

GOV001	Quality Assurance Policy
Operational as of December 2011	Approved by Board of Management
Implemented by Project Manager	Reviewed May 2015 – Next Review May 2017

## 1. Policy Statement

The Dun Laoghaire Rathdown Outreach Project is committed to high quality service provision that is in accordance with relevant quality standards.

## 2. Purpose

The purpose of this policy is to:

- 2.1 Ensure a quality policy framework commensurate with QuADS (Organisation Standards for Drug and Alcohol Services).
- 2.2 Clarify the procedure for regular review and development of policy.
- 2.3 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, and Service User Standards.
- 2.4 Outline how stakeholder consultation will be included in policy formation and review.

## 3. Scope

- 3.1 In order to advance the goals and mission of the Dun Laoghaire Rathdown Outreach Project 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. This policy outlines the roles and responsibilities of all staff and Board of Management in relation to service policies and practices.
- 3.2 Service policies will be developed and reviewed according to the QuADS framework (Organisation Standards for Drug and Alcohol Services).

## 4. Glossary of Terms and Definitions

### 4.1 Policy

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

### 4.2 Procedures<sup>1</sup>

A procedure is a written set of instructions that describes the approved and recommended steps for a particular act or sequence of events.

### 4.3 Quality Assurance<sup>2</sup>

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).

## 5. Principles

The Quality Assurance Policy provides a framework for and drives the quality assurance procedures operating within the Dun Laoghaire Rathdown Outreach Project consistent with the following principles:

- 5.1 Quality: The Dun Laoghaire Rathdown Outreach Project provides a commitment to identify and meet the needs of service users.
- 5.2 Improvement: Improvements in service delivery should be at the heart of all quality assurance processes.
- 5.3 Transparency: All policies and procedures should be transparent to service users, staff and stakeholders.
- 5.4 Consistency: Policies will be consistent and fair in approach and content.
- 5.5 Contextuality: Recognition that all policies reflect the environment and practices of the organisation.
- 5.6 Equality: Equality, integrated in quality assurance procedures will facilitate greater access to a diverse range of service users.
- 5.7 Stakeholder consultation: the views of stakeholders will be sought where relevant, this includes service user groups.

## 6. Policy Development Overview

- 6.1 All written policies will be consistent with the policy standards outlined by QuADS, and any other statutory requirements.

<sup>1</sup> HSE Procedures for Developing Policies, Procedures, Protocols and Guidelines, HSE (0QR029)

<sup>2</sup> QuADS: Organisation Standards for Drug and Alcohol Services (1999).

- 6.2 For the purposes of transparency and good governance, all written policies and procedures are signed off by the relevant Sub Committees or Board of Management.
- 6.3 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 7, below.
- 6.4 All policies will contain the following:
- 6.4.1 A policy statement: A written statement that clearly indicates the position and values of the organisation on a given subject.
  - 6.4.2 A purpose: This provides an overview of the rationale of the policy and its intent.
  - 6.4.3 Scope: This specifies the limits of the policy, and who it applies to.
  - 6.4.4 Glossary: Definition of all relevant terms.
  - 6.4.5 Clarification of roles and responsibilities.
  - 6.4.6 Procedures: A written set of instructions that describes the approved and recommended steps for a particular act or sequence of events.
- 6.5 The sub-committee with responsibility for approving policy will also be responsible for delegating the person responsible for drafting policy documents. This person will work to the standards outlined in 6.6 below.
- 6.6 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.
- 6.7 The role of developing policy may also be contracted out to a company or organisation with sufficient 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 6.6.

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

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.

### 7.1 Responsibility for approval of policy

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

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relevant legislation is that of the Board; however responsibility for drafting and implementing operational policies can be delegated to the Project Manager or other senior staff. In general the role responsible for each policy area is outlined below:

- 7.1.1 Governance (Board of Management, Project Manager).
- 7.1.2 Human resources (Board of Management, HR Sub-committee, Project Manager).
- 7.1.3 Operational Policies and procedures (Board of Management, relevant sub-committee, Project Manager).
- 7.1.4 External relations / performance monitoring (Board of Management, relevant Sub-committee, Project Manager).
- 7.1.5 Service user standards (Board of Management, Rehab Services Sub-committee, Project Manager).
- 7.1.6 Case Management, key working and care planning (Board of Management, Rehab Services Sub-Committee and Project Manager)

### 7.2 Limits to changes in service operation

Where Sub Committee's / Project Manager have been delegated responsibility for approving specific policies or policy areas on behalf of the Board they must work within the aims and objectives of the organisation. Any policies which come into conflict with the stated aims or objectives will need to be discussed with the Board.

### 7.3 Responsibility for implementation

This role involves ensuring that policy is meaningfully integrated into the organisations operational practices. This includes ensuring that any person that policies may pertain to is properly informed of the policy and is provided 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 at bi-weekly Team Meetings or where absent from this meeting, through their regular Line Management Supervision.

#### 7.3.2 Service users

Where relevant to service users, new policies may be circulated or displayed in service user friendly format. This will be at the discretion of the named person or sub committee responsible for the implementation.

#### 7.3.3 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.

#### 7.3.4 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.

### 7.4 Responsibility for ensuring review

This role involves ensuring that a review of policy is completed at regular intervals. We will aim to have all policies reviewed on a minimum of a 2 yearly basis. The person or sub committee 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 in the table 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, Sessional Workers and Student Placements) in Relation to Policy

8.1 It is the responsibility of all staff to ensure they are familiar with all relevant organisational policies and procedures and to seek clarification on any matters which 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 should be undertaken. This needs to be instigated by the individual / sub committee with responsibility for review.

9.2 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 / sub committee responsible for review of the policy should ensure a formal response to any requests for policy development.

## 10. References

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

