Quality Assurance Policy

Turas Training

Approval date: September 2025

Revision date: September 2027

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.

1.5. Policies developed within the organisation should incorporate a trauma-informed care approach to ensure compassionate and supportive services for all individuals.

2. Scope

2.1. In order to advance the goals and mission of Turas 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.

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: 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: 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.

5. Safer Better Healthcare Key Principles

5.1. The quality framework for Safer Better Healthcare in Ireland primarily focuses on ensuring high standards of care and patient safety across healthcare services. It emphasises several key principles:
5.2. Client-Centred Care: Ensuring that the service user's needs, preferences, and values guide all recovery service decisions and activities.
5.3. Effective Care: Providing evidence-based care that achieves the best possible health outcomes.
5.4. Safe Care: Minimising harm to service user from the care that is intended to help them, through systems that promote safety and reduce risks.
5.5. Timely Care: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
5.6. Efficient Care: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
5.7. Equitable Care: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
5.8. Integrated Care: Ensuring that care is coordinated across different teams, services, and settings.

6. Policy Development Overview

6.1. All written policies will be consistent with the policy standards outlined by HSE guidelines (National Policies, Procedures, Protocols and Non-Clinical Guidelines A Practical Guide 2023) and all other statutory and legislative requirements.
6.2. All written policies will be aligned with national health strategies, such as Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025, and Safer Better Healthcare V2 2024.
6.3. The provider must implement appropriate mechanisms to assess and maintain quality standards, following best practices as agreed with the Executive or stipulated by standard-setting bodies. This includes emphasising quality indicators that enhance health and wellbeing outcomes for service users and personnel.
6.4. 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.
6.5. 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.
6.6. All policies will contain the following:

6.6.1. A policy statement: a written statement that clearly indicates the position and values of the organisation on a given subject.
6.6.2. A purpose: this provides an overview of the rationale of the policy and its intent.
6.6.3. Scope: this specifies the limits of the policy, and who it applies to.
6.6.4. Glossary: definition of all relevant terms.
6.6.5. Clarification of roles and responsibilities.
6.6.6. Procedures: a written set of instructions that describes the approved and recommended steps for a particular act or sequence of events.

6.7. 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:
6.7.1. Mission statement
6.7.2. Strategic and annual planning
6.7.3. Day Programme
6.7.4. Summer and Christmas Programme
6.7.5. Policies and Procedures

6.8. 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

6.9. 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.

7. Roles and Responsibilities: Approval, Implementation and Review of Policy

7.1. The overall responsibility for ensuring that the organisation operates to relevant legislation is that of the Board with responsibility for the implementation of policy with the management team: General Manager, Operations Manager, and Administration and Finance Manager. Responsibility for specific policies may be delegated by the Board to senior staff members. Drafting and approving operational policies can be delegated by the Board to the management team or a subgroup.

7.2. 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.

7.3. Responsibility for implementation

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:

7.3.1. 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.

7.3.2. 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.

7.3.3. Access to policy documents
Policies will be available in electronic form on the organisation's website and hard copies printed on request.

7.3.4. Training and resource needs
The management will 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.

7.4. Responsibility for ensuring review

This role involves ensuring that a review of policy is completed at regular intervals, no less than every two years. 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:

7.4.1. Proposed changes should be recorded in writing with a brief justification for the amendment.

7.4.2. Final authorisation of change should be approved by the relevant role as indicated on the front of the policy.

7.4.3. If change is accepted, a new implementation plan should be initiated.

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

8.1. 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.

8.2. Every staff member is responsible for working in accordance with the policies and procedures of the organisation.
8.3. 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.

9. Policy Change Outside of the Formal Review Process

9.1. 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.
9.2. If a staff member requests a review of policy or suggest a policy change, a written correspondence should be sent to the General Manager. This correspondence should outline the rationale for the proposed change and details of the proposed change. The General Manager should ensure a formal response to any requests for policy change.

References

1. How to Develop HSE National Policies, Procedures, Protocols and Non-Clinical Guidelines A Practical Guide 2023 https://assets.hse.ie/media/documents/How_to_Develop_HSE_National_Policies_Procedures_Protocols_and_Non-Clinical_Guidelines.pdf
2. National Standards for Safer Better healthcare V2 2024 https://www.hiqa.ie/reports-and-publications/standard/national-standards-safer-better-healthcare
3. Drug & Alcohol Policy Library www.drugs.ie
4. Reducing Harm, Supporting Recovery https://www.hse.ie/eng/about/who/primarycare/socialinclusion/addiction/policy-strategy-and-frameworks/