded in writing with a brief justification for the amendment.
     6.5.2.    Final authorisation of change should be approved by the relevant role as indicated in area 1 of the table on the front of the policy.
     6.5.3.    If change is accepted, a new implementation plan should be initiated (see 6.1.2).

### 7. Role of all Staff Members (including Volunteers, Locum and Student Placements) in Relation to Policy

7.1. It the responsibility of all staff to ensure they are familiar with all relevant organisational policies and procedures and to seek clarification on any matters that they are unclear on.

7.2. Every staff member is responsible for working in accordance with the policies and procedures of the organisation.

7.3. If a staff member feels they do not have the requisite skills or training to work in the way described in the service policy and procedures they should raise this with their line manager as part of their formal supervision.

### 8. Policy Change Outside of the Formal Review Process

8.1. If a policy is being reviewed outside of the scheduled review time the standard process as described in this policy should be adhered to. This needs to be instigated by the individual with responsibility for review (area 3. of the table).

8.2. If a staff member wishes to request a review of policy or suggest a policy change, a written correspondence should be sent to the individual named as responsible for review. This correspondence should outline the rationale for the proposed change and details of the proposed change. The person responsible for review of the policy should ensure a formal response to any requests for policy development.

### 9. References

HSE Procedures for Developing Policies, Procedures, Protocols and Guidelines, HSE (0QR029)

QuADS: Organisation Standards for Drug and Alcohol Services (1999).

## Appendix I

**Staff Policy Sign off Sheet- Example 1**

Staff need to sign each box to confirm that they have read the policy documents in the top grey bar.  Policy documents can be grouped to make this process more efficient.  Staff need a minimum of one week to read the policy before signing off.  All staff should also have an opportunity to ask questions and have these answered to their satisfaction prior to signing.

| 1.STAFF NAME (PRINT STAFF MEMBERS NAME) | 2. POLICY DOCUMENT/S | 3. POLICY DOCUMENT/S | 4. POLICY DOCUMENT/S | 5. POLICY DOCUMENT/S |
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**Signature Sheet Staff Policy Sign off Sheet- Example 1**

Staff need to sign each box to confirm that they have read the policy.  Staff need a minimum of one week to read the policy before signing off.  All staff should also have an opportunity to ask questions and have these answered to their satisfaction.

Name of Policy _____

*I have read, understood and agree to adhere to the attached Policy or Procedure:*

| PRINT NAME | SIGNITURE | AREA OF WORK | DATE |
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