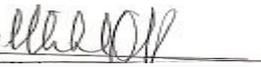




ST. PATRICK'S CENTRE (KILKENNY)
KELLS ROAD KILKENNY

Policy Document

POLICY TITLE: Continuous Quality Improvement Policy

Prepared by: Mirjam Lettner	Approval Date: 28.08.2020	Review Date: 28.08.2022
Policy Number 36 – Other Policies	Approved By: Signed:  CEO (Interim) Signed:  Board Member	

Mission Statement

Utilising our resources and skills to provide intentional supports for People with disabilities; enabling them to live full and inclusive lives by contributing and enriching the fabric of their local communities.

SPC partners with external agencies and community services to facilitate '*ordinary lives in ordinary places*'

Vision Statement

People supported will live a good life, in their own home, with supports and opportunities to become active, valued and inclusive members of their local communities.

Review Date: 28.08.2020	Amendments required: Development of Policy	New Revision Status: 28.08.2022
Revision No: _____	Approved By: Signed:  CEO (Interim)	
Reviewed by: Mirjam Lettner		

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1. Policy Statement

St. Patrick's Centre Kilkenny (SPC) is committed to continuous service improvement. Continuous improvement requires a deliberate and sustained effort and a culture of learning. It is results-driven with a focus not only on strengthening service delivery but also improving on individual outcomes.

SPC as registered provider acknowledges their responsibility of ensuring compliance with the regulations (*Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013- [Appendix 01](#)*) to implement good practice and improve the delivery of a safe and effective service for the people supported by SPC.

SPC's approach to quality improvement is aligned to *HIQA's Enhanced Authority Monitoring Approach, February 2018* by which disability services are inspected against statutory regulations and HIQA standards.

2. Policy Scope

This policy applies to all staff working in St. Patrick's Centre, Kilkenny (SPC).

3. Policy Purpose

The purpose of this policy is to outline SPC's commitment to Quality Assurance, to ensure compliance with regulations and national standards. The policy also outlines SPC's systematic approach of Quality Improvement through monitoring and assessing standards for the service delivery.

The policy outlines Quality Assurance and Improvement principles and tools being used to maintain high standards, improve systems and processes, adapt to changing needs and demonstrate organisational improvement.

4. Guiding Principles

- The service SPC provides to the people supported and all processes and procedures adhered to by staff are in line with legislation.
- SPC regularly reviews and measures outcomes for quality and effectiveness.
- Staff and people supported are encouraged to provide feedback on how to improve service delivery in SPC.
- People supported are involved in all decision-making processes that affect them.
- SPC promotes a learning culture of quality to ensure all staff, regardless of their role, contribute to service quality and quality management.
- Planning, resource allocation, risk management and reporting are critical for continuous improvement and part of an integrated approach that supports SPC's mission and vision.
- SPC is committed to innovation, high quality, continuous improvement, evidence based best practice and effectiveness in the provision of supports to people supported by SPC.

- SPC promotes learning and service improvement from findings in HIQA reports and other external/internal audits by analysing data and creating action plans to address any issues.

5. Definitions

Quality Improvement (QI) – the ongoing effort to improve services, systems and processes to maximise individual outcomes. Evidence-based approaches are used and the organisation adapts to changing needs of the community or people accessing services.

Quality management – systems and processes used to monitor, review, plan, control and ensure quality of services and supports. Sometimes referred to as quality assurance.

6. Foundations to ensure a Quality Service

SPC promotes a culture of quality and safety. A ‘quality and safety culture’ ensures that quality and safety is seen as fundamental to every person in SPC, by:

- Placing the interests of the people supported at the centre and supports behaviours that are respectful of the people supported and others.
- Promoting openness and transparency, teamwork, open and effective communication and a supportive environment within which both people supported and providers can raise issues of concern.
- Supporting and valuing learning, particularly learning from situations when things go wrong through ‘look back review’

Promoting and reinforcing this culture requires effective governance, clear accountability and robust leadership from healthcare professionals and managers at all levels of SPC and is the responsibility of everyone within the service.

6.1 Health Act 2007, Regulations 2013

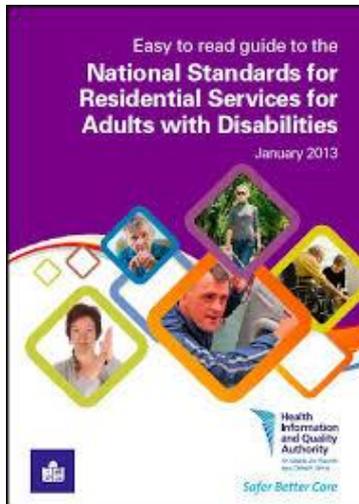


The purpose of regulations is to safeguard vulnerable people of any age who are receiving residential care services. Regulations provide assurance to the public that people living in designated centres are receiving a safe, high-quality service that meets the requirements of the regulations. It is the responsibility of SPC as a provider and all SPC staff to comply with the regulations and be aware of their responsibilities within same. HIQA inspections routinely check providers and their designated centres to assure the public that people supported receive a safe service.

Meeting the legal requirements is only one aspect of providing high quality supports to the people supported by

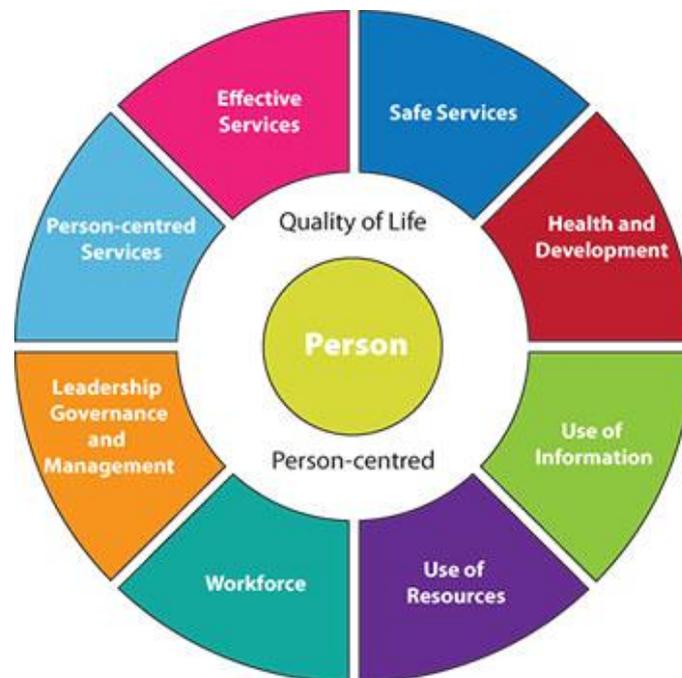
SPC. SPC constantly strives for ongoing improvements in the quality of the service by using the relevant National Standards which enhance the quality of life of the people supported by SPC.

6.2 National Standards for Residential Services for Adults with Disabilities (HIQA, 2013)



HIQA sets national standards and develops guidance for health and social care services. By adhering to the national standards SPC aims to improve the quality and safety of services provided to the people supported. The Standards promote practice that is up to date, evidence based, effective and consistent. Standards help the provider and staff teams to identify strengths and highlight areas that may need improvement, while also aiming to show people what safe, high-quality care should look like and what to expect from a service.

Based on the National Standards 8 quality themes are set out to define quality for service delivery:

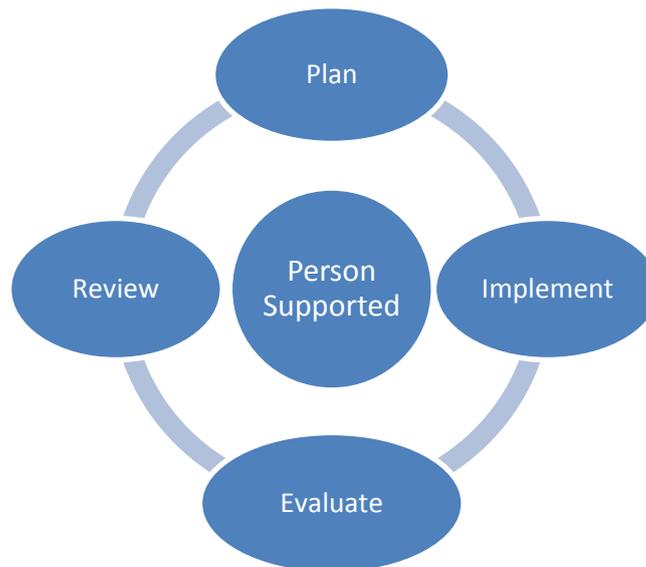


7. Quality Management and Improvement within SPC

7.1 Quality Improvement in SPC

SPC has a clear aim to foster a culture of quality as outlined above, that continuously seeks to provide safe, effective, person centred supports across the services. Building such a culture is paramount to ensure long term progress to improve quality of supports, SPC is therefore using Quality Improvement (QI) as a framework.

The primary goal of QI is to improve outcomes for the people we support by using the four steps of quality improvement:



SPC routinely collects, **monitors and assesses** information about the service delivery to identify progress, achievements and areas of improvement. This information is collected through provider and other audits, observations, reports/DMS reporting system, etc. to identify the best approach to take for improvement.

An Annual Service Evaluation of all people supported, their families/representatives and employees is conducted and all feedback is collated in order to inform service delivery and design.

Recommendations from the monitoring and assessment process should be shared with all relevant SPC employees through e.g. team meetings, Quality Assurance meetings or other suitable setting to communicate findings and agree approaches and **actions** for improvements. Actions may involve development of policies, development of new systems or documentation. Once actions have been taken, the results should be **evaluated** to ensure the required result or outcome was achieved. Evaluation information should again be collected via reports, audits and observations, etc. SPC will ensure, through communication on all levels, they **feedback** quality improvement actions to all SPC employees.

7.2 Quality Management and Improvement tools in SPC

1. Quality Department

SPC Quality Department role is to promote and build quality within the service by measuring and analysing all available information, reports, internal and external audits. Quality Department will work collaborate with all SPC departments in developing and implementing systems to ensure compliance, quality and safe service delivery. In conjunction with other SPC functions and departments, Quality Department improves the capability and capacity of operations through new methods, tools and documentation. All new developments or quality improvements within SPC are distributed through Quality Department to SPC employees.

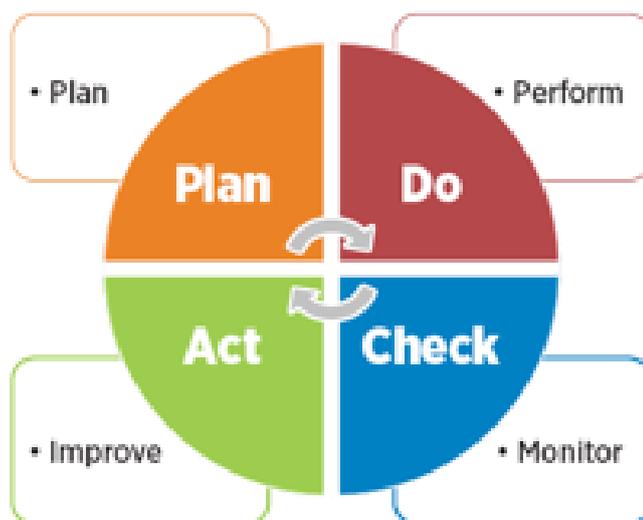
2. Policies, Reports, Audits:

As per Regulation 4 and National Standard 5.1, SPC performs its functions as outlined in all relevant SPC policies to guide employees. Through identified Quality Improvement actions, new policies should be developed to support SPC employees in their ways of working.

Regulation 23 guides SPCs governance and management to monitor and assess the service delivery for people supported. Provider audits, comments and complaint and a range of other audits as per SPC audit schedule and the DMS system are available to all management and employees to ensure appropriate reporting, oversight and necessary actions are being taken.

3. Plan Do Check Act (PDCA) Cycle

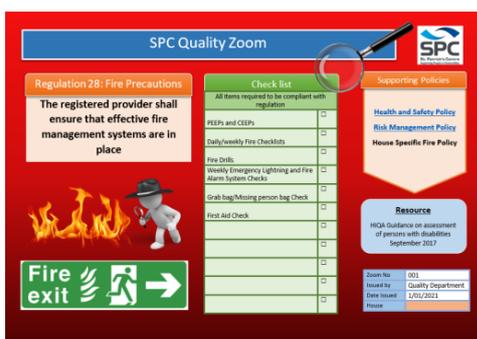
The PDCA cycle is an important QI tool based on four stages to ensure a structured approach for continuous quality improvement. The PDCA cycle can be used for every quality activity or project that is undertaken to help ensure that the best possible result is achieved. The underlying principle of the cycle is that an activity is not complete until evaluation shows that it has been effective.



4. Quality Assurance (QA) Meetings

Quality Assurance Meetings are facilitated every 2 months within SPC to discuss areas of learning and improvements based on findings and trends in HIQA inspections and audits completed within the service. The QA meeting provides a platform for PICs, PPIMs and all SPC departments to discuss necessary development and actions to ensure a quality service delivery.

5. Quality Zoom



SPC is using “Quality Zooms” as a tool to address an urgent response to a non-compliance in a regulation within one or more designated centres. A Quality Zoom focuses on one Regulation outlining the related policies and checklists to guide staff teams in adherence to completion of necessary documentation, build knowledge/ capacity and awareness of same and ensure sustained compliance with Regulations.

When a non-compliance has been identified in a Regulation, a Quality Zoom will be sent to all SPC employees via email:

- The PIC will be responsible for addressing the Quality Zoom or can delegate the Quality Zoom to a named staff member for completion.
- The PIC or identified staff member will ensure all relevant documents are in place as outlined on the Quality Zoom and confirm via “click” on Checklist.
- PIC will bring completed Quality Zoom and discussed at Team Meeting
- PIC or identified staff will be responsible to complete Quality Zoom and send back to the Quality Department within a specified time frame.

6. Ways of working



SPC is using “Ways of working” as a tool to build capacity within SPC staff teams. Ways of working is a one page document supporting all employees in understanding identified themes within their work environment to ensure best practices in supporting the people living in SPC. Ways of working themes are based on Regulations, National Standards SPC policies and guidelines.

“Ways of working” are developed by the Quality Department based on identified needs assessment within SPC to build capacity for all employees. “Ways of working” will be sent to all SPC employees via email and will be discussed at team meetings.

7. Practice Developments

To ensure communication of new developments within SPC to all employees “Practice Developments” are distributed via email. It is the responsibility of all employees to read and sign Practice Developments and ensure adherence to same.

8. Action Learning Analysis

SPC is using action learning as a process that enables the person and/or the organisation to reflect on a problem or situation in order to build learning capacity. Action learning is useful for reasons other than problem resolution, the primary value is in the learning that occurs.

It is a process used to build the learning capacity of the person/team/organisation as a way to boost organisational performance. Therefore, the employment of action learning is strategic rather than tactical. By using an analytical action learning process it avoids responding to yesterday's challenges as today's problems and tomorrow's opportunities engulf you. The goal becomes dynamic equilibrium, with learning and change intertwined.

8. GIBBS Model

SPC aims to systematically think about experiences, reflect, learn and future plan from analysing what either went well or didn't go well. Based on Gibbs' Reflective Cycle SPC aims to give structure to learning from experiences. Gibb's model is providing a framework of systematically thinking and reflecting about experiences during a situation, event or activity. The cyclic nature of the model allows to learn and further plan from situations that either went well or didn't go well.

8. References

- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities), Regulation 2013.
- National Standards for Residential Services for Children and Adults with Disabilities, HIQA 2013.
- Outcomes for Disability Services. NDA, 2016.
- Guidance on a data quality framework for health and social care. HIQA, 2018.
- Assessment judgment framework for designated centres for people with disabilities. HIQA, 2017.

Regulations 2013 (Health Act 2007) and National Standards for Residential Services for Children and Adults with Disabilities	
Regulations related to Capacity and Capability	
Regulation 3	Statement of purpose
Standard 5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.
Regulation 4	Written policies and procedures
Regulation 14	Person in charge
Regulation 15	Staffing
Standard 7.1	Safe and effective recruitment practices are in place to recruit staff.
Regulation 16	Training and staff development
Standard 7.2 Standard 7.3 Standard 7.4	Staff have the required competencies to manage and deliver child-centred, effective and safe services to children. Staff have the required competencies to manage and deliver person-centred, effective and safe services to adults living in the residential service. Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children. Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of adults living in the residential service. Training is provided to staff to improve outcomes for adults living in the residential service.
Regulation 19	Directory of residents
Regulation 21	Records
Standard 8.2	Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a child and adult person-centred, safe and effective service.
Regulation 22	Insurance
Regulation 23	Governance and Management
Standard 5.1 Standard 5.2 Standard 6.7	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each child and adult, and promote their welfare. The residential service has effective leadership, governance and management arrangements in place with clear lines of accountability. The use of available resources is planned and managed to provide child-centred effective residential services and supports to children. The use of available resources is planned and managed to provide person-centred effective and safe residential services and supports to adults living in the residential service.

Regulation 24	Admissions and contract for the provision of services
Standard 2.3	Each child's and adult's access to services is determined on the basis of fair and transparent criteria.
Regulation 30	Volunteers
Regulation 31	Notification of incidents
Regulation 32	Notifications of periods when person in charge is absent
Regulation 33	Notifications of procedures and arrangements for periods when person in charge is absent
Regulation 34	Complaints procedure
Standard 1.7	Each child's and adult's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.
Regulations related to Capacity and Capability	
Regulation 5	Individualised assessment and personal plan
Standard 2.1	Each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes. Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.
Regulation 6	Healthcare
Standard 4.1 Standard 4.2	The health and development of each child and adult is promoted. Each child and adult receives a health assessment and is given appropriate support to meet any identified need.
Regulation 7	Positive behaviour support
Standard 3.2 Standard 3.3	Each child and adult experiences care that supports positive behaviour and emotional wellbeing. Children and adults living in the residential service are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare.
Regulation 8	Protection
Standard 3.1	Each child and adult is protected from abuse and neglect and their safety and welfare is promoted.
Regulation 9	Resident's Rights
Standard 1.1 Standard 1.2 Standard 1.3 Standard 1.6	The rights and diversity of each child and adult are respected and promoted. The privacy and dignity of each child and adult are respected. Each child exercises choice and experiences care and support in everyday life. Each adult exercises choice and control in their daily life in accordance with their preferences. Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines. Each adult makes decisions and, has access to an advocate and consent is obtained

	in accordance with legislation and current best practice guidelines.
Regulation 10	Communication
Standard 1.5	Each child has access to information, provided in an accessible format that takes account of their communication needs. Each adult has access to information, provided in a format appropriate to their communication needs.
Regulation 11	Visits
Regulation 12	Personal Possessions
Regulation 13	General welfare and development
Standard 1.4 Standard 4.4 Standard 8.1	Each child develops and maintains relationships and links with family and the community. Each adult develops and maintains personal relationships and links with the community in accordance with their wishes. Educational opportunities are provided to each child to maximise their individual strengths and abilities. Educational, training and employment opportunities are made available to each adult that promotes their strengths, abilities and individual preferences. Information is used to plan and deliver child and adult person-centred, safe and effective residential services and support
Regulation 17	Premises
Standard 2.2	The residential service is homely and accessible and promotes the privacy, dignity and safety of each child. The residential service is homely and accessible and promotes the privacy, dignity and welfare of each adult.
Regulation 18	Food and nutrition
Regulation 20	Information for residents
Regulation 25	Temporary absence, transition and discharge of residents
Standard 2.4	Children are actively supported in the transition from childhood to adulthood and are sufficiently prepared for and involved in the transfer to adult services or independent living. Adults are supported throughout the transition from children's services to adults' services.
Regulation 26	Risk management procedures
Standard 3.4	Adverse events and incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.
Regulation 27	Protection against infection
Regulation 28	Fire precautions
Regulation 29	Medicines and pharmaceutical services
Standard 4.3	Each child's and adult's health and wellbeing is supported by the residential service's policies and procedures for medication management.