

# **Safety Ireland First Response Ltd**

## **Recognised Institution**

### **Quality Standards Review**

#### **On-Site Report**



## Table of Contents

<b>1.0 Introduction</b> .....	1
1.1 Institution Details.....	2
1.2 Reports Details.....	2
1.3 Scope of the Review.....	2
<b>2.0 Review Findings</b> .....	3
2.1 Meetings and Discussions .....	3
2.2 Observation of Facilities and Resources .....	3
2.3 Evidence Reviewed – Documents/IT.....	4
2.4 Quality Standards – Review .....	5
<b>3.0 Conclusions and Outcomes</b> .....	13
<b>Appendix 1: Comments and observations from Safety Ireland First Response Ltd.</b> .....	14

## 1.0 Introduction

This report has been produced following the first review of the recognised institutions(RI) processes that support the design, deliver and review of the Pre-Hospital Emergency Care Council’s (PHECC) approved courses. This is the first step in the quality improvement cycle as outlined in PHECC’s Quality Review Framework (QRF). The result of this review provides both PHECC and the RI with baseline information which will inform continuous quality improvement, to be outlined in the institutions Quality Improvement Plan (QIP). The review was carried out with the underlying principle of the RI “Saying what they do, doing what they say and proving it with verifiable documented evidence”.

**Figure 1: The QRF Building Blocks:**



## 1.1 Institution Details

<b>Name</b>	<b>Safety Ireland First Response Ltd</b>
<b>Profile</b>	Safety Ireland is a private company based in Terenure, Co. Dublin. The company has eight full time staff including administrative and instructors. The company is a recognised institution with PHECC since 2011.
<b>PHECC courses being delivered</b>	Cardiac First Response Community Cardiac First Response Advanced Emergency First Response (EFR) Cardiac First Response Community Instructor Cardiac First Response Advanced Instructor
<b>Higher Education Affiliation</b>	None
<b>Address</b>	Unit 52, Fortfield Park, Terenure, Dublin 6

## 1.2 Reports Details

<b>Date of on-site visit</b>	15/06/2015
<b>Quality Review Panel (QRP)</b>	
P Collins	QRP Chair
J Donaghy	QRP Member
P Dempsey	QRP Member
<b>RI Representative</b>	
Audrey Brereton	Managing Director
<b>Date of Council Approval</b>	10 <sup>th</sup> September 2015
<b>Date of publication</b>	

## 1.3 Scope of the Review

The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC quality review framework. The Emergency First Response and Cardiac First Response courses were selected to provide context.

## 2.0 Review Findings

### 2.1 Meetings and Discussions

Type	Comments
<b>Entry Meeting</b>	The Quality Review Panel (QRP) were introduced to various staff members on arrival and formally met with one representative (as above) at the entry meeting. Following introductions, the panel chairperson outlined the agenda for the visit and the process that would be followed.
<b>Staff Discussions</b>	None
<b>Learner Discussions</b>	None
<b>Exit Meeting</b>	The QRP met with one representative (as above). The results of the review were summarised and agreed. The panel outlined the next steps in the process and the meeting was closed.

### 2.2 Observation of Facilities and Resources

Area	Comments
<b>Facilities</b>	The training centre is situated in a suburb of Dublin City at the above address. The centre occupies a two story building which is self-contained and secure. There is a reception area/shop on entry and several administration offices, training rooms and several storage areas for resources and equipment on the first floor. The second floor has additional training rooms, canteen and toilets. In addition the RI uses off-site facilities for delivering training.
<b>Resources</b>	Several storage areas contain a well-stocked supply of resources and equipment for courses.

### **2.3 Evidence Reviewed – Documents/IT**

The records and systems listed below were reviewed and discussed throughout the on-site visit.

- IT System - WorldPoint
- Organisational Chart
- Student Files
- Faculty Records
- Instructor Sign-In Sheets
- Student Sign-In Sheets
- Mission Statement
- Staff Handbook
- Student – Course Evaluation
- Role Descriptions
- Lesson Plans
- Assessment Policy
- Course Information Sheet
- Insurance Details
- Health and Safety Statement

## 2.4 Quality Standards – Review

### Section One: Organisational Structure and Management

#### Standards

**1.1 Governance** - The Institution has clear lines of authority and engages a system of accountability for PHECC approved courses.

**1.2 Management Systems and Organisational Processes** - The Institution can show that it has well documented organisational processes in place to meet the needs of all stakeholders.

**1.3 Management Responsibility** - There is a clearly defined system in place showing who is responsible for ensuring the quality assurance of PHECC approved courses.

**1.4 Self-Assessment, External Evaluation and Improvement Planning** - The Institution carries out internal assessment and engages in a quality improvement planning process (annually) which includes external evaluation.

**1.5 Transparency and Accountability** - The institution conducts its activities in an open and transparent manner.

**1.6 Administration** – Administration arrangements meet the needs of all stakeholder groups.

**1.7 Financial Management** - The institution manages its' finances in a responsible manner that meets the needs of all stakeholders.

#### QRP Findings

- The organisational chart was viewed and is being updated to clearly reflect the responsibilities for each aspect of PHECC approved courses. During discussions the RI representative indicated that internal course design and approval was carried out informally and involved instructors in the process as well as management. There was no documented evidence of the process available. Courses are submitted to PHECC as per guidelines. The RI representatives stated that meetings take place regularly to discuss course improvement, but there are no records available of these meetings.
- The RI has a mix of computer and hard copy files with information managed using both systems. There is a secure room used for storing hardcopy material, in addition; information is managed using a software package (WorldPoint) for electronic storage. Student and faculty records are stored and maintained within this system. Hard copy files for two courses were viewed and not accurate regarding faculty delivering these courses, this was raised as a concern by the panel. Student records were also viewed but provided no record of remedial activities having taken place.
- The responsibility for overall quality assurance of PHECC approved courses is clearly allocated and staff roles are documented. The RI representative indicated in discussion that faculty are made aware of their QA responsibilities during induction,

however there is no documented evidence of this taking place. There was a company/staff handbook available to view which outlined management responsibility.

- During discussions the RI representative displayed an understanding and commitment to self-assessment and evaluation. Individual course reviews take place by way of administration monitoring and checking all course paperwork on submission. Evidence was viewed to support this statement. The processes for individual course review are described in the RI's Self-Assessment Report (RISAR) however there is no documented evidence to support these activities. The RI representative indicated that meetings take place to review course issues but these are informal and not documented.
- At time of review the RI website contained comprehensive information on PHECC approved courses. Students are also provided with a pack once they commence a course. Signs within the facility highlight relevant course content and information. Reports from course directors and instructors are too be made available for review for all PHECC approved courses on offer.
- During discussions the RI representative indicated that administrative procedures are in place and documented. At the time of review these were not available to view. Student sign-in sheets were available to view, however they were incomplete and require a change in practice to provide clear evidence of attendance. Administrative activities were described in discussion and in the RISAR, but there were no documented procedures to support the activities outlined.
- The RI is fully compliant with all relevant financial requirements and PHECC has verified this during the off-site review.



## Section Two: The Learning Environment

### Standards

- 2.1 Education and Training Mission Statement** - The Mission of the Institution is appropriately focused with education and training as a core activity.
- 2.2 Communication with Students and Other Stakeholders** - Two way communication systems are in place between faculty, students and other stakeholders as appropriate.
- 2.3 Course Access, Transfer and Progression** - Course information is clear, access is fair and consistent, with recognition of prior learning, as appropriate.
- 2.4 Equality and Diversity** - There is a commitment to the provision of equal opportunities for students and faculty in compliance with relevant equality legislation.
- 2.5 Complaints and Appeals** - Complaints and Appeals Processes are open, transparent and accessible to students and other stakeholders.
- 2.6 Training Infrastructure** - Courses are carried out in an appropriate learning environment, sufficiently resourced in order to deliver training to the highest standards.
- 2.7 Health and Safety** - A safe and healthy environment exists in the institution.
- 2.8 Social Environment** - A positive, encouraging, safe, challenging and caring environment is provided for faculty and students.

### QRP Findings

- The mission statement is displayed on the company website and is clearly focused on the provision of education and training. The mission statement is displayed internally in the training facility and is visible on relevant documentation. All stakeholders are made aware of the mission statement and its implications for training activities.
- During discussions and in the RISAR submitted, the RI representative described a range of communication activities that take place. These activities included: regular phone contact with students, emails, website updates, evaluation forms, course director reports and tutorials. However, there was limited documented evidence to support these activities. Student booking and evaluation forms were available to view and it was stated that students are encouraged to speak with any member of staff. The RI representative indicated that evaluation forms are monitored and analysed after each course, there was no documented evidence to support this statement at the time of the review.
- The RI website provides a comprehensive range of information to prospective students. Students are also supplied with an information pack and are encouraged to speak to staff members for additional information. The evidence indicates that students are provided with sufficient and appropriate information to make informed choices about course enrolment and progression.

- The staff handbook provided information on equality and procedures for dealing with issues of bullying and harassment. During discussions the RI representative described how they deal with diversity and outlined an occasion where this took place. The RI representative indicated that reasonable accommodation does take place. There is no documented procedure for this or evidence to support the fact that these activities took place.
- There are complaints and appeals policies and procedures in place and were viewed. Students are made aware of these procedures through the student pack. A review of these procedures is being undertaken.
- The facilities available at Terenure for students provide a safe, clean, welcoming and comfortable learning environment. The evidence viewed shows a comprehensive range of resources and equipment available for all courses. The staff handbook outlines the resources required for each course. Informal processes take place to ensure courses are fully resourced. Further development to formalise these procedures is ongoing. Equipment is up to date, maintained and stored on site. Students have access to resources through the company's IT system and on request from staff members.
- The safety statement is available to view and is updated annually, with all full time employees taking part in the process. Health and Safety Inductions and fire drills take place but need to be documented. Procedures are in place to ensure the RI is compliant with all relevant health and safety legislation. Signage is in place and stakeholders are made aware of procedures while onsite.
- Discussions with the RI representative and observations by the QRP – of the facilities – indicated that the RI provides opportunities for student interaction with each other and staff members. There were a limited amount of course director's reports available, to view, and summary reports of course activity were not available. Discussions with the RI representative and sign-in sheets support the fact that appropriate student/instructor ratios are in place. The discussions also indicated a range of informal activities taking place which are to be formalised during ongoing review of processes.

## Section Three: Faculty Recruitment and Development

### Standards

**3.1 Organisational Staffing** - All faculty are aware of their role and responsibilities when involved in the administration and/or delivery of a PHECC approved course and their conduct is professional at all times.

**3.2 Faculty Recruitment** - Faculty, are recruited on the basis of personal suitability, appropriate experience and qualifications.

**3.3 Faculty Development and Training** - Faculty are encouraged and supported to gain additional training/qualifications appropriate to their role in or with the institution.

**3.4 Communication with Faculty** - Two way communication systems are in place between management and faculty.

**3.5 Work Placement and Internship** - Host organisations (internship sites) are appropriate to the course content and learning outcomes to be achieved (NQEMT courses only).

**3.6 Faculty and Stakeholder Management** - A system is in place to ensure appropriately qualified and experienced individuals are engaged by the institution.

**3.7 Collaborative Provision** - Appropriate contractual arrangements are in place with affiliated instructors.

### QRP Findings

- There is no formal policy or associated procedures in place for recruitment and development. The staff handbook contains role descriptions which are to be further detailed. There was limited information regarding individual responsibility for quality assurance available on role descriptions viewed.
- The RI representative indicated that they have selection criteria for faculty which is in line with PHECC guidelines. This was reflected in the job descriptions viewed. Further development of all roles associated with PHECC approved courses is ongoing.
- The RI representative indicated in discussions that faculty induction takes place. This induction procedure is not currently documented and there is no evidence to show that faculty have received an induction, which would include quality assurance responsibilities. There are no documented procedures in place for faculty to seek support and additional training; however the RI representative indicated in discussion that this takes place informally. There is no policy and procedures in place for Garda vetting or dealing with children/vulnerable persons. Further development in this area is urgently required.
- During discussions and on the RISAR, the RI representatives stated that a range of methods of communication between faculty and management are in operation. However, most of these activities take place informally and there is limited evidence to show they have taken place. For example; faculty are required to complete end of course reports which have recently been updated, there was none of these completed

reports available to view. The RI representative also indicated that course review meetings and feedback sessions with experienced instructor's takes place. There was no evidence available to support the statement that these activities took place.

- Information on faculty is maintained on the RI's computer system and was available to view on hard copy. There is no documented process in place to ensure that instructors have up to date and valid certification before being assigned to deliver a course, this is a significant concern to the QRP. The RI representative indicated during discussions that observation of instructors takes place but this is not documented. Faculty performance is currently not documented and observations take place on an informal basis. The RI representative indicated that formal processes and records of instructor management are to be developed.
- During discussions RI representatives indicated that external instructors are used and that agreements are in place. There was evidence to support this available. There are informal processes in place to monitor the activities of affiliated instructors, with the RI representative stating that they are monitored at least twice annually. There is no written evidence available at this time to show that these monitoring activities have taken place.

## Section Four: Course Development, Delivery and Review

### Standards

**4.1 Course Development** - Courses are designed to meet the requirements for PHECC approval and certification and reflect a commitment to quality improvement.

**4.2 Course Approval** - There are clear guidelines for course approval.

**4.3 Course Delivery, methods of theoretical and clinical instruction** - Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.

**4.4 Course Review** - Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.

**4.5 Assessment and Awards** - Assessment of student achievement for certification operates in a fair and consistent manner by all tutors and instructors in line with PHECC assessment criteria.

**4.6 Internal Verification** - There is a consistent application of PHECC assessment procedures and the accuracy of results is verified.

**4.7 External Authentication** - There is independent and authoritative confirmation of assessment and certification, where relevant, in accordance with PHECC guidelines.

**4.8 Results Approval** - A results approval process operates in the institution.

**4.9 Student Appeals** - A process is in place for students to appeal their approved result.

### QRP Findings

- There is no documented evidence of a course design/development policy or associated procedures. Lesson plans were available to view for an EFR course which did not indicate an appropriate balance between theory and practice. These require a complete review and need to be updated to reflect best practice in course design. There was a timetable available for an EFR course which met requirements. The RI representative indicated that any updates to courses are emailed to instructors. The documentation did not provide evidence of tutor/student ratios.
- The RI representative discussed how course approval takes place prior to submission to PHECC for formal approval. The discussion indicated evidence of an informal internal process prior to submission. The process outlined indicates that there is a separation between those who design a course and those who approve it for submission to PHECC. There is no documented evidence to support these processes.
- There was no documented policy or associated procedures available for course delivery. During discussions the RI representative indicated that a student induction takes place for each course. However, there was no documented evidence to support this. The lesson plans viewed did not reflect that appropriate methods were being utilised. There was limited evidence of student attendance at scheduled training as they were not required to sign in each day. The RI representative indicated that

students were given weekly tutorials but there was no evidence to support this. The documentation reviewed for an EFR course did not support the statement made by the RI representative that the course had been delivered by an EFR instructor. As stated previously this is of significant concern for the QRP and would be followed up separately by the PHECC executive.

- While there are no documented procedures in place for course review, there is evidence that students have the opportunity to formally evaluate the course at the end. There were course evaluation forms available to review. There was also evidence that instructors were required to complete a course report/evaluation. However there were no completed reports to review. The RI representative also described how the course documentation is reviewed by administration and recorded in the IT system. There was evidence viewed to support this statement. Discussions also indicated a series of informal meetings take place periodically to review course activities. There was no documentation to indicate that these meetings had taken place or what was discussed.
- There was a policy available for review in the staff handbook for the fair and consistent assessment of students which indicated inconsistencies. There was no evidence that associated procedures were in place for carrying out exams or for the security of assessment related material. The RI representative did indicate in discussion the process that takes place. This discussion indicated an understanding of best practice but no evidence that this takes place. There was no evidence available to show that students are made aware of assessment schedules, activities and opportunities to receive feedback. The RI representative outlined the responsibility for the management of the PHECC certification system. This is not documented.
- RI representatives indicated in discussion that internal verification takes place for all courses, in the form of desk monitoring by administration and internal verification by-monthly. It was also stated that management are involved in the daily processing of results. There is no documented policy or associated procedures in place for internal verification. It was stated that administration take notes to indicate areas for course improvement and that these are reviewed by management at scheduled meetings. There was no evidence available that these meetings took place or that suggested improvements were carried out.
- External Authentication is a new process and is currently carried out by PHECC.
- There is no formal results approval process documented or in place. Results are recorded as part of the verification process and the marking sheets are signed off. A formal process is being developed.
- The RI representative indicated in the RISAR that students have the chance to appeal their results within fourteen days of course completion and it must be submitted in

writing and that a panel will make recommendations. However, there was no documented evidence made available to support these statements.

### **3.0 Conclusions and Outcomes**

The findings from this review indicate that the recognised institution 'Met' 8 'Part met' 20 and did not meet 2 of the applicable 30 quality standards set out in the PHECC quality review framework. The findings indicate that there are significant gaps in the documented evidence required to support many of the activities described in discussion. The QRP did not have the opportunity to meet or discuss course activities with staff members or students. There are policies and procedures in place that indicate a commitment to internal quality assurance and continuous improvement processes. In addition, the discussions indicated that there is an understanding of the documented procedures needed to be in place to support current informal practices. However, there was also evidence of practices, for example; assigning faculty that did not meet PHECC education and training standards.

The RI is advised to review the content of this report and identify areas for improvement; including optional actions to support continuous quality improvement. These actions will form the basis of the quality improvement plan, the next step in PHECC's quality review process.

PHECC and the Quality Review Panel (QRP) would like to thank the institution for their cooperation and courtesy during the visit and look forward to their continuing support throughout the process.

**Appendix 1:** Comments and observations from Safety Ireland First Response Ltd.



# Safety Ireland First Response

Unit 52 Fortfield Park,  
Terenure, Dublin,  
D6W PW14, Ireland.

Telephone: 01-44 22 999  
International: +353-1-44 22 999  
Email: [info@safetyireland.com](mailto:info@safetyireland.com)



## Section One: Organisational Structure and Management

**1.1 Governance** – During discussions the RI representative indicated that internal course design and approval was carried out both formally and informally and involved instructors, management and in some cases external instructors, assistant tutors and tutors. Courses are submitted to PHECC as per guidelines. The RI representative stated that formal meetings have been documented as part of our yearly staff meeting, where course improvement would be discussed. Formal bi-monthly meetings have also been documented since the beginning of 2015 and these minutes were viewed by PHECC representatives. It was also discussed that CFR was the largest proportion of Safety Irelands learners through PHECC (approx.. 96.5% in 2014) and that we have no control over course improvement as feedback has been given since the new DVD launch in 2011, however no changes are made or planned. (Attached Yearly Meetings Agenda and Minutes for last 2 years)

**1.2 Management Systems and Organisational Processes** – The RI representative assured the PHECC representatives that remedial activities would most definitely have taken place and documented and this would more likely be that paperwork had gotten misfiled with other paperwork. There was no opportunity for the RI representative to leave the meeting to attend to this matter and no request was made for this paperwork to be forwarded. A full paperwork review for the chosen courses was instigated following the meeting and all paperwork has been refilled with correct courses. Paperwork is not attached as it could be a possible breach of data protection but is available to be reviewed by a PHECC representative if required.

**1.3 Management Responsibility** – The RI representative outlined that the induction course was available to view on PowerPoint and that records of induction training that is repeated yearly as part of our staff meeting/ up-skilling etc. is available in the form of agenda and minutes. Neither offer was taken up by the panel. (Attached Induction Training Presentation)

**1.4 Self-Assessment, External Evaluation and Improvement Planning** – The processes for individual course review is also detailed as part of Record Management Policy which was seen by PHECC representatives on the day. Evidence that this takes places is detailed in a desk monitoring form for all courses in order to give rise to issues both positive and negative to be dealt with. The headings which are covered on the desk monitoring form are: Course Name, Course Content, Course Date,



Instructor, Additional Instructor/Monitoring, Number of Participants, Student Feedback, Instructor Feedback, Paperwork Standard, Recommendations and Verified by. This was seen by one of the PHECC representatives on screen and was offered a print out which was refused. The RI representative indicated that meetings take place on an annual basis inclusive of all staff which is documented on agenda, and bi-monthly meetings by certain members of staff that are evidenced by minutes and these were viewed by PHECC representatives on the day. It was further indicated that many more discussions take place between these meetings that are more informal and very beneficial for on-going monitoring and review, however they would not be evidenced.

**1.5 Transparency and Accountability** - It is not clear what is meant by the statement “*Reports from course directors and instructors are to be made available for review for all PHECC approved courses on offer.*” They were available on the day for any course that we offer including PHECC courses and are still available if required. There may be courses which are in a small minority where the instructor has failed to submit this form as part of their paperwork, however, this is dealt with promptly and compliance with paperwork from instructors is very high in particular for CFR community courses which represented 96.5% of PHECC training for 2014.

**1.6 Administration** – Administrative procedures are in place and documented; although, this may be disjointed due to the fact that it deals with various different stakeholders. Guidelines to instructors are given initially on courses with supporting materials such as videos and lists as to what paperwork has to be filled out for what courses. They would then be supplied with the list of paperwork again when becoming an affiliated instructor in order to receive certificates through their instructor agreement and a copy of the staff/instructor handbook which details what paperwork has to be supplied and timeframes indications for pre and post course. These documents were both viewed by PHECC representatives on the day. It is further documented as part of the record management policy detailing monitoring of paperwork, (also available on the day). Desk Monitoring is carried out by administration staff and this excel sheet was viewed by one of the PHECC representatives where **all** paperwork for **all** courses is monitored and results documented on the excel sheet. This documented is presented to the internal verifier with all paperwork for PHECC on a bi-monthly basis from which a sample is taken and verified. This is documented on an internal verifier sheet bi-monthly and filed together with sign in sheets from courses taken as sample. This was also viewed by PHECC representatives as it is filed in the same folder as agendas and minutes for bi-monthly meetings which were also viewed by PHECC representatives. On-going support is given to instructors and administrators where needed by face to face, phone calls and emails but only emails would provide evidence which I’m sure an example could have been found on the day if needed. Updates with paperwork are sent to all instructors by email, and up-skilling with paperwork is covered by free training sessions with instructors if a lot of problems are highlighted. This is evidence as sign-in sheets. All instructors would also get recapped in paperwork as part of their recertification which is every two years, also evidenced with sign-in sheets. These were not requested either on the day or after. Paperwork is not attached as it could be a possible breach of data protection but is available to review by a PHECC representative if required. It is further unclear



what is meant by the statement “*Student sign-in sheets were available to view, however they were incomplete and require a change in practice to provide clear evidence of attendance*”. If it was found that one or two sign in sheets were incomplete it certainly would not have been all of them and it is not stated how they were incomplete. Names of participants, title of course, location of course, company (if any), dates of training and instructors are all detailed on the sign in sheets and certificates would not be processed without that information. If requested, it would have been possible to view every set of paperwork for PHECC courses on the day. I can only assume that the statement “they were incomplete” is referring to signing in every day instead of just day one sign in box which is indicated by the next part of the sentence “and require a change in practice to provide clear evidence of attendance”. This recommendation was taken on board and is now in place. However, our PHECC courses are largely CFR Community with a small number of CFR Advanced; both together for 2014 accounts for 96.75% of our PHECC training which would have only have one signature on the attendance sheet regardless of the format of the sign-in form. This would indicate that in 96.75% of the sign-in sheets are complete and did not really require a change in practice. However, we take on board the recommendation for the other 3.25% of PHECC courses. (Attached Verifier’s Report, Agenda and Minutes of last meeting)

**1.7 Financial Management** - It is agreed that we are fully compliant with all relevant financial requirements.

## **Section Two: The Learning Environment**

**2.1 Education and Training Mission Statement – Agreed**

**2.2 Communication with Students and Other Stakeholders –** Communication activities such as phone calls do not in themselves produce evidence however, most of our phone calls with enquiries from students result in emails which any amount could have been viewed on the day. All booking forms are sent by email so could have been viewed. Once booking forms are received a confirmation letter is sent by return which was also viewed by PHECC representatives. Any amount of evaluation forms could have been viewed, and also any amount of course director forms could have been viewed. Prior to the course director form we had an instructor self-evaluation form which detailed most of what is in the course director form so these would have been historically available for at least 3 years. The evaluation forms are monitored and analysed not only by the instructor themselves but also at desk monitoring by administration. The overall mood of the evaluation forms and any particular issues are summarised on the desk monitoring form which one of the PHECC representatives did view which was confirmed in the report earlier in section 1.4. (Attached instructor self-evaluation form)

**2.3 Course Access, Transfer and Progression – Agreed**



**2.4 Equality and Diversity** – The ethos in Safety Ireland leads to diversity and a high level of accommodation where possible and where needed. This is practiced regularly within the company by all staff and a huge percentage of our work is repeat custom which is evidence for us that we are providing a quality service with reasonable accommodation. The need for evidence for this accommodation and proof of diversity is what is new not the acts themselves. However, evidence would have been available to support the occasion that was discussed with the course paperwork as instructors are encouraged to detail unusual circumstances on the course director report form, however the paperwork was not requested to be viewed. It was available then and is still available if PHECC wish to view however, no request was made since the meeting either. It would be very difficult to write or document a procedure relating to reasonable accommodation as by its nature it is diverse depending on the individual needs of the learner. This is why we feel it's more of a company ethos that runs through the company from management to administration staff and instructors that reasonable accommodation should always take place without compromise to validity of assessment and qualification. Paperwork is not attached as it could be a possible breach of data protection but is available to be reviewed by a PHECC representative if required.

**2.5 Complaints and Appeals** – Agreed.

**2.6 Training Infrastructure** – Agreed.

**2.7 Health and Safety** – Agreed.

**2.8 Social Environment** – Agrees that there are opportunities for student interaction with each other and staff members. However, the indication that were only limited amount of course director reports available seems unusual as it was not mentioned on the day by any of the PHECC representatives that they felt they would like to see more. A sample of course paperwork was brought to the room, however more could have been brought up, in fact all course paperwork relating to PHECC could have been brought up for analysis if requested. We can give you more paperwork to view but we feel that there is too much to attach and also be a possible breach of data protection. A PHECC representative may come to view the paperwork if you require. Prior to the existence of a course director report form, Safety Ireland had an instructor report form which covered much the same as the new course director form and as previously mentioned dates back at least 3 years. It is unclear what information would be contained in a “summary report of course activity” so it cannot be ascertained if this information or evidence would have been available on the day.



### **Section Three: Faculty Recruitment and Development**

#### **3.1 Organisational Staffing – Agreed**

#### **3.2 Faculty Recruitment – Agreed**

**3.3 Faculty Development and Training** – Sign in sheets for induction would be available, and also up-skilling with instructors is carried out yearly and the information dealt with in induction is repeated as part of up-skilling. This includes their roles in quality assurance process as the paperwork for the courses is the largest producer of evidence. There is documented procedure regarding training and development in the Company Handbook/Staff Handbook and there are forms to be filled out to formally request external training. Examples of these forms would have been in the CPD file and was viewed by PHECC representatives on the day as external training has been completed by a number of staff. Garda vetting was previously explored by Safety Ireland and we were advised that we were not eligible to become a registered organisation with the Garda Vetting Unit. We do have a policy in place for children and vulnerable persons that were shown to PHECC representatives on the day.

### **A Child/Vulnerable Person Protection Policy:**

*Safety Ireland is committed to the Protection of children and vulnerable persons. With this in mind it is unusual that children would be attending any of the responder courses as they are recommended to be over the age of 16.*

*The most likely venue where this policy could be enacted is a school, club or organisation dealing with children under the age of 16. If Safety Ireland is teaching a course at a school where students are participating; a teacher who is Garda Vetted has to be present at all times with the instructor. In relation to clubs and training centres the same applies. This is discussed with the course organiser at the time of booking and detailed in terms and conditions sent out to customer on receipt of booking form. This will be discussed again with course organiser at confirmation of course usually no more than one week prior to course to ensure that it is adhered to on the day of training. The same applies to venues, clubs or organisations wishing to train any vulnerable persons or where vulnerable persons are present.*

*Instructors working directly for Safety Ireland who find themselves on the day of training with participants under the age of 16 or vulnerable persons present in the absence of a Garda vetted supervisor should cease the course until such time a supervisor can be present. In all cases once course has been ceased, instructors should contact Safety Ireland office to be involved with ensuring course organiser is contacted with a view to resolving the issue.*

*Instructors who are affiliated with Safety Ireland are to ensure that they are either Garda Vetted or have a person who is Garda Vetted with them.*

*This policy may change as Safety Ireland continues to monitor whether all instructors should be Garda Vetted in their own right. (Attached staff handbook and company handbook)*



**3.4 Communication with Faculty** – There are a range of methods of communication between faculty and management, and some do not necessarily produce evidence such as face to face conversations and phone calls. As explained Safety Ireland is a small company with eight full time staff and it is going to take a change in practice to document every conversation or meeting that takes place to produce evidence. However other communication that takes places regarding courses and feedback is the course director report form, previously known as the instructors’ self-evaluation form which was available to view on the day and more would have been available if PHECC representatives felt there was a lack of evidence. The monitoring that was discussed is documented on monitoring forms officially and formally carried out and filled out every two years and sometimes depending on certification the year in between also. Continuous monitoring throughout the year has not been documented, but a change in practice has taken place to rectify this. (Attached agenda of what is done on the day)

**3.5 Work Placement and Internship** – Not Applicable.

**3.6 Faculty and Stakeholder Management** – The CPD file for instructors was viewed on the day. This contains the up to date certificates and other professional qualifications that the instructor holds. It also contains the monitoring forms that would have been filled out prior to issue of certification and re-certification as long as that monitoring took place in Safety Ireland. Depending on the instructor certification monitoring forms would be used during monitoring either every 12 months or every 2 years. Informal monitoring takes places within these time frames for quality assurance within the company but to date has not been documented. We monitor instructors to ensure quality, however there is no requirement that instructors need to be monitored other than at recertification together with proof of teaching a minimum of 4 courses in the 2 year period.

**3.7 Collaborative Provision** – Agreements are in place, evidence is available and evidence of official monitoring every two is also available with instructors who have been qualified for more than two years. Informal monitoring does take place; however, no evidence is produced unless a serious issue is highlighted. We are considering changing this practice, however we feel the informality of the monitoring is what gives us a greater insight into how the instructor performs when they are alone. Official monitoring where forms are filled in gives rise to a situation where an assessment environment is created. We are considering a system where the instructor carrying out the monitoring writes a brief summary under certain headings rather than having to fill out a form during the session being monitored. (Attached instructor agreement)

## **Section Four: Course Development, Delivery and Review.**

**4.1 Course Development** – Revision of EFR lesson plans have been put on hold until such time that the separate matter of EFR has been settled. However the lesson plans viewed were previously submitted to PHECC. Safety Ireland use a variety of design and development models depending on



the course content and assessment process. We are in the process of producing policies and procedures that reflect the practice carried out. However, as previously mentioned 96.75% of our PHECC training for 2014 is either CFR- Community or Advanced and no design is required as this is a DVD led course using a DVD provided by PHECC.

**4.2 Course Approval** – These guidelines will be included in course design/development policy and procedures.

**4.3 Course Delivery, methods of theoretical and clinical Instructions** – Student induction is included in PowerPoint presentation at the very beginning of every other course we teach except DVD led courses. It was not requested on the day to view PowerPoint presentations, a printout of these slides are attached. The lesson plans viewed were EFR which represents approximately 1.24% of PHECC training for 2014. CFR Instructor courses represent approximately a further 1.86% however these were not requested for viewing. The lesson plans for both CFR Community and Advanced are issued by PHECC and represent approximately 96.75%. In this regard the statement “The lesson plans viewed did not reflect that appropriate methods were being utilised” seems unjustly stated. Furthermore “there was limited evidence of student attendance at scheduled training as they were not required to sign in each day” seems unjust bearing in mind that 96.75% of scheduled training is contained within one training day so therefore only one signature would be required to prove attendance. A change in practice has been instigated for all training scheduled for more than one day duration. We would have no courses where weekly tutorials would be required so I am unsure as to where this statement came from and therefore no evidence be produced. The longest standalone course we provide is 5 days. The EFR course again as previously stated seems to have had an undue amount of review in this report as it is being dealt with separately and represents only 1.24% of our training for 2014 and so far 0% for 2015. However it is our belief that these courses were carried out by an EFR instructor and we will continue the process with the PHECC executive. (Attached PowerPoint presentation)

**4.4 Course Review** – A procedure for course review is currently being developed along with course design/development etc. however within the company it is commonly understood amongst full time staff how the review process works. Evaluation forms from students are collected with every course and reviewed. Course director reports previously known as instructor self-evaluation forms are collected for each course and reviewed. These were available to view and while there might have been one or two missing in course paperwork we would have any amount of examples as we would be at 100% compliance from instructors now but it would have taken a bit of time to get to that. Desk monitoring is not attached due to possible breach in data protection; however this was viewed by PHECC representative on the day. The headings which are covered on the desk monitoring form are: Course Name, Course Content, Course Date, Instructor, Additional Instructor/Monitoring, Number of Participants, Student Feedback, Instructor Feedback, Paperwork Standard, Recommendations and Verified by. After desk monitoring and review, internal verification takes place with course review as part of that process. Meetings take place bi-monthly where course



review could be raised on the agenda if required and these minutes were viewed by PHECC representatives. There was a comment made by one of the PHECC representatives that all Quality Assurance from all governing bodies was being dealt with within one meeting and also made a comment regarding how detailed the minutes were. These are the formal meetings. Other discussions do take place between these meetings but so far have not been documented. This is being reviewed. (Attached Course Director Report Form)

**4.5 Assessment and Awards** – There is a policy published in the staff handbook which is evidence in itself as all instructors sign an agreement that will abide by policies and procedures. Paperwork is checked by desk monitoring and internal verification, both of which are evidence by a desk monitoring report and internal verification reports which were both viewed on the day. The security of assessment related material only applies to EFR which is only accessible by two people in the office on a secure section of the server. No hard copies are kept on file until exam is complete and dealt with in the normal way course paperwork is secured in a locked room accessible by administration staff, also viewed on the day. Instructor course paperwork uses its monitoring form for final monitoring session as its main assessment, and is not necessary to have the same level of security. Finally CFR is a tick sheet and represents the largest portion of PHECC related assessments and also does not require the same level of security. In each of the courses assessments, activities and opportunities for feedback are outlined at the beginning of each of the courses. It is included in the PowerPoint presentations as part of the introduction. Also text from the PHECC examination handbook is used for EFR as part of the student pack handed out at the beginning of the course.

**4.6 Internal Verification** – As previously stated desk monitoring does take place and this form was viewed by a PHECC representative on the day. Internal verification reports were handed to the PHECC representatives filed in a folder together with the minutes of the bi-monthly meetings. Again these were viewed as comments were made regarding all quality assurance being dealt with in one meeting and how the minutes were detailed. Any improvements carried out would be evidenced within the paperwork depending what the improvement was and also touched back on at the following meetings as the minutes of the previous meeting are used as part preparation for an agenda for the next meeting. (Attached Verification Reports)

**4.7 External Authentication** – Agreed

**4.8 Results Approval** – Results process is part of the verification process. The development of policies relating to this will be an overall policy to include other courses not within the remit of PHECC and is only necessary to include PHECC depending on the outcome of EFR issue.





**4.9 Student Appeals** – Students are given this information at the beginning of the course either included in PowerPoint presentation or student pack in the case of EFR. There is no other evidence to support this as there have been no appeals. There are only a small number of learners in this regard and all would have been treated fairly.

### Conclusions and Outcomes

The RI recognises that although there may be gaps in documented evidence that there is a substantial amount to support the activities described in the discussion, however, as the panel seemed to be directing the process towards longer duration courses (practitioner) with the necessity for a much more engaging process rather than mostly CFR being carried out. With regard with instructor courses, it is a very engaging process that begins before participants arrive on courses and in most cases continues indefinitely as long as the instructor is still active. There were at least two other instructors around that day that the QRP would have been more than welcome to discuss course activities with and admin staff were on the desk. There were also students in that day and although it was for Occupational First Aid, which is not under PHECC the treatment that students receive is largely the same and most of the paperwork is used for all courses with extra for Occupational First Aid. The evidence of practices of assigning faculty that did not meet PHECC education and training standards relates only to EFR, which as indicated previously was approximately 1.24% of training for 2014, and that once it was understood that it was an issue training in EFR was stopped until it would be rectified. This was carried out prior to PHECC QRP being onsite for the day as is our understanding of continuous quality assurance, recognising an issue and making improvements in order to rectify it.

Safety Ireland First Response Limited does not use a “Trading as Safety Ireland” name. This was clearly pointed out to the Review Group during the Quality Standards Review on-site visit on the 15th June 2015. It was explained at the time to the Quality Review Panel that on our current Tax Clearance certificate it shows Safety Ireland First Response Limited “ta Safety Ireland” which is a small error on the part of Revenue. Additional, in accordance with the Companies Act 2014, Safety Ireland First Response Limited certificate of incorporation is displayed in the reception area of our offices, which the Quality Review Panel would have walked pass on several occasions. Safety Ireland First Response Limited has never registered a trading as business name. Safety Ireland First Response Limited is a registered company in Ireland with published accounts available via the Companies Registration Office.

The RI has and continues to identify areas for improvement in order to develop a quality improvement plan and commence steps to increase quality assurance.

Signature:

A handwritten signature in black ink that reads "Audrey Brereton".

Audrey Brereton – Director Safety Ireland First Response Limited